

should I have failed to reach the dangerous disease in the mastoid antrum, but should doubtless have caused deafness, for, as I pointed out last autumn, persons with deficient sensibility of the labyrinth do not hear without a drum. Therefore radical operation, too, as hitherto almost universally practised, by removing the drum, would for the same reason have been a misfortune and destroyed his hearing. He is, I believe, the second person who has been relieved by operation from attic disease without destruction of the drum, the first being a girl on whom I performed a similar operation in hospital last October. To her this matter was of far greater importance, as the affected ear was her only useful one, and was being gradually destroyed by the disease. As this patient, A. P., had no urgent symptoms, and as I desired to avoid operation, I treated him for months without actual benefit, but with what I have since found to have been risk to life and hearing, for at the operation the disease was discovered to be chiefly in the mastoid antrum, and was therefore beyond reach by any other proceeding. In a similar case this line of treatment should not be repeated, but safety to life and hearing should be ensured earlier by operation on the same conservative lines as those that were finally adopted.

III.—E. S., a boy, was admitted as an urgent case to the Throat Hospital during my absence attending the meeting of the British Laryngological and Otological Association (on November 9th) of which mention was made just now. The President had expressed a wish to see this method of operation, so he was informed of the admission to the hospital and was present with other surgeons when it was performed. The boy had been delirious at night for a week, and the purulent contents of the mastoid antrum were found to be under great and serious pressure. It is the rule, during the performance of this conservative operation to examine the drum membrane carefully and be guided by its condition (for it is often impossible to see it before), and the proceeding is so adapted as to permit of this inspection. When exposed in this boy's ear it appeared like a piece of wet scarlet cloth. No signs of normal structure were visible, nor any outline of the malleus, nor indeed of the situation of the perforation, for it was occluded by the granulations which filled the tympanum. I remarked that there was a perforation somewhere, and that it could be found with the aid of a probe. A slender instrument was passed gently over the surface until it found its way through the opening, and the dimensions of the aperture were shown by moving the probe to and fro. The operation was completed, and at its conclusion I expressed to those present my firm conviction that the perforation would be healed within a month. It was actually healed on the ninth day after operation, although it had been in existence seven years. The boy went home on the fifteenth day with restored hearing, and if ever he is called upon to perform such exceptionally responsible duties as those carried out by his father in the police, there is at least the satisfaction of knowing that deafness will no longer render him unfit for the duty. He had suffered all these years from aural suppuration following an attack of scarlet fever, and had thrice undergone operation for the removal of adenoids with the hope of arresting the discharge.

You will now understand that, if it was impossible to see this perforation during the operation when the drum membrane was as visible as a coin in the palm of the hand, how useless are the usual attempts to treat the tympanum through such a perforation and a tiny meatus. Further, how futile such treatment must now appear, for it can at last be recognized that the chief disease is not in the tympanum at all, but in the mastoid antrum, where these investigations have shown it to exist in every case, and there the tympanic treatment cannot reach it.

These three patients are much indebted to the other one (M. L.), for had it not been for her illness and the information derived from observation of her remarkable recovery I should have removed their drum membranes by the usual radical operation, even last year, and they would now be deaf. Such cases are clear proof that by this radical measure patients were rendered permanently deaf, while the method adopted on these four patients is capable, as you see, of restoring the ear to full health and usefulness.

Three of these patients were treated at the Throat Hospital, and at the time of operation were in great danger, and more sufferers are admitted to that hospital in a condition dangerous to life from this disease than from all others together. It is thus perceived how grave a complaint is this of aural suppuration and the serious attention it demands, for the mastoid antrum is the seat of danger. It was by early interference alone that my operations were freed from mortality. While preparing

this address I was summoned to the country on two successive days to operate on patients with mastoid disease which had become acute, one of whom had recently attended a special hospital. The first was found to be dying from meningitis; the second had passed away before my arrival. I feel bound to condemn the dilatory methods which are responsible for such calamities, and to insist on the necessity of earlier operative assistance, for thus alone can safety be assured.

Though the dangerous mastoid conditions can be removed by this operation, the damage to the drum and hearing resulting from long-standing disease may have gone beyond repair. The small bones, too, may have necrosed and disappeared, as sometimes happens in scarlet fever and other acute disease; but this does not occur in chronic suppuration. For such sad cases there will still be the radical operation; but it is a measure far too drastic for general use. The surgeon's aim should be the restoration of a perfect ear; and, after seeing such cases as those before you, surely he would be content with nothing less!

The membrane of the middle or hinder brain is often exposed in the foul mastoid cavity, from destruction of the bony walls; it is over fifty times as common there as above the attic of the tympanum. Rarely is there warning of this danger. Bone, too, is a weak barrier against disease; far more effective is the dura mater. That white and shiny membrane alone is the "silver streak that prevents invasion," it may be for months or years.

Now it has been shown that the mastoid antrum, and not the tympanum, is the chief seat of danger and disease; the old treatment must be changed, for we no longer have the right to dally with such risks. Faith in lotions will abate, for they do not reach the goal. Operations, now bereft of their destruction of hearing and most of their former dangers, will be earlier done. They will, I doubt not, increase tenfold; hearing will thus be saved, and deafness and the many deaths from this disease should well-nigh cease. Not one in 100 of these sufferers has hitherto undergone operation in time to save the hearing, and even when performed the old operation destroyed the drum; but I have given you proof that a wholesome change is coming. The old operations had some dangers, and also destroyed the drum; then there were valid reasons for delay. Now those reasons are removed, for operation by the new method has hitherto been followed by no deaths, and hearing can be restored.

REFERENCES.

¹ *Lancet*, August 11th, 1906; April 27th, 1907. ² See discussion at the British Laryngological and Otological Association, *BRITISH MEDICAL JOURNAL*, January 6th, 1907. ³ *BRITISH MEDICAL JOURNAL*.

MEMORANDA:

MEDICAL, SURGICAL, OBSTETRICAL

TWO CASES OF GUMMA OF THE CILIARY BODY. The following two cases exhibited almost exactly similar symptoms, and as they were of a somewhat unusual and interesting character I think the cases are worth recording.

CASE I.

Mr. W. consulted me on June 18th, 1906, about his right eye. The eye was very much injected at the upper part of the cornea. In the deeper layers of the cornea at its upper border was a quantity of pus. On careful examination no ulceration of the cornea could be made out. A few days later pus began to accumulate in the anterior chamber, and this went on until the chamber was quite full. On July 23rd I incised the cornea near its lower border and evacuated the pus. The eye was now very acutely inflamed, and the cornea hazy, but there was no sign of ulceration. There was now quite distinct appearance of bulging in the upper ciliary region. There was a definite specific history, and I diagnosed gumma of the ciliary body with breaking down. Under liberal anti-specific treatment and the frequent use of atropine the eye began rapidly to improve, and on August 14th was much better. The cornea had now a stippled appearance like that seen in interstitial keratitis. The eye continued to improve and vision to return, but in the course of a week or two the case passed out of my hands.

CASE II.

The next case was similar but worse. T. A., 45, plater's helper, was admitted into the North Riding Infirmary, Middlesbrough, on July 16th, 1906, suffering from disease of the left eye. He had already lost the right eye, which made matters much more serious for him.

The symptoms affecting the left eye were exactly the same as in the previous case—namely, injection of the upper part of the eye with pus apparently in the deep layers of the cornea at its upper border, the pus gradually falling down and filling up the anterior chamber, demanding its evacuation. At this time there was intense injection of the globe and very distinct bulging of the upper ciliary region. After evacuation of the pus there was a certain amount of haemorrhage into the anterior chamber, and at one time the iris had a gummatous look. Vision was reduced to the barest perception of light. In this case also there was a distinct specific history, and my experience of the former case led me to put him on large doses of potassium iodide with liq. hydrargyri perchloridi; atropine was used frequently. Under this he steadily improved. On November 18th, 1906, as there was a good deal of central opacity of the cornea, I performed iridectomy at the inner side.

On December 1st vision was $\frac{1}{6}$. Under the use of dionine, 1, 2, and 3 per cent., the cornea cleared somewhat, and on February 25th, 1907, vision was $\frac{1}{8}$. Up to this time he was still taking antispasmodic treatment off and on. For an interval all treatment was stopped, as no further improvement in vision could be obtained. But, as $\frac{1}{8}$ was not sufficient to enable him to do his work, an attempt was made by a further course of internal treatment and pushing dionine to 6 per cent. to get the cornea to clear, but on May 13th vision was still $\frac{1}{8}$, and has not improved further. It is interesting to note at this time the dionine began to cause bullae on the cornea, a result arising out of its continued use, which, I believe, has already been observed. I should add that unguent. hydrarg. ox. flav. 2 per cent. was used for a short period night and morning.

G. VICTOR MILLER.

Stockton-on-Tees. Ophthalmic Surgeon to the Middlesbrough and Stockton Hospitals.

CALCIUM CHLORIDE IN HAEMORRHAGE.

I WAS much interested in Dr. Stanley Green's case of haemorrhage after tooth extraction, because, when living in Formosa a few years ago, I had a very similar experience with a "bleeder."

The patient, a Chinese gardener, aged about 40, came to have two upper molars extracted. There was no remarkable haemorrhage after their removal, and the man went home, but two days later sent for me, as the sockets were still bleeding. He must have lost a good deal of blood in the interval, judging by the amount that continued to flow during the next twenty-four hours in spite of adrenalin, plugging, and the exhibition of various styptic remedies. The patient was then removed to hospital, and given calcium chloride, grains xxx, every hour for three doses, and continued thenceforward every four hours. The sockets were firmly plugged with compound tincture of benzoin gauze. After the second dose of calcium chloride the haemorrhage ceased. The drug was continued thrice daily in 15-grain doses for two more days, when the patient returned home. He had previously suffered severe haemorrhage from a cut finger.

A. C. LAMBERT,

M.D., C.M., Trin. Coll., Canada.

The Chung Si Hospital, Nanking, China.

ON THE TREATMENT OF MENIÈRE'S DISEASE AND MENIÈRE'S SYMPTOMS BY SETON.

SINCE publishing a paper on the above subject in the May 11th issue of the BRITISH MEDICAL JOURNAL I have had letters from different parts of England and from America asking me (1) where I place the seton, (2) how I make it, and (3) what material I use for it. In the JOURNAL of February 9th, 1901, page 336, Mr. Walter Whitehead of Manchester gave an excellent account as to the way he performed this simple operation. As my method is somewhat different in detail to his, I should like to state it briefly. The seton is inserted in the nape of the neck on that side on which the ear trouble is most pronounced. I pinch up a good fold of the skin in this region and pass a sharp knife through it in such a way

that the entrance and exit incisions lie about $1\frac{1}{2}$ in. to 2 in. apart after the fold has been freed. These incisions are best made in a slanting direction, so that what discharge may form will tend to gravitate to the lower one. I keep the knife in position (passed from the lower to upper incision) until I have inserted into the upper incision a sterilized bodkin, threaded with a piece of sterilized tape, about $\frac{3}{4}$ in. broad and about 20 in. long. As the knife is withdrawn through the lower incision the bodkin follows it from the direction of the upper incision, and thus the seton is passed. I use a long piece of tape, as the old practice of pulling the same piece of material from side to side each day does not commend itself to me in that it is both dirty and unsurgical. I pull a fresh piece of tape through each day and cut off the old portion that has lain in the wound during the previous twenty-four hours. The long end I bunch up in a small pocket made of boracic lint (about the same size and shape as the chamois-leather watch-pockets provided by jewellers) with a small flap to it, so as to keep the unused tape sterile. When the long piece is coming to an end I stitch on a fresh long piece, and so on. The lint pocket should be placed above the higher incision, so that it may not become contaminated by discharge. Each day the wounds should receive an antiseptic wash and be covered afresh with a long pad of boracic lint. There is then no fear of sepsis, and the patient may wear the seton for six months practically without any pain or discomfort. Nitrous oxide should be administered during the passing of the seton, and in quick hands the little operation only takes a few seconds.

T. WILSON PARRY, M.A., M.D. Cantab.

Crouch End Hill, N.

REPORTS

ON

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

SPILSBY COTTAGE HOSPITAL.

APPENDICAL ABSCESS: PERFORATED GANGRENOUS APPENDIX: APPENDECTOMY AND RECOVERY.

(Reported by RICHARD SLOOOCK, M.R.C.S., L.R.C.P.)

The patient in this case, a labourer, of bold physique, aged 22, working on his father's farm, was admitted on April 21st, 1907, suffering from a first attack of appendicitis.

History.—On Friday, April 12th, he returned home hot and sweating from working horses, felt the wind cold across his back, turned chilly, and, after "eating a good dinner," went to bed. The next morning he woke up with a pain in the right groin and hip, and took a large rhubarb pill. Diarrhoea followed, and lasted a week. On Sunday, April 14th, the pain was still bad, but he went out shepherding. On Monday 15th, becoming worse, went to bed early; at night the pain was at its worst; he used hot fomentations, which relieved him. Tuesday, 16th, he was easier, but stayed in bed all day. Pain returned on Wednesday, 17th, and he was sick twice, some "yellow bile" being vomited. His father called at my surgery on Wednesday evening for medicine "for pain and cold in right side," and asked me to call and see his son in the morning. An opiate draught was sent.

State on Examination.—On Thursday, April 18th, I found him downstairs, and on examination he did not appear to be very ill. There was localized pain at McBurney's point, not severe except on pressure, slight dullness, no swelling; temperature 99.6° , pulse full—84. I advised rest and liquid diet, and medicine with tr. belladonnae, sodae bicarb. and sp. am. co. Saturday, April 20th, my colleague, Dr. Burrell, saw him and found him much worse. Temperature 102° ; pulse 100, full and bounding; dullness more pronounced, and some tension in the right iliac region. In the evening the temperature was 103° . On Sunday, April 21st, we visited him together and found he was worse, with pronounced symptoms of appendicitis, swelling, and tension of right iliac region; no tumour present; dullness more defined; temperature 103.4° ; rigors. We recommended his removal to hospital and immediate operation as the only chance of saving life. As the mother was averse to this course I suggested another opinion, and Dr. Moxham of Stickney met us at the hospital, and agreed that an immediate operation was necessary.

Operation.—At 3.30 p.m., ether being administered by

condition before and after will be of interest. That Mr. S. F. Edge set out to drive a car sixty miles an hour for twenty-four hours, and that he actually drove it 1,581 miles 1,310 yards in the time, averaging 65 miles 1,594 yards per hour, are matters of history; and it is not difficult to imagine the strain on man and car involved in this world's record. Mr. Edge is a teetotaler, non-smoker, and great believer in systematic exercise, and so keeps fitter than most men in an ordinary way, although a very busy man with office hours that would shock many people who think themselves hard-worked. Before the race for some time he took all opportunities of long motor drives about the country, and then one week's absolute rest from business and from any lengthy drives just before the race, to avoid staleness. He took no kind of special training diet, only living very simply, taking plenty of fruit, cocoa, fish, vegetables, a moderate amount of meat, and no tea. During the race he had fruit (oranges, grapes, strawberries, and bananas), with occasional drinks of cocoa and beef-tea (very little), some chocolate and beef lozenges; he also took 1 grain extract coca, made up with chewing gum, every hour. He ate no so-called solid food at all.

During the short stops in the race the chief cause of discomfort and exhaustion was bruising and backache from a light, not very comfortable seat fitted to a chassis from which a heavy touring body had been removed, the springs being too curved for comfort at high speed over a track worn in some places.

After the race a few peas and bread and a drink of water were taken, and he was in bed and asleep within three hours of the finish, slept well all night, and was eating a good breakfast at nine o'clock next morning. The pulse, temperature, and respiration were normal, and he was none the worse for the extraordinary and exhausting strain he had been through.

His temperature before starting was 98.4° , pulse 74, of which Fig. 1 is a sphygmographic tracing. At the end of

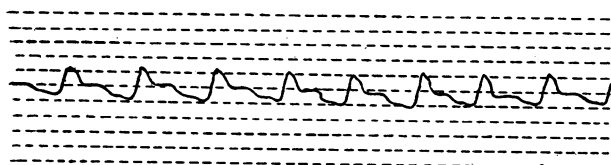


Fig. 1.

the race his temperature was 100° , and his pulse, of which Fig. 2 is a sphygmographic tracing, 70. I take it that

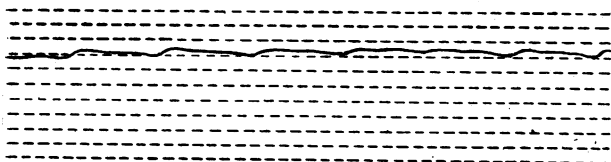


Fig. 2.

the slowing was due to exhaustion, that the blood pressure was low, due to vagus control, and that the residual blood in the left ventricle was increased in amount. This condition of weak pulse may be accentuated by the fact of the blood being "soaked up, as it were, by the lungs," owing to the long-continued rapid movement through the air. The expression in inverted commas I borrow from Colonel H. E. Deane's paper on respiratory pulse curves in the *Journal of the Royal Army Medical Corps* (May, 1907).

The rapid recovery of Mr. Edge after a night's rest speaks volumes for his methods of training, and there is no doubt that abstinence and exercise, by keeping the blood pressure low, will allow large strains to be undergone without leaving behind any serious effects.

Before the ride a specimen of blood was taken and examined for the tuberculo-opsonic index, which was found to be 0.85. Another specimen taken directly after the race gave 1.17. That the power of resistance to the tubercle bacillus should be raised after the long journey is very noteworthy, and helps to strengthen the opinion held by many of us, that motoring is an effective treatment in some cases of tuberculosis, and that the gloomy prophecies of some, as to the bad effects of great speed on the system, were incorrect.

Mr. Edge may therefore be congratulated on the success of his ride, and also on the fact that this effort of his remains as one of the finest possible object lessons of and pleas for the simple life, and as such is recommended to the young man of the present day to be read and marked.

MEDICAL NEWS.

DR. CESARE LAMPUGNANI, a Poor-law medical officer of the Porta Garibaldi quarter of Milan, has died in the Hospital of the Fatebenefratelli, of cerebro-spinal meningitis, contracted in the course of his professional attendance on patients suffering from that disease.

At a public meeting in Chester Town Hall on July 4th Mr. James Taylor, F.R.C.S. Eng., was the recipient of an address and of various gifts on the occasion of his retirement from the post of Surgeon to Chester Infirmary. With this institution Mr. Taylor, who was at one time the President of the Lancashire and Cheshire Branch of the British Medical Association, was connected for some forty years, serving it first as House Surgeon and ultimately as Senior Honorary Surgeon. The address presented to him was signed on behalf of the donors of the gifts by the Mayor of Chester, by the Chairman of the Board of Management of Chester Infirmary, by the President of Chester Medical Society, and by the honorary treasurer and honorary secretary of the special fund, both of the latter being medical men. The gifts included a cheque, and a clock and candelabra, while a silver tea and coffee service was presented to Mrs. Taylor. In expressing his thanks Dr. Taylor drew an interesting sketch of nursing as it had been in the past and as it was in the present, and claimed for Chester Infirmary the credit of being the first institution in England to introduce isolation wards for the treatment of cases of infectious diseases.

WEST AFRICAN MEDICAL STAFF.—The first dinner of the West African Medical Staff took place on July 3rd, at the Trocadero Restaurant. There was a large attendance of medical officers, including Dr. Prout, C.M.G., late P.M.O., Sierra Leone, who presided; Dr. Langley, C.M.G., P.M.O., Gold Coast; Dr. Forde, P.M.O., Sierra Leone; Dr. Hood, S.M.O., Gambia; Dr. Langley Hunt, C.M.G.; and others. After the toast of "The King" had been duly honoured, Dr. Prout proposed "Success to the West African Medical Staff Dinner, and Prosperity to the Staff." He pointed out that a great development had taken place in West Africa of recent years, and a corresponding increase in the number of medical officers, who now formed a homogeneous staff, distributed over the different Colonies. But for many reasons there was still a lack of union and cohesion, and he believed that the reason why the suggestion of a dinner had been received so enthusiastically was that medical officers realized that it would give them opportunities of meeting, of becoming better acquainted with each other, of exchanging views, and of informally discussing matters of interest in West Africa. He was sure that such meetings would eventually not only be productive of good to themselves, but what was still more important, would have a result which they all had at heart, the welfare of the people among whom they had to work. It was decided that a dinner should be held twice a year, and that the next should take place on the last Wednesday in January, 1908.

MEDICAL SICKNESS AND ACCIDENT SOCIETY.—The usual monthly meeting of the Executive Committee of the Medical Sickness, Annuity, and Life Assurance Society was held at 6, Ca'herine Street, Strand, W.C., on June 28th, Dr. de Havilland Hall in the chair. The accounts presented showed that the progress of the business of the Society during the early part of this year had been very satisfactory, the number of new entrants exceeding that in any previous six months of the Society's working. The large number of claims paid by the Society brings the business under the notice of an ever-increasing number of members of the profession, and this evidence of the practical value of membership is the best advertisement. The mild epidemic of influenza which increased the claim accounts in the early part of the year has subsided, and the sickness experience is now a little under the average. Several recent additions have been made to the list of those who will, in all probability, remain on the funds until they die, but the total of these does not grow very rapidly. A substantial addition has been made to the funds of the Society since December 31st, at which date they stood at over £208,000, for, although the amount disbursed in sickness claims steadily grows, the income of the Society increases more rapidly. Prospectus and all particulars on application to Mr. F. Addiscott, Secretary, Medical Sickness and Accident Society, 33, Chancery Lane, W.C.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF DUBLIN.

CONFERMENT OF HONORARY DEGREES.

The honorary degree of Doctor of Medicine was conferred by the University of Dublin on Drs. Conolly Norman and Pye-Smith. The recipients of the distinction were each introduced by the Public Orator in an appropriate Latin speech. Translations are subjoined.

Of Dr. Conolly Norman it was said: There is little need for me to introduce to you the eminent physician who now comes before you, Conolly Norman, a man well known to us and well beloved. As Superintendent of the Richmond Asylum in Dublin he is deservedly praised by the whole community for the devoted care, singular humanity, and great skill with which he strives to lighten the unhappy lot of the mentally afflicted. Nor is his labour in vain. He clearly sees that they should not be allowed to brood on their disordered fancies, but that they should be put to wholesome work, and so gradually be awakened to new interests and new aspirations; and, further, it is his view that they should not, as it were confined in prison, seem to undergo a penalty for crime, but—as was formerly held by Dymphna, an Irish woman, gifted with inspiration from on high, whom we justly venerate as a saint—living out among good families, by the mutual affections and pieties of gracious family life, they should imperceptibly come to a calm and rational frame of mind—a hope soon to be fulfilled, which seems to us most gratifying. Pythagoras it was, if I mistake not, who counselled men not to “eat their own heart;” in this respect our friend appears to us as a true Pythagorean. And Bellerophon, who, as Homer says,

To the Aleian plain
Alone did wander, there he ate away
His soul, and shunned the busy haunts of men,

if he had been able to consult Conolly Norman would soon have been brought to a more wholesome mode of life, and set to dig a garden, or do something useful; and he would not be careering about on that winged horse of his (and he was somewhat flighty himself too), “have spurned the ground and caught at clouds and void.” But, joking apart, we rightly desire to honour this illustrious man. As editor of the *Journal of Mental Science*, a brilliant writer himself, too, and an able lecturer in our schools, he is among the foremost of those who are labouring to place the study of insanity on a strictly scientific basis. I need not enumerate his writings, but I must not omit to mention with special praise his lucid treatises *On Obsessions* and *On Dementia Praecox*. And now that our energetic, learned, courageous, and kind-hearted friend is about to receive our Honorary Degree, I do not ask for your applause, for I know well that there is no power that can restrain your shouts of acclamation.

In introducing Dr. Pye-Smith the Public Orator said: The physician who restores health to the mind is followed by a distinguished physician who completes the other requirement of a happy life, and gives health to the body. What greater good is there than good health? As a philosopher in the street, I declare that it is the highest good; and, in my opinion, the man who enjoys good health is the really Wise Man; that man

is half divine,
Rich, free, great, handsome, king of kings in fine;

and is easily superior to all those “budge doctors of the Stole fur.” However, it is all very well to philosophize, but one must, as the ancients said, do so “in few words.” Accordingly, I return to my subject, and herewith present to you Philip Henry Pye-Smith, Fellow of the Royal Society, formerly Vice-Chancellor of the University of London, and representative for many years of that University on the General Medical Council, a man not only held in the highest honour by the whole medical profession, but also justly esteemed by all who respect liberal studies. After having become a consummate master of anatomy, physiology and pathology, he then devoted himself to the cure of the sick, and as he had a thorough knowledge of the scientific side of his profession, he was able, by his well-trained power of observation, to examine scientifically and fully grasp his cases, so that before long he deservedly attained the highest position in his art. When eight years ago, at the International Congress, men sent by all nations met in conference at Berlin that they might take counsel together how war was to be waged on the “white plague,” the herald of whiter Death—I mean phthisis—Great Britain sent him, who is a most accomplished linguist, as her delegate, knowing full well that, if he represented British medicine, no better appointment could have been made in the interests either of the subjects of the discussion or the dignity of the profession. We rightly applaud his *Textbook of the Principles and Practice of Medicine* (begun by his friend Hilton Fagge), which has recently reached the fourth edition, a work truly called “golden,” since it sets forth the severe facts of science with such literary charm that, like refined gold, it combined both sterling value and rare brilliancy. This physician is plainly deserving of the highest honours; and now, while he is inscribing his name on the Roll of our Honorary Graduates, as you hope, if occasion arises, to have the benefit of his medical skill, so, in your accustomed manner, give him your most cordial salutations.

UNIVERSITY OF LONDON.

MEETING OF THE SENATE.

A MEETING of the Senate was held on June 19th.

Election of Vice-Chancellor.

Sir William J. Collins, M.D., M.S., M.P., was elected Vice-Chancellor for the year 1907-8, in the room of Sir Edward Busk, to whom a vote of thanks was passed for his services during his tenure of office.

Academic Council.

Mr. H. J. Mackinder, M.A., has been elected Vice-Chairman of the Academic Council for the year 1907-8. The medical members of this Council are Dr. H. A. Caley, Mr. Leonard Hill, F.R.S., Dr. L. E. Shaw, and Dr. A. D. Waller, F.R.S.

Appointments.

The addition of Professor Halliburton, F.R.S. (King's College) to the Board of Examiners in Physiology for the B.Sc. Examination for internal students was reported.

Professor W. D. Halliburton, F.R.S., and Professor T. G. Brodie, F.R.S., were appointed external Examiners in Veterinary Physiology for the year 1907-8.

Dr. Pye-Smith and Dr. Mears have been elected respectively Vice-Chairman and Treasurer of the Physiological Laboratory Committee for the year 1907.

Brown Animal Sanatory Institution.

The annual report of the Committee of the Brown Animal Sanatory Institution was received. It stated that 7,451 out-patients and 563 in-patients were treated last year. The Committee further reported that Mr. Malcolm Allan, M.R.C.V.S., had been appointed veterinary assistant in succession to Mr. A. M. Porteous.

Award of the University Medal.

The University Medal at the M.B., B.S. examination has been awarded to Mr. Henry John Nightingale, of St. Thomas's Hospital.

Rogers Prize.

Under the will of the late Dr. Nathaniel Rogers the Senate offers a prize of £100, open to all members of the medical profession in the United Kingdom, for the best essay or dissertation setting forth the results of original investigations made by the candidate on any medical pathological subject during the preceding two years; papers published during the preceding year as a dissertation will be permitted. The essay or dissertation, by preference typewritten or printed, must be sent to the Clerk of Committees at the University not later than May 1st, 1908.

GUY'S HOSPITAL MEDICAL SCHOOL.

The prizes were distributed to the successful students of Guy's Hospital Medical School on July 4th by Sir Arthur W. Rücker, Principal of the University of London. Mr. Cosmo Bonser, Treasurer of the Hospital, presided in the Theatre of the new school buildings, and many of the Governors, most of the members of the medical and surgical staff, and a large general company were also present. Dr. H. L. Eason, the Dean, read the report of the School for the past year. The entry of students for the full term was in that period the highest for thirteen years, and amounted to 92. The Governors, recognizing the increased importance of skiagraphic investigations, had, upon the recommendation of the medical staff, created two new appointments, namely, those of Dr. Alfred Jordan and Dr. C. J. Morton to be medical and surgical radiographers respectively. An orthopaedic department had been formed, and Mr. R. P. Rowlands had been appointed the first surgeon in charge of it. A special department of pathology was about to be instituted, under the charge of a lecturer who would give his whole time to the duties of the office, would be called the Gordon Lecturer of Pathology, and, assisted by the present endowment of the Gordon Lectureship, would have a salary of £500 a year. The staff of the Dental School had decided to accept pupils for two years' mechanical training, to fit up by October 1st next a special laboratory for their instruction, and to appoint as operative demonstrator of mechanical chemistry Mr. H. Chapman. A large new out-patient department for the exclusive use of dental patients was to be equipped. In response to the appeal made last year for more funds for the endowment of medical education and research several handsome donations had been received by the Treasurer; but more remained to be done towards this particular endowment. During the last fifty years the curriculum had been lengthened, and the complexity of the course of study had much increased, but the fees for the complete course remained unaltered. For two reasons fees could not be increased in London without prejudice to the entry of students—because the average income to be made from the practice of medicine was so small that the cost of a medical education would bear too high a proportion to the ultimate return, and because the competition of provincial schools, largely supported by that local patriotism which was commonly wanting in the metropolis, would render such a course inadvisable. Hence again this year there was an appeal for funds for the benefit of medical education and research.

Sir Arthur Rücker then distributed the prizes, and, afterwards addressing the students and guests, spoke of the valuable service rendered by Guy's to the University of London, which was getting into touch with its various schools and was growing at an extraordinary rate. Various institutions had

placed themselves entirely in the hands of the University; and he hoped that students of each school of the University, while maintaining patriotism and affection for their own school, would always be proud of the great University to which it belonged.

Dr. Hale White, in proposing a vote of thanks to Sir Arthur Rücker for kindly presiding, distributing the prizes, and giving the students such an excellent address, said that Guy's Medical School ought to be very grateful to Sir Arthur, as he was such an extremely busy man. Nevertheless, it was very appropriate that he should preside, for there were more students at the University from Guy's than from any other medical school. Frequently both the pass and honours lists contained more names from Guy's than from any other school, and the close association between Guy's and the University of London had existed ever since the foundation of the University. Mr. Golding-Bird seconded the vote of thanks, which was carried with applause, and suitably acknowledged by Sir A. Rücker.

The governors and medical staff gave a garden party with music in the grounds of the hospital, and the laboratories, museums, college, nurses' home, and the wards were all open for inspection.

UNIVERSITY COLLEGE.

Dr. Charles Spearman has been appointed Reader in Experimental Psychology, in the first instance, for the session 1907-8.

KING'S COLLEGE.

Lectures to Teachers.

The Council of King's College, in conjunction with the London County Council, has arranged a course of Saturday morning lectures for teachers during the ensuing session. Professor W. D. Halliburton will give a course on the principles of practical physiology; Professor Dendy and Mr. W. Woodland on animal life (animal biology); Professor W. J. R. Simpson and Dr. Sommerville on the teaching of hygiene; and Professor C. S. Myers, M.A., M.D., on the application of experimental psychology to problems of educational interest.

UNIVERSITY OF BIRMINGHAM.

THE following candidates have been approved in all subjects of the examinations indicated:

FIRST M.B., CH.B.—†G. E. Elkington, *E. Davies, *C. C. C. Court, *J. L. A. Groult, *T. Hampson, *C. C. Jones, *A. C. Tibbits, *A. J. Tomkinson, *A. A. Wilkinson.
SECOND M.B., CH.B.—*E. W. Assinder, *†O. M. Holden, *Elizabeth S. Impey, *E. D. Nelson, *C. W. Heywood, *A. H. Newton.
THIRD M.B., CH.B. (Part I).—†H. H. Sampson, *W. C. Blackham, *N. A. Boswell, *H. G. Browning, *Mary Clarke, *J. S. Edwards, *H. A. Evans, *H. F. Humphreys, *G. F. Jotham, *Violet M. McCready, *J. L. Ritchie, *H. C. Terry, *Ethel H. Waldron, *K. D. Wilkinson.
THIRD M.B., CH.B. (Part II).—†H. H. Sampson, *W. C. Charles, *N. H. Boswell, *H. G. Browning, *Mary Clarke, *H. F. Humphreys, *G. H. C. Mold, *C. E. Molino, *J. L. Ritchie, *Ethel H. Waldron, *H. H. Whitcombe, *K. D. Wilkinson.
FOURTH M.B., CH.B.—†J. Dale, *J. Adams, *Charlotte Bailey, *G. H. C. Mold, *D. P. Smith, *H. C. Terry, *E. V. Whitby.
FINAL M.B., CH.B.—[W. F. E. Ashton, *H. C. H. Bracey, *J. Fenton, *P. J. Mason, *N. C. Penrose, *H. A. Sanders, *A. J. Smith, *R. W. Thompson, *H. H. Warren.
M.D.—L. G. J. Mackey, *Class II. †Queen's Scholarships.
†Class I. †Ingleby Scholarship.

Under regulations for past students of Birmingham Medical School.

At the examination for the Diploma in Public Health, T. W. Beazeley and A. E. Remmett have been approved in Part I, and E. F. Wharton in Part I and Part II.

DENTAL DEPARTMENT.

The Council of the University of Birmingham has appointed Mr. Alfred William Wellings, B.D.S.Bir., L.D.S.Edin., as Lecturer in Dental Histology and Dental Pathology, in place of Mr. H. P. Pickerill, M.B., B.D.S.Bir., who has been appointed Director of the Dental Department of the University of Otago, New Zealand.

UNIVERSITY OF WALES.

Committee of Inquiry.

THE Treasury has appointed a Committee to inquire and report upon the character of the work accomplished by the University of Wales and its constituent colleges, the financial position and lines of development of the colleges, and their probable requirements for staff or otherwise. The members of the Committee are: Sir T. Raleigh, K.C.S.I. (Chairman); Sir John Rhys, Principal of Jesus College, Oxford; Principal Donald MacAlister, Glasgow University; Mr. F. G. Ogilvie, C.B.; Professor W. S. McCormick; and Dr. Alex Hill, Master of Downing College, Cambridge. Mr. G. L. Barstow of the Treasury will act as secretary to the Committee.

University College, Cardiff.

At a meeting of the Council of the University College of South Wales and Monmouthshire held on July 3rd, the Earl of Plymouth (President) in the chair, Mr. D. G. Taylor, M.A., was reappointed Lecturer in Pure Mathematics; Mr. D. F. Thomas, B.Sc. (Wales) and B.A. (Cantab.), was appointed Assistant Lecturer and Demonstrator in the Department of Physics; Mr. Caleb Rees, B.A., was appointed Assistant Lecturer in the Training Departments (men); Mr. J. H. Sugden, M.Sc., F.I.C., was promoted to be Lecturer in

Hygienic Chemistry in the Public Health Department; Mr. W. J. Roberts, M.A., was appointed to give a special course of lectures in psychology for students in the secondary training departments. Diplomas in mining, metallurgy, civil, mechanical and electrical engineering were awarded to several candidates.

THE UNIVERSITY OF SHEFFIELD.

THE University Council has appointed Mr. Percival E. Barber, B.A. (Cantab.), M.R.C.S., L.R.C.P., Surgeon to the Jessop Hospital for Women, to the post of Lecturer in Midwifery and Diseases of Women, in succession to Dr. J. W. Martin.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

THE meeting of the Fellows for the election of four members of Council was held on Thursday, July 4th. The poll was open from 3 p.m. to 5 p.m. After the votes had been counted, a process which lasted for one hour and twenty minutes, the President declared the result as follows:

Mr. Charters Symonds	...	452, 26 plumpers
Mr. Bruce Clarke	...	413, 52 "
Mr. Mansell Moullin	...	403, 6 "
Mr. F. S. Eve	...	388, 3 "
Mr. Herbert Page	...	349, 11 "
Mr. W. D. Spanton	...	348, 34 "
Mr. C. Higgins	...	234, 10 "

The President declared Messrs. Symonds and B. Clarke to be duly elected, and Messrs. Moullin and Eve duly re-elected, members of Council; 1,189 voting papers were sent out, 879 being returned; of these, 3 were invalid and 3 too late. This is a record poll; on the other hand, the voters in person mustered but 14. The total thus amounted to the high figure of 892 votes, of which 886 were valid.

Mr. F. S. Eve, being fourth on the poll, becomes substitute member for Sir John Tweedy until 1912, as Sir J. Tweedy retained his seat in 1904, being President.

CONJOINT BOARD IN ENGLAND.

THE following candidates have been approved in the subjects indicated:

SECOND EXAMINATION (*Anatomy and Physiology*).—R. B. Adams, F. C. Alter, D. D. Baria, A. M. Barlow, F. Basford, M. B. Bayly, E. C. Beddows, G. C. Birt, W. P. Bonner, E. M. Browne, E. S. Calthrop, B. G. Dainty, S. Danziger, F. N. Doubleday, A. Downes, F. C. Endean, H. A. Evans, G. J. French, G. H. C. St. G. Griffiths, A. E. Hamlin, L. A. Harwood, C. E. Howden, H. R. B. Hull, S. G. Johnson, H. D. Kanga, C. H. Knowles, J. M. Land, M. McW. Lopez, D. McCully, R. G. Maglione, P. S. Martin, H. S. Mason, G. Matthews, J. W. E. Mendis, C. C. Messiter, T. A. Milroy, R. S. Overton, P. E. H. Patey, H. Platts, R. B. N. Reade, W. A. Reynolds, E. A. Runtig, A. L. Saul, E. A. Saunders, W. Shipton, W. F. V. Simpson, R. S. Satham, M. P. Thomas, G. Y. Thomson, W. V. Tothill, R. H. Vicary, P. B. Thomas, J. E. P. Watts, G. Whittington, F. C. Wright.

CONJOINT BOARD IN IRELAND.

THE following candidates have been approved at the examination indicated:

Preliminary.—J. L. Bulcock, R. Burriss, M. F. Coffey, A. Cohen, H. E. Elliott, M. J. Hillery, G. W. Jackson, Miss E. M. Kennedy, J. L. Moulang, J. A. Mulligan, M. McCloskey, S. D. G. McEntire, E. O'Gorman, B. Scher, E. Sewell, F. J. Smith, I. M. Swanepoel, P. J. Teggart, H. T. Whiteman.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

THE competitions at the end of the summer session in the medical schools conducted by the College of Surgeons resulted in the following awards: The *Barker Prize* in Anatomy, value £31 10s., was adjudged to G. S. Levis; the *Carmichael Scholarship*, value £15, to J. Lenton; the Gold Medals for *Operative Surgery* to P. G. M. Elvery and T. Sheehy (equal); and the *Stoney Memorial Medal* in Anatomy to Miss I. M. Clarke and G. C. Sneyd (equal). Prizes, medals, and certificates were also awarded for practical histology, practical chemistry, biology, materia medica, and public health and forensic medicine. The lectures and practical courses of the winter session will commence on October 15th.

TRINITY COLLEGE, DUBLIN.

DEGREES.

THE following degrees were conferred on June 29th:

M.D. (*Honoris Causa*).—Conolly Norman, Philip Henry Pye-Smith.
M.D. (*Ordinary*).—The Rev. R. B. Bryan, J. G. Burno, P. B. Egan, O. St. J. Gogarty, J. C. C. Hogan, G. C. MacFetridge, T. B. W. MacQuaide, E. H. McCready, B. L. Middleton, G. B. Morgan, G. Pearson, T. H. Peyton, T. C. Somerville, J. B. B. Whelan, J. S. Wilson, T. Wilson.
M.B., CH.B., B.A.O.—G. E. M. Armstrong, Madeleine S. Baker, H. de C. Dillon, O. St. J. Gogarty, H. P. Hart, J. C. C. Hogan, R. Holmes, T. King-Edwards, T. B. W. MacQuaide, J. E. McFarlane, C. H. O'Rourke, G. Pearson, A. Powell, J. C. A. Ridgway, G. A. R. Spong, F. Stevenson, R. E. Wright.

The Licence in Medicine, Surgery, and Obstetrics was conferred on E. T. Jameson and T. C. Knapp.

The following candidates have been approved at the examinations indicated:

INTERMEDIATE (Part I).—*A. Stokes, *C. M. Finny, M. A. Diemont, H. Müller, R. A. Albertyn, V. M. Fisher, Beatrice M. Hamilton, P. G. Leeman, V. G. Best, D. Duff (Sch.), J. H. Woodroffe, E. F. Lawson (Sch.), J. G. Ronaldson, A. C. Hallowes, B. A. Molyneux, L. Trichard, J. G. Dods, E. P. Allman-Smith, E. B. Bate, B. H. Moore, C. Pentland.

INTERMEDIATE (Part II).—A. J. Stals, J. D. Kernan, C. P. Smyly, D. Duff (Sch.), B. A. Molyneux, E. B. Bate, A. K. Cosgrave, L. Trichard, H. S. Metcalfe, W. A. Nicholson.

FINAL MEDICAL (Part I).—*J. C. Pretorius, *J. A. W. Ponton, *R. P. Hadden, H. H. Ormsby, C. W. Laird, A. E. Wynne, W. E. Hopkins, S. F. Charles, F. Smartt, D. G. Madill, A. V. J. Richardson, J. F. Clarke, G. Halpin, H. V. Stanley, G. G. McCreedy, D. P. Clement, A. H. Laird, G. B. M' Hutchison, E. C. Lambkin, A. S. M. Winder, J. P. S. Dunn, N. P. Jewell, W. H. M'Carthy.

* Passed on high marks.

SOCIETY OF APOTHECARIES OF LONDON.

The following candidates have been approved at the examinations indicated:

PRIMARY, PART I.—Chemistry: H. Cox, V. P. Norman, C. B. Welsby. *Materia Medica and Pharmacy*: W. C. D'Eath, F. S. Hawks.

PRIMARY, PART II.—Anatomy: T. C. Clarke, W. E. Dimond, W. H. S. Hodge, W. B. Hughes, E. M. Johnston, J. A. Jones, L. F. G. Lewis, D. J. McKinnon, P. E. H. Patey, H. C. Pugh. *Physiology*: T. C. Clarke, E. C. Fisher, W. H. S. Hodge, E. M. Johnston, A. Jonathan, J. A. Jones, L. F. G. Lewis, H. I. Welsh.

Medico-Ethical.

The advice given in this column for the assistance of members is based on medico-ethical principles generally recognized by the profession, but must not be taken as representing direct findings of the Central Ethical Committee.

MEDICAL ETIQUETTE.

H. W.—We have been asked to give an opinion on the following case, which we briefly summarize: A medical practitioner, A., was present at a street accident, and had the injured man removed to his house, where he and his partner dressed the wounds, and A.'s partner arranged to visit the patient at his own house, where he continued in attendance. The patient's regular medical attendant, B., has demurred to this action. Each claims to be preferred by the patient, but as the district council has accepted liability for the costs of medical attendance, A. argues that he is not employed by the patient but by the district council, and that, although his presence on the spot was fortuitous, an official had already been sent to fetch him. We are asked to say: (1) Whether the case should have been handed over to B? (2) whether it was the duty of A. to ask the name of the patient's usual medical attendant? and (3) whether, when A. learnt that the man was B.'s patient, he should have offered to hand over the case?

* Before agreeing to attend the patient at his own home A. should have asked whether he had a regular medical attendant, and, if so, have suggested that he should be called in. If A. had done this, and the patient had said in effect, "Yes, I have been attended by B. in former illnesses, but as you have dressed my wounds I should like you to see this case through," we do not think that B. would have had any cause of complaint had A. continued in attendance. The statements as to the patient's wishes are, however, conflicting. When a practitioner is in regular attendance upon a sick person the position is different; no other practitioner should supersede him until the patient has clearly communicated his wish to his former medical attendant that his attendance should cease.

UNDERSELLING.

RASHEE writes: An appointment worth £200 per annum is held by A., who dies. B. acts as *locum* for his widow *pro tem*. B. and C. apply for the vacant post, B. on same terms as A., but C. offers to accept £150, and is accepted. Is C.'s conduct professional?

* We know of no rule that prevents a practitioner from putting his own value on his services, and although underselling is undoubtedly injurious to the medical profession, and C.'s conduct would generally be regarded with disapproval, we cannot say that he has broken any recognized professional rule.

CONTRACTS NOT TO PRACTISE.

A. sold his practice to B., agreeing not to practise within a radius of ten miles unless in consultation, and now lives some miles outside the radius. Can a former patient who has moved to a house nearer A. but still within the radius, be treated by A. at his surgery?

* We should say no, except with the consent of B.

MEDICAL TITLES.

D. M. MASINA asks whether it is legitimate or within the bounds of professional etiquette for a Fellow of the Royal College of Surgeons of Edinburgh or Ireland to sign after his name the letters "F.R.C.S." without adding "E." or "I" to indicate the source of the diploma?

* There is no obligation in law for a practitioner to indicate the source of the diploma he holds. Such matters must be regulated by taste.

Medico-Legal.

THE WORKMEN'S COMPENSATION ACT AND THE MEDICAL PROFESSION.

INDUSTRIAL DISEASES.

It is only by degrees that the full liabilities imposed upon many members of the community by the Workmen's Compensation Act can come to be realized. As our readers are aware, persons suffering from industrial disease are victims of "accident" within the meaning of the Act, and certain processes and diseases were scheduled to the Act, power being given to the Home Secretary to extend the list. This power he has recently exercised, with the result that the following diseases and processes are to be included:

1. Poisoning by nitro derivatives and amido derivatives of benzene (dinitro benzol, anilin, and others) or its sequelae. *Process*: Any process involving the use of a nitro derivative or amido derivative of benzene or its preparations or compounds.

2. Poisoning by carbon bisulphide or its sequelae. *Process*: Any process involving the use of carbon bisulphide or its preparations or compounds.

3. Poisoning by nitrous fumes or its sequelae. *Process*: Any process in which nitrous fumes are evolved.

4. Poisoning by nickel carbonyl or its sequelae. *Process*: Any process in which nickel carbonyl gas is evolved.

5. Arsenic poisoning or its sequelae. *Process*: Handling of arsenic or its preparations or compounds.

6. Lead poisoning or its sequelae. *Process*: Handling of lead or its preparations or compounds.

7. Poisoning by *Gonioma kamassi* (African boxwood) or its sequelae. *Process*: Any process in the manufacture of articles from African boxwood.

8. Chrome ulceration or its sequelae. *Process*: Any process involving the use of chromic acid or bichromate of ammonium, potassium, or sodium, or their preparations.

9. Eczematous ulceration of the skin produced by dust or caustic or corrosive liquids, or ulceration of the mucous membrane of the nose or mouth produced by dust.

10. Epitheliomatous cancer or ulceration of the skin or of the corneal surface of the eye due to pitch, tar, or tarry compounds. *Process*: Handling or use of pitch, tar, or tarry compounds.

11. Scrotal epithelioma (chimney-sweeper's cancer). *Process*: Chimney sweeping.

12. Nystagmus. *Process*: Mining.

13. Glanders. *Process*: Care of any equine animal suffering from glanders.

14. Compressed-air illness and its sequelae.

15. Subcutaneous cellulitis of the hand (beat hand). *Process*: Any process carried on in compressed air.

16. Subcutaneous cellulitis over the patella (miners' beat knee). *Process*: Mining.

17. Acute bursitis over the elbow (miners' beat elbow). *Process*: Mining.

18. Inflammation of the synovial lining of the wrist joint and tendon sheaths. *Process*: Mining.

DUTIES OF MEDICAL MEN UNDER THE ACT.

In order to complete the machinery necessary for putting the Workmen's Compensation Act, 1906, into operation, the Home Secretary and the Treasury have recently issued a number of rules dealing with the powers and duties of medical men. These include (a) regulations as to the examination of a workman by a practitioner employed and paid by the employer in accordance with the provisions of the first schedule to the Act; (b) regulations as to the duties and fees of certifying and other surgeons, and as to references to, and remuneration of, medical referees who may be called upon to review the decisions of certifying and other surgeons with regard to industrial diseases; and (c) regulations as to the general duties and remuneration of medical referees. The texts of all these regulations have come to hand so late that we are unable to deal with them in this issue. We hope, however, to treat of them fully next week.

BANKRUPTCY OF A PARTNER.

COCAINE.—The effect of bankruptcy of one partner is to dissolve the partnership. The trustee does not become a co-partner with the solvent partners (*Fox v. Hanbury, Cowp. 445*). Strictly speaking, the trustee is entitled to put a person in possession of the whole of the firm's property, but this is seldom done, and the solvent partner, either by consent or

reform, to the great benefit of its inmates. Appointments as Admiralty Agent and a Medical Officer of the Post Office were others that he filled. At the same time he carried on a large practice, and, thanks to long and intimate relationship with all classes of the community, gained a clear insight into the needs of the locality and of its poorer inhabitants; he was thus led to take up the organization of a district nursing association, and to bring about the establishment of a Hospital Sunday Fund in the locality. He early became a member of the British Medical Association, and served it more particularly as President of the Gloucestershire Branch in 1897, and as Vice-President of the Section of Gynaecology at the annual meeting of the Association at Cheltenham. Dr. Cooke's work for Stroud and its inhabitants was long and conscientious; throughout it he showed a sympathetic comprehension of the needs of the poor, but it was well known that he could be stern when he pleased, and that he would exact precise compliance with his instructions from a patient whatever his position in life might be. His funeral on June 6th was attended by a large concourse of people; among the many wreaths laid on the coffin being one from a number of his old patients in the workhouse infirmary. Dr. Cooke married, in 1871, a daughter of the late Mr. John Howard of Stroud, and is survived by his wife and by seven children, of whom one has adopted his father's profession.

ALFRED ALEXANDER DE LESSERT, L.D.S.,

ABERDEEN.

FORMER medical students of Aberdeen University, and particularly those who spent some time in the University company of the Royal Army Medical Corps (Volunteers) during the years 1889 to 1903, will hear with much regret of the death at Gloucester, on July 4th, of Mr. Alfred Alexander De Lessert, L.D.S., R.C.S. (Ire). Mr. De Lessert, who had been in ill health for some time, was born at Wolverhampton over sixty years ago, and received his education at King William's College, Isle of Man. He belonged to a family of dentists, his father and other immediate relatives having occupied leading positions as dental surgeons. He settled in Aberdeen in 1869, and began a practice which developed very largely, and for a long period he was one of the leading dental surgeons in Aberdeen and the north of Scotland. While resident in Aberdeen, Mr. De Lessert was dental surgeon to the Aberdeen Dispensary, to the Boys' and Girls' Hospital, and to the Royal Hospital for Sick Children. He was twice married, first to Miss Mayer, daughter of Mr. Samuel Mayer, solicitor, Gloucester, and secondly to Miss Rubberds (sister of the Bishop of Brechin and niece of the late Lord Sempill), by whom he is survived. Mr. De Lessert was a prominent member of the Medical Staff Corps. He was gazetted Quartermaster in 1889, when the Aberdeen company originated, and, passing the proficiency examination in the following year, he took rank as Quartermaster and Lieutenant in the corps. The duties of this office he performed in a most excellent manner, and he proved a most popular and efficient officer, whose resignation a few years ago was received with much regret. Old corps members will recall vividly his exceedingly courteous and dignified presence, his kindly manner, his skill as a raconteur, and his mastery of all the detail of a quartermaster's duty, particularly where it concerned the comfort of the volunteers when in camp. About two years ago he left Aberdeen and took up residence in Gloucester.

COUNT COSTA DE BASTELICA, M.D., who passed away at his residence, near Ajaccio, in Corsica, on May 26th, in his 87th year, was for more than forty years a highly respected medical officer of the French army. He was the author of a number of reports on recruiting, for two of which, in 1866 and 1872, prizes were awarded to him by the Académie de Médecine. He was also awarded a gold medal by the same body for an important memoir on Corsica and recruiting there from the historical, statistical, and medical points of view. His chief work was a report on the sanitation of the eastern plain of Corsica, which won for him the distinction of Corresponding Member of the Academy. In that report he recommended the draining and other measures which have made that marshy and fever-haunted region comparatively healthy.

GLASGOW has lost one of its old and highly-respected practitioners in the person of Dr. GEORGE YEAMAN, who died at his son's house in Hanley on June 19th. Dr. Yeaman took the degree of M.D. Glasgow in 1854 and had a long and honourable professional career. He was a member of the Medico-Chirurgical and Geological Societies in Glasgow, and at one time held the posts of Assistant-Physician to the Lying-in Hospital and Physician to the Dispensary of Women and Children. He was a man of firm character and clear intellect, and at the same time possessed a very kind heart, as no doubt many of his old patients have good reason to know. Lately old age and infirmity began to tell on him, and he retired to England where he spent his remaining days. His son, writing from Hanley on June 20th, says: "... My dear father passed away here peacefully in his 81st year." And so ends the record of one who faithfully discharged the arduous duties of our profession for fifty years, and earned the gratitude of his patients and the esteem of the public.

WE regret to announce the death of Dr. THEODORE VON JÜRGENSEN, Professor of Medicine and head of the Medical Poliklinik in the University of Tübingen. Born at Flensburg in 1840, he graduated in medicine in 1843, and was *Privatdocent* at Kiel from 1864 to 1869. He was then Extraordinary Professor in that university till 1873, when he was called to the chair at Tübingen, which he occupied till his death. He contributed a good deal to medical literature. He was the author of a textbook of special pathology and therapeutics, and of a number of monographs on acute infectious diseases, and affections of the lungs and heart, which were published in the encyclopaedic works brought out under the editorship of Ziemssen, Nothnagel, and Penzoldt Stintzing.

LIEUTENANT-COLONEL JAMES BENNETT KELLY, Royal Army Medical Corps, retired, formerly of the 23rd Royal Welsh Fusiliers, died at Kingstown, co. Dublin, suddenly, from heart failure, on June 29th. He was appointed Assistant Surgeon, September 30th, 1864; Surgeon, March 1st, 1873; Surgeon-Major, September 30th, 1876; granted the rank of Lieutenant-Colonel, September 30th, 1884; made Brigade-Surgeon-Lieutenant-Colonel, May 31st, 1890; and retired from the service, May 3rd, 1893. He took part in the Burmese campaign in 1888-90, and had received a medal with clasp.

MAX SCHUELLER, who died recently of cancer of the stomach at the age of 64, studied medicine at Jena under von Ried and at Leipzig under Thiersch and Czernak. On the completion of his studies in 1869 he became Assistant in the Surgical Department of the Municipal Hospital, Hanover. After serving in the war between France and Germany, he practised for some years in Saxony. In 1876 he was appointed Assistant to Professor Hueter, who then occupied the Chair of Surgery at Greifswald, and in 1880 the title of Professor was conferred upon him. In 1883 he migrated to Berlin, where he lectured in the University. He was in charge of the Surgical Department of the Polyclinic of the Association of Domestic Hygiene. He was author of monographs on the surgery of bones and joints, on diseases of the larynx, and on surgical tuberculosis, which won for him a considerable reputation. In recent years he had devoted himself chiefly to the investigation of the etiology of cancer, the cause of which he believed he had discovered in protozoa-like cells.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Dr. Augustus Charles Bernays, of St. Louis, one of the most noted of the surgeons of the South-West of the United States, aged 53; Dr. Augustus Vermer, of Beauraing, in Belgium, one of the oldest members of the profession in Belgium, and a poet of some celebrity, aged 90; Dr. A. Charrin, Professor of General and Comparative Pathology at the Collège de France, Physician to the Paris Hospitals and *agrégé* of the Faculty of Medicine, aged 52; Dr. Alexander Bulyginski, Emeritus Professor of Medical Chemistry in the University of Moscow, aged 68; and Dr. Villard, representative of the Creuze Department in the French Senate.