

MEMORANDA; MEDICAL, SURGICAL, OBSTETRICAL.

RUPTURE OF THE ADDUCTOR LONGUS.

The following reports of three cases of rupture of the adductor longus have been forwarded by Inspector-General H. M. Ellis, Medical Director-General of the Navy. They have all been received by him this year, and he suggests that the accident cannot be so rare as is generally supposed. It will be noted that two of the cases occurred in the practice of one observer. Only one set of the photographs mentioned in the reports is here reproduced, as the appearances in all of them were precisely identical, although the assigned etiological pathology differs.

CASE I.

The accompanying two photographs illustrate the case of a warrant officer who was admitted into the Royal Naval Hospital, Chatham, with rupture of his adductor longus femoris. The accident occurred while on the bridge of a destroyer in rough weather. The deck was very wet, and the officer's feet slipped widely apart in a lateral direction, and the muscle was ruptured by voluntary effort to adduct the limbs. The one photograph shows a well-



Fig. 1.—Showing appearance with adductors relaxed.



Fig. 2.—Showing appearance with adductors contracted.

marked tumour in the position of the upper third of the muscle. This tumour was most prominent when the patient forcibly contracted the adductors. The other photograph shows the tumour much less marked, and was taken when the adductors were relaxed. No operation appeared to offer any likelihood of success, so that the treatment consisted of rest in bed and gentle massage. The patient returned to duty, at that time being scarcely at all affected by the accident. The case was so rare that I venture to report it now. The photographs were not ready in time to send them in at Chatham.

A. GASKELL, F.R.C.S.Eng.,
Staff Surgeon, R.N.

CASE II.

W. D., 26, stoker H.M.S. *Highflyer*, came sick on February 10th, 1906, at Bermuda. He had been playing football that afternoon, but remembered no kick or twist, or straining effort. He stated that on January 5th, 1906, he had sprained the muscles on the inner side of the upper part of the left thigh "by running." After the football match he bathed, and he then noticed pain and swelling at the inner side of the thigh. When he came to the sick bay he had a hard, painful, non-fluctuating, flat swelling about 4 in. by 6 in., lying vertically in the position of the upper half of the adductor longus. There was no pulsation in the swelling. The limb was fixed on a splint, and an evaporating lotion applied to the swelling. He remained in bed on the sick list for fifteen days, and much discoloration of the skin appeared from the effused blood. When he returned to duty the limb was a little weakened from the loss of function of this muscle. The patient was able to voluntarily contract the upper portion, and make it harder and shorter and more prominent. Attached are two photographs of the case.

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CASE III.

History.—W. D., stoker, in February, 1906, when clearing fires with a slice, a piece of the clinker slipped, and the handle of the slice struck the inner side of the left thigh. He noticed a swelling an hour after the accident.

Signs.—There is a tumour in the inner and upper aspect of the upper third of the left thigh. When the leg is held in the position of abduction, and the patient abducts his thigh as strongly as he can, the tumour becomes twice as large, and as hard as a board. On manipulation, the running bundles of the muscle fibres can be felt in a direction downwards and outwards. There is no pain, and it does not cause him any inconvenience. A rupture evidently took place at the time of the accident in the fascia lata, and so allowed the muscular belly of the adductor longus to protrude. This is undoubtedly a case of a hernia of the adductor longus muscle through the fascia lata, and is published owing to its extreme rarity. A photograph of the tumour is enclosed. A short description of this condition will be found in *Tillman's Surgery*, vol. iii, p. 278.

ROBERT J. MACKEOWN, M.B., B.Ch., D.P.H.,
Staff Surgeon, R.N.
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Surgeon, R.N.

VERONAL IN THE VOMITING OF PREGNANCY.

The following case is of interest, both from the gravity which it at one time assumed and from the markedly beneficial effect produced by large doses of veronal administered rectally at a time when the question of procuring abortion was seriously under consideration:

A healthy primipara, aged 29, developed serious symptoms of vomiting at the end of the second month of pregnancy. Nothing was retained by the stomach, and the retching and vomiting prevented her obtaining any sleep for more than a few minutes at a time. No improvement resulted from treatment by any of the following measures, namely: Iced champagne, effervescing saline mixtures, vinum ipecac. $\text{m}j$ every hour, oxalate of cerium $\text{gr.}v$ four-hourly, complete rest, careful constant nursing, entire rectal feeding, everything by the mouth being stopped. Hypodermic injections of strychnine were given to improve the pulse, which became rapid and feeble. Pot. brom., $\text{gr.}xxx$, was given in one of the nutrient injections, and repeated in two hours, without any appreciable effect; and no relief followed morphine, $\text{gr.}i$, hypodermically. At the end of three days veronal, $\text{gr.}xxxii$, in powder was administered in a nutrient injection. The patient fell asleep within half an hour, and slept well for eleven and a half hours, and at intervals afterwards for the next six hours, merely rousing up while the nutrient injections were given. No vomiting occurred for twenty-five hours after the administration of the veronal, but after that time it gradually returned, though not to the same distressing extent as formerly, and during the following ten days small quantities of Brand's essence, kreochoyle, drachm doses of pepsin wine, peptonized milk, lime water and barley water were occasionally retained for a few hours.

At the end of that time, as sleep was chiefly being obtained in snatches of one to one and a half hours, and as the patient was not getting on, another dose of veronal, $\text{gr.}xxxii$, was administered by the rectum. This was followed by ten and a half hours' sleep with no ill effect other than a purpuric rash on the arms, which passed off in twenty-four hours.

Vomiting recurred at intervals, but the patient gradually began to take more varied nourishment by the mouth, the nutrient injections being continued as well for a time. Sleep was obtained naturally in longer periods each day, and a week after the veronal she was getting from five to nine hours daily without the aid of drugs.

The intervals between the attacks of vomiting became longer, and by one month from the commencement of the illness she was convalescent, taking ordinary food, and getting out each day. Since that time, four months ago, she has remained quite well, and quickening took place normally.

The sleep obtained by the veronal was apparently sound and peaceful, and the patient awoke refreshed and feeling better in every way. Apart from some amount of dysmenorrhoea and an attack of ovaritis (?) two years previously the history was good, and there was no evidence of any co-existing renal or cardiac mischief, and the position of the uterus was normal.

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all the back doors of the taverns leading into the fields shall be closed up, so that there shall be but one way of ingress and egress.

A MIRROR OF FALSEHOOD.

At a special meeting of the Council of the National Antivivisection Society held on October 29th, the Hon. Stephen Coleridge said, "We have three great London newspapers." We need not discuss the question in what sense the epithet "great" can be applied to the *Daily News* and the *Tribune*. Nor do we know whether the *Daily Mirror* is one of the papers on which greatness, in an antivivisectionist sense, has been thrust by Mr. Coleridge. But if it has not yet achieved this questionable greatness, it is trying hard to do so. In its issue of November 6th, under the headline Confessions of Vivisectionists, it professes to tell its readers "what the Royal Commission is hearing behind closed doors." It states without any reservation whatever that the evidence given before the Commission is represented by a "typical statement from the pen of Dr. Brachet, Professor of Physiology at the Ecole de Medicine [sic], Paris." He is quoted as saying that, after exciting the aversion of a dog by deliberate ill-usage, he put out its eyes and destroyed its ears and proved that the poor beast would then allow him to touch it without showing anger. Next comes the story of Magendie's sticking a knife into a dog to prove that the skin was sensitive. After this a writer in the *Revue Nationale* is quoted, without name or date, as relating how he beat dogs with a heavy wooden mallet "that he might know how much pain was inflicted from the creature's cries." "These," concludes the *Mirror*, "are the kind of facts which the Royal Commission is now discussing—behind closed doors." The lie is made circumstantial by a sketch of a number of animals—dogs, cats, rabbits, guinea-pigs, frogs, and a particularly dejected-looking horse, which are described as "anxiously awaiting their fate" outside the padlocked door of the Royal Commission, against which is a board inscribed "Meetings in Secret. Facts too Terrible to make Public." We do not suppose that many people, even of the intellectual quality of the readers of the *Daily Mirror*, will be misled by this vulgar appeal to hysterical sentimentalism, but this is no excuse for what is nothing else than gross and deliberate falsehood. Our contemporary knows perfectly well that these are not the kind of facts which the Royal Commission is now discussing. Even in these days of reckless expenditure, the appointment by the British Government of a Commission to inquire into cruelties perpetrated in the name of science in France more than half a century ago would be more than a long-suffering British public would stand. Nor will a plea of ignorance—fairly as that might be advanced in regard to other matters—here serve the *Daily Mirror*. The truth of the matter was brought to its notice by Mr. Herbert Sieveking in the following letter dated November 7th:

SIR,—In writing to the *Daily Mirror* I know I am writing to a journal which loathes the methods of the sneak, and which will give a fair hearing to both sides. I go further, and feel sure that had you known the infamous unfairness of the quotations in your journal of November 6th, p. 6, they would not have been admitted to your paper. I desire to make a few short statements, and leave you and your readers to judge as to whether my phrase "methods of the sneak" is one whit too strong.

In your issue of November 6th you give under the title of "Confessions of Vivisectionists," "What the Royal Commission is hearing behind closed doors," details of some revolting experiments alleged to have been performed by Brachet, Magendie, and a nameless writer in the *Revue Nationale*.

May I be permitted to add to the details you give the following facts: Dr. Brachet was a Professor of Physiology in Paris in 1837. Magendie gave up the active work of his chair in 1847, and died in 1855, that is, 51 years ago. How far back in the "dark ages" of medicine these dates are may be judged from the fact that the first operation on man under an anaesthetic in this country was performed in 1846. Before this time patients were strapped in a chair or on a table when undergoing an operation, in order to prevent their struggles under the agony they had to endure.

As the writer of the article in question gives neither the author nor date of his quotation from the *Revue Nationale*, it is impossible to vouch for, or impugn, its accuracy. It reads more like a quotation from the *Zoophilist* than from a contribution by a man of science. It is difficult to see, however, what bearing any of these statements have on the question of

experiments on animals in England at the present day, the subject which the Commission is appointed to investigate. The object of the writer is, however, very evident. A deliberate and underhand attempt to mislead the public.

It would be as reasonable to compare the surgery of the time of Ambroise Paré, with its boiling pitch, red-hot cauteries, and dung poultices, to the aseptic and painless methods of the present day.

We need add nothing to Mr. Sieveking's letter, which the *Daily Mirror* was afraid to publish. At this, with our knowledge of the ways of antivivisectionists, we cannot affect to be surprised. But what is to be thought of a newspaper which, while publishing other letters applauding its slanders, suppresses one which conclusively proves that they are utterly unfounded?

MEDICAL NEWS.

THE Empress of Germany has graciously consented to be a patroness of the Fourteenth International Congress of Hygiene and Demography, which is to take place in Berlin, in September, 1907.

THE Spanish Minister of the Interior has laid before the Senate a Bill providing for the regulation of the labour of women and children, and for the creation of a national institute of social thrift.

DR. G. NORMAN MEACHEN will deliver a lecture on the place of music in the healing art before the Incorporated Guild of Church Musicians, London, in the Brinsmead Concert Hall, 18, Wigmore Street, W., at 3 p.m., on Thursday, November 29th.

At a meeting of the Medico-Psychological Association of Great Britain and Ireland on November 15th, Dr. Robert Jones of Claybury Asylum was the recipient of an illuminated address in acknowledgement of the services which he has rendered to the Association. For nine years he acted as its Honorary General Secretary, and is now its President.

WE are asked to state that a nursing home suitable for the reception of three or four cases requiring mountain air and personal attention is now ready for use at St. Moritz under the name of the Engadine Nursing Home. It is the undertaking of a syndicate of English trained nurses which last winter started work in the Engadine.

UNDER the will of the late Mr. Ben Haigh of Huddersfield, who died on September 25th, the Huddersfield Infirmary and the East Reford Cottage Hospital each receive a sum of £500.

CHICAGO PASTEUR INSTITUTE.—Since the establishment of the Chicago Pasteur Institute in 1890 the total number of patients treated is 2,775. Of these, 2,474 were bitten by dogs, 100 by horses, 84 by cats, 29 by cows, 23 by skunks, 9 by calves, 9 by wolves, 5 by pigs, 4 by coyotes, 4 by mules, 2 by burros, and 1 each by a rat and a sheep. Thirty-one were infected by human sufferers from hydrophobia. Of the patients, 1,406 had received severe and multiple bites on the hands and wrists, 564 on the leg and thigh, 388 on the face and head, 359 on the arms, and 42 on the trunk. Only 7 deaths were reported, giving a mortality-rate of 0.25 per cent. Seven patients discontinued the treatment; two of these died later of hydrophobia.

A MONUMENT TO SERVETUS.—A committee has been formed at Vienne, in the Department of Isère, France, for the erection in some public place in that town of a monument to Michael Servet, the sixteenth-century physician who, unhappily for himself, meddled also with theology. His opinions were considered heretical by Calvin, who, using the decisive argument of the mediaeval divine, had him burnt at Geneva in 1553. The monument is intended as a recognition of the services rendered by Servet to the people of Vienne during twelve years, a testimony against "intolerance of all kinds," and a homage to the scientific investigator who discovered the pulmonary circulation and created comparative geography. Contributions have been received from sympathizers not only in France, but in Great Britain, Germany, Italy, Spain, Belgium, Switzerland, and the United States. Among the members of the Committee of Patronage are M. Berthelot, the Deans of all the Faculties of Medicine in France, and many men prominent in politics, literature, and science. It may be mentioned that the suggestion to honour the memory of Servet in this manner was made in 1903 before the people of Vienne knew anything of the monuments erected at Geneva and Paris. Subscriptions may be sent to the Mayor of Vienne, M. J. Brenier, who is treasurer of the fund.

G. I. SCHORSTEIN, M.A., M.D. OXON., F.R.C.P. LOND.,
PHYSICIAN TO THE LONDON HOSPITAL AND TO THE HOSPITAL
FOR CONSUMPTION, BROMPTON.

WE regret to have to record the death on November 16th, at the early age of 45, of Dr. Schorstein, Physician to the London Hospital and to the Hospital for Consumption, Brompton. The sad event, though it will be the cause of deep grief to his many friends, has not come as a surprise to them, for they were aware that he had suffered for some time from diabetes of a severe type.

Gustav Isidore Schorstein was born in 1863, and received his early education at the City of London School. In 1881 he was elected Junior Student of Christ Church, Oxford. He took a First Class in Honour Moderations and a Second in the Final Honour School of Literæ Humaniores. For about a year and a half after taking the B.A. degree in 1885 he remained at Christ Church, acting as tutor and at the same time working at anatomy and physiology. He afterwards entered as a student at the London Hospital, and graduated M.B., B.Ch. in 1889. He became a member of the Royal College of Physicians of London in 1891 and a Fellow in 1897. In 1904 he proceeded to the degree of M.D. Oxon. He held the posts of House-Physician and House-Surgeon to the London Hospital, was appointed Assistant Physician in 1894, and was also for some time Pathologist to the hospital. He was at an early stage of his career appointed Assistant Physician to the Royal Hospital for Diseases of the Chest, City Road, and at the time of his death was Physician to the Hospital for Consumption and Diseases of the Chest, Brompton. Only last year he was elected full Physician to the London Hospital. He was Lecturer on Medical Pathology in the Medical School, and was at an earlier period Lecturer in Public Health, further showing his interest in the latter subject by taking the diploma of D.P.H. of the Conjoint Board in England in 1892.

He had thus prepared himself as fully as a man can for the difficult career of a consulting physician, and his wide knowledge and courteous manner, enhancing the value of native abilities of no mean order, seemed to afford sure promise of success when he was struck down by the insidious malady to which he was only too soon to succumb.

Dr. Schorstein wrote little or nothing for publication, believing that in strict attention to his hospital teaching lay the surest and most satisfactory way to success. His clinical lectures were most popular, and his literary abilities made them models of what such lectures should be—clearly thought out, logical, and beautifully expressed, so that the most thoughtless could not help but learn.

The personal charm of the man was much enhanced by the versatility of his conversation and the wide range of subjects over which his knowledge extended, and one always left his presence with regret after a chat.

There is no surer judge of a man's character than a child, and for the little ones Dr. Schorstein had a wonderful charm; they looked to him instinctively, and he never failed them. Of outdoor recreations Schorstein had none, unless it were his fondness for going to the Zoo to take some dainty new morsel for the animals. He was, however, an artist in the true sense of the word, and took the greatest delight in the masterpieces of architecture and painting to be seen in Italy.

The funeral ceremony took place at the cemetery of the West London Synagogue, Golder's Green, on November 20th, and among those who attended to show their respect to the dead were the Regius Professor of Medicine in the University of Oxford, the Bishop of Dorset (an old and intimate friend), Dr. Robert Maguire representing the medical staff of the Brompton Hospital, many of the medical staff of the London Hospital, including Dr. Percy Kidd, Dr. F. J. Smith, Mr. Mansell Moullin, Mr. Openshaw, and Mr. Furnivall, and representatives of the lay staffs of both hospitals.

THE death is announced of Deputy Surgeon-General RANDOLPH WEBB, retired Army Medical Staff, on October 8th, at Rathmines, Ireland. He was appointed Assistant Surgeon December 15th, 1854; Surgeon, October 23rd, 1867; Surgeon-Major, March 1st, 1873; Brigade-Surgeon, April 4th, 1880; and Deputy Surgeon-General, July 16th, 1884. His war record includes: The Crimean campaign in 1854, including the bombardment of Sebastopol and the battle

of Tchernaza (medal with clasp, and Turkish medal); the Indian Mutiny campaign in 1857-8, being present at the battle of Banda and the capture of Kirwee (mentioned in dispatches, medal with clasp), and the Abyssinian war in 1867-8 (medal).

DEPUTY SURGEON-GENERAL JULIUS WILES died in London on November 10th, aged 78, the result of an accident while cycling. He joined the Army Medical Department as an Assistant Surgeon, November 24th, 1854; became Surgeon, February 4th, 1871; Surgeon, March 1st, 1873; Brigade Surgeon, October 15th, 1881; and retired with the honorary rank of Deputy Surgeon-General, July 1st, 1883. He served in the Crimean campaign in 1855, and was present at the siege and fall of Sebastopol and at the attacks on the Redan on June 18th and September 8th (mentioned in dispatches, medal with clasp, and Turkish medal); in the China war of 1860, including the action of Sinho, the capture of the Taku forts, and the surrender of Peking (medal with two clasps); and in the Ashanti war in 1874, when he was present at the battles of Amoafu and Ordahsu and the capture of Coomassie (medal with clasp).

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Dr. Nikanor Chronszczewski, sometime Professor of General Pathology in the University of Kieff, aged 70; Dr. Lew Pawlow, of St. Petersburg, Physician to the Czar and President of the Russian Medical Association, aged 59; Dr. Plantau, Professor of Histology in the Medical School of Algiers; Professor Liugu Casati, for many years editor of the *Raccoglitore Medico*, and founder, in conjunction with Professor Ruata, of the Institute for the Orphans of Medical Practitioners at Perugia, aged 76; and Dr. Reincke, who reorganized the public health administration of Hamburg.

MEDICO-LEGAL AND MEDICO-ETHICAL.

"DR. MASINA'S HOSPITAL," BOMBAY.

WE have received a long letter from "One of the Trustees of 'Dr. Masina's Hospital,' Bombay," relating to the article on this institution which was published in the *BRITISH MEDICAL JOURNAL* of September 8th, 1906, p. 603. Our correspondent wonders how in 1906 we came to comment on a correspondence which took place in 1902. The explanation is simple: the printed letters were sent to us along with the report of the hospital for the year 1905, and the association between the correspondence and the hospital was suggested by the sender. We quite agree that the sooner the former is consigned to the limbo of oblivion the better. Our correspondent forwards with his letter the first report of this hospital (1903-1904) in which the reasons for its establishment in 1902 are stated. These were (1) to provide for Parsees of the middle-class, too poor to employ a doctor privately and too proud to resort to a public hospital, accommodation and treatment during illness on moderate terms; and (2) to break the Indian Medical Service "monopoly" and provide "superior practical experience" for medical graduates. This Indian Medical Service "monopoly," which is also disparagingly mentioned by our correspondent, consists in the faithful and efficient performance by members of the Indian Medical Service of the duties for which they have been engaged. It is to this that the indigenous medical profession in India owes its existence and success. It is time that this senseless detraction of the Indian Medical Service, which we are glad to find is not overtly resented, should cease. A spirit of harmony and co-operation should govern a profession which is, above all others, altruistic. We observe with satisfaction that Mr. Masina has proposed to alter the name of this institution now that it has become to a large extent charitable. His proposal has been rejected by the Trustees of the Building Fund, who, it appears, are to "have some share in the management of the institution." We incline to think that it is no kindness to Mr. Masina to perpetuate the association of his name with a place where business and charity are so intimately connected—a combination for which the medical profession has a well-grounded dislike.

MIDWIFERY SUPERSTITIONS.

AN inquest was held at Hammersmith on November 6th on the body of a child which had been found dead in the bed of its mother some twenty days after birth. The medical man who performed the *post-mortem* examination said the child had died of asphyxia, but he could not say whether such asphyxia was due to overlying or to convulsions brought about by an abscess which he found in its breast. For the latter the child had been taken once to the West London Hospital, a medical officer of which stated that the abscess was due to a silly superstition prevailing amongst midwives. A midwife who gave evidence admitted having tampered with the child's

breasts; she did not know why she had done so, except that it was a custom. The jury returned an open verdict, and the coroner expressed his intention of bringing the case to the notice of the midwife authorities.

THE ASSUMPTION OF TITLES BY REGISTERED PRACTITIONERS.

WITH reference to the editorial note appended to Dr. F. C. Wood's letter published last week, page 1,432, Dr. A. G. Bateman, General Secretary of the Medical Defence Union, writes to point out that a full official narrative of the prosecution of Mr. H. K. Hunter was printed in the minutes of the General Medical Council for 1899, pp. 591 to 633, and contained the information in question.

DR. F. C. WOOD (Wood Green) has written to us to the same effect.

A RETIRED R.A.M.C. OFFICER ENGAGING IN PRACTICE.

RETIRED R.A.M.C. is not debarred from engaging in private practice. If he desires to practise he should call upon the medical practitioners already established in the neighbourhood and inform them of his intention.

CORONERS AND PAYMENT OF MEDICAL WITNESSES.

W. B. B. writes as follows: I shall be obliged if you will inform me whether I am legally entitled to the usual fees for making a *post-mortem* examination and giving evidence at an inquest on a case dying in the workhouse of which I am the medical officer. The coronership has just changed hands, and previously I always received the usual fee, but the new coroner says he has no authority to pay it, although such is done at a neighbouring workhouse.

. If the patient dies in a workhouse, the medical man who gives evidence at the inquest legally receives one guinea, and one guinea for making a *post-mortem* examination, if ordered. In public hospitals, medical institutions, and lunatic asylums no fee is payable, but in workhouses the fee is payable.

THE CHOICE OF MEDICAL ATTENDANT.

THREE correspondents have written expressing their dissent from the observations published under this heading in the BRITISH MEDICAL JOURNAL for November 10th. They all agree in supporting the principle which is very well put by one of them in the following terms: "When a practitioner is called to an urgent case, either of sudden or other illness, accident or injury, in a family usually attended by another, he should (unless further attendance in consultation be desired), when the emergency is provided for, or on the arrival of the attendant-in-ordinary, resign the case to the latter; but he is entitled to charge the family for his services." We thoroughly appreciate the excellence of this rule, but deny that it is always applicable, especially in large places, or when practitioners are not willing to reciprocate, for there is a Pathan proverb which says "Brotherly love is all very well, but there should be some sort of account kept." We should like to quote in this connexion words which we wrote some time ago: "If A. is out when sent for and the patient calls on B., the latter ought to regard himself as acting for A., and do only what is necessary, leaving the case for A. on his return; under like circumstances A. should do as much for B.; but the 'squatter' throws away no chance, and when called in through such an accident does his best to secure the patient permanently; hence quarrels arise. It is frequently maintained that under such circumstances B. is ethically obliged to give up the patient to A., but we cannot deny the right of the patient to choose or change his medical adviser; the circumstances would be different if B. had attended at A.'s request; he would then be acting as A.'s agent, and would be in a position of trust of which he could not ethically take advantage to A.'s prejudice."

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF OXFORD.

Degree of D.M.

In a Congregation held on Tuesday, November 6th, the degree of Doctor of Medicine was conferred on the following persons: John Abernethy Willett, University College, and Tom George Longstaff, Christ Church.

Appointment of Demonstrators.

The Linacre Professor of Comparative Anatomy has appointed G. H. Grosvenor, M.A., New College, and G. W. Smith, B.A., New College, to be his Demonstrators, upon terms submitted to the Vice-Chancellor and approved by him.

Board of the Faculty of Medicine.

The following persons have been co-opted to membership of the Board of the Faculty of Medicine: Joseph F. Payne, D.M., Magdalen College; Gustav Schorstein, D.M., Christ Church; and Cecil B. Wall, D.M., Queen's College.

Appointment of Examiners.

The following nominations of examiners have been approved in Congregation:

In Elementary Mechanics and Physics—R. E. Baynes, M.A., Student of Christ Church.

In Elementary Chemistry—H. B. Hartley, M.A., Fellow of Balliol College.

In Elementary Physiology—F. Gotch, M.A., D.Sc., Fellow of Magdalen College.

In Elementary Zoology—R. W. T. Günther, M.A., Fellow of Magdalen College.

In Organic Chemistry—N. V. Sidgwick, M.A., Fellow of Lincoln College.

In Materia Medica—R. Stockman, D.M. Edin.

In Anatomy—A. Thomson, M.A., Exeter College.

In Physiology—H. M. Vernon, D.M., Fellow of Magdalen College.

In Forensic Medicine and Public Health—H. H. Littlejohn, D.M. Edin.

In Medicine—A. E. Garrod, D.M., Christ Church.

In Surgery—D'Arcy Power, B.M., Exeter College.

In Midwifery and Gynaecology—J. S. Fairbairn, B.M., Magdalen College.

M.B., B.Ch. Examinations.

The examinations for the Degree of B.M., B.Ch., will commence on Thursday, December 6th.

UNIVERSITY OF CAMBRIDGE.

Lectureship in Botany.

A UNIVERSITY Lectureship in Botany is now vacant by the resignation of Professor Seward. Applications should be sent to the Vice-Chancellor before November 30th. R. P. Gregory, M.A., of St. John's College, has been appointed Senior Demonstrator in Botany.

The Previous Examination.

The Council of the Senate propose that under certain conditions certificates of having passed the Baccalauréat in France or the Reifeprüfung of Germany, Austria-Hungary, or Russia, should entitle holders to exemption from the Previous Examination.

Appointment of Examiners.

The following have been appointed Examiners in State Medicine for 1907: Dr. Annington, Dr. Nuttall, Dr. Lane Notter, Dr. R. D. Sweeting, and Dr. Newholme; and for the Diploma in Tropical Medicine and Hygiene for 1907: Dr. Nuttall, Mr. C. W. Daniels, M.B., and Mr. W. B. Leishman, M.B.

UNIVERSITY OF LONDON.

KING'S COLLEGE.

THE Council have appointed Dr. Arthur Whitfield, F.R.C.P., Professor of Dermatology.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

ANNUAL MEETING OF FELLOWS AND MEMBERS.

The annual meeting of Fellows and Members of the Royal College of Surgeons of England was held at the College on November 15th, with the President of the College, Mr. Henry Morris, in the chair.

Report of Council.

The President, in placing the report of the Council for the last year before the meeting, explained the nature and scope of the work accomplished by the Council. An abstract of this report was published in the BRITISH MEDICAL JOURNAL of October 27th (p. 1161).

Payment of Medical Men Summoned to Assist Midwives in Cases of Difficulty and Danger.

The President referred to the representation made by the Council of the Royal College of Surgeons to the Privy Council, drawing attention to the injustice of practitioners throughout the country being without any legalized security for the payment of fees when called in by midwives to attend difficult cases. It was perhaps a little early for the Privy Council to move towards procuring a new Act of Parliament, which was necessary in this case, but from the tenor of the reply received by the College it would be seen that the Privy Council would see to this matter when the time came for the passing of a new Act. It was open to the County Council to secure adequate fees for medical men when called in by midwives; that had already been done in Cardiff and Liverpool. He hoped that until legislation rendered the course compulsory the good sense and proper feeling of the County Councils would prompt them to do the right thing by medical practitioners and secure for them the necessary payment of fees.

Position of the College as a Qualifying Body.

The President said that the gradual decrease in the number of students entering the profession of late years necessarily caused a falling off in the number of candidates for examination. In spite, however, of the numerous degrees and diplomas in the country the Conjoint Examining Board continued to attract each year to the examination much the same proportion of the students who commenced professional study five years previously.

Diplomas of Deceased Members.

Dr. Walter Smith asked what steps were taken to get back the diplomas from members who had died, as some of those diplomas were being used at the present time by dishonest persons.

The President replied that hitherto no steps had been taken in the matter. The subject, however, was important, and would receive the attention of the Council.

The Title of "Doctor."

Mr. F. W. Collingwood raised the question of the title of "doctor." The Royal College of Physicians, he said, refused to alter their by-law prohibiting their Licentiates from calling themselves doctors. He was proceeding to make a speech on the subject when the President explained to him that the matter had been dealt with in the last report of the Council of the Royal College of Surgeons.

Historical Summary in the Report of the Council.

Mr. Vinrace expressed his pleasure at the historical summary of the Royal College of Surgeons given in the report, and the President, in replying, said that he had great pleasure in stating that the historical summary was written by the late President of the College, Sir John Tweedy.

Direct Representation of Members on the Council.

Mr. Joseph Smith then moved:

That this twenty-second annual meeting of Fellows and Members again reaffirms the desirability of admitting Members to direct representation on the Council, which as now constituted does not represent the whole Corporation.

He briefly recounted the history of the long struggle carried on by the Members for representation. He warned the Council that the sword of Damocles was hanging over it, and that it would soon find it out, for the Members did not intend any longer to make supplication on their knees to the Council for the rights denied to them.

Sir Charles F. Hutchinson, who on rising was received with great applause, said that they did not wish to throw mud at those who managed the affairs of the College. The lawyer and the soldier were treated with respect in the House of Commons, but the doctor had always to "take a back seat." It was not to be expected in this democratic age that the Privy Council would listen to representations from the Council of the Royal College of Surgeons, because that Council itself only represented a sort of House of Lords, consisting of the Fellows of the College. If they wanted to make the influence of medical men felt in the way it ought to be, then the Royal College of Surgeons, which should be the centre and life of the profession, ought to set an example of being in the very van of reform. Was it right for the Council to deny reasonable representation to the Members of the College who supplied most of the money? and, further, was it right to lower the position of the College in the eyes of the world by refusing that reform so long urged by the Members? There were vital questions of national importance in which the College ought to take the lead. On such subjects as physical deterioration and the feeding of school children the College ought to say to the Legislature that it spoke with the united voice of the Members of the College. Sir Charles Hutchinson concluded by seconding the motion proposed by Mr. Joseph Smith.

Mr. Collingwood said that unless attention was paid to the rights of Members the College itself would pass away.

Mr. George Brown said that the head of the Local Government Board ought to be a medical man. Medical men should have a voice in the administration of the affairs of the kingdom when the health of the people was considered. The College must not be regarded as a diploma shop, but should take its proper position at the head of all sanitary and scientific measures.

The resolution was then put to the meeting, an carried by 40 votes to 3.

The Admission of Women as Fellows and Members.

Dr. W. G. Dickinson moved the following:

That this meeting recommends that, when the question of admitting women to the College examinations is brought before the Fellows and Members, this should be done either by means of a corporate meeting or by a poll of the Fellows and Members, inasmuch as the meetings as hitherto held under the regulations of the Council have no authority to determine any question whatever, and their resolutions on other subjects are almost invariably disregarded by the Council.

In the course of his remarks, Dr. Dickinson drew attention to the various by-laws of the College relating to the meetings of Members and to the meetings of Fellows and Members, and quoted the opinion of counsel as to the duty of the Council to carry out the medical defence of their Members in their professional work.

After Mr. Brindley James had seconded the motion, Mr. Edmund Owen said he would support the motion if the mover and seconder would consent to the omission of the sting in its tail.

Dr. Dickinson and Mr. James thereupon agreed to the omission of the words after "inasmuch."

After some further discussion, Mr. A. S. Morton moved and Surgeon-Major Ince seconded that the motion should read as follows:

That this meeting recommends that, when the question of admitting women to the College examinations is brought before the Fellows and Members, this should be done by a poll of the Fellows and Members.

This was put to the meeting and duly carried.

Standard of Preliminary Examinations.

Mr. George Brown then moved the following:

That this meeting strongly urges the Council to use all its influence to secure the raising of the standard of the Preliminary Examinations in General Education and in Science, and this meeting is further of opinion that the time has arrived when chemistry, physics, and biology should be treated as matters of preliminary education, and an examination passed in them before the commencement of medical studies.

He said that so many subjects were crowded into the medical curriculum, such as biology, microscopy, histology, and various other "ologies," which in the majority of cases were useless to the practitioner in the diagnosis and treatment of his patients, that the newly-qualified man, when he went out as an assistant or *locum tenens*, was found incapable of writing a prescription, and Mr. Brown was informed that in many cases before prescribing these young men had to look up the price list of some druggist.

Mr. George Jackson, in seconding the motion, said that it was desirable that the subjects in question should be acquired before the study of medical subjects was commenced.

After Surgeon-Major Ince had spoken, Mr. Edmund Owen declared that the study of biology had grown to such an extent, and had been invested with such importance, that it was ruining the career of many young medical students. He was in favour of abolishing the subject altogether.

After Mr. Collingwood had addressed the meeting, and Mr. Brindley James had deplored the disappearance of the old apprentices system, the President put the question to the vote, and declared the resolution carried, 12 voting in favour and 2 against.

A vote of thanks to the President for his services in the chair was passed with acclamation, and the proceedings terminated.

At the First Professional Examination in Anatomy and Physiology for the Diploma of Fellow, held on November 8th, 9th, 13th, 14th, and 15th, 95 candidates presented themselves for the examination, of whom 27 were approved and 68 were rejected. The following are the names of the successful candidates, namely:

A. E. A. Carver, B.A. Cantab., Cambridge University; W. L. Cripps, B.C. Cantab., M.R.C.S., L.R.C.P., Cambridge University and St. Bartholomew's Hospital; W. I. Cumberlidge, B.A. Cantab., M.R.C.S., L.R.C.P., St. Bartholomew's Hospital; R. D. Forbes, M.D., C.M. McGill University, Montreal, M.R.C.S., L.R.C.P., McGill and King's College; W. H. Forshaw, M.R.C.S., L.R.C.P., Sheffield University, King's College, and London Hospital; H. Frankish, M.A., M.B., B.Ch. Oxon., M.R.C.S., L.R.C.P., Oxford University and Middlesex Hospital; E. Gillespie, M.B., Ch.B. Glasg., Glasgow University, London and Middlesex Hospitals; H. T. Gray, M.A., B.C. Cantab., M.R.C.S., L.R.C.P., Cambridge University and St. Thomas's Hospital; P. T. Harper, St. Thomas's Hospital; W. B. Johnson, St. Thomas's Hospital; C. A. Joll, B.Sc. Lond., University College, Bristol; H. T. Mant, M.B., B.Sc. Lond., M.R.C.S., L.R.C.P., University College Hospital; C. M. Plumtre, Guy's Hospital; N. Prescott, University College and King's College Hospitals; F. A. Roper, B.A. Cantab., Cambridge University and St. Bartholomew's Hospital; R. J. L. Sladen, M.R.C.S., L.R.C.P., London Hospital; E. W. Smerdon, Edinburgh University; H. J. Smith, Guy's Hospital; A. E. Stansfeld, B.A. Cantab., Cambridge University and St. Bartholomew's Hospital; A. C. Sturdy, B.A. Cantab., St. Bartholomew's Hospital; F. K. te Water, Edinburgh University; H. G. Thompson, M.D. Liverpool, Liverpool University; R. G. Turner, M.R.C.S., L.R.C.P., St. George's Hospital and King's College; P. J. Verrall, B.A. Cantab., St. Bartholomew's Hospital; K. M. Walker, B.A., M.R.C.S., L.R.C.P., St. Bartholomew's Hospital; W. E. Wilks, Charing Cross Hospital; A. S. Worton, M.B. Glasg., Glasgow and Liverpool Universities.

UNIVERSITY OF LIVERPOOL.

Appointment of Deputy Professor of Pathology.

IN consequence of the regrettable illness of Professor Sir Rubert Boyce it has been found necessary to make arrangements for carrying on the work of the Chair of Pathology in the University. Accordingly, on the recommendation of the Faculty of Medicine and the Senate, Mr. Ernest E. Glynn, M.A., M.B. Cantab., M.R.C.P. Lond., has been appointed Deputy Professor of Pathology for the ensuing twelve months. Mr. Glynn, who is one of the Assistant Physicians to the Royal Infirmary, has been Assistant Lecturer on Pathology for several years, and, in consequence of Sir Rubert Boyce's numerous engagements in connexion with his university and public work, has often been called upon to carry on the work of the Professorship. He also holds the position of Pathologist to the Royal Infirmary, and has therefore the best opportunity of obtaining specimens for his lectures and demonstrations. The acceptance of the appointment of Deputy Professor will involve the resignation of the position of Assistant Physician.

Appointment of Professor of Comparative Pathology.

At the same meeting of the Council, Dr. H. E. Annett was elected to the newly-established Chair of Comparative Pathology. Professor Annett, who was a student of University College, Liverpool, and of the Royal Infirmary, graduated with

honours in Medicine at the Victoria University in 1894. Subsequently he was awarded one of the 1851 Exhibition Scholarships, choosing as the subject of his research The Relation of the Diseases of Animals to those of Man. During his tenure of the scholarship he studied at the Royal Veterinary College, London, and also in Berlin. The treatise published as the result of his studies was awarded a gold medal. On his return to England, Dr. Annett was appointed Assistant Lecturer in Tropical Pathology in the Liverpool School of Tropical Medicine, and in 1903 he became Lecturer in Comparative Pathology in the University. He was a member of the first expedition sent out by the School of Tropical Medicine to West Africa in 1899, and in 1900 he directed the second expedition of the School. The results of his investigations made on this expedition were published in a treatise on filariasis, which has become a standard work on the subject. Since 1902 Professor Annett has had charge of the Serum Department of the Liverpool Institute of Comparative Pathology.

Lecturer on Forensic Medicine.

At the same meeting of the Council Dr. R. J. M. Buchanan, M.D. Liverpool, M.R.C.P., was appointed Lecturer on Forensic Medicine and Toxicology, vice Professor F. T. Paul, resigned. Dr. Buchanan, who is the Senior Assistant Physician at the Royal Infirmary, has been assistant lecturer on the same subjects for several years.

The Physiological Department.

Dr. H. E. Roaf, M.D. Toronto, was appointed Demonstrator and Assistant Lecturer in Physiology.

THE VICTORIA UNIVERSITY OF MANCHESTER.

A SPECIAL meeting of the Court was held on November 15th. *The Medical School.*—From the report presented it appears that the number of medical students attending the Medical School during the present winter session is 319 (including 12 women students). The number during the session 1905-6 was 307 (including 12 women students). There are 166 medical students pursuing Manchester University degree courses and 141 students pursuing other courses. The number of those who took the degrees of M.B., Ch.B. in the University in 1905-6 was 35.

Cancer Research.—Mrs. Pilkington has given an endowment for investigations in cancer, which are being carried out by Dr. Powell White.

PUBLIC HEALTH

AND

POOR-LAW MEDICAL SERVICES.

PUBLICATION OF NOTIFICATION RETURNS.

H.—It is the rule not to state publicly the name and address of a person notified to the medical officer of health as suffering from an infectious disease. A solicitor would best advise as to whether a sanitary authority is liable to pay compensation for damages caused by a neglect of this rule.

HOSPITAL AND DISPENSARY MANAGEMENT.

THE VENTILATION OF OPERATING THEATRES.

A NEW wing of the Central London Throat and Ear Hospital, part of a scheme for the rebuilding of the entire hospital, was opened by Princess Louise on November 19th. It contains on the lower ground floor an examining room, staff room, and other offices; on the ground floor a recovery ward for minor operations, and a single bed ward, and on the first floor an operating theatre, anaesthetic room and sterilizing room. The new operating room is ventilated on the system devised by Dr. Glover Lyon. The air is taken from above the roof of the theatre, well away from ground dust and neighbouring chimneys, and is passed through a perforated zinc screen, which arrests small particles of all kinds. It was decided that any further filtering was unnecessary, and it has been proved by Dr. St. George Reid, Bacteriologist to the hospital, that air thus obtained is free from pathogenic organisms. The air is thrown down by a noiseless propeller fan upon a number of electric heat lamps controlled by switches. After passing the heater the air is thrown along the wall just below the ceiling behind two screens, through which it issues evenly into the room at a slow velocity. It then passes across the room in a horizontal direction towards an outlet in the ceiling at the other side of the room. This outlet is furnished with a propeller fan, which sucks the air out of the room and discharges it into the open air. By this means a volume of air enough for twenty persons is thrown slowly over the heads of the operators, assistants, nurses, and students, whose breath rises, and is replaced by good air from above. The capacity of the supply fan is rather greater than that of the exhaust fan; hence there is a slight plenum in the room, which prevents undesirable air entering the room through open doors or crevices. Three hot-water radiators are also fixed in the theatre.

LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

COMMUNICATIONS respecting Editorial matters should be addressed to the Editor, 2, Agar Street, Strand, W.C., London; those concerning business matters, advertisements, non-delivery of the JOURNAL, etc., should be addressed to the Manager, at the Office, 429, Strand, W.C., London.

ORIGINAL ARTICLES and LETTERS forwarded for publication are understood to be offered to the BRITISH MEDICAL JOURNAL alone unless the contrary be stated.

AUTHORS desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL are requested to communicate with the Manager, 429, Strand, W.C., on receipt of proof.

CORRESPONDENTS who wish notice to be taken of their communications should authenticate them with their names—of course not necessarily for publication.

CORRESPONDENTS not answered are requested to look at the Notices to Correspondents of the following week.

MANUSCRIPTS FORWARDED TO THE OFFICE OF THIS JOURNAL CANNOT UNDER ANY CIRCUMSTANCES BE RETURNED.

In order to avoid delay, it is particularly requested that ALL letters on the editorial business of the JOURNAL be addressed to the Editor at the Office of the JOURNAL, and not at his private house.

TELEGRAPHIC ADDRESS.—The telegraphic address of the EDITOR of the BRITISH MEDICAL JOURNAL is *Attology, London*. The telegraphic address of the MANAGER of the BRITISH MEDICAL JOURNAL is *Articulate, London*.

TELEPHONE (National):—
EDITOR, 2631, Gerrard.
GENERAL SECRETARY AND MANAGER, 2630, Gerrard.

Queries, answers, and communications relating to subjects to which special departments of the BRITISH MEDICAL JOURNAL are devoted will be found under their respective headings.

QUERIES.

M.D. asks for advice in the treatment of a patient aged 65 who suffers from painful priapism coming on about 3 a.m., and preventing sleep. The sufferer is a professional man of regular and sober life, temperate in all things.

SLOW RESPIRATION.

Dr. A. HILL JOSEPH (Glanmor, Bexhill-on-Sea) asks for references to cases or papers in English medical literature relating to extreme infrequency of respiration and its causes (12 or 10 or less per minute). References to other abnormalities of respiration would also be a help.

ANSWERS.

INCOME TAX.

J. A.—The purchaser of a practice is liable to pay income tax on the basis of the profits made by his predecessor, unless he can prove to the satisfaction of the Income-tax Commissioners that his income has fallen short of such profits from some "specific cause," in which case he may claim to be assessed according to the earnings of the practice from the date when he took it over. If he has lost the appointments held by his predecessor he will not be charged for them, as the salaries are not allowed to be merged in the general profits of a practice, but are assessed separately, under Schedule E, on the person holding the appointments.

SORE TONGUE.

DR. CLAUDE A. P. TRUMAN (Reading) writes that "I. Q." will probably find the following simple remedy give relief to the sore tongue: ℞ Glycothymoline ℥ij, glycerin. ℥iv, aq. ad ℥vj; ℥j to be held in the mouth frequently and eventually swallowed.

DR. A. J. MATHISON (Wood Green) writes: "I. Q.'s" case of sore tongue reminds me of a somewhat similar case in a man of about the same age as his patient, in which I diagnosed gouty neuritis, and gave a mixture of colchicum and bromide which proved very successful. Vin. colch. ℥xv and pot. brom. gr. x three times a day might prove very efficient, even in the absence of any other symptoms of gout.

CALCIUM IN THE TREATMENT OF CHILBLAINS.

F. R. C. S. ENG.—The effect of calcium salts on the blood was investigated by Sir A. E. Wright a good many years ago, and it was suggested that their exhibition would be useful in cases of chilblain. Attention was again drawn to the matter by Dr. G. Arbour Stephens, of Swansea, whose communication, published in the BRITISH MEDICAL JOURNAL this year, was followed by several others. The net result is that there is evidence that calcium, administered either as chloride or lactate, is of marked utility in doses of from 10 to 20 gr. It may be given in liquorice water, orange-peel syrup, or other suitable excipient three times a day. It should not be given for more than two days without an interval, because if continuously administered, it appears to diminish instead of increase the coagulative properties of the blood. In some persons the most effective way to give it is to administer three doses only of the chloride at intervals of two hours. Chilblains at any stage appear to be improved, even those which have broken down.