

recently, and recurred again whilst he was attending the hospital for his arthritis. Three weeks ago he had otitis media. There was no cardiac bruit. Over both arms extending as high as the shoulders there was the rash of erythema nodosum and this persisted for four weeks. There was no rash on the legs or thighs. The treatment adopted was administration of aspirin and hot air baths for the affected joints. Later, full length electrical baths, massage, blisters, salol, iodides, tonics were tried, but the arthritis was not relieved sufficiently to enable the patient to resume work until the expiration of four months. At the end of eight months he had made a complete recovery, but the urine still showed a few pus cells and prostatic threads. After the patient had been attending for six months Mr. Walker reported that he was suffering from retinitis. Except for the presence of erythema nodosum and of retinitis I should have had no hesitation in classifying this as a case of gonorrhoeal rheumatism.

CASE III.

C. T., a married woman, aged 50, attended as an out-patient and was admitted to the hospital on December 9th, 1905. About a fortnight before admission she had suffered from chilliness, sore throat, pains in the limbs, and a rash on the arms and legs. Owing to the pains she had kept in bed. On admission the temperature was 100.4° F. There was no history of previous rheumatic affection. The rash of erythema nodosum was thickly covering the extensor surfaces of the thighs and legs, and the ulnar and extensor surfaces of the arms, extending for a short distance above the elbows. There were pains and stiffness in both elbows, ankles, and knees, and in the carpo-metacarpal joints. There were no objective signs of arthritis, and the pains were better when the patient was in bed. The axillae were much pigmented and the trunk freckled. At the heart's apex there was a soft blowing systolic bruit conducted outwards. The legs were oedematous, and there was slight albuminuria. A few rhonchi were heard over the lungs. Examination of the blood showed: Haemoglobin, 80 per cent.; red cells, 4,250,000; white cells, 20,000. A differential count showed:

Finely granular oxyphile leucocytes...	74 per cent.
Coarsely " " " "	1 "
Large hyaline " " " "	7 "
Lymphocytes " " " "	18 "

—a result similar to what one would expect to find in acute rheumatism. The highest temperature recorded was 102.4° F., but under large doses of salicylate of soda it fell to normal in three days. During a brief attack of delirium tremens the drug was discontinued for a few days, and the temperature rose again. A fortnight after admission the rash had disappeared and the temperature was normal. There was still a cardiac bruit, and pain and stiffness in the joints persisted. Her convalescence was very slow, but when discharged to the convalescent home on January 25th, 1906, there was no cardiac bruit and very little stiffness in the limbs. This attack differed from typical rheumatic fever in the absence of sweating and of objective joint symptoms, and in the persistent nature of the pains and stiffness in the joints.

These 3 cases illustrate the fact that not only is it difficult in a large proportion of cases of erythema nodosum to recognize any rheumatic taint, but that even when arthritis is present it may differ very markedly from that found in acute rheumatic fever.

MEMORANDA:

MEDICAL, SURGICAL, OBSTETRICAL.

A NOTE ON INTERSTITIAL PANCREATITIS IN ITS
RELATION TO SPRUE.

THE discovery of the association of pancreatic catarrh or of the more advanced condition, interstitial pancreatitis, in cases on which I have been consulted with regard to treatment, after they had been diagnosed as sprue by well-known physicians devoting special attention to tropical diseases, is, I think, worth noting.

I have operated on several of these cases beneficially by draining the bile ducts either by cholecystotomy, or, what is better, cholecystenterostomy, in which the drainage is of a more permanent character.

This preliminary note I hope to supplement later, after my observations are more complete, by a more extended reference to cases. The subject is also noted briefly in a work on the pancreas, now in the press, by Dr. Cammidge and myself.

I have seen a considerable number of cases of chronic pancreatitis in Europeans who have returned invalided from India, Ceylon, and other tropical countries, and from information I have received from medical men practising in those countries I suspect diseases of the pancreas are frequently unrecognized.

It may be, and I think it is highly probable, that some of the cases diagnosed as sprue owe their origin to inflammatory disturbance of the pancreas, and in other cases the pancreatic disease forms an important complication requiring treatment.

A. W. MAYO ROBSON, D.Sc., F.R.C.S.

A CASE OF GONOCOCCAL PYAEMIA.

THE object in reporting this case is to put on record a cell count from a pleural effusion which I believe to be unusual.

The patient, a woman of 35, had suffered from joint pains and stiffness since Christmas; at Easter the pain, swelling, and tenderness of the joints had become much worse, and was associated with profuse sweating.

On April 7th the wrists and ankles were affected, contained fluid, and were very painful and tender. The skin was covered with miliaria, and showed also the remains of an eruption stated to have been chicken-pox. The pulse was 80, and the heart sounds were normal, but there was a pleural friction sound in the left axilla. The temperature was 102° F. There was some not very marked anaemia. No leucorrhoea.

April 30th. Signs of fluid at the right base. A rather densely-opalescent fluid was drawn off from the right base. Pus was drawn off from a tendon sheath on the right wrist. A film of the pus showed large numbers of typical gonococci. Films from the centrifugized deposit of the pleural fluid did not show any gonococci but the following count:

Eosinophile leucocytes (some of these appear to be uninuclear) ...	...	...	147
Mast cells ...	...	...	123
Endothelial cells ...	...	...	112
Lymphocytes ...	...	...	112
Polynuclear leucocytes ...	...	...	25

The fluid was aspirated and did not reaccumulate.

May 23rd. She had a singing aortic diastolic murmur and was getting very anaemic.

Blood Count.

Red corpuscles...	...	...	3,376,000
White cells ...	...	...	12,600
Haemoglobin ...	...	...	55 per cent.

Differential count of 400 cells:

Polynuclear leucocytes...	...	...	248
Lymphocytes ...	...	...	138
Mast cells ...	...	...	10
Eosinophile leucocytes...	...	...	4

June 4th. Systolic and diastolic murmurs in the aortic area: systolic mitral murmur. Complained of pain in the splenic area.

June 26th. Patient died. During the whole of this period the evening temperature varied from 102° F. to 104° F., the morning temperature from 99° F. to 100° F., and the anaemia and emaciation were progressive.

The autopsy showed ulcerative endocarditis of the aortic and mitral cusps. There were no adhesions at the right base. There was a large splenic infarct.

F. H. JACOB, M.D., M.R.C.P.,
Hon. Physician, the General Hospital, Nottingham.

HYPERTROPHIC CIRRHOSIS OF THE LIVER IN
AN INFANT.

SOME weeks ago I was asked to see an infant who had been "unable to swallow any food for two days." The child, aged three months, was emaciated and nearly comatose, and obviously had but a few more hours to live. The abdomen was distended by a greatly enlarged liver, which could be mapped out with ease; its sharp anterior edge extended from the anterior superior iliac spine on the right to the eighth or ninth rib on the left, crossing the middle line at the level of the umbilicus. A few hours later the child died, and I obtained permission to open the body. The liver was found to occupy about two-thirds of the abdominal cavity, the stomach and intestines being compressed and empty. The spleen I judged to be twice the normal size. The enlargement of the liver was perfectly uniform, so that the normal shape was quite unaltered. There were no adhesions, and no sign of peritonitis or other inflammatory trouble. In colour the liver was paler than normal, and when cut more resistant to the knife. I had no means, unfortunately, of ascertaining its weight. The lungs and heart were healthy, but the thoracic cavity was diminished in size by the upward push of the enlarged liver on the diaphragm. I excised a small piece of the liver, and sent it to Professor Hewlett, of King's College, who very kindly had sections prepared in his laboratory. Some of these he sent to me in due course, and stated

in his report: "There is a well-marked condition of cirrhosis present—I should say undoubtedly congenital syphilis."

Under the microscope the sections showed everywhere a widely-diffused growth of fibrous tissue, replacing the liver cells and separating those that remained into small nests or groups—about 6 to 10 cells in each group. All traces of lobular structure had disappeared. I could not obtain from the mother any history of miscarriages or other syphilitic symptoms, but she informed me that the child she had borne previously to the present one "began to waste a few weeks after birth, and died suddenly when 4 months old." In the case just described the cirrhotic changes in the liver probably commenced during intrauterine life, but the size to which the organ had attained in rather less than three months from birth seems sufficiently remarkable to make the case worth recording.

Weybridge.

H. S. WILLSON, M.D., D.P.H.

POISONING BY BROMOFORM.

On a recent occasion I was called urgently, at 2.15 p.m., to a child 1 year and 9 months old. She had been suffering from whooping-cough for some weeks, and was being treated with bromoform.

History.—About 1.50 the mother had given the last dose of medicine in the bottle. A few minutes afterwards the child reeled and staggered, ran towards its mother, and became unconscious. The father, a medical man, just coming in, administered some salt and water, which made the child vomit, and he followed this with some strong coffee.

State on Examination.—The child was lying on her mother's lap, unconscious, the skin cold, pale, and dusky; breathing shallow and irregular, pulse feeble, pupils moderately dilated and reacting very sluggishly to light, conjunctiva almost insensitve. There had been an involuntary evacuation of faeces, but no bromoform odour was noticed in this or the vomit.

Treatment.—Hot fomentations were applied to the heart. About $\frac{1}{15}$ grain of the sulphate of strychnine was given hypodermically, and by means of slapping and shouting the child was kept in a semicomatose state. Every two or three minutes the semicoma would deepen, and at such times the stopper from a bottle of the liquor ammon. fort., held to the child's nose, seemed to act as a strong restorative.

Result.—After an hour's perseverance consciousness returned, the child began to cry, and gradually came round.

REMARKS.—The mixture had been made with tincture of senega, as recommended in Martindale and Westcott's *Extra Pharmacopoeia*, and the dose of bromoform had been gradually increased to 1 minim. Of some of the cases reported of poisoning by bromoform, the bad effects seem to have been produced by the last dose of medicine in the bottle. In the *BRITISH MEDICAL JOURNAL* of May 18th, 1901, Dr. Burton Fanning draws attention to this matter, and suggests several methods of avoiding the difficulty. Many practitioners, I believe, refrain from using this powerful drug on account of the dangerous symptoms it sometimes produces. Pharmacists here have an opportunity of giving us a method of dispensing bromoform in a mixture suitable for children—palatable and reliable.

M. BENSON, M.D.Brx., M.R.C.S.Eng.,
M.R.C.P.Lond.

Wigan.

REPORTS

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

ROYAL NAVAL HOSPITAL, PLYMOUTH.*

THREE CASES TREATED BY BACTERIAL VACCINES.

(Reported by M. L. B. RODD, Staff Surgeon, R.N.)

CASE I.

THE patient, a man 43 years of age, was admitted November 1st, 1906, complaining of pain and frequency of micturition and persistent vomiting, with the following history. For the last two years he had suffered from gastric catarrh, and comparatively recently had been in both Malta and Gibraltar hospitals. Nearly every morning he was sick, and vomited ropy mucus; this was accompanied by intense headache. As the day progressed the

symptoms and headache subsided, and towards evening the stomach was tolerant of food, and the patient comfortable.

State on Examination.—The stomach was dilated, but neither liver nor spleen was enlarged. The patient was anaemic and run down, and constipation in a minor degree existed. The urine was acid, specific gravity 1021, smelling very offensively, and thick and cloudy. There was a precipitate of mucus, and a trace of albumen. Microscopically numerous pus cells, leucocytes, and bacteria could be seen.

Treatment.—The urine was drawn off by a sterile catheter into a sterile flask with all antiseptic precautions. Of this urine 5 c.cm. were placed in peptone broth and plated out. From the colonies "stroke cultures" on agar were grown. The *Bacillus coli* was isolated, and a pure growth obtained on four agar slope cultures. A vaccine was made from the growth with normal saline solution, heated at 60° C., and then standardized, so that the dose equalled 100 million *Bacillus coli*. The first injection was given on December 1st. There was no local reaction, and no appreciable difference for three days. Five days after the injection the bad odour was absent, and never returned. On December 10th, nine days after the first injection, the urine gave specific gravity 1019, was acid, clean, and amber coloured. There was no odour, and no albumen. A few pus cells and bacteria could be seen. The same day a second dose was given double the first, as the latter caused no reaction. There was again no local reaction, but the urine returned to its old condition, except that there was still no bad odour.

The third injection, the dose being as in the first instance (100 million), was delayed until December 27th. After this injections were given regularly at ten days' interval; the condition of the urine steadily improved until it became normal except that the specific gravity was low (1011). He is now performing his ordinary duties, his bladder trouble having quite subsided. Eleven injections were given.

CASE II.

This patient, aged 24 years, was admitted on February 20th, 1907, complaining of pains in the head and eyeballs. There was apparent fullness of the neck on either side of the middle line, proptosis, but no increased tension of the eyes. The chest and abdominal examination showed nothing abnormal. The urine, specific gravity 1014, was acid, pungent in odour, and contained a trace of albumen. Under the microscope pus cells were found to be numerous, the specimen full of bacteria.

He was treated at first by rest in bed, limited diet, and urotropin grains x t.d.s. His condition, however, did not improve. On March 21st the *Bacillus coli* was isolated from the urine and a vaccine made, each dose containing 100 million. The first injection was given on March 27th. The odour disappeared and the microscopical characters greatly diminished. He was given four injections, and the condition steadily improved.

CASE III.

This man, aged 29 years, was admitted September 20th, 1906, for disease of glands, and giving the following history: In 1901 he had been sent to Malta Hospital for enlarged axillary glands. These were removed, but suppuration and sinuses followed. Fresh abscesses kept appearing about the axilla and root of neck. On opening these abscesses sinuses formed and persisted, and had been discharging ever since. Meantime he had had Malta fever. On admission seven sinuses were found, most of them communicating. No dead bone could be felt. The liver and spleen were enlarged. He said he was liable to attacks of diarrhoea and there was evidence of lardaceous disease.

Treatment.—Cultures were taken on "agar slopes" and a staphylococcus isolated. From this a vaccine was prepared and standardized, so that each dose equalled 500 million bacilli. The first injection was given on December 19th; a marked reaction followed, and the discharge from the sinuses greatly diminished. The albumen in urine markedly diminished. The injections were given every ten days, and soon the case required to be dressed only every third day instead of twice daily as hitherto on account of the discharge. On January 18th, 1907, the second sinuses had quite healed; the patient had gained weight and was in every way much improved. On February 15th the remaining sinuses were opened up and scraped. He was given fourteen injections, and was steadily gaining ground.

REMARKS.—In all 3 cases the patients were kept absolutely at rest in bed for forty-eight hours after each injection. Case I completely recovered; and Cases II and III were steadily improving when I had to give up the care of these patients, but the results were so encouraging that they seem worth recording.

At a meeting held at the Chelsea Infirmary on July 22nd it was agreed unanimously to form an association of Poor-law infirmary matrons. A constitution was drawn up, and it was decided to hold quarterly meetings for the discussion of questions of interest.

* Forwarded by the Director-General, Medical Department, R.N.

THE PLAGUE.

PREVALENCE OF THE DISEASE.

INDIA.

DURING the weeks ended June 15th, 22nd, and 29th, the deaths from plague numbered 19,934, 10,830, and 8,651 respectively. The fresh cases recorded during the periods in question amounted to 21,647, 12,010, and 9,282 respectively. The Punjab still returns the highest figures of all Indian departments; during the three weeks the deaths from plague in the Punjab were returned as 17,277, 9,423, and 7,596, so that the returns for other districts are unimportant.

AUSTRALIA.

Queensland.

Brisbane.—During the weeks ended June 1st, 8th, and 15th the fresh cases of plague numbered 3, 1, and 0; the deaths from the disease, 0, 1, and 0. No case of plague had occurred, since the case occurring during the last week of May, for forty-three days. Infected rats were found during the week in Brisbane. The total cases of plague in Brisbane since January 1st, 1907, now amounts to 36.

Ipswich.—One of the cases included in the Brisbane returns came from near Ipswich.

HONG KONG.

During the weeks ended July 6th and 13th the fresh cases of plague numbered 25 and 27, and the deaths from the disease 25 and 27 respectively.

SOUTH AFRICA.

King Williamstown.—During the weeks ended June 8th, 15th, and 22nd the fresh cases of plague numbered 0, 1, and 1. There were no deaths from the disease during the periods in question. On June 22nd 4 cases of plague remained under treatment. Many rats and mice have recently been found to be infected by plague in King Williamstown.

MAURITIUS.

One case of plague reported during the week ended July 4th, and one death from the disease. The last case of plague in Mauritius occurred during the week ending April 24th.

MEDICAL NEWS.

A NEW JERSEY State sanatorium for consumptives will be opened in August.

THE Belgian National Anti-Tuberculosis League will hold its annual general meeting this year at Saint-Trond on August 4th.

IN the week June 23rd to 29th, the number of cases of cerebro-spinal meningitis officially notified in Prussia was 1. The number of deaths was 29.

MR. EGBERT C. MORLAND, M.B., B.Sc.Lond., has received the M.D. degree of the University of Bern for a thesis entitled "Die Opsonine, ihre klinische Bedeutung."

A PASTEUR Institute is to be opened at Minneapolis on August 1st. It will be under the direction of the State Board of Health. The Legislature has voted £1,000 a year towards its maintenance.

THE French Minister of Finance has introduced into the Chamber of Deputies a Bill providing for the creation of hydro-mineral stations and the imposition of special taxes in these stations, with the object of developing the hydro-mineral industry.

THE Anglo-American Medical Society of Berlin, founded some four years ago to help English-speaking medical men visiting Berlin for post-graduate study, meets every Saturday evening at the Heidelberger Restaurant in the Central Hotel. Further particulars can be obtained from Dr. J. H. Honau, Lützowstrasse 78, Berlin.

THE Income Tax Reduction League has now completed its organization; the President is Lord Avebury, the Vice-President the Hon. Herbert Gibbs, the Chairman of the Executive Committee Sir John Puleston, and the Honorary Treasurer and Secretary Mr. T. Hallett Fry, 2, Cloisters, Temple, E.C., from whom further particulars can be obtained.

AN appeal is being made for immediate assistance for the Factory Girls' Country Holiday Fund, which performs very useful work in assisting girls employed in London workshops to obtain a short holiday in the country. The girls contribute a portion of the expenses. Subscriptions can be sent to the Treasurer, H. Rendel, Esq., 23, Russell Square, W.C.

THE chairman of the Coventry and Warwickshire Hospital at Coventry states that there has been considerable difficulty in obtaining a junior house surgeon, and thinks that this may possibly be due to medical men confusing the hospital with the Coventry dispensary. The hospital is a distinct institution, containing seventy-five beds used mainly for surgical cases.

THE authorities of the Post-graduate College, West London Hospital, have decided to give a short vacation course of twenty-four demonstrations and lectures, beginning on Monday, August 12th, and terminating on Friday, September 6th. The fee is £2 2s., or for only fourteen days of the course £1 11s. 6d. Those wishing to take advantage of the arrangement should apply to the Dean at the hospital, which is in Hammersmith Road.

ON July 24th the Queen opened the new buildings in Fitzroy Square of the Hostel of St. Luke, established in 1892 for the medical and surgical treatment of the clergy of the Church of England, their wives and children. The Queen, who was accompanied by the Princess Victoria, was received by the Archbishop of Canterbury, President; Archdeacon Utterton, Chairman; Dr. F. H. Champneys, Dr. de Havilland Hall, Mr. A. Carless, and other members of the medical staff and Executive Committee.

THE Home Secretary, acting under the powers given him by the Workmen's Compensation Act, cancelled recently all existing appointments as medical referee, and has since made a number of new selections. The fees receivable remain unchanged, namely, two guineas and mileage for reports, and three guineas a case when the referee is asked to sit in court as assessor. We are informed that an endeavour is being made to induce the Home Office to suggest to the judges concerned that all compensation cases should be heard on one particular day in each week or month when ordinary work is not taken.

IT has been decided that meetings of the newly-formed United Services Medical Society shall be held at the Royal Army Medical College at 8.30 p.m. on the second Thursday in each month, commencing on October 10th, 1907, that the annual subscription be 5s. payable in advance, and that a notification of the formation of the Society, accompanied by an invitation to join, be sent to all medical officers on the active lists and to those on the retired lists whose addresses can be discovered. Should any medical officer on the active or retired list of the navy, the British and Indian armies, or the auxiliary and Colonial Forces not receive an invitation the Council hope that, if desirous of joining the Society, he will communicate with one of the Honorary Secretaries, Fleet Surgeon W. W. Pryn, R.N., "Tredown," 25, Idmiston Road, West Norwood, S.E., or Lieut.-Colonel C. H. Melville, R.A.M.C., Royal United Service Institution, Whitehall, S.W.

THE twentieth congress of the French Surgical Association will be opened in Paris on Monday, October 7th, under the presidency of Professor Paul Berger, Surgeon to the Necker Hospital. The programme of discussions includes the following questions: (1) Influence of the Roentgen rays on malignant tumours, to be opened with reports from MM. Bécère, of Paris, and Maunoury, of Chartres; (2) Nervous, muscular, and tendinous transplantations in the treatment of paralyses (reporters, MM. Kirmisson, of Paris, and Gaudier, of Lille); (3) Chronic surgical affections (tuberculosis and cancer) in their relations with accidents to workmen (reporters, MM. Segond, of Paris, and Jeanbrau, of Montpellier). An exhibition of surgical instruments, dressings, medical electricity, etc., will be held in the great hall of the Faculty of Medicine during the congress. Communications should be addressed to the general secretary, Dr. Walther, 68, Rue de Bellechasse, Paris.

IN an article contributed to the *International Journal of Surgery* (December, 1906), Dr. A. Laphorn Smith expresses the opinion that cancer is increasing at an alarming rate all over the world. This loss of human life he regards as "due to the terrible mistake which has been made of treating as hereditary and unpreventable a disease which is highly contagious and which consequently could be absolutely eradicated from off the face of the earth within the next ten or twenty years." He considers that cancer is, at its commencement, a strictly local disease, and can be completely removed "during the first few weeks," but to wait until a positive pathological diagnosis has been made "not only removes all chance for the life of the patient, but also, as the growth will surely recur, the patient will thus remain a centre for spreading the contagion." These opinions are based on the work of Eisen, who claims to have discovered the "amoeba" which causes cancer. This "amoeba," Dr. Smith tells us, may remain dormant a long time in its dry state and then resume activity under suitable conditions. Hence the importance of thoroughly disinfecting a room or house vacated by a cancer case before it is again occupied. Unfortunately Eisen's theory has not yet gained general acceptance, and in the meantime Dr. Smith will probably find it difficult to persuade the majority of medical men that cancer can be so easily and speedily eradicated.

friend, with a transparent integrity and courtesy visible in every action.

A striking example of this kindness of heart was exhibited during his last illness by his anxiety to secure a grant of money from the Surgical Aid Fund of the hospital to help a poor girl to obtain an artificial limb.

In his early days Dr. Lloyd Owen was fond of sport. He was a first-rate cricketer, and frequently played for Dublin University. In recent years it was a favourite recreation with him to watch a first class match. He was also a good horseman, and during his early professional life always enjoyed a run with the hounds in the winter months.

In his home life he was a devoted husband and father, and the deep sympathy of all who knew him is with his widow and her family in their sudden and irreparable loss and sorrow. Dr. Lloyd Owen leaves behind him five sons and one daughter. Two of his sons are officers in the Royal Navy and two are in the Army.

The funeral took place at Southsea on July 8th amid universal expression of regret. Around the grave there was a great gathering of friends and colleagues, who were present to pay a last tribute to one whose memory will ever be associated with the warmest and kindest recollections.

JOHN SHERWOOD STOCKER, M.D., M.R.C.P.,

CONSULTING PHYSICIAN, WESTERN GENERAL DISPENSARY, LONDON.
DR. JOHN SHERWOOD STOCKER, formerly of Montague Square, London, W., who died on July 18th, came of medical stock, for his father practised at Great Cumberland Place, and his grandfather, Richard Stocker, was for forty years apothecary to Guy's Hospital, an office which at that time involved duties analogous to those fulfilled by the dean of a medical school and by a resident medical officer; the father of this Richard Stocker was John Stocker, who practised at Fareham. John Sherwood Stocker, who was born on April 9th, 1826, was educated at King's College School and Guy's Hospital, taking the diplomas of M.R.C.S. and L.S.A. in 1849. He graduated M.B. Lond. with honours in surgery and medicine in 1851, and took the degree of M.D. two years later. During his student life he spent some time in Paris, and was there during the Revolution of 1847. After settling in London he was for many years physician, and subsequently consulting physician, to the Western General Dispensary, and was for some time assistant physician to the Samaritan Free Hospital for Women. He was a member of the Court of Examiners of the Society of Apothecaries from 1884 to 1892, was Junior Warden in 1897, Senior Warden in 1898, and Master in 1899. A colleague on the Court of Examiners writes that he was an excellent Chairman, devoted to his work, and spared no pains to foster the friendly feeling which always existed among the examiners.

A consulting surgeon at Guy's Hospital, one of his few surviving contemporaries there, writes of the high esteem and affection in which he was held by all associated with him. His generosity was well known, and not less conspicuous was his cheery and happy disposition and the simplicity and the sincerity of his character.

A London graduate who knew him well writes: His leading professional trait, in my opinion, was his wonderful aptitude at diagnosis; I often marvelled at the facility with which he could make a diagnosis by mere scrutiny and without making any further physical examination.

He was twice married, first to the daughter of Mr. Richard Worlidge Southby, and secondly to the sister of the Right Hon. Sir J. C. Dimsdale, Bart. He was a widower at the time of his death, and leaves two sons.

THE LATE SIR WILLIAM BROADBENT.—Dr. Samuel West writes: No account of Sir William Broadbent's life would be complete without special reference to one quality which leavened the whole character of the man. I refer to the tenderness of heart and native sympathy which found its practical application in benevolence. The full measure of this cannot be known for he was one of those who did good by stealth, and except when his object was to arouse benevolence in others did not speak of it so much as practise it. He could not turn a deaf ear to a tale of misery and distress or refuse help on such an appeal. In

the eye of the profession it was with the British Medical Benevolent Fund that he was most closely associated, for he had been first its Financial Secretary, then its Treasurer, and lastly its President. Most of the public appeals made in recent years had been written and signed by him, and among the list in response his own contribution would ever be one of the largest. His active interest in the fund was but the natural expression of the gentle sympathetic character of the man, who loved to do good and spared not himself in the doing of it.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Dr. William B. Fletcher, who had a share in the organization of the Indianapolis Medical College in 1869, in which at different times he was Professor of Physiology, Materia Medica, Anatomy, Practice of Medicine, Therapeutics, and Medical Diseases, and afterwards Professor of Nervous Diseases in the Central College of Physicians and Surgeons, Indiana, aged 70; Dr. L. Lepage, Demonstrator of Physiology in the Lille Faculty of Medicine; Dr. Salomon Flesch, one of the leading physicians of Hungary; Dr. Franz Brenner, President of the Medical Chamber of Moravia, and a strenuous advocate of the interests of the profession in Austria, aged 59; and Dr. A. Aubeau, a well-known Paris surgeon, Honorary President and Founder of the Société Clinique des Praticiens, author of papers on a new operative procedure for the radical cure of large hernias, modification of the blood under the influence of chloroform anaesthesia, applications of micrography and bacteriology to surgical diagnosis, etc., aged 55.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

MR. ADAM SEDGWICK, F.R.S., Fellow of Trinity College, was on July 22nd elected Professor of Zoology and Comparative Anatomy in the room of the late Professor Newton. Mr. Sedgwick has been Director of the Morphological Laboratory since the death of Professor F. M. Ba'four in 1882, and for the last ten years has been a tutor of Trinity College.

UNIVERSITY OF LONDON.

M.S. EXAMINATION.—The following candidates have been approved for the degrees indicated:

MASTER OF SURGERY.—S. A. Boyd, Charing Cross Hospital; H. Collinson, University of Leeds; *P. M. Heath, University College; H. T. Mant, University College; T. Perrin, M.D., London and St. Thomas's Hospitals.

M.D. (in Medicine).—H. E. Dyson, University College; H. Finzel, St. Bartholomew's Hospital; M. L. Hine, Middlesex Hospital; T. Lewis, University College; R. H. Miller, St. Mary's Hospital; R. Milne, London Hospital; L. G. Parsons, University of Birmingham; †J. R. Steinhäuser, Guy's Hospital; *F. G. Thomson, University of Cambridge and Middlesex Hospital; R. O. Williams, Guy's Hospital.

M.D. (in Pathology).—T. S. Vincent, University of Birmingham, University College, and University of Edinburgh.

M.D. (in Mental Diseases and Psychology).—P. A. M. Green, London Hospital.

M.D. (in Midwifery and Diseases of Women).—V. Z. Cope, St. Mary's Hospital; C. D. Holdsworth, University College; *E. L. Holland, King's College; Helen N. Payne, London School of Medicine for Women; F. T. H. Wood, Guy's Hospital.

M.D. (in State Medicine).—A. H. Gerrard, University College.

M.D. (in Tropical Medicine).—E. E. Maples, St. Bartholomew's Hospital and London School of Tropical Medicine.

*University Medal. †Obtained the number of marks qualifying for the University medal.

UNIVERSITY OF GLASGOW.

THE following candidates have been approved at the examination indicated:

FINAL M.B., CH.B.—W. W. Adamson, G. V. Anderson, A. H. Arnott, D. Arthur, B.Sc.; H. Bertram, R. I. Binning, W. Brown, M.A., B.Sc.; J. Cairncross, T. H. Campbell, R. P. Cartwright, T. G. Copestake, A. J. Couper, A. D. Cowan, J. R. Craig, C. A. Crichton, N. Davie, H. W. Dempster, J. A. Doctor, D. Duncan, W. H. Duncan, A. Dunsmuir, L. J. Dunstone, A. W. Eadie, W. M. Elliott, A. Fairley, T. H. Forrest, T. Forsyth, B. Gale, G. Garry, J. Gemmell, D. Gibson, H. M. Granger, J. V. Grant, T. P. Grant, W. C. Gunn, L. Hislop, A. Hogg, A. J. Hutton, C. L. Kerr, A. T. I. Macdonald, N. MacInnes, M.A.; R. M'Inroy, J. B. Mackay, T. C. Mackenzie, A. D. M'Lachlan, D. C. MacLachlan, A. N. R. M'Neill, C. J. C. Macquarie, C. Marshall, J. H. Martin, H. Matthews, W. S. Melville, J. C. Middleton, M.A., B.Sc.; J. W. Miller, T. Miller, M.A.; J. R. Mitchell, H. Morton, J. Muir, R. C. Muir, P. O'Brien, D. M'Kinlay Reid, D. Renton, M. M. Rodger, T. D. C. Ross, A. Scott, J. M. Smith, J. Steedman, C. K. Stevenson, M. J. Stewart, L. Storey, J. A. Struthers, J. M. Taylor, R. S. Taylor, D. A. Thomson, M.A.; H. J. Thomson,

J. A. Thomson, R. Todd, J. Turnbull, M. Turnbull, W. B. Watson, J. Weir, F. R. Wilson, S. Wilson, M.A.; W. M. T. Wilson, T. Winning, M.A.; G. Y. Yardumian, M. Young.

The following women candidates were also approved:

J. M. Andrew, M. M. Buchan, M. G. Forrest, E. S. Hill, M.A., A. M'Corrie, J. A. Macvea, J. D. Rankin, M.A., B.Sc., J. I. Robertson, M.A.

The following passed one or more subjects of the examination with distinction:

D. Arthur, H. Morton, M. J. Stewart, W. C. Gunn, Jeannie M. Andrew, W. Brown, Martha M. Buchan, T. H. Campbell, J. R. Craig, C. A. Crichtlow, D. Duncan, W. M. Elliott, A. Fairlie, Margaret G. Forrest, S. N. Galbraith, B. Gale, J. W. Georgeson, H. M. Granger, T. P. Grant, J. D. Gray, Ella S. Hill, A. Hogg, A. J. Hutton, T. Miller, M.A., D. M. Reid, G. W. Scott, J. Steedman, C. K. Stevenson, L. Storey, D. A. Thomson, H. J. Thomson, S. Wilson, M. Young, J. M'Vittie, H. Matthews, A. D. M'Lachlan, A. Scott.

UNIVERSITY OF MANCHESTER.

The Chair of Medicine.

DR. GRAHAM STEELL, F.R.C.P.Lond., has been appointed by the Council Professor of Medicine in the University. Dr. Graham Steell graduated as M.D. in 1877, and obtained a gold medal for his thesis submitted on that occasion. He has had a long and intimate connexion with the Royal Infirmary of Manchester, having acted successively as Resident Medical Officer and Physician in that institution, of which he is at present the Senior Physician. For many years Dr. Steell has been a Lecturer, first in the Owens College and subsequently in the University, where he has held the posts of Lecturer in Clinical Medicine and also of Lecturer in Diseases of the Heart.

At a meeting of the friends of the late Professor Dreschfeld held recently, it was agreed to make arrangements for securing some permanent memorial of him in Manchester.

Appointments.

The following appointments have been made:

Junior Demonstrator in Anatomy, Mr. A. E. Quine, M.B., Ch.B. Man.; Demonstrators in Anatomy for the Winter Session, Mr. S. H. J. Kilroe, M.B. Lond., and Mr. T. W. Todd, Junior Demonstrator in Physiology, Mr. Philip Ferguson, M.B., Ch.B. Man.

ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH.

A QUARTERLY meeting of the Royal College of Physicians of Edinburgh was held on Tuesday, July 16th, Dr. Underhill (President) in the chair.

The late Sir William Tennant Gairdner.

The President made feeling reference to the loss which the College had sustained by the death of Sir William Tennant Gairdner.

Admission to the Membership.

On a ballot, the following candidates were admitted to the Membership of the College:—James Ritchie, M.D., Edinburgh; David Halliday Croom, M.D., Edinburgh; and Leonard Horner Bryson, M.B., C.M., St. Andrews.

Admission to the Licence.

The Registrar reported that since the last quarterly meeting of the College, eighteen persons had obtained the Licence of the College by examination.

Recognition of Lecturer.

Dr. G. Lovell Galland, F.R.C.P.E., was recognized as a lecturer on medicine.

Curriculum and Examinations.

The regulations regarding the single licence and Membership and Fellowship of the College for the ensuing year were approved.

Expulsion of Licentiate.

By vote of the College, James William Ayres, a Licentiate of the College, was expelled from the College and deprived of his licence to practise, as granted by the College, and of all his rights and privileges as Licentiate.

ROYAL COLLEGE OF SURGEONS OF EDINBURGH.

The following gentlemen were admitted to the Fellowship of the College on July 16th:

E. Archer-Brown, W. B. Bell, A. G. Coullie, D. E. Dickson, W. A. Dickson, H. T. Holland, W. L. MacCormac, A. McKendrick, C. E. R. Rendie, H. W. Riggs, G. A. Upcott-Gill, and W. Young, Major, I.M.S.

ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH, ROYAL COLLEGE OF SURGEONS OF EDINBURGH, AND FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW.

THE quarterly examination of this Board, held in Edinburgh, were concluded on July 22nd, with the following results:

First Examination, Four Years' Course.—Mr. Thomas Kennedy, Belfast, passed the examination.

First Examination, Five Years' Course.—Of 37 candidates entered the following 17 passed the examination:

J. R. Smith, Carlisle; Maneck Bomanjee Motafram, Bombay; Hormusji Jehangir Dadysett, Bombay; Arthur Saldanha,

Bombay; R. E. I. Mason, Newcastle-on-Tyne; V. C. L. van Someren, Australia; J. Ross, Skye; M. P. Power, co. Cork; D. A. Evans, Conway; W. J. H. Davies, Liverpool; F. J. Fisher, Nairn; A. Hegarty, Ireland; J. A. Hutchinson, co. Derry; Satis Chandra Das, Calcutta; H. C. Sutton, Sale; F. D. Johnson, New Zealand; and Gajanan Jinabhai Mahimtura, Bombay; and 6 passed in Physics, 9 in Biology, and 2 in Chemistry.

Second Examination, Four Years' Course.—Of 3 candidates entered the following 2 passed the examination: M. J. O'Shea, Brisbane, and R. B. Sephton, Culcheth.

Second Examination, Five Years' Course.—Of 41 candidates entered, the following 18 passed the examination:

E. B. Keen, Chelsea; J. W. Hitchcock, Suffolk (with distinction); C. B. Robinson, Yorks; T. N. Usher, New Zealand (with distinction); G. F. Neill, Scotland (with distinction); A. E. Tughan, Belfast; R. G. Walker, Montrose (with distinction); R. C. Fuller, co. Cork; R. H. Jones, Wales; H. H. Field-Martell, Australia; A. D. Turnbull, Edinburgh; R. Massie, Edinburgh; MacW. Henry, Yorkshire; W. T. Torrance, Shotts; K. M. McC. Wilson, Australia; Syed Abdul Karim, India; B. Flack, Lancashire; and J. J. McDonough, Melbourne; and 4 passed in Anatomy and 2 in Physiology.

Third Examination, Five Years' Course.—Of 30 candidates entered, the following 17 passed the examination:

J. Young, Newcastle-on-Tyne; Baldev Singh, India; Surendra Kumar Sen, India; A. R. H. Harrison, co. Cork; G. FitzW. Forde, co. Cork; T. J. George, Wolverhampton; Edith Hufton, Madras; Marguerite A. C. Douglas, Capetown; E. Eccles, Lancashire; W. Watson, co. Tyrone; C. E. Watts, Dewsbury; F. S. Crean, Clonmel; J. Morham, Edinburgh; H. A. Higginson, Bolton; Lily Holt, Melbourne; Hormusji Jehangir Dadysett, Bombay; and Gajanan Jinabhai Mahimtura, Bombay; and 4 passed in Materia Medica.

Final Examination.—Of 54 candidates entered the following 17 passed the examination and were admitted L.R.C.P.E., L.R.C.S.E., and L.F.P. and S.G.:

E. F. Niven, Canada; D. G. McCabe-Dallas, London; W. A. Huston, Belfast; Lakshmi Narayan Ghosh, Lucknow; K. H. La Barte Cummins, Melbourne; F. E. R. Bartholomew, Ceylon; T. E. McKenna, Queensland; Samuel J. Naoji Kotak, Poona; J. S. Ward, Queenstown; O. Carlyle, London; J. E. Cox, Hastings; J. A. C. Tull, St. Vincent; W. Clegg-Newton, Manchester; T. McClure, Randalstown; Rajanjan Robert Williams, Madras; D. W. Anderson, South Queensferry, and Thirukamu Sundara Reddy, Madras; and 5 passed in Medicine and Therapeutics; 3 in Surgery and Surgical Anatomy; 8 in Midwifery, and 10 in Medical Jurisprudence.

EDINBURGH DENTAL HOSPITAL AND SCHOOL.

THE annual "At Home" and distribution of prizes was held on July 19th, when Professor Annandale presided over a large company of students and friends of the institution. The Chairman congratulated the Directors on the continuous success of the school, which, he said, became every year a more important constituent part of the great Edinburgh Medical School. The Dean in his report remarked that the men turned out by the school furnished the best possible testimonial to the efficiency of the teaching. An excellent programme of music was rendered during the evening.

SOCIETY OF APOTHECARIES OF LONDON.

THE following candidates have been approved in the subjects indicated:

SURGERY.—†M. L. Ford, *†R. J. W. McKane, †G. B. Messenger, †O. C. H. L. Moll, C. S. Ormsby.
MEDICINE.—E. R. Bastard, *F. H. W. Brewer, *J. Brierley, †M. L. Ford, *†E. B. O'Dowd, *†H. W. Phillips, †S. K. Poole, *†G. Rollason, *†J. S. Ward.
FORENSIC MEDICINE.—E. R. Bastard, F. H. W. Brewer, J. Brierley, L. G. R. Furber, A. J. Hopper, F. B. O'Dowd, K. Rowlands, E. E. C. Vollet, C. J. Wolfe.
MIDWIFERY.—A. R. Hardy, M. Rathbone, G. H. Rodolph, E. E. C. Vollet.

* Section I. † Section II.

The Diploma of the Society has been granted to Messrs. E. R. Bastard, M. L. Ford, A. J. Hopper, R. J. W. McKane, G. B. Messenger, E. E. C. Vollet, and J. S. Ward.

Medico-Legal.

HABITUAL INTEMPERANCE AND LIFE ASSURANCE.
AN insurance case of some medical interest was heard at the recent Leeds Assizes. The representative of a veterinary surgeon, who was found dead in his stable yard, having evidently fallen out of his trap, sued the Legal and General Assurance Society for £2,000 under a policy of insurance, the company declining payment on the ground that the policy was granted on the faith of a representation that the habits of the assured man were habitually temperate, and that this representation was untrue. It was alleged by the witnesses for the defendant that the deceased was under the influence of drink when he met his death, but the evidence as to his habits in this respect was conflicting. Council for the plaintiff took the point that the jury before they could find against the plaintiff must find that the deceased was not only habitually intemperate but knew that he was so habitually intemperate as to make his statement to the contrary a fraudulent one. The jury found a verdict for the plaintiff for the amount claimed with interest at 4 per cent.