

## MEMORANDA: MEDICAL, SURGICAL, OBSTETRICAL.

### RETROPHARYNGEAL ABSCESS.

As one who has taken a great interest in this subject, I read with pleasure Dr. Pinches's article in the *BRITISH MEDICAL JOURNAL* of September 28th. In a paper which I published in the *Middlesex Hospital Journal* of March, 1906, I endeavoured to show that the commonest cause of retropharyngeal abscess was suppuration of the lymphatic glands in the retropharyngeal tissue, which might be septic or tuberculous, or a combination of the two, and that as a sequel of spinal caries it was much more rare.

Waterhouse points out that the retropharyngeal gland belongs to a group which is active during infancy, but undergoes spontaneous atrophy towards the close of that period. He says they are rarely met with after the third year. In a case in which I operated at the Children's Hospital, Newcastle-on-Tyne, in March, 1905, by an external incision, I failed to find pus, but, on making a freer opening, was enabled to remove a glandular mass which was caseating in the centre.

I stated in that paper that the most feasible explanation appeared to me to be, that from septic conditions of the nasopharynx the glands became infected and suppurated, but by the time the cases were seen and operated on the glands had completely broken down, and therefore their exact nature was not usually determined. If this is correct, it explains many of the points noted by Dr. Pinches and others; for example, the statement of Mr. Waugh that in his experience cases of retropharyngeal abscesses are unknown in children who had previously had the tonsils removed. This, according to the glandular theory, would be due to the fact that tonsillotomy is not usually done before the age of 3 years, and at that time the glands have atrophied. Again, Dr. Pinches says:

It has been held that the organisms obtain an entrance by means of some abrasion of the mucous membrane, this abrasion being due to trauma caused by a fish bone, a small pointed fragment of bone, very hot liquids, etc., but although these must be regarded as certain causative agents of the condition, it seems that in most cases it results from inflammatory affections of tonsils, etc.

Leaving out of the question that if these abscesses are most frequent, as Dr. Pinches asserts earlier in his paper, in the first year of life, most of the causes of trauma given are out of the question; if the anatomists are correct that for the first two or three years of life there is a retropharyngeal gland or glands receiving lymphatics from the naso-pharyngeal mucous membrane, then no abrasion would be required, but any septic condition of nasopharynx would cause a lymphangitis followed by adenitis, and, if the poison was acute enough, suppuration.

Dr. Pinches says that the statement that the suppuration is due to breaking down of lymphatic glands is extremely doubtful, because the abscess is usually lateral in position. In my case, however, the swelling was to the right of the middle line, and yet it was proved by operation to be glandular. The lateral position of the abscess, therefore, cannot exclude glandular origin. In conclusion, may I ask, is it not time for the textbooks on surgery to recognize that the common cause of retropharyngeal abscess is not cervical caries but septic conditions of the nasopharynx? During the last few years I have seen six cases of retropharyngeal abscess due to the latter cause and not one due to caries.

W. H. VICKERY,  
Consulting Surgeon to the Children's  
Hospital, Newcastle-on-Tyne.

### CHEIRO-POMPHOLYX FOLLOWING PARTURITION.

I LATELY saw a case of cheiro-pompholyx in a young woman about a fortnight or three weeks after her third confinement. She told me that about the same time after each of her confinements she had had a similar attack. I have not before noticed a case in connexion with parturition, and think it may perhaps be worth noting. The connexion is not quite clear. If due to lowered vitality one would expect her to develop it after influenza, for instance, which is not the case.

DOUGLAS MACDONOGH,  
Osborne House Park, N. L.R.C.P. and S., D.P.H.

### TWO CASES OF UMBILICAL FISTULA.

THE two following cases occurred in my practice at the same time:

A girl, aged 5 years, suffered from tuberculous ulceration of the intestine. Some time before her death the umbilicus became red and painful; for the relief of the pain her mother applied linseed poultices. This caused the surface to become broken and there escaped a large quantity of faeces, and the fistula which formed kept open till her death. The ulcer had evidently become adherent to the omentum and peritoneal wall, and finally perforated externally.

A man, aged 36, was the subject of chronic valvular disease of the heart, with much dropsy of legs, pleural and peritoneal cavities. He had been tapped many times during the period of two years in which he was under my care. A month before he died, although the abdomen was not very distended with fluid, the umbilicus became inflamed and bulging, and finally the tissues gave way, and he parted with 4 quarts of ordinary ascitic fluid. This opening did not close, and acted as a sort of safety valve for the accumulation of fluid, and obviated the necessity for further tapping.

Knutsford, Cheshire.

FORBES JAS. ALEXANDER.

## REPORTS OF SOCIETIES.

### MEDICAL SOCIETY OF LONDON.

J. K. FOWLER, M.A., M.D., F.R.C.P., President, in the Chair.

Monday, October 28th, 1907.

#### FEMORAL HERNIA AND THE BLADDER.

MR J. D. MALCOLM, in describing a case of injury of the bladder and one of exposure of the same organ and many operations for femoral hernia, quoted statistics from Moynihan and also from Ansinn, showing that as a complication of hernia cystocele had been identified more often in connexion with inguinal hernias than femoral, but that in women it was more likely to be encountered in cases of the latter form of hernia. There were three varieties: intraperitoneal, in which a part of the bladder was within a peritoneal sac; extraperitoneal, in which it protruded uncovered by peritoneum; and paraperitoneal, in which it was dragged outwards at the side of a sac which was partly formed by peritoneum covering the wall of the bladder. Mr. Moynihan had also referred to a form described by Hermes as operative cystocele, in which the bladder was pulled into the canal in the course of surgical treatment and was thus exposed to injury. Both Mr. Malcolm's cases were of the last kind and in each case the rupture was through the right crural canal of a young woman. In the first case, in which the bladder was wounded, although the canal was very open, he had difficulty in finding the sac. On operation something intervened which seemed to him to be an unusually thick layer of subperitoneal fat. As a matter of fact, it was the bladder. The patient had passed urine immediately before the operation, and no escape of urine from the wound was noticed. It might be thought that an incision through the bladder wall should expose an easily-observed cavity. It did appear at one time that a cavity had been opened and a probe was used, but, as he expected it to enter the peritoneal sac, he pushed it upwards and outwards, and so failed to recognize the true state of affairs. Again, they might expect that a firm structure like that of the bladder wall would command attention; but in his second case, when he examined the parts, knowing exactly what they were, the bladder wall was so soft that it might easily have escaped detection by touch. In the first case, not being able to define the parts, he asked the anaesthetist to allow the patient to become unconscious, so that she would strain. A hernia then descended to the outer side of the tissue which he had been cutting, and pressure sent it back with a characteristic gurgle. In the first case, some five hours after operation, the bladder was found full of bright red fluid, and he immediately recognized that the structure which had puzzled him so much during the operation must have been the bladder, and that it was wounded. As soon as possible the abdomen was explored through the middle

Doctors, it is notorious, are often bad patients; they know too much and can picture to themselves possible complications, unsuspected by the happier layman, which may make even a simple illness formidable. The same circumstance tends to make them, in Chief Justice Bowen's famous phrase, too "conscious of each other's unworthiness." This characteristic was hit off with good-natured satire by Du Maurier in one of his *Punch* pictures where he shows a sick physician being urged by his anxious wife to send for one of his colleagues. The suffering doctor replies, "Well, you see, we go in for thinking each other quacks!" The profession of disbelief in the resources of medical art—as practised by others—is at present the badge of a tribe of highly-superior physicians whose names are flying about *per ora virom*. But medical scepticism was probably never more emphatically expressed than by Lieutaud (1703-80), first physician to Louis XVI. Being near his end, his confessor, who was anxious to snatch the brand from the burning, plied him with a battery of questions as to his faith in the mysteries of religion. The dying man at last roused himself to reply with his last gasp: "I believe in everything, except medicine!"

The last words of persons dying of disease, as most people who have stood by a deathbed know, are generally as vague as Falstaff's babble of green fields. Mercifully consciousness is very often benumbed to the point of coma before the final "agony," and of many it may be said that they

Craving nought nor fearing,  
Drift on through slumber to a dream, and through a dream  
to death.

Often, doubtless, the half-conscious mutterings of famous people when they are about to pass behind the veil are dressed up for posterity in a style which passes into legend and finally into history. Nevertheless we may cite, without guaranteeing their authenticity, a few instances of the last words attributed to doctors. Taking them as historical, however, we see the ruling passion strong in death of Albrecht von Haller, who with his last breath whispered, *L'artère bat, l'artère bat encore, l'artère ne bat plus!* Nothnagel, too, who died alone in his room, noted his own symptoms to the last. A letter to his assistant is said to have ended as follows: "Written late on the evening of July 6th just after experiencing these severe attacks. . . died of calcification of the arteries." Traube also made observations on himself to the very end. Locock expressed a wish to be present at the *post-mortem* examination on himself, and among Cuvier's last recorded words is a remark, as his fingers twitched involuntarily, "Charles Bell is right: *Ce sont les nerfs de la volonté qui sont malades.*" Dyce Davidson, Professor at Aberdeen, died immediately after saying to his class, speaking of the next meeting which was never to take place, "4 o'clock on Monday, gentlemen, 4 o'clock." Several have taken their leave with a blessing to those around them. Astley Cooper's last recorded words are "God bless you and good-bye to you all!" He had previously said to his physicians, Bright and Chambers, "God's will be done: God bless you both!" adding, "You must excuse me but I shall take no more medicine." Benjamin Brodie was heard to mutter: "After all, God is very good." The saddest of all recorded last words are probably those of Oliver Goldsmith, who, when asked by his physician if his mind was at ease said, "No, it is not!" On the other hand William Hunter's mind seems to have been full of bright thoughts at the moment of death, for he said: "If I could hold a pen, what a book I could write!" Rabelais's *Je vais chercher un grand peut-être*, though characteristic, rests on evidence as doubtful as most other stories of the famous monk-physician. Pasteur and Darwin, though not belonging to the medical profession, are venerated by it as teachers. Darwin's last words were: "I am not the least afraid to die." Pasteur was offered a cup of milk, and, being unable to swallow it, murmured, "I cannot." He passed away with one hand in his wife's, the other grasping a crucifix. Lastly, we may be allowed to mention the last words of Mirabeau, which are said to have been addressed to a doctor. He wrote on a slip of paper which he gave to his physician, the philosopher Cabanis, the single word, "*Dormir.*" Another account, which may be an expanded version of this, is that after begging for an anodyne, he said reproachfully

to the doctor: "Were you not my physician and my friend? Did you not promise to spare me the suffering of such a death? Must I go away carrying with me the regret of having confided in you?" This is rather a long and rhetorical speech for a dying man.

## MEDICAL NEWS.

THE German Society for the Repression of Syphilis has decided to establish a home for children suffering from hereditary syphilis. The scheme has been received with sympathy by the State and municipal authorities.

THE discussion on the complications of pneumonia, commenced in the Medical Section of the Royal Society of Medicine on October 22nd, will be resumed next Tuesday, at 5 p.m., by Dr. W. Hadley, who will narrate the experiences of the London Hospital; it is expected that similar accounts will be given by speakers from other hospitals in London.

THE RIGHT HON. SIR HERBERT MAXWELL, Bart., F.R.S., has been elected Chairman of the Council of the National Association for the Prevention of Consumption and other Forms of Tuberculosis in the place of the late Sir W. H. Broadbent; Dr. C. Theodore Williams, M.V.O., has been appointed vice-chairman.

ON October 26th, H.R.H. Princess Henry of Battenberg opened the new children's block recently erected in connexion with the hospital at Rugby. It contains two wards, each of seven beds, for boys and girls respectively. Other improvements have been made at the hospital, including the enlargement of the dispensary and the addition of a separation ward for men.

AN INSTITUTE OF CRIMINOLOGY AT BUENOS AIRES.—An Institute of Criminology has been established in connexion with the National Penitentiary, Buenos Aires. The work of the institute will be divided among three sections: (1) Criminal etiology, dealing with the determining causes of crimes. (2) Clinical criminology, the province of which will be the manifold manifestations of criminal tendencies, and the physio-psychical characters of criminals. (3) Criminal therapeutics, in which the means, social or individual, of prophylaxis and repression of criminality will be studied. It is intended that these sections shall supplement each other so that the phenomena of criminology will be studied as a whole. The work of the institution will have the benefit of the active assistance of the director of the penitentiary, Don Antonio Ballvé, and of Señor Horacio G. Areco, a pupil of Lombroso, Morselli, and Aschaffenburg. The Institute will be under the direction of Dr. José Ingegnieros, Professor in the University of Buenos Aires. The results of the various researches will be published in the *Archivos de Psiquiatria y Criminologia*, of which Dr. Ingegnieros is the editor.

A CHINESE HOSPITAL IN NEW YORK.—A hospital for Chinese patients, with a staff of Chinese doctors and Chinese nurses, under the supervision of an American physician, is to be established in Chinatown, New York. The estimated cost of the building, which is £5,000, is guaranteed by a committee of Chinese merchants. For the last three years, we learn from the *Boston Medical and Surgical Journal*, the Chinese merchants of New York have supported a hospital without the necessary authorization from the State. The institution was recently visited by two legal representatives of the Medical Society of the County of New York, who were informed by the superintendent that there were fifteen physicians on the staff, all of whom had received certificates from the Chinese consul. The consul, it appears, believed that he was acting within his rights when he gave these certificates, which have now been recalled by him, and the doctors will go before the Medical Board to pass their examinations in due form. The hospital, which is a substantial four-story building, is being remodelled, and will be used until a suitable site can be found for the new institution. The Chinese merchants who support the hospital are said to be doing their best to fight the opium habit, and they are the only people who can do it. The whole question has been put before the State Board of Charities, the authorities in Washington, and the District Attorney of New York, and they have all decided to leave the matter in the hands of the County Medical Society, which will see that the hospital is conducted on proper lines. There are now two or three qualified Chinese practitioners in New York who can carry on the work until the others receive their certificates from the Board.

amongst those he quotes without any apparent reason and without any adequate explanation. This is surely much more than is usually seen nowadays, and, if so, the results might have been very much better than they were.

The paper seems to me to be most instructive, and though we need not follow it either altogether or in part it is well to know, on occasion, what we may do without serious ill effects.—I am, etc.,

Morecambe, Oct. 21st.

B. WHEWELL HOGARTH,  
M.D., B.S.Lond.

#### PROSPECTS OF PROMOTION FOR MEDICAL OFFICERS, ROYAL NAVY.

SIR,—In the Educational Number of the BRITISH MEDICAL JOURNAL, very little information is given with reference to the chances of promotion of medical officers of the Royal Navy to the higher administrative ranks of inspector-general and deputy-inspector-general.

The King's regulations and Admiralty instructions allow of 19 such officers, not more than 5 to be inspector-generals, but for a long time the number has been 17, of which 5 are inspectors and 12 deputy inspector-generals, so it may easily be understood how few fleet-surgeons can hope for promotion from a list of 133.

It may be said, What is the use of promoting officers to the higher list when there is no employment for them? But billets could easily be found, and should be, for such officers at the naval dépôts at Chatham, Portsmouth, and Devonport, and at the gunnery and torpedo schools at Portsmouth.

In 1903, fleet paymasters were given promotion to quite a new rank on the Active List, that of paymaster-in-chief, of whom there are 12, and there is no difficulty in finding employment for them; in fact, they are doing the same duties that were performed before 1903 by fleet-paymasters.

Another argument used is that the Treasury stands in the way, but the Treasury was good enough to yield in 1903 in the case of the paymasters, and a few years before that in the case of engineer officers when the list of inspectors and chief inspectors was increased, or, as they are now known, engineer captains and engineer rear-admirals.

The figures for the respective branches at present are:—Fleet-surgeons, 133; deputy inspector-generals, 12; inspector-generals, 5; fleet-paymasters, 106; paymasters-in-chief, 12; engineer commanders, 302; engineer captains, 20; engineer rear-admirals, 10; and the corresponding ranks R.A.M.C.—Lieutenant-colonels, 207; colonels, 31; lieutenant-generals, 10.—I am, etc.,

October 29th.

RETIRED.

#### DRUNKENNESS IN WOMEN.

SIR,—The degeneration of the race attributable to alcohol has become so serious that there is a duty on the medical profession to deal with the problem.

The London police magistrates have pointedly commented on the very marked increase of drunkenness in women. I would suggest that the profession should consider what has been the after-effect of alcohol on the female constitution and habits when administered in the following cases:

1. In painful menstruation.
2. During labour.
3. During lactation, to increase the flow of milk.
4. During the depression that so often accompanies the menopause, and, assuming these after-effects to be deleterious, how they may best be combated and, if possible, prevented.

It is desirable that a consensus of opinion of those best able to form one may be elicited.—I am, etc.,

London, W., Oct. 28th.

J. FLETCHER LITTLE.

#### PUBLIC VACCINATION.

SIR,—If not too late, I would suggest to public vaccinators not to submit to a reduction in fees too meekly. In the Eton Union, a reduction of 25 to 30 per cent. was proposed by the guardians, but we (the public vaccinators) had a meeting, and Dr. Meggs of Slough having drawn up an excellent statement, we to-day interviewed the guardians, and a motion was carried allowing the old rate of fees. The same was done at Staines some time ago.—I am, etc.,

Uxbridge, Oct. 29th.

J. S. FERRIS, M.B.Lond.

#### THE PATHOLOGICAL HISTOLOGY OF BERI-BERI.

SIR,—With reference to Dr. Hamilton Wright's observations in your issue of October 19th on our paper on the histological changes in the kidney in beri-beri, the point to which we desired to direct particular attention was the occurrence of *intra*-tubular haemorrhages (not inter-tubular, as stated by Dr. Wright)—that is, haemorrhages into the lumina of the tubules.

We have again looked through Dr. Wright's papers on beri-beri, and have failed to find any mention of this. Dr. Wright notes the frequent presence of "a moderate degree of glomerular nephritis," "a slight degree of interstitial change," that "the glomerular and tubular epithelium is slightly cloudy," "the glomerular epithelium of the kidneys and that of the convoluted tubules are decidedly cloudy and exhibit slight fatty degeneration. The vessels of the glomeruli are moderately congested," etc.; but no reference is made, as far as we have been able to find, to haemorrhages, either inter-tubular or intratubular. As regards Dr. Wright's monkeys, we think it is not certain that they all were suffering from beri-beri.—We are, etc.,

R. TANNER HEWLETT.  
W. E. DE KORTÉ.

London, W.C., Oct. 29th.

#### AUGMENTATIONS IN THE ARMS OF MEDICAL MEN.

SIR,—Unless you think the interest in this subject (vide JOURNAL, April 13th, 20th, May 18th, June 1st, 1907) has disappeared, you may, perhaps, care to add another instance which has just come under my notice.

The recipient, in this case, was Dr. Thomas Wharton, the discoverer of "Wharton's duct." The *National Dictionary of Biography*, in its notice of this distinguished man, says:

Wharton was one of the very few physicians who remained in London during the plague of 1665. His services were recognized by a promise to the first vacancy as Physician-in-Ordinary to the King. When, however, a vacancy occurred and he applied for the appointment, he was put off with a grant of honourable augmentation to his arms, for which he had to pay Sir William Dugdale £10.

In confirmation of this, Burke (*General Armoury*) says:

To Thomas Wharton, M.D. celebrated for his practice during the plague in London, King Charles II granted, in consideration for his eminent services in attendance upon the Foot Guards, an honourable augmentation to his paternal arms, namely, a canton or.

Papworth's "Ordinary" gives the same information.—I am, etc.,

October 25th.

ARMA VIRUMQUE.

## UNIVERSITIES AND COLLEGES.

### UNIVERSITY OF OXFORD.

#### Weldon Memorial Prize.

FRIENDS of the late Walter Frank Raphael Weldon, M.A., D.Sc., formerly Linacre Professor of Comparative Anatomy and Fellow of Merton College, having offered a sum of about £1,000 for the foundation of a Prize, with a view to perpetuate the memory of Professor Weldon and to encourage biometric science, the University has accepted the said sum, and has decreed the establishment of the prize upon the terms and conditions expressed in the following regulations:

1. The prize shall be called the Weldon Memorial Prize. It shall be awarded every three years, and shall consist of a bronze medal and of a grant of money, being nine-tenths of three years' income of the endowment.

2. The electors to the prize shall be the Vice-Chancellor, the Linacre Professor of Comparative Anatomy, the Waynflete Professor of Pure Mathematics, and three persons appointed by the Hebdomadal Council, who shall hold office for six years and shall be re-eligible.

3. The electors shall have power to appoint, if they think fit, a judge or judges to assist them in awarding the prize.

4. The prize shall in no case be awarded to the same person a second time.

5. The prize shall, subject to the provisions of Clause 4, be awarded without regard to nationality, sex, or membership of any university, to the person who, in the judgement of the electors, has, in the six years next preceding the date of the award, published the most noteworthy contribution to biometric science, in which either (1) exact statistical methods have been applied to some problem of biology, or (2) statistical

theory has been extended in a direction which increases its applicability to problems of biology. Biology shall, for the purposes of this clause, be interpreted as including zoology, botany, anthropology, sociology, psychology, and medical science.

6. If no contribution of sufficient merit shall have been published during the preceding six years, the electors shall, at their discretion, either direct the investment of the accrued income in augmentation of the capital of the endowment or assign the grant of money (without the medal) to some person who shall undertake to carry out some biometric investigation approved by the electors.

7. Eight per cent. of the income of the endowment shall be set aside every year to form a fund which shall be employed for paying honorariums to judges or for promoting the investigation of biometric problems, as the electors may direct.

8. The electors shall have power to make subordinate rules or by-laws for the purpose of carrying these regulations into effect; and Convocation shall have power to alter the regulations from time to time in such manner as it shall deem expedient, provided that the main objects of the foundation, as expressed in the preamble to this decree and in Clause 5 of these regulations, are always kept in view.

#### UNIVERSITY OF CAMBRIDGE.

In a list of various appointments published in the issue of this JOURNAL for October 26th, the word "elector" was misprinted as "elected" in two instances, thus representing Drs. Langley and Gaskell, who have been respectively elected to the Board of Electors to the Professorship of Anatomy and the Downing Professorship of Medicine, as having been elected to those chairs themselves.

#### UNIVERSITY OF EDINBURGH.

##### GENERAL COUNCIL.

THE statutory half-yearly meeting of the General Council of the University of Edinburgh was held in the Examination Hall of the University on October 25th, Principal Sir William Turner presiding. Dr. Norman Walker proposed the re-election of Dr. Joseph Bell and Dr. B. Mackenzie-Johnston as Assessors to the University Court. Dr. Francis D. Boyd seconded, and the motion was unanimously adopted.

The Convener of the Business Committee and the Principal referred to the conference that had taken place between the courts of the Universities of Edinburgh and Glasgow in regard to the draft ordinance for degrees in arts. The Convener said he was sure that meeting welcomed this new policy of inter-communication and conference between Edinburgh University and other Scottish universities in regard to legislation.

The Council approved of the action of the Business Committee in appointing a Subcommittee to further the matter of providing chairs of modern languages, the Principal remarking that action meant the raising of £20,000.

#### UNIVERSITY OF LONDON.

##### UNIVERSITY COLLEGE.

*Old Students' Association.*—At the annual general meeting of the Old Students' Association at University College, Dr. Tempest Anderson was elected President of the Association for the year 1907-8. Mr. George A. Aitken was elected Treasurer, and Mr. E. Denison Byles, B.Sc., Secretary. The annual dinner of the Association will be held on Thursday, December 5th. Dr. Tempest Anderson will preside. The new wing that has recently been added to the College will be completed by that time, and will be open to inspection. Former students of the College who desire to be present should communicate with Mr. George E. Aitken, at 42, Edwards Square, Kensington, W.

#### ARMSTRONG COLLEGE, NEWCASTLE.

We have received the *Calendar* of Armstrong College, Newcastle-upon-Tyne, for the session 1907-8. The college forms an important part of the University of the North of England; the degrees of Durham in science and letters, and its diplomas in engineering, naval architecture and mining are open to students of the college. The courses of instruction in all natural sciences, mathematics and engineering are very practical and complete, and the chemical, physical and engineering laboratories are among the finest in the country. In addition to the biological laboratories at the college, the marine biological laboratory of the Northumberland Sea Fisheries Committee at Cullercoats is available for the students. The agricultural department has been subsidized by the counties of Northumberland, Durham, Cumberland, and Westmorland, and is recognized by the Board of Agriculture. The department directs the Northumberland county agricultural experimental station and carries on a dairy research station for the Durham County Council. The college is an incorporated society registered under the Companies Acts, the executive is vested in a council consisting of the Warden of the University, who is President, and forty-six other members elected partly by the Governors, partly by the Corporation of Newcastle-on-Tyne, and partly by the county councils of Northumberland and Durham. The Principal is Sir Isambard Owen, D.C.L., M.D.

The *Calendar*, price 1s., post free 1s. 4d., can be obtained from Andrew Reid and Co., Newcastle-on-Tyne and London.

#### UNIVERSITY OF ST. ANDREWS.

MR. ANDREW CARNEGIE, Lord Rector, has promised to add £2,000 to the £10,000 he had already given for the completion of the university library.

#### ROYAL COLLEGE OF SURGEONS OF ENGLAND.

The *Calendar*.—We have received the *Calendar of the Royal College of Surgeons of England* for the current medical year. It contains in the report of the Proceedings of Council (which, we may note, includes the annual meetings of Fellows and Members) references to the question of admitting women as Fellows and Members, the direct representation of Members on the Council, the Central Midwives Board, vivisection, and the address of the President and Vice-President to Lord Lister on his 80th birthday. All these matters were noted in the JOURNAL at the time of their occurrence.

*Meetings of Fellows and Members.*—The annual meeting of Fellows and Members for 1907 will be held on Thursday, November 21st, at 3 p.m.

#### CONJOINT BOARD IN SCOTLAND.

THE following candidates have been approved at the examinations indicated:

FIRST EXAMINATION.—J. Macrae, H. L. de F. Garland, H. Chatterjee, M. C. Nazir, Kathleen Reed, T. Hardie, J. R. Fleming.

SECOND EXAMINATION.—B. J. Hattam (with distinction), W. M. Thomson, H. C. Bankhole-Bright, M. E. K. Fretz, C. J. Arthur, U. J. Bourke, C. K. Carroll, J. W. Robertson, W. G. Forde, Adeline M. Watts (four-years course).

THIRD EXAMINATION.—W. T. Lawrence, Millicent V. Webb, W. G. Forde, M. A. Mulrain, S. R. Bhagwat, W. Grant, S. Rozdon, I. B. MacLeod, D. R. D. Gupta, H. S. W. Roberts, C. W. Kay, J. J. Huston, M. Remers, Helen Y. Campbell, C. H. Heppenstall, F. M. Vajifdar.

FINAL EXAMINATION.—S. P. Gogte, O. A. McNichol, C. Berry, S. K. Sen, L. W. Bradshaw, Helen Y. Campbell, H. J. Williams, C. A. Ritchie, A. L. B. Best, F. B. Elwood, L. Murphy, C. Nyhan, S. T. White, W. P. Dillon, O. M. Groves, A. Saldanha, P. T. Rutherford, R. A. McLennan, G. Smith, B. R. Naidu, C. S. Mudali, C. R. Merrilees, G. S. Williamson, D. D. McNeill, R. W. Duncan, Claribel F. van Dort, J. S. R. Weir, S. R. Soneji, W. Dams, R. F. Collins, J. A. H. Muller, V. S. Sanzgiri, J. Miller.

D.P.H. (Both Parts).—W. H. E. Brand, D. Bell, J. Hunter, H. J. Norman, A. C. B. McMurtrie, J. Ritchie, W. A. Wilson-Smith, Alice M. Burr, Agnes J. Gardner, Rose Hudson, Ethel Wiseman, J. McKenzie, S. M. Hodiwalla, T. R. Smith.

#### ROYAL COLLEGE OF PHYSICIANS OF IRELAND.

*Election of Officers.*—At the Stated Annual Meeting of the Royal College of Physicians of Ireland held on Saturday, the following officers were elected for the coming year:—*President*—Dr. Joseph M. Redmond. *Vice-President*—Dr. Conolly Norman. *Censors*—Dr. Conolly Norman, Dr. John Murphy, Dr. Jellott, and Dr. R. T. Smith. *Representative on the General Medical Council*—Sir John W. Moore. *Representatives on the Committee of Management*—Dr. Walter G. Smith, Sir John W. Moore, and Dr. James Craig. *Treasurer*—Dr. H. T. Bewley. *Registrar*—Dr. James Craig. *Librarian*—Mr. R. G. J. Phelps. *Election of Fellow*.—Dr. James Spencer Sheill was elected a Fellow of the College.

#### TRINITY COLLEGE, DUBLIN.

THE following candidates have been approved in the subjects indicated:

##### PRELIMINARY SCIENTIFIC.

*Physics and Chemistry.*—P. D. Long, S. A. Lane, R. Grandy, Francis V. Agnew, F. R. Dougan, R. J. R. Meccredy, C. Rutherford, W. Frier, H. J. Brown.

*Botany and Zoology.*—A. E. Malone, J. M. S. Gericke, R. Johnson, C. F. Judd, A. A. Louw, W. Frier, E. T. Jameson.

##### INTERMEDIATE MEDICAL.

*Part I.*—D. L. M'Cullough, E. M. Maxwell, C. W. M'Kenny, R. H. Mathews, H. H. James, W. E. Adam, J. Gardiner, H. Fleming, W. M. Johnstone, S. R. Richardson, F. J. A. Keane, V. W. T. M'Gusty, R. V. Dixon, G. W. Scroope.

#### SOCIETY OF APOTHECARIES OF LONDON.

THE following candidates have been approved in the subjects indicated:

*SURGERY.*—H. J. W. Barlee, \*†C. F. Curtis, †H. W. B. Danaher, \*†A. G. Gamble, \*†C. G. Grey, †H. A. Parker, \*†P. D. Pickles, \*†W. P. Pinder, \*†W. W. Stacey, \*†E. Wharton.

*MEDICINE.*—†F. M. Cunningham, \*A. R. Hardy, \*†H. E. Middlebrooke, \*†G. W. Simpson, \*†J. V. Steward, W. H. Tomlinson, \*†E. Wharton.

*FORENSIC MEDICINE.*—A. R. Hardy, J. V. Steward, H. B. Waller, E. Wharton.

*MIDWIFERY.*—†F. M. Cunningham, G. J. Eady, E. Gandy, W. H. Tomlinson, E. Wharton.

\* Section I.

† Section II.

The diploma of the Society has been granted to Messrs. H. J. W. Barlee, A. G. Gamble, C. G. Grey, and E. Wharton.

father settled there towards the end of the eighteenth century, having lost all his near relations in Germany during an epidemic of small-pox. In Chester he started a school, but did not become a naturalized Englishman until the early years of the nineteenth century, when he came in to some property. At that time naturalization was a matter of much difficulty, and the first Stollerforth had to procure the passage of an Act of Parliament, and to undertake not to leave the shores of England for at least seven years.

Of Chester institutions the one with which his name was more particularly identified was the Society of Natural Science and the exceedingly successful Grosvenor Museum; to its foundation Dr. Stollerforth materially contributed, and in several of its departments he did much work, his special subject being diatoms. He was keenly interested in higher education, and among other offices was Chairman of the governing body of the Schools of Science and Art and Technical Schools, and of the Higher Education and Free Library Committees of the Town Council; he also represented the Corporation on the King's School and the Queen's School in Chester, and on the Senate of the University of Liverpool, and the Dee Fishery Board. In politics he was a consistent Liberal, and at sundry times of much service to that party in Chester. His personality was marked by a courteous and kind manner, an external quality which correctly represented his true character. Of late years Dr. Stollerforth had not engaged in general practice, but he remained to the end a member of the Chester and Crewe Division of the Lancashire and Cheshire Branch of the British Medical Association. He was placed on the Commission of the Peace in 1891, and was a regular attendant on the Bench. His funeral took place on October 8th, the flags on the Town Hall and other public institutions being flown half-mast high on the intervening days. Dr. Stollerforth leaves a widow, who was the daughter of the late Mr. John Price.

THE death is announced, at Whitehall, Pembroke, the residence of his daughter, on October 16th, of Dr. GEORGE SIMON. Dr. Simon, who was in his 70th year, was an undergraduate of King's College, Aberdeen, and became M.R.C.S. in 1858, and M.D., King's College, Aberdeen, in 1859. In the same year he became Assistant-Surgeon on the Army Medical Staff, and was promoted Surgeon-Major in 1874, being placed on the half-pay list in May, 1883, with the honorary rank of Brigade-Surgeon. During the course of his military career Dr. Simon served for many years with the 32nd Foot and the Royal Field Artillery, being when placed on the half-pay list in charge of the barracks at Bradford. On retirement he was appointed Medical Officer of the Whittington Barracks, Lichfield, and remained there until some six years ago.

DR. ROWLAND WIMBURN CARTER, of whose military career some account was given in our issue for October 26th, settled—on his retirement from the army, in the year 1884, with the rank of Deputy-Surgeon-General—at Southsea, and took a considerable part in the work of its various medical charities. Up to the time of his death he was Consulting Surgeon of the Weymouth and Dorset County Royal Eye Infirmary, and for many years acted as anaesthetist to Weymouth Royal Hospital, assisting likewise in the work of the Princess Christian Hospital and Sanatorium. He took a particular interest in everything connected with anaesthetics, and was the inventor of a cleverly-constructed apparatus for administering ether at a definite temperature. On this subject he made several contributions to medical literature, including a paper on the Administration of Chloroform in the BRITISH MEDICAL JOURNAL in 1893; on Chloroform Anaesthesia in the same JOURNAL in the following year; and on the precise and scientific Administration of Chloroform and Ether, in the *Transactions of the Society of Anaesthetists*, in 1895.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Dr. Victor Emanuel von Severin, Surgeon to the Nikolai Children's Hospital, St. Petersburg, and formerly Assistant to the late Professor E. von Bergmann in the Franco-German war,

aged 66; Dr. A. Sevestre, Physician to the Bretonneau Hospital, Paris, and formerly to the *Enfantes Assistés* and the *Enfants Malades*, a recognized authority on children's diseases, to the literature of which he contributed largely, aged 64; Dr. Domenico Capozzi, Professor of Medical Pathology in the University of Naples, aged 76; and Dr. Edward Hitzig, Professor of Psychiatry in the University of Berlin, and a leading authority on mental and nervous diseases, aged 69.

## PUBLIC HEALTH

AND

### POOR-LAW MEDICAL SERVICES.

#### DIRTY MILK: SENTENCE OF IMPRISONMENT.

THE Medical Officer of Health for the City of Westminster (Dr. Francis J. Allan) has made the following report to the City Council on the recent case in which a milk seller was sentenced to six months' imprisonment:

"On September 24th Inspector McNair saw Edward Hughes, of 6, Shard Square, S.E., hawking milk in a hand-can in Earl Street. He found that he had also a churn on a barrow with about an imperial gallon of milk in it. The milk had a quantity of sooty particles floating on the surface, and a considerable quantity of filthy-looking matter in the bottom layers. The inspector having informed me, I examined and condemned the milk as unfit for human consumption, and directed him to take it before the magistrate, who ordered its destruction. A sample was taken, and after standing a few hours the milk gave off an offensive smell. The sediment, on microscopical examination, was found to consist of vegetable and other debris, fine grit, hairs, fibres of clothing, etc.

"The process by which the cream is separated results in a considerable proportion of the impurities being removed; presumably, therefore, the contamination found in this milk must have occurred subsequently. The nature of the sediment suggests the street or a stable-yard as its source, and possibly it may have been introduced by the dipping in the churn of the hand-can from which the milk was sold. This would be placed on the ground while the man was serving from it, and on again being dipped into the milk, any matter adhering to it would be washed off and remain in the churn. The Medical Officer of Health of Southwark informs me that the man from whom Hughes bought the milk, and from whom he hired the barrow, at that time sold milk to people in the street.

"Hughes, having failed to appear at Westminster Police Court in answer to a summons, was arrested on a warrant. The hearing was adjourned to October 16th to enable Hughes to produce as a witness the man from whom he bought the milk, but at the adjourned hearing no evidence was offered in defence, and the magistrate (Mr. Horace Smith) convicted Hughes under Section 47 of the Public Health Act, 1891, and inflicted the maximum penalty of six months' imprisonment with hard labour."

### ROYAL NAVY AND ARMY MEDICAL SERVICES.

#### ROYAL ARMY MEDICAL CORPS.

##### REVISED RATES OF PAY.

THE following revised rates of pay of senior Royal Army Medical Corps officers serving in India have been sanctioned by the Secretary of State for India: (1) Majors, after twenty years' total service, if promoted to the rank before the date of the new Royal Warrant, and if considered qualified, to draw the same rate of pay as lieutenant-colonels, namely, 1150 Rs. per mensem, or 900 Rs. if in receipt of a staff salary. (2) Lieutenant-colonels promoted to that rank on or after the date of the new Royal Warrant, after three years' service as such, to draw the same rate of pay as lieutenant-colonels specially selected for increased pay, namely, 1250 Rs. per mensem, or 1000 Rs. if in receipt of a staff salary.

## Medico-Legal.

#### SYNCOPE OR FRACTURE OF THE SKULL.

A COMPENSATION case involving incidentally a decision as to the precise cause of death of a man aged 26 was tried in the Sheffield County Court on October 24th. The contention of the plaintiff was that the deceased must have been struck by a screw in working a particular rolling mill, and thereby sustained a fracture of the skull. The defendants maintained that death was not due to an accident at all, but to chronic Bright's disease and syncope. The deceased had been at work up to the time of his death, and his fellow-workmen saw no accident happen, but had noticed that the deceased perspired abnormally. The contention of the plaintiff rested on the