

sepsis, then one must look upon the case as one looks upon a case of general pyaemia. In septic infections in any part of the body, one must attempt to accomplish three conditions: (1) To remove the pus if this can be done without spreading the infection. (2) To direct the lymph stream away from the body, so that the infectious material will be carried out of instead of into the circulation. (3) Prevent the distribution of the infectious material by establishing a condition of rest. This can be accomplished best by making gastric lavage and giving neither food nor cathartics by mouth, and by supplying an abundance of fluid by means of the method so perfectly described by Dr. Murphy. It is important to follow his directions precisely. One must make a very definite distinction between rest of the intestines and paresis. A condition of rest is the most favourable condition possible, while a condition of paresis is the most unfavourable. The former condition prevents distribution of infection; the latter condition permits the infectious material to pass through the walls of the intestines into the general peritoneal cavity.

## MEMORANDA: MEDICAL, SURGICAL, OBSTETRICAL.

### FRACTURE OF LOWER JAW ACROSS THE NECK OF BOTH CONDYLES.

Mrs. K., aged 29, was looking down the shaft of a hand-power lift. The lift on being lowered, caught her on the back of the head, and drove the point of the chin forcibly against the rail guard, causing a deep incised wound through the skin and the soft parts along the lower border of the mandible, and fracturing the mandible across both condyles. The upper fragments being drawn inwards and forwards by the action of the external pterygoid muscles, the lower jaw was driven upwards and backwards, and the upper and lower wisdom teeth interlocking, prevented the mouth from being closed. The patient was found with the mouth partly open, the upper and lower last molars being opposed. The upper and lower incisors could not be brought into closer apposition than three-fourths of an inch. The mouth could, however, be opened wider, crepitation being elicited about the region of the temporomaxillary articulation, and slight lateral movement of the jaw could also be felt. The wound was stitched up and an ordinary four-tailed bandage applied, and the patient sent to bed, as she was suffering from a good deal of shock.

The following day I asked Mr. Ridett, Assistant Dental Surgeon to the Dental Department, Leeds Dispensary, to see the case with me, and take a cast of the mouth. He did so, and made a vulcanite Gunning splint. This consists of two vulcanite plates, one fitting over the upper, and the other over the lower teeth, joined together by pillars of vulcanite, allowing an opening in front for feeding purposes, and two openings at the sides for the escape of saliva, etc., so that the jaws, when forced into these plates, would be in their normal relative position, the mouth being partly open. The splint was inserted three days after the accident, the lower jaw being forcibly pulled into its place. A leather head band, with web understraps was made so as to keep the lower jaw firmly applied to the splint, and this the patient wore for four weeks, being fed by liquids through a tube passed into the mouth, through the opening left in the front of the splint for that purpose. At the end of four weeks the splint was removed, and now (at the end of eight weeks) the result is good. There is a slight swelling at each condyle from the callus thrown out. The molars and premolars come into their normal bite, and the patient can eat well-cooked solid food comfortably. The upper incisors overhang the lower by about one-eighth of an inch, and the mouth cannot be opened to quite the same extent as was the case before the accident.

Leeds.

P. S. BIRD, M.D.

UNDER the will of the late Mr. Arthur Briscoe, of Wightwick, Staffordshire, the following bequests become payable: £2,500 to the Cancer Hospital, Fulham Road; £2,000 each to the Wolverhampton Eye Hospital, the Wolverhampton and Staffordshire General Hospital, and the Wolverhampton and District Hospital for Women; and £1,500 to the Midland Counties Home for Incurables.

## British Medical Association.

### CLINICAL AND SCIENTIFIC PROCEEDINGS.

#### BIRMINGHAM BRANCH.

##### PATHOLOGICAL AND CLINICAL SECTION.

Birmingham, Friday, October 26th, 1906.

THOMAS NELSON, M.D., in the Chair.

*Transplantation of Ureters.*—Mr. BARLING showed a boy in whom he had transplanted the ureters.

*Pulsating Exophthalmos.*—Mr. JAMESON EVANS showed a girl, aged 6, who had received a punctured wound of the lower lid and orbit from the rib of an umbrella six months previously. Immediately after the injury there had been free haemorrhage from the small wound; there was some blood-stained discharge from the left nostril; the child was "dazed" for a day or two, and she vomited frequently for about a week. A month after the injury the eye became proptosed, and pulsated synchronously with the heart; the veins of the lids and conjunctiva were distended and tortuous; the veins of the iris were also overfilled and produced a contraction of the pupil, which reacted to light, but did not dilate much when atropine was instilled. The retinal veins were very full and tortuous, and the optic disc presented an appearance of optic neuritis. Vision was markedly reduced. On auscultation of the skull a pulsating bruit was easily audible, and the noise gave the patient considerable discomfort, especially when she was in noisy places. A little later she developed paresis of the left external rectus. The symptoms still persist, but are much less marked. Vision is practically normal, but there is slight convergent strabismus. The patient is still distressed by the noise in the head. Treatment consisted of rest, potassium iodide, and calcium chloride.

*Achondroplasia.*—Dr. EMANUEL showed a case of achondroplasia. The subject was a boy, aged 8 years, who exhibited in a typical manner the following characteristics: (1) Congenital origin; (2) normal mental condition; (3) abnormally large vault to the cranium (circumference of head 23 in.); (4) depression of the root of the nose; (5) prognathus; (6) arrested development of arms and legs, with normal development of trunk; (7) characteristic appearance of the hands described by Marie as the *main-en-trident*; (8) protuberant abdomen; (9) lordosis; (10) smooth skin and abundant hair; (11) exaggeration of the normal curves of the long bones, with thickening of their shafts and enlargement of their epiphysal ends; (12) decentralization of the mid-point of the body ( $1\frac{1}{2}$  in. above the umbilicus).

*Endothelioma of the Groin.*—Mr. LUCAS showed a patient after excision of a tumour of the groin, which was an endothelioma.

*Biliary Colic Fistula.*—Dr. SHORT showed the gall bladder and portions of the liver and transverse colon of an old man, aged 80, exhibiting a fistulous opening between the gall bladder and the transverse colon. The fistula appeared to be an old one, unconnected with the real cause of death, a recent adenoma involving the bile duct and gall bladder. With the exception of a slight attack of jaundice occurring six years before, and accompanied by very moderate pain, there had been no suggestion of previous hepatic disorder. Although there was no history of gall-stone colic, Dr. Short thought that the fistulous opening had most probably occurred from the ulcerating passage of a gall stone from the gall bladder into the colon, since a similar case had occurred in his practice in which the stone had been passed and very little pain had been present. Sections of the growth prepared by Dr. E. R. Thompson were also shown.

*Abdominal Tumour.*—Dr. MILLER showed a large abdominal tumour from a male aged 38. The following are notes of the case: Admitted, under Mr. Heaton, to the General Hospital, April 25th, 1904, complaining of lump in scrotum; pain in left testicle twelve months previously after exertion; another attack one month before admission; left testicle always noticed to be larger than right, but during twelve months it has been getting larger; operated on April 29th, when left testicle was removed; patient discharged June 15th; readmitted, under Dr. Short, March 21st, 1906, complaining of pain in

<sup>1</sup> Rankin and Mackay, Achondroplasia, BRITISH MEDICAL JOURNAL, June 30th, 1906.

## MEDICAL NEWS.

SURGEON-GENERAL EVATT, C.B., will open a discussion on a war reserve of pharmaceutical officers, at a meeting of the Pharmaceutical Society of Great Britain, at 17, Bloomsbury Square, W.C., on Friday, November 16th, at 8 p.m.

DR. J. FOREMAN BERRY has been the recipient of a carriage clock bearing the following inscription: "To Dr. J. F. Berry, as a mark of esteem from the Nursing Staff of the Rawcliffe Hospital, Chorley, 1906," on his leaving Chorley to commence private practice.

THE next quarterly meeting of the Medico-Psychological Association of Great Britain and Ireland will be held at 11, Chandos Street, Cavendish Square, W., on Thursday next, at 3 p.m. In the evening at 7 o'clock the members will dine together at the Café Monico.

AN exhibition of leadless glazed china and earthenware organized by the Research Committee of the Christian Social Union (London Branch) will be opened at Church House, Westminster, on November 20th, and will remain open for the two following days.

THE forty-sixth half-yearly dinner of the Aberdeen University Club, London, will be held at the Trocadero Restaurant, London, W., on Wednesday, November 21st, at 7 p.m. Sir Henry Craik, K.C.B., M.A., LL.D., Member of Parliament for the Universities of Aberdeen and Glasgow, will be in the chair. Members desiring to be present should communicate with the Honorary Secretary, Dr. R. J. Collier, 25, Porchester Terrace, W., not later than November 17th.

THE Society of Women Journalists held its annual meeting at the offices, 1, Clifford's Inn, on November 5th. Officers were elected, Mrs. Burnett Smith (Annie S. Swan) succeeding Mrs. T. P. O'Connor as President. After the meeting the members held an "at home" at Essex Hall, which was well attended, and an excellent programme of music provided. The Society has grown rapidly in numbers and influence during the term of office of its able Honorary Secretary, Mrs. Bulstrode. It is interesting to us to note that the President and Honorary Secretary are the wives of members of the medical profession.

THE President and Council of the Royal Society have awarded the Copley medal to Professor Elias Metchnikoff in recognition of the importance of his work in zoology and in pathology. The Darwin medal has been awarded to Professor Hugh de Vries, on the ground of the significance and extent of his experimental investigations in heredity and variations. These medals, together with the Rumford medal, awarded to Professor H. L. Callendar for his experimental work on heat, the Royal medals awarded to Professor A. G. Greenhill for his contributions to mathematics, and to Dr. D. H. Scott for his investigations in fossil plants, the Davy medal awarded to Professor Rudolf Fittig for his investigations in chemistry and especially for his work in lactones and acids, and the Hughes medal awarded to Mrs. W. E. Ayrton for her investigations on the electric arc and on sand ripples, will be presented at the anniversary meeting on St. Andrew's Day, November 30th, 1906. Among the Fellows nominated to serve on the council are Professor David Ferrier, Professor Starling, Dr. A. D. Waller, Professor Ray Lankester, Professor Wyndham Dunstan, and Mr. A. Seward, Professor of Botany in the University of Cambridge. Viscount Iveagh and the Right Honourable R. B. Haldane, M.P., Secretary of State for War, have been elected Fellows under a statute which permits of the election once in every two years of not more than two persons considered to have rendered conspicuous service to the cause of science. Lord Iveagh's munificent endowment of the Lister Institute of Preventive Medicine will not have been forgotten.

UNIVERSITY COLLEGE HOSPITAL.—The Duke of Connaught, on November 6th, formally opened the new building of University College Hospital recently erected through the generosity of the late Sir J. B. Maple. His Royal Highness was received at the entrance by the Duke of Bedford (President of the Hospital), Lord Reay (President of University College, London), Mr. H. Lucas (Chairman of the Hospital Committee), Sir Thomas Barlow, Sir J. Reid, Dr. Sidney Martin, Dr. H. Batty Shaw, and Mr. A. E. Barker. The Duke of Bedford opened the proceedings in the large general out-patient waiting hall by reading an address from the hospital committee and medical staff in which reference was made to the

special features of the wards which were constructed according to the ideas of the late Dr. G. V. Poore. Lord Reay then delivered an address on behalf of the Council of University College in which he described the history of the medical school of University College Hospital. The Duke of Connaught, in replying, said that the hospital owed a deep debt of gratitude to the late Sir Blundell Maple for his gift of £200,000; the public generously recognized the skill, devotion, and sympathy shown by medical men; he concluded by saying: "I am certain that the rising members of the medical profession will ever do all they can to keep up the noble attributes of the English doctor in devoting themselves to the grand profession of medicine, the science of which is increasing in importance and in interest every year." After the Bishop of London had offered a prayer, the Duke of Connaught declared the hospital open, and then accepted a golden key from the architect, Mr. P. Waterhouse, who presented it on behalf of the governor of the hospital. Before leaving, the Duke of Connaught unveiled a bust of the late Sir J. B. Maple and named Ward I the "Duke of Connaught Ward" as a memorial of the official opening.

MEDICAL SICKNESS AND ACCIDENT SOCIETY.—The monthly meeting of the Executive Committee of the Medical Sickness, Annuity, and Life Assurance Society was held at 429, Strand, London, W.C., on October 26th, Dr. de Havilland Hall in the chair. The sickness experience of the Society during the summer months has been very satisfactory and has caused an appreciable addition to the reserve funds, while the number of new entrants, although not so great in 1905, has been well above the average. When the Society started operations in 1884 a large proportion of those who then joined it had reached middle age. Of these, a considerable number have reached, or are about to reach, the limiting age of 65 years, when all contribution ceases and no more sick pay can be claimed. The percentage of deaths is also growing, and must grow for some years to come, so that, in addition to the moderate number who lapse their benefits—mostly through ceasing to reside in the United Kingdom—many members fall out every year. So far their places have been more than filled by new members, and the membership roll of the Society has grown year by year until it now reaches over 2,500; but as the number of members who of necessity fall out each year continues to grow, and as the Society still maintains the economical plan of working, without agents or expensive advertisements to obtain new business, the Committee feel justified in pressing upon the notice of the members the fact that by making known to their medical friends the advantages offered by the Society to those who join it they can greatly extend the sphere of its useful activity. Prospectuses and all other particulars on application to Mr. F. Addiscott, Secretary, Medical Sickness and Accident Society, 33, Chancery Lane, W.C.

AN INTERNATIONAL ASSOCIATION OF MEDICAL MUSEUMS.—Under the auspices of the United States Army Medical Museum at Washington, through its curator, First Lieutenant James Carroll, Assistant Surgeon United States Army, steps are (we learn from the *Medical Record*) being taken for the formation of an international association of medical museums. At a preliminary meeting held in Washington at the time of the session of the Association of American Physicians a committee on organization was appointed, consisting of Dr. Carroll as Chairman, Dr. W. G. McCallum of the Johns Hopkins Medical School, and Dr. Maud E. Abbott of McGill University, Montreal. At the session of the Section of Pathology and Bacteriology of the British Medical Association in Toronto on August 24th, Dr. Carroll made an official announcement of the aims and objects of the proposed association. At that meeting it was proposed that there should be two grades of membership in order to include museum workers as well as those who represented institutions. It is intended that the association should be essentially one of institutions rather than of individuals, each institution being entitled to a single vote through its representative. The museum representatives will be the active members. The auxiliary membership is to comprise persons who are actively engaged in museum work, but these will have no vote. It is also proposed that honorary membership should be conferred upon members of the profession eminent in the field of pathology but not engaged in museum work. For the present it is designed that meetings shall be held triennially in Washington, at the time of the meeting of the Congress of American Physicians. The meetings are to be devoted to addresses and discussions of matters of general interest; the publication of an *Index pathologicus* is also projected, to facilitate the interchange of specimens.

## UNIVERSITIES AND COLLEGES.

## UNIVERSITY OF CAMBRIDGE.

## CHAIR OF BOTANY.

Mr. A. C. SEWARD, Senior Fellow and Tutor of Emmanuel College, has been elected to the Professorship of Botany, rendered vacant by the death of Professor Marshall Ward. Mr. Seward has been Lecturer in Botany since 1890. He was placed in the first class in Part II of the Natural Science Tripos in 1886, when he took geology as his subject.

## EXAMINERS.

The following have been appointed Examiners for Medical Degrees:—

*In Elementary Physics.*—P. V. Bevan, M.A., Trinity; T. G. Bedford, M.A., Sidney Sussex; C. T. R. Wilson, M.A., Sidney Sussex; J. A. McClelland, M.A. Camb.

*In Elementary Chemistry.*—Dr. Sell and J. E. Purvis, M.A., St. John's; Dr. Fenton and H. B. Baker, M.A. Oxford.

*In Elementary Biology.*—A. E. Shipley, M.A., Christ's; A. W. Hill, M.A., King's.

*Anatomy.*—Dr. A. Macalister, Dr. S. E. Denyer, Queens'; T. Manners Smith, M.A., Downing; A. Robinson, M.D. Vict.

*Physiology.*—J. Barcroft, M.A., King's; M. S. Pembrey, M.D., Oxford; F. G. Hopkins, M.A., Emmanuel; T. G. Brodie, M.D. Lond.

Dr. D. MacAlister has been appointed an Examiner in Medicine for the current term, in place of Dr. Osler, M.D., Oxford, who is unable to examine.

## CONJOINT BOARD IN SCOTLAND.

The following candidates have been approved at the examinations indicated:

**FIRST EXAMINATION (Five Years' Course).**—B. D. Khote, R. E. N. M. Clark, A. D. Turnbull, W. J. Moore, A. R. Taylor, J. Adami, W. J. Hogg, H. R. Macnab.

**SECOND EXAMINATION (Four Years' Course).**—G. V. Edwardes.

**SECOND EXAMINATION (Five Years' Course).**—G. F. Hegarty, C. O'Herlihy, J. T. G. Jones, Z. D. Lotter-Luther, C. W. Gee, S. G. Tibbles, R. A. Hosegood, G. Fitz-W. Forde, E. A. Klein, D. M. O'Sullivan, W. C. L. Malone, K. F. P. Gover, G. N. Braham.

**THIRD EXAMINATION (Five Years' Course).**—E. P. Meherjee, Maria S. Allen, A. J. Kelsey, Z. D. Lotter-Luther, A. McMurray, H. C. de Souza, W. Henderson, J. L. Pinto, F. H. Kiddle, A. D. Macfie, E. Lewis, F. W. Milne.

**FINAL EXAMINATION.**—W. B. Kendall, N. McLeod, C. E. Preston, L. L. Westrope, J. H. M. Jones, H. J. Gorrie, M. D. Printer, Zilla E. Da Costa, H. F. Gordon, D. M. Cama, H. L. Hunt, H. F. Shepherd, H. R. Morehead, J. Clarke, S. C. Pal, Emma Irwin, T. M. R. Waddell, W. H. Pearlless, T. M. Row, Lizzie L. de la Harpe, P. Bateman, R. T. A. Patchett, E. P. Meherjee, D. G. Barkley, C. C. Dyer, R. B. Davidson, M. B. Irani, J. A. Robertson, A. D. Roberts, J. H. P. Wijesinghe.

## CONJOINT BOARD IN IRELAND.

The following candidates have been approved at the examinations indicated:

**THIRD PROFESSIONAL.**—J. J. Barry, W. R. Burton, G. Collins, J. J. Corr, J. Cuskelly, E. Evans, R. R. Faussett, T. Fehilly, S. A. Farlong, T. A. Holden, H. Kay, J. B. MacClancy, T. J. McDonnell, D. O'Dwyer, G. Patten, W. A. Ryan, W. G. Ridgway, B. Wallace, J. P. Zeederberg.

**FINAL.**—M. Antony, W. H. Bourne, T. A. Fisher, T. J. Golding, M. J. Kelly, P. F. Leyland, G. M. Loughnan, C. F. Murphy, S. McCausland, M. O'Connor, H. J. Perry, J. Prendiville, W. M. Woods.

\* With honours.

## TRINITY COLLEGE, DUBLIN.

**INTERMEDIATE (Part II).**—D. G. Madill, W. A. R. Spong, J. P. S. Dunn, R. D. FitzGerald, H. S. Millar, J. E. N. Ryan, J. E. McCausland.

**FINAL (Part I).**—J. B. Jones, J. G. M. Moloney, T. Ryan, J. R. Yourell, F. Seymour, H. P. Hart, E. Jameson, T. P. S. Eves, J. D. K. Roche, W. Knapp, J. P. R. Poch, T. P. Dowley, G. A. Jackson, B. A. H. Solomons.

\* High marks.

## ROYAL NAVY AND ARMY MEDICAL SERVICES.

## HYGIENE IN THE FIELD.

THE first of a series of winter lectures was commenced at Devonport War Course College on October 29th, when Colonel R. Caldwell, R.A.M.C., spoke on "The Hygiene of Active Service." He dealt with the subject under the headings: (1) Water, (2) food, (3) clothing, (4) refuse disposal, and (5) separation of sick from healthy. With regard to the first, he said the use of pure water was the principal measure for warding off disease. It was safest to regard all water supplies, with a few exceptions, as dangerous. The chief dangers to guard against were germs, worms, and matter in solution. Alcohol had a certain amount of nutritive value, but they must regard it as a drug, which might be extremely useful or extremely harmful, according to the manner in which it was used. A cup of cocoa was most useful in giving heat to the body. As to clothing, the best substance was wool. Khaki drill was cotton—and the wearing of drill without

drawers was a fertile cause of dysentery and other diseases. Dealing with "refuse disposal," he spoke of the value of the shallow trench compared with the deep trench; and, in urging the importance of separating the sick from the healthy, mentioned that one great difficulty lay in the fact that men would not "go sick." By daily medical inspection an enormous number of enteric fever cases would be detected at an earlier stage. General Sir John Leach said that a few years ago regimental officers and most of them in the army had a sort of idea that hygiene and sanitation had nothing to do with them, and were merely within the province of the medical officer. Anyone who had read of, or was present in, such campaigns as that in South Africa, or who had read of the Russo-Japanese war, must acknowledge that it was most important that every officer should have some knowledge of field service sanitation. Any officer might find himself in command of a detached post without a medical officer, and upon his knowledge might depend many valuable lives. What was the use of officers, from the general officer commanding, taking all the trouble and doing their very best to train men for war, if, after four or five weeks' campaigning and fighting, an efficient force was decimated by sickness or disease through ignorance or neglect of sanitary precautions? It was the business of regimental and other officers to study these matters.

## THE HEALTH OF THE SPANISH ARMY.

AT a recent meeting of the Real Academia de Medicina at Madrid, Dr. Larra read a communication on the sanitary condition of the Spanish army in the year 1904. The investigation was made in accordance with an international agreement. The statistics showed that the mortality had been steadily diminishing since 1900, when it was over 6 per mille, to the year under consideration, when it was slightly over 4 per mille. This compares well with the United States army, which was 6.75 per mille. The only exception to this fall in the mortality, which has been almost universal in all the districts, was in Melilla, where the figure rose to 10 per mille in consequence of the prevalence of malarial fever. The month of least mortality was November, that of the greatest, April, which is when the recruits are incorporated and the regiments change their stations.

The diseases which contributed most to the filling of the hospitals were bronchitis, various diseases of the skin, soft chancre, syphilis, and tuberculosis, and the most fatal maladies were typhoid and tuberculosis. Of these the former has for some years caused less mortality than in the armies of Italy or France, but it has been found exceedingly difficult to reduce the number of cases in the Spanish army owing to the fact that the soldier in most instances gets infected by something he eats or drinks outside barracks, and his sickness or health is thus dependent on the sanitary condition of the civilian population and the towns. Typhus is still a scourge in some parts of Spain, but only two soldiers died of it, and only one of small-pox. Not a single case of trachoma appeared, and there were no deaths from diphtheria. Compared with the German army there were exactly one-third of the number of suicides per mille (0.14 instead of 0.42). Dr. Larra concluded that the figures given showed that, so far as regarded mortality, the Spanish army held the first place.

## ARMY MEDICAL RESERVE OF OFFICERS.

A ROYAL WARRANT included in this month's Army Orders amends the constitution of the Army Medical Reserve of Officers, and substitutes new provisions for the pay, appointment, and promotion of officers.

Under these, commissions as lieutenants in the Army Medical Reserve may be given to persons, not over 30 years of age, who may be duly qualified under regulations approved by the Army Council. The ranks of officers of the Army Medical Reserve shall be those of captain and lieutenant, and the total period of service in the Reserve shall be limited to seven years. On the completion of three and a half years' service a lieutenant shall be eligible for promotion to the rank of captain, if recommended for that rank.

Appointments to commissions will be made on probation, and persons so appointed will undergo an initial training of two months, on the expiration of which, should their work and conduct be considered satisfactory, their commissions will be confirmed.

When called to army service, or while undergoing training, officers of the reserve shall receive the pay and allowances of officers of similar rank in the Royal Army Medical Corps. After the first year's service an officer shall, in addition to any such pay and allowances for days of actual service, receive pay at the rate of £20 a year. This rate shall be increased to £25 a year if the officer is promoted to the rank of captain.

Officers of the Army Medical Reserve constituted by this warrant shall be liable to be called to army service at home or abroad at a time of emergency, and shall also be subject to the general regulations applicable to Army Reserve officers. The sum of £5 will be allowed towards the provision of uniform.

## NATIVE MILITARY HOSPITALS IN INDIA.

A REGIMENTAL MEDICAL OFFICER writes: I do not think "Fed Up's" letter in your issue of August 25th ought to go

he also served as a delegate to many congresses. In 1887 he represented his country on the committee which investigated Pasteur's antirabic treatment; the result was the foundation of an institute for carrying out the treatment in Hungary. To Högyes it is due that the mortality from hydrophobia in Hungary was reduced from 14 to 0.28 per cent. Such was the enthusiasm which he brought to this work that between April, 1890, and September 1906, no fewer than 30,865 persons underwent the inoculation treatment. For his writings on the treatment of rabies the Hungarian Academy of Sciences awarded him the great Marczibanyi Prize. Of his other investigations perhaps the best known are those on the physiology and pathology of the kidney, and his researches on the ear passages and the associated movements of the eye. The death of Professor Högyes is mourned by his colleagues and by his countrymen as an irreparable loss.

WE regret to announce the death of SPENCER THOMAS SMYTH, M.D., at his residence, 3, Grosvenor Gardens, Tunbridge Wells, at the age of 86. He began his career as an articled pupil in June, 1837, and in October, 1840, entered as a student at the Middlesex Hospital; in 1841, whilst a student there, he was awarded the prize for materia medica and honorary certificate for surgery and chemistry; in 1842 he took the surgical anatomy prize and another honorary certificate in surgery; he was also author of a prize essay upon puerperal insanity. In 1842 he was admitted M.R.C.S. of England; in 1843, L.S.A.Lond.; in 1849, M.D.Aberd.; in 1860, F.R.C.S.Eng.; and in 1876, L.R.C.P.Lond. He practised in Great Yarmouth for 30 years, and was Senior Surgeon of the hospital there for eighteen years; in 1849 he was one of the medical officers of the Cholera Hospital; he was also Surgeon of the borough gaol and police force for ten years, and Second Surgeon of the East Norfolk Militia. Upon retiring from Great Yarmouth he took up residence at Forest Hill, S.E., and was appointed Honorary Surgeon to the Children's Infirmary and Dispensary for Women and Children at Lower Sydenham. Upon vacating that post he was elected one of the Consulting Surgeons. Eleven years ago he retired from active practice, and had since resided in Tunbridge Wells.

DR. DUNCAN ROBERTSON of Callander, a comparatively young man, died quite unexpectedly on October 30th. On the day of his decease he returned home somewhat tired after a round of visits, and went to lie down for a rest. Not long afterwards an urgent summons arrived, and when sought in his room it was found that he had had a sudden attack of heart failure from which he never recovered. Dr. Robertson, a native of Lochearnhead, in Perthshire, received his medical education at Edinburgh, where in 1887 he graduated M.B., C.M. He made two voyages to India and two to America as a ship surgeon, and afterwards acquired a wide experience of general practice as an assistant in the North of England. Finally, some twelve years ago, he settled down in Callander, where before long he built up a large practice. At the time of his death he was medical referee to the Caledonian and other assurance companies; a lecturer to the St. Andrew's Ambulance Association, and enjoyed a wide reputation as an excellent general practitioner. A keen sportsman, he was, like many such, a great lover of Nature in all its phases. His interest in children was keen, and he had the capacity of gaining their confidence, and was popular with all of them. He had a very high sense of professional honour, and throughout the district was equally esteemed by his colleagues and by the inhabitants generally. Hence great regret was felt at his untimely decease, and the funeral afforded him was of a semi-public nature, all places of business being closed and blinds drawn, when the largely-attended *cortège* passed through the town on its way to Callander Cemetery. He was a member of the British Medical Association, belonging to the Sterling Branch.

PROFESSOR JOSEF WEINLECHNER of Vienna, whose death was announced in a recent issue of the BRITISH MEDICAL JOURNAL, was born at Altheim in Upper Austria in 1829. He was of peasant stock and studied medicine in the University of Vienna, where his career was a long struggle against poverty. In 1854 he took his degree and at once became assistant for operative surgery in Schuh's clinic.

He qualified as a *Privat-docent* in the same year. In 1866 and 1867 he did the work of the Second Chair of Surgery till Billroth was appointed professor. In 1868 Weinlechner was appointed to the staff of the Rudolfspital and later to that of the Vienna General Hospital. In 1871 he became extraordinary and in due course ordinary professor. In 1900 he retired. Weinlechner was a surgeon of the old school. He was a skilful operator, and a man of ripe judgement. He wrote on foreign bodies in the urethra and bladder (1878); stricture of the oesophagus (1882); surgical diseases of the skin (in Gerhardt's *Handbook of Children's Diseases*, 1882); tumours of the chest wall (1882); the sequels of subcutaneous fractures of the skull (1885), and many other subjects. Even after his retirement he was a regular attendant at scientific meetings, frequently taking part in debate.

INSPECTOR-GENERAL EVELYN RICHARD HUGH POLLARD, R.N., died on October 9th at the Royal Naval Hospital, Chatham, aged 51. He entered the Royal Navy as Surgeon, March 30th, 1878, was made Staff Surgeon November 18th, 1882, Fleet Surgeon April 11th, 1891, Deputy Inspector-General August 23rd, 1899, and Inspector-General March 7th, 1904. As Surgeon of the *Boadicea* he landed with the Naval Brigade during the Zulu War in 1879, receiving a medal with clasp. He served with a battalion of the Royal Marines in the war in Egypt in 1882, and was present at the battle of Tel-el-Kebir. He was promoted for his services and granted a medal with clasp and the Khedive's bronze star.

LIEUTENANT-COLONEL ABRAHAM WILLIAM BATE, M.D., late Army Medical Service, died at Bromley, Kent, on October 22nd, aged 64 years. He joined the department as an Assistant Surgeon, March 31st, 1865; was made Surgeon, March 1st, 1873; Surgeon-Major, March 31st, 1877; and Honorary Brigade Surgeon on his retirement from the service, December 16th, 1885. He served at Suakim during the Soudan campaign in 1885, and had received a medal with clasp and the Khedive's bronze star.

DEPUTY SURGEON-GENERAL DANIEL MACQUEEN, M.D., of the Army Medical Department (retired), died at Edinburgh, on October 21st. He was the last surviving son of the late Colonel A. L. Macqueen, H.E.I.C.S., and entered the Army Medical Service as Assistant Surgeon, November 15th, 1850; became Surgeon, January 26th, 1858; and Surgeon-Major, November 5th, 1870; retiring with the honorary rank of Deputy Surgeon-General, July 2nd, 1877.

SURGEON-LIEUTENANT-COLONEL ROBERT COLLINS, M.B., late Army Medical Staff, died at Southsea on October 31st, aged 69 years. He entered the Army Medical Service as Assistant Surgeon, March 31st, 1865; was made Surgeon, March 1st, 1873; Surgeon-Major, March 31st, 1877; granted the rank of Lieutenant-Colonel, March 31st, 1885; and appointed Brigade-Surgeon-Lieutenant-Colonel, November 13th, 1890. He retired from the service, February 14th, 1892.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are: Surgeon-Admiral (*Admiral-sarzt*) Karl Fleischmann, of the Austrian navy; Dr. P. Merklen, Physician to the Hôpital Laënnec, Paris, author of numerous contributions to medical literature on albuminuria, polyuria, and affections of the heart, in which he was especially interested; Dr. Floquet, Physician to the Palais de Justice, Paris, and author of several publications dealing with the relations of medicine to the law and sanitary administration, aged 54; Dr. A. P. Fokker, Professor of Hygiene and Bacteriology in the University of Groningen, aged 66; Dr. von Holst, Emeritus Professor of Obstetrics and Gynaecology in the University of Dorpat, aged 84; Dr. Alvarez, Emeritus Professor of Surgery in the Medical Faculty of San Salvador; Dr. Tenchini, Professor of Human Anatomy in the University of Parma; Dr. N. Bystrow, sometime Professor of Paediatrics in the Army Medical Academy, St. Petersburg; Dr. C. Adamiuk, formerly Professor of Ophthalmology in the Medical Faculty of Kasan; Dr. M. Blancas, Professor of Children's Diseases in the Medical Faculty



of Buenos Aires; Dr. August Rothmund, Professor of Ophthalmology in the University of Munich, aged 76; Dr. Wolfgang Erhardt, Physician to the German Hospital, Rome, where he practised for sixty years, aged 88; Dr. G. Pugliatti, sometime Professor of Experimental Physiology in the University of Messina; and Dr. R. Galvao, Professor of Bacteriology in the Medical Faculty of Rio de Janeiro.

## HOSPITAL AND DISPENSARY MANAGEMENT.

### GLASGOW DISTRICT ASYLUM, GARTLOCH.

FROM the annual report for the year ending May 15th, 1905, of Dr. W. A. Parker, Medical Superintendent of this asylum, we see that there were 683 patients on the asylum register on May 15th, 1905, and that on May 15th, 1906, there were 684. The total number of cases under care during the year was 971, and the average number resident 702.1. During the year 288 cases were admitted as compared with 297 for the previous twelve months. The majority of these were unfavourable cases, because now all the cases likely to recover speedily, transient alcoholic and *delirium tremens* cases, are treated at the mental block of the Duke Street Hospital. Of the total admissions 95 were the subjects of first attacks within three and 24 more within twelve months of admission, in 57 the attacks were not first attacks within twelve months of admission, in 87 the attacks were of more than twelve months' duration on admission, and 25 cases were of congenital origin. Thus 169, or 58.3 per cent., had either been ill over a year on admission, were congenital imbeciles, or had suffered previous attacks, and even of the remaining 41 per cent., Dr. Parker says many were hopelessly senile cases, or general paralytics, or otherwise incurable. They were classified as to the forms of mental disorder into: Mania 49; melancholia 56; confusional, delusional, or adolescent insanity 78; dementia 36; general paralysis 26; epileptic insanity 16; congenital defect 25; and syphilitic and moral insanity each 1.

As to the probable causes of the insanities among the admissions, alcoholic intemperance was assigned as primary cause in 48 cases and in combination with other causes in 17, or 65 in all, that is in 24.7 per cent. of the total admissions, general physical diseases in 27, syphilis in 12, adolescence, the climacteric, and old age in 49, cerebral softening or haemorrhage in 20, epilepsy in 17, and in 25 no cause could be assigned. Hereditary influences were ascertained in 25, and in 25 also congenital deficiency existed.

During the year 114 were discharged as recovered, giving a recovery-rate on the admissions of 39.5 per cent., and 88 as relieved. Of these latter 15 were transferred to other asylums, 3 to England and Ireland, 17 to the care of friends, and 50 were boarded out in country districts. During the year 85 died, giving a percentage death-rate on the average numbers resident of 12.1, the highest death-rate yet recorded at this institution. The deaths were due in 52 cases to cerebro-spinal diseases, including 21 deaths from general paralysis; in 20 cases to chest diseases, with only 8 deaths from pulmonary consumption; in 3 cases to abdominal diseases, and in 6 cases to general diseases. In 32 cases the persons were over the age of 60. The comparatively small proportion of death from tuberculous disease is the only notable feature of the death list, the decline in the numbers dying from tuberculosis being attributed by Dr. Parker to the segregation of these cases since the opening of the sanatorium. The general health was good throughout the year, and the asylum was visited by Commissioner MacPherson, who left a favourable report.

### ROYAL EDINBURGH ASYLUM, MORNINGSIDE.

THE annual report for 1905 of Dr. Clouston, Physician-Superintendent to this well-known institution, shows that on the first day of 1905 there were 829 on the register, and on the last day of the year 884. Altogether the total number of patients under treatment during the year was 1,257. During the year 428 cases were admitted, being 14 less than the average of the preceding five years. Of the total, 312 were rate-paid cases, being 51 less than the average of the previous five years, and the private patients, 116 in number, were more by 37 than the said quinquennial average, these relative changes being due to the fact that the directors have now freely opened the institution to patients paying the lower rates of board. Also, in future, the opening of the District Asylum at Bangour will relieve the asylum at Morningside of many rate-paid cases, and thus render available increased accommodation for private patients.

Of the total admissions, 335 of whom were first admissions, 130 were the subjects of first attacks within three, and 49 more within twelve months of admission; in 102 the attacks were not first attacks within twelve months of admission, and the remainder were either of more than twelve months' duration (131) or congenital cases (16) on admission. Only 39 were considered in average health and condition on admission, 338 were in indifferent health and reduced condition, and 51 in bad health and very exhausted condition, 20 of the rate-paid cases dying within a month of admission. The admissions

were classified according to the forms of mental disorder into: Mania of all kinds, 134; melancholia of all kinds, 191; dementia of all kinds, 16; general paralysis, 64; acquired epilepsy, 7; and cases of congenital or infantile defect, 16. The large number of general paralytics admitted is very naturally commented upon by Dr. Clouston, and also the fact that so many belong to the female pauper patients. In the early Sixties, he says, a female general paralytic was so rarely admitted that the whole medical staff would go to see such a case. In 1874 there were only 3 cases, but in 1905, out of the 64 cases, 38 were women, and all but one were of the rate-paid class. "For the first time in our history," he says, "the number of admissions of female general paralytics exceeded that of the men. As I have before said, this is a bad sign of the moral status and mode of life of the class from which those patients come. It is a sidelight of a very depressing character on our social life. To show the enormous difference in the local distribution of this disease, I find that in Ireland, with a population of four millions and a half, only 52 cases of this disease were last year sent to all the Irish asylums. Great cities, vice, dissipation, and undue excitement are its chief breeders."

Dr. Clouston's remarks as to the low moral state indicated by such numbers of general paralytics might seem to imply an acceptance of the syphilitic or parasymphilitic theory of the origin of general paralysis, but he immediately proceeds to affirm his belief in the microbic theory of Ford Robertson, according to which general paralysis is the result of a bacterial toxæmia of gastro-intestinal origin.

Passing to the causation of the insanities amongst the admissions, we note that alcoholic intemperance was assigned in no fewer than 110 cases, or 25.7 per cent.—that is, in 30 per cent. of the men and 22 per cent. of the women, as compared with 22.5 per cent. of the male and 9.2 per cent. of the female admissions—that is, 15.85 per cent. of the total admissions for 1905 in England and Wales. Syphilis was assigned as cause in 26, puberty and adolescence in 57, the menopause in 27, and old age in 22, previous attacks in 117, mental and moral causes in 15, and in 172 no cause could be assigned. Hereditary influences, direct or collateral, were ascertained in 128, or nearly 30 per cent., and congenital defect existed in 13.

During the year 137 were discharged as recovered, giving the low recovery-rate on admissions of 32 per cent., 106 as relieved, 14 as not improved, and there were 116 deaths. The deaths, which gave the high percentage death-rate on the average numbers resident of 13.3, were due in 55 cases to cerebro-spinal diseases, including 37 deaths from general paralysis; in 65 cases to chest diseases, including 18 deaths from pulmonary consumption, and the remainder, including 1 case of general tuberculosis, were due to abdominal and general diseases. There were thus 13 deaths from tuberculous disease, or 16.3 per cent. of the total deaths, which is an improvement on the figures of this institution of late years, and is the same proportion of tuberculous to total deaths as existed in the county and borough asylums of England and Wales during 1905.

Craig House, reserved for the use of private patients, still preserves unbroken its record, reaching now over eleven years, of no consumption, evidencing at once favourable sanitary conditions and a careful exclusion of phthisical patients. No death from accident was recorded, and, with the exception of a mild epidemic of asylum dysentery in the West House, affecting 29 patients, there does not appear to have been any outbreak of zymotic disease.

### EARLSWOOD ASYLUM.

THE annual report of this useful charity, presented at the Annual Court held April 26th, 1906, has recently been issued. The Board report that over £25,000 is still required for the complete restoration of the building, which has had practically to be reconstructed, owing to the failure of its faulty foundations and other structural defects. This work has been in progress during the last two or three years, with some 450 patients constantly resident, and the Lunacy Commissioners justly remark that, "having regard to this fact, it is highly creditable to Dr. Caldecott and his staff that the work of the institution is carried out as effectively as it is." The Medical Superintendent reports that during 1905 43 cases were admitted (one being a readmission), the same number were discharged (all but one being "relieved"), and that 17 deaths had occurred. The average number resident during the year had been 451 (309 males and 142 females), and the percentage death-rate had been 3.72, a very small mortality considering the feeble physique of many of the inmates and the proportion of life cases, 46 of the patients having been in residence over 40 years, whilst 5 have been on the books between 50 and 60 years. Phthisis, or tuberculosis in some form, was responsible for 10 deaths (60 per cent. of the whole number), and epilepsy for 2 (12 per cent.). This large proportion of tuberculous deaths suggests the desirability of some separate accommodation for such cases, as far as practicable on open-air principles; and the experience of other institutions for imbeciles accords with that of Earlswood as to the extensive prevalence of tubercle amongst the mentally defective class, especially amongst the so-called "Mongolian" type, which is represented by 4 cases (nearly 10 per cent.) of the admissions to Earlswood in 1905. As regards etiology, Dr. Caldecott reports only 4 cases amongst the 43 admissions, in which "heredity" (we presume nervous) has