evidence for or against the presence of tuberculosis in those who gave the reaction can be offered.

It is difficult to draw any conclusions as to the relation between the intensity of reaction as compared with the amount of lung involved, that is, the extent of the tuberculous lesion.

In five cases very severe reactions were obtained, and these cases presented marked differences in the physical signs. The most intense reaction of all was obtained in one of the control cases—an individual who was unaware that he had any tuberculosis, and who, because he gave an indefinite reaction when first inoculated asked us to repeat it eight days later; he refuses to have any physical examination, but he has no symptoms beyond a slight cough for the last twelve months.

A severe reaction also occurred in the case of a patient with advanced and extensive pulmonary tuberculosis, whose temperature chart is satisfactory when he does not attempt any exercise, but whose condition, judged by its irregularity whenever he attempts exertion, appears a little unstable His case, however, is complicated by the presence of a large amount of albuminuria ascribed to a tuberculous kidney. This patient has no adventitious sounds in the lungs.

Another case giving a severe reaction was that of a woman with doubtful disease at one apex and severe and persistent pleuritic pain on that side, accompanied by a friction sound; her temperature is a little raised (about 1° F.) above what it should be Since she was subjected to the ophthalmo-reaction about four weeks ago some adventitious sounds have made their appearance at the apex, and rendered the diagnosis more definite.

From these cases the difficulty in determining any relation between the amount of tuberculosis present and the degree of reaction will be apparent, and many more cases could be cited to show this.

As regards the intensity of reaction as compared with the degree of activity shown by the tuberculous disease, a similar difficulty exists for the cases with the highest temperatures, and therefore the most active tuberculosis did not show the most intense reactions.

As examples of this, the case of the presumably healthy individual may be mentioned first. In this person his temperature for the short time that he was under observation was quite normal, never rising above 98.4° F., and yet he gave the most marked reaction of all. Whether the fact that it was the second inoculation within eight days has anything to do with this or not cannot be stated. The case of the woman, already mentioned, who gave a severe reaction, also illustrates the difficulty, for she showed no marked degree of activity, her temperature being 1° F. above the proper range; out of the total number of cases on which observations were made 24 were classed as subacute cases of pulmonary tuberculosis. Of the 24 cases, 7 gave a fairly severe reaction, but 17 gave only an ordinary amount of reaction, such as the majority of the cases classed as quiescent showed. In the classification of cases with regard to their activity the temperature chart has been our guide throughout.

From the above results it seems to us that this reaction gives some promise of utility, but its reliability can only be ascertained by a much more extended series of observations on both healthy and tuberculous individuals. The chief value seems to lie in the fact that we have obtained the reaction in several cases in which the presence of tuberculosis was suspected, but where there were no definite signs of it; whether it has any value in recognizing the quiescence of a tuberculous lesion cannot be stated, for some cases judged quiescent gave the reaction, and others also judged quiescent did not.

In conclusion, we wish to express our thanks to the resident medical officers at the Northwood Hospital for their kindness in supervising some 50 patients on whom an attempt to obtain the ophthalmo-reaction of Calmette was made.

Remarks by Dr. Squire.

Those who, like myself, have not felt justified in advocating the hypodermic injection of tuberculin for diagnostic purposes in cases of suspected pulmonary tuberculosis have based their objection on the possible risk of lighting into activity a tuberculous focus in a dangerous situation. A dose of tuberculin sufficiently large to cause a general reaction not only reduces for a time the resisting power of the body—a negative opsonic phase—but may activate a latent tuberculous focus which may then get beyond control, and may also lead to auto-infection. Calmette's ophthalmo-reaction promised to obviate this disadvantage, for absorption through the conjunctiva would not infect the body to the extent of a hypodermic injection, and a purely local reaction in the eye would not appear to have the disadvantages or risks of a general reaction. I was therefore anxious to test as far as I could, first, whether the reaction with Calmette's tuberculin was purely local; and, secondly, whether the test could be relied upon to indicate the presence of tuberculosis which could not otherwise be detected, and the activity or arrest of recognized lesions due to tuberculosis. The interesting report of Drs. Webster and Kilpatrick of their investigations seems to indicate that, though in the great majority of cases the reaction is confined to the conjunctiva, a general reaction is occasionally produced. As to the value of the test as an indication of the presence of active tuberculosis, the results, though they suggest that the test is reliable, are not conclusive. In those cases in which active tuberculosis was proved to be present by other methods of examination, a reaction was obtained in every instance. Of the doubtful cases, some reacted, some did not; we may, I think, conclude that when a reaction was obtained, tuberculosis was present and active; but in some, at least, of the negative cases I should hesitate to accept the absence of reaction as conclusive proof that there was no tuberculosis. Calmette's method of using tuberculin certainly seems to be the best for diagnostic purposes yet suggested.

MEMORANDA:

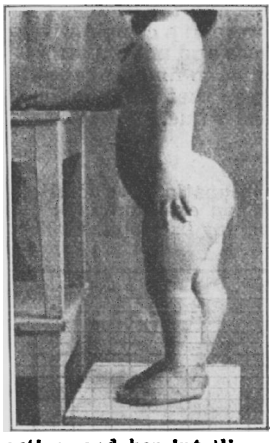
MEDICAL, SURGICAL, OBSTETRICAL.

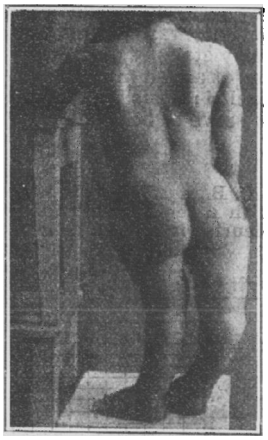
A CASE OF ACHONDROPLASIA.

The patient here reported, a girl aged 16 years, came under my notice recently. She is one of a family of eight, all of whom, with the exception of herself and one sister, are normal. This sister, who immediately precedes the patient in point of age, is slightly under medium height, and is affected by rickety curves of the bones of the lower extremities. The patient's father and mother and other near relatives are all normal.

History.—The patient was 2½ years old before she began to speak, and was 4 years old before she began to walk, crutches being required at first to aid her in so doing. The elder sister already referred to was 7 years old before she could walk. In addition to the usual illnesses of childhood, none of which affected her seriously, the patient suffered from general ill-health. She sweated much about the head, was always feeble, and deformity of the bones began to appear about the time she first attempted to walk.

Appearance.—She is now 3 ft. 6 in. in height, markedly stunted, and of heavy build. On the other hand, she is quite





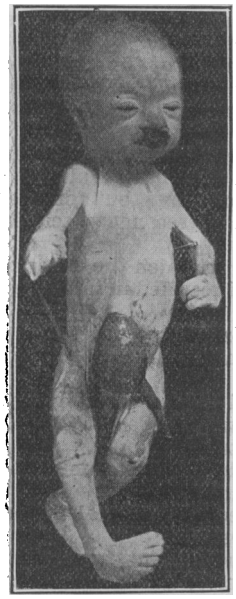
active, and her intelligence practically perfect. The head is large, and she has a decidedly "old" look. The depression of the root of the nose and prognathism are slightly marked. The hair of the head is abundant and glossy. The limbs are markedly affected. In the upper extremities the humeri, as is well seen in *x*-ray examinations, are much curved, as are likewise the radii and ulnae. The ends of these bones are much enlarged, and the "trident hand" is well marked although the fingers are a little long. In the lower extremities the curving of the femora and tibiae is pronounced, indeed it was principally on account of the deformity of the lower limbs, associated with a degree of pain in the knees, that she came to see me. There is marked lordosis, with consequent protuberance of the abdomen. The central point of the body lies well above the umbilicus, the skin is smooth and pliable, and there is a thick layer of subcutaneous adipose tissue throughout.

REMARKS.—It will be noted that her physical appearance as just described corresponds very fairly with that given in the BRITISH MEDICAL JOURNAL in June, 1906, by Drs. Guthrie Rankin and Ernest Mackay, and I have regarded this case as being one of achondroplasia, but of a slightly less marked type than that figured by them. I am unfortunately unable to state whether this girl was born healthy, the parents' statements on this point not being sufficiently definite, but, on the other hand, I doubt the statement made in the article quoted, that rickety children are *always* healthy at birth. As in the case there reported, I feel convinced that rickets is responsible for at least some of the symptoms present in this case, and the occurrence of ordinary rickety curves in the case of an elder sister tends to confirm this impression.

J. A. C. MACEWEN, M.B., B.Sc.,
Assistant Surgeon, Glasgow Royal Infirmary; Surgeon, Elder Hospital, Govan.

A CHILD WITH MULTIPLE DEFORMITIES.

THE photograph here shown is of a child born in this that city. It only lived a few hours. The mother could not explain why she had produced such a malformed being; her other children were well-formed and strong.



It had a double hare-lip and a cleft palate. The two arms were fore-shortened, the radius and ulna being only about 1 in. long, and the hand attached at a right angle to the forearm.

This same deformity I saw in a French girl, aged about 18, in Paris in 1906, selling cards to tourists, near the Trocadéro.

The swelling at the umbilicus was not dissected; perhaps others may recognize its anatomical formation.

In each leg was a condition of talipes varus.

EDWARD JEPSON.
Durham.

THE TUBERCULIN OPHTHALMIC REACTION.

ANY clinical test which offers to facilitate the early diagnosis of tuberculosis is worthy of a fair trial. Calmette's tuberculin ophthalmic test has the merit of being extremely simple and, so far as we can see at present, without ill effects. I am therefore tempted to add the results of my own limited observations to those of others who have made trial of this recent diagnostic method.

As a preliminary trial I have used the test upon 22 unquestionable cases of pulmonary phthisis, upon 1 "cured" case, and on 2 apparently healthy controls. The material was that supplied by Mr. W. Martindale of New Cavendish Street in fluid form.

Of the 22 tuberculous cases, 12 gave a positive reaction, whilst 10 gave no result. The reaction varied from a slight, though definite, reddening of the caruncula and plica semilunaris to a well-marked muco-purulent conjunctivitis. There were no general symptoms, and the local effects had entirely subsided in three days. In six hours after the application there was nothing to be seen, but within twenty-four hours the maximum effect had been obtained. The "cured" patient, who had shown no symptoms of phthisis for eighteen months, gave a negative reaction, and the 2 controls were also negative.

So far as they go, these results support the conclusions of Mr. L. J. Austin and Dr. O. F. F. Grünbaum, as expressed at the recent meeting of the Royal Society of Medicine, that the test is valuable but not infallible. These gentlemen report a positive reaction in 18 out of 20 cases believed to be tuberculous, and a negative reaction in 50 non-tuberculous cases. Dr. J. E. Squire, quoting Mount Vernon results, shows a uniformly positive reaction in all tuberculous cases, and Mr. S. Stephenson reports favourably on the results in 50 cases.

It would be interesting to learn the value of this test in the so-called pretuberculous stage of the disease, as distinct from fairly well marked cases of phthisis. In the meantime, as the test seems to be by no means infallible, it is to be hoped that undue importance may not be attached to it, as has undoubtedly been the case with the examination of the sputum for tubercle bacilli, giving rise to unfortunate delay in diagnosis and consequent treatment.

HAROLD DOWNES, M.B., L.R.C.P.E.
Bellefield Sanatorium, Lanark.

A CASE OF MYOSITIS OSSIFICANS.

THE annexed illustration is a photographic view of a case which came to our out-patient department recently. The patient was a non-caste boy, 10 years old, who had suffered for the past five years from a gradually increasing ossification of the muscles of the spine and back. The disease began near the sacrum and spread upwards, and as the case came under observation the spine and head were absolutely rigid, and could not be moved in the least. Branching out growths of the bone spread from the spine to the scapula. Breathing was mainly abdominal. Only liquid could be swallowed, bone could be felt on the right side of the larynx. The mother stated that there was no history in her family of any previous case of the same nature, and that she had other healthy children; also that the disease became worse in the monsoon. The boy did not appear to be wasted, and his general health was good. I judged it to be a case of myositis ossificans.

E. J. MAXWELL, B.A., M.B., B.C.Cantab.
The Salvation Army, Emery Hospital, Anand, Gujerat, India.

THE USE OF THE SETON.

I was much interested in Dr. T. W. Parry's article on Ménière's disease, and in his memorandum on the method of applying the seton.[1] The use of this instrument reminds me of a case which I had in 1895–7, the notes of which I read before the Society for the Study of Disease in Children, and published in Vol. III of the *Reports*. The case was one of cerebellar tumour, from the symptoms of which the patient made a remarkable recovery for nearly two years, such recovery being attributed to a seton applied in the nape of the neck. I rather differ from Dr. Parry in his technique. First, as to the seton, I use a ribbon of smooth shiny gum-elastic material, at least half an inch, preferably three-quarters of an inch broad. Secondly, I use an old-fashioned seton-knife, to which the seton is attached. A good fold of skin in the nape of the neck is pinched up, quickly pierced with the knife, and the seton carried right through. The whole operation only lasts a couple of seconds; the ends of the ribbon are tied together so that it cannot slip out, and it is moved to and fro daily. An anaesthetic is quite unnecessary, as also is any sterilization or antiseptic washing, beyond ordinary cleanliness, as suppuration is the aim and object of the proceeding. This is the old-fashioned and in my opinion the best way of doing it. It was from Dr. C. T. Vachell, of Cardiff, that I had the pleasure of receiving my first instruction in the use of the seton, and it seems a pity that this useful remedy is not more frequently employed.

Henfield, Sussex. ELDON PRATT, M.D.Lond.

[1] BRITISH MEDICAL JOURNAL, July 13th.

POISONING BY BROMOFORM.

I READ with special interest Dr. Benson's contribution on this subject in the JOURNAL of July 27th, p. 204. I had a precisely similar experience six months ago. As in Dr. Benson's case, the evil lay in the *last dose*. The mother of the child, a most intelligent woman, instantly divined the true cause of the trouble, but her confidence in bromoform remains unshaken.

I may add that for the last eight years I have been using it with unvarying success. Dispensed with tincture of senega and plenty of syrup of orange it is readily taken, and if specific instructions are attended to—that the vial is to be thoroughly shaken before its administration—no accident is likely to occur.

Halifax, N. Queensland. J. A. LANGDON, L.R.C.P.Edin.

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

ESSEX AND COLCHESTER HOSPITAL.

STRANGULATION OF A HERNIA BY A SUPPURATING APPENDIX.

(Reported by E. CHICHESTER, M.B.Lond., Honorary Surgeon.)

THE patient in the following case, a boy aged 14 years, was admitted on December 3rd, 1904, and was seen by me immediately after his admission as suffering from an irreducible right inguinal hernia.

State on Examination.—The hernia was a large one, very tender to the touch, and there was no impulse whatever on coughing. Before his admission ineffectual attempts had already been made to reduce it. His bowels had acted the previous day after a dose of castor oil given by his mother.

Operation.—An anaesthetic having been given I cut down on the hernial sac, and on opening it found that it contained the caecum. In order to draw down the gut to get a good view of it, and preparatory to replacing it in the abdomen, the tissues at the internal ring, which constricted the neck of the sac, were incised, and immediately there was a considerable flow of thick faecal-smelling pus. On investigation this was found to come from a large abscess cavity situated between the muscles of the abdominal wall. Adhering to the mouth of this cavity, close to the internal ring, was the distal end of the appendix, which was gangrenous, and which was evidently the cause of the abscess. This was ligatured and removed, the gut being cleansed so far as possible and returned to the abdomen. The operation was completed by placing a large rubber drainage tube just inside the abdominal cavity, the greater part of the wound being left open, the external tissues being merely brought together at the upper end of the incision by one or two sutures.

Progress and Result.—The following day the boy's temperature rose to 103.5°; his breathing became very rapid, and he passed through an ordinary attack of right basal pneumonia. He very nearly died from this, but there was very little further trouble from the wound. The abscess cavity quickly diminished in size, and the whole wound quickly granulated and healed.

REMARKS.—This patient had been operated on many years ago by one of my colleagues, on which occasion also the caecum was found in the hernial sac. The question of removing the appendix arose, but it was decided to leave it as there was nothing wrong with it. In recent years the hernia reappeared and evidently an attack of appendicitis had occurred whilst the caecum was in the sac. The pressure of the pus in the resulting abscess was obviously the cause of the partial strangulation, for all tension ceased as the pus ran out.

UNDER instructions from the presiding judge, a jury in the city of Wilkesbarre, Pennsylvania, is said by the *Medical Record* to have returned a verdict of not guilty in the case of a medical practitioner charged with failure to report births under his observation. The defence was that a busy doctor could not give his time to red-tape observances, such as reporting the time of birth, the ancestry of a child, and its name. It was contended that several visits might be required to learn the name of a child, as this was sometimes not decided upon for some time after birth; besides the Act of Assembly provided for no compensation for the registration.

REPORTS OF SOCIETIES.

MEDICAL SOCIETY OF LONDON.

Dr. KINGSTON FOWLER, President, in the Chair.

Monday, November 25th, 1907.

SCIATICA AND HIP JOINT DISEASE.

IN a paper on the relation between sciatica and hip-joint disease Dr. W. IRONSIDE BRUCE contended that the origin of the pain in sciatica was in the hip-joint, and produced skiagrams showing that chronic arthritis in the hip-joint could be demonstrated by radiography, and that gouty and other chronic inflammations could be thus discovered. Out of 12 cases presenting typical symptoms of sciatica he showed skiagrams of 5 presenting articular changes; in 1 case the head of the femur was excised by Mr. P. Daniel, and showed the changes usually associated with arthritis deformans. He did not assert that all cases of chronic arthritis of the hip-joint were associated with sciatica, but he urged that if systematic examination of the hip-joint by x rays in intractable cases of sciatica were carried out it would be found in many cases that the sciatica was present as a symptom only of the arthritis.

Dr. DE HAVILLAND HALL considered that the method of diagnosis advocated by Dr. Bruce would be helpful in obscure cases of pain near the hip-joint extending down the thigh.

Dr. FORTESCUE FOX did not see why they should depart from the old belief that sciatica was nearly always a neuritis unconnected with bones or joints, but admitted that there were exceptional cases of secondary sciatica following injuries to joints.

Dr. S. PHILLIPS referred to cases in which the exposure and incision of the sciatic nerve had resulted in immediate relief.

Sir JOHN BROADBENT emphasized the necessity of distinguishing between sciatica and disease of the hip-joint.

Dr. POYNTON suggested in regard to the cases brought forward that further investigation was needed to exclude disease of the lower part of the vertebral column.

Dr. CHAPMAN raised the question whether muscular wasting was a sure indication of joint disease.

Dr. VOELCKER said that the subsequent clinical history of Dr. Bruce's cases would be interesting.

Mr. GORDON WATSON asked if the patient from whom the head of the femur had been excised had a useful limb and had been cured of his pain.

The PRESIDENT pointed out how important it was in cases of sciatica to investigate the pelvic condition.

Dr. BRUCE, in the course of his reply, mentioned that the patient in whom the head of the femur had been excised did not now suffer from pain, and possessed a limb which was fairly useful.

INTUSSUSCEPTION IN CHILDREN.

Dr. DUNCAN C. L. FITZWILLIAMS in a paper on the pathology and etiology of intussusception in children advanced arguments based upon age, sex, and seasonal incidence in support of a suggestion that a dietetic factor played a more important part in the causation of the disease than was generally admitted.

GLASGOW SOUTHERN MEDICAL SOCIETY.—At a meeting on November 14th, Mr. A. ERNEST MAYLARD, President, in the chair, opened a discussion on the diagnosis and treatment of appendicitis. As the result of an experience of 300 cases, he said that so far as he knew there was no one symptom which could be called pathognomonic of the disease in any of its forms. Diagnosis was differential rather than direct; and not infrequently a matter of reasoning by the negative method of exclusion. Pain of some kind was constant, but very variable in its manifestations. This variation was directly due to the situation of the appendix, whether more or less free in the peritoneal cavity or placed behind the caecum or colon. As regards treatment he had never seen any reason to depart from the practice advocated by him in a paper eight years ago of endeavouring to obtain a free evacuation of the bowels by the hourly administration of sulphate of magnesium as soon as possible; though, of course, not as a substitute for operation if the latter seemed to be indicated. As regards such indications he summed up his

different exemptions and allowances under the Income Tax Acts can be claimed may be useful:

Exemption (income not exceeding £160), or abatement (income not exceeding £700), and allowance for life assurance premiums. . . . *At the time of making the income-tax return, or afterwards within three years of the end of the year of assessment.*

Relief to earned income under the Finance Act, 1907. . . . *At the time of making the income-tax return, but in no case after September 29th in the year for which the tax is charged.*

Objection to the amount of an assessment on property or profits. . . . *Within ten days of the date of the "Notice of Assessment."*

Appeal in cases of death, bankruptcy, or of a business changing hands, and profits falling off from some specific cause. . . . *Within three months after the end of the year of assessment.*

Appeal where loss sustained during any year. . . . *Within six months after the end of the year.*

Appeal at the end of the year in the case of new businesses. *As soon after the end of the year as is possible, if the taxpayer makes every effort he can be reasonably expected to make.*

Appeal at the end of the year where business discontinued. . . . *Doubtful, possibly within three years after the end of the year of assessment.*

(Note that the "year of assessment" ends on April 5th.)

MEDICAL NEWS.

IT has been decided by the Committee of Management of the Hospital for Women, Soho, on the recommendation of the Medical Committee, to admit qualified medical women to the practice of the hospital.

ON Wednesday next, at 8.30 p.m., Sir Almroth Wright, M.D., F.R.S., will read a paper before the Medical Society of University College, London, on the feeding of infants and invalids. Medical men are invited to attend.

IN the article on the International Motor Exhibition published on November 23rd, it was stated (p. 1535) that the price of the 10 to 14-h.p. four cylinder Grégoire chassis was 370 guineas. This is the cost of the 16–20-h.p. model, that of the 10–14-h.p. model being 280 guineas.

MEDICAL practitioners desirous of having their names placed on the London County Council list of approved lecturers to day and evening classes in first-aid, home-nursing, and infant-care, for engagement as occasion requires, should send in their applications not later than 11 a.m. on December 16th, to the Clerk of the London County Council, Education Offices, Victoria Embankment, W.C., from whom application forms and further particulars can be obtained. A fee of one guinea is paid for a lecture of about one and a half hours' duration.

THE Electro-Therapeutic Section of the Royal Society of Medicine, adopting a custom of its predecessor, the society of the same name, will hold a *conversazione* at the Queen's Hall on December 13th, from 7.30 p.m. to 11 p.m. In the afternoon of the same day and throughout the evening there will be an exhibition of electro-medical and *x*-ray apparatus, which will be shown as far as possible under working conditions. A special feature will be a display of *x*-ray tubes from the earliest to the latest patterns. Members of the medical and dental professions, and also recognized teachers of the physical sciences, will be admitted on presentation of their visiting cards.

AT a provincial sessional meeting of the Royal Sanitary Institute to be held at the Municipal School of Technology in Manchester on Friday next, at 7 p.m., a discussion on butter supply will be opened by Mr. T. Wilson, manager of the butter department of the Co-operative Wholesale Society of Manchester; this will be followed by a discussion on small dwellings, opened by Professor J. Radcliffe. On Saturday afternoon visits will be paid to the Salford Corporation model lodging house and artisans' dwellings and to the sewage purification works. Visitors can obtain tickets of admission from Professor Radcliffe at the Municipal School of Technology.

THE medical practitioners of Canning Town and the adjacent neighbourhood on November 26th presented Dr. R. J. Carey, on the occasion of his retiring from the neighbourhood, in which he had practised for over thirty years, with a silver salver bearing the following inscription: "Presented to Richard John Carey, M.A., M.R.C.S., L.S.A., by his fellow practitioners on his retirement from practice, December, 1907." Twenty doctors were present, and several of them took the opportunity of referring to the kindness, courtesy, and assistance that Dr. Carey had invariably extended to his fellow-practitioners, and all those present joined in wishing him long life and happiness. After Dr. Carey had made a suitable reply a vote of thanks was carried to Dr. Harold Beadles at whose residence the presentation took place.

ABOUT 150 ladies and gentlemen connected with the National Dental Hospital and College in Great Portland Street, W., met at dinner on November 29th, at the Trocadero Restaurant. In proposing a toast to the institution, the Chairman said that the hospital was labouring under two difficulties: lack of funds and lack of students. The latter, even if doubled in number, would still not be sufficient to cope with all the work to be done at the hospital. The authorities had found no reason to regret the step taken of admitting women students; some of them had greatly distinguished themselves by their work. During the course of the evening, Mr. C. W. Glassington, the Chairman, distributed the prizes awarded during the year, a large proportion of them being received by women.

AN appeal on behalf of the Army and Navy Male Nurses' Co-operation has been issued by Sir Frederick Treves, Chairman, and Dr. Howard Tooth, Vice-Chairman. The purpose of the society, of which we gave some account at the time of its establishment last summer, is to supply to the public well-trained male nurses and sick attendants of assured good character. The men employed have all been trained in the nursing section of the Royal Army Medical Corps, or the Sick Berth Staff of the Navy. The scheme will enable the authorities in time of war to call upon the members of the Co-operation to volunteer for active service. The appeal is addressed to those who feel that efficient male nurses should be more extensively employed in civil life, and that certain cases should not be nursed by women at all. The nurses will receive the full fees they earn less a small reduction for working expenses, and when the Society is once started it will be self-supporting; the sum of £2,000 is, however, needed to defray the initial cost of providing and equipping a suitable office and obtaining a small house where the men can lodge when waiting for a case. Subscriptions may be sent to the Honorary Treasurer, 47B, Welbeck Street, London, W.

IN opening the first general meeting of the newly-constituted Royal Society of Medicine, held on Tuesday, December 3rd, Sir William Church, Bart., K.C.B., M.D. (President) in the Chair, said that the business of the meeting was purely formal, but he wished to congratulate the Society on the amalgamation of the fifteen medical societies being an accomplished fact, a consummation which at one time he had hardly dared to expect. Since the end of the summer increased assistance had been needed and obtained in the secretarial and library departments. Statistics were given showing a great increase in the number of persons using the library under the new arrangements. After referring to the issue of the first volume of the proceedings of the sections, the President proposed that, in view of the large number of candidates for the fellowship of the Society, the by-laws affecting the election of Fellows should be suspended, and that all those candidates whose names had been received and approved by the Council previous to the meeting should be elected as Fellows. Accordingly, 129 candidates were elected *en bloc* to the fellowship. A number of newly-elected Fellows then signed the obligation book and were formally admitted. In the evening an inaugural dinner, which was very largely attended, was held at the Hotel Cecil.

A PROPOSAL for the adoption of the Notification of Births Act was before the Battersea Borough Council on November 9th. Dr. L. McManus proposed an adjournment in order that members of the borough council might confer with the district medical organizations with a view to the establishment of a working arrangement. He pointed out that the Act could not be administered without the assistance of the profession, and that unless it were very carefully and wisely administered it would prove obnoxious and tyrannical. The medical men of the district were prepared to make an arrangement whereby ordinary cases of confinement need not be notified. Of course, every suspicious circumstance would be fully reported, as it always had been, but the profession would not disclose the particulars or the secrets of the ordinary family life of their patients. The borough council could not compel them to do this. They would take full advantage of the loophole provided for their escape from the risk of prosecution, and it would be found that the attempt to administer the Act would fail. Mr. West, an ex-mayor of Battersea, said they were not prepared to submit the policy of the council to the members of a medical trade union, neither would they be threatened. The Council rejected Dr. McManus's proposal, and the question of the adoption of the Act was adjourned until November 27th, when it was adopted. There was then no discussion because of the lateness of the evening and the absence of Dr. McManus. All the Municipal Reformers present voted against adoption, and the Progressives, who are in a considerable majority, gave a solid vote in favour of the measure.

and the same. By sanitary authority I of course mean the county or borough council, whose servant the medical officer of health is, even though he may actually only attend meetings of the Sanitary Committee of such council.—I am, etc.,

November 30th. NEMO.

MOVABLE KIDNEY FROM A SURGICAL STANDPOINT.

SIR,—In an article which appeared in the BRITISH MEDICAL JOURNAL of November 30th, entitled "Movable Kidney from a Surgical Standpoint," I described an operation for nephroptosis which I have performed seventy times. To avoid misunderstanding, I desire to state that I make no claim to have been the originator of it, though, so far as I know, it has never been previously described. The credit of first turning down a capsular flap and passing it over the last rib belongs to Mr. Jordan Lloyd, and to him my best thanks are due for a procedure which I have proved to be most successful.—I am, etc.,

Birmingham, Dec. 2nd. WILLIAM BILLINGTON.

TRAVELLING OPHTHALMIC HOSPITALS IN EGYPT.

SIR,—In your issue of October 19th, 1907, you published a favourable appreciation of the work done by the travelling ophthalmic hospitals in Egypt, but from the wording of the notice it would probably be inferred that the present great success of these hospitals (originally provided through the liberality of Sir Ernest Cassel, and now a branch of the Public Health Department of Egypt, which provides a very large and increasing proportion of their resources) was achieved in spite of, rather than as a result of, the guidance and support of the sanitary authorities of the country, that is, the Public Health Department.

This is not the case; for it has been under the fostering care of this department, guided by the peculiar experience and knowledge of the country possessed by Sir Horace Pinching, K.C.M.G. (the late Director-General of the Department), that the travelling ophthalmic hospitals have been enabled to carry on so successfully their extensive and useful work.—I am, etc.,

Cairo, Nov. 21st. A. F. MACCALLAN.

LIVERPOOL ROYAL INFIRMARY: ELECTION OF HONORARY SURGEON.

SIR,—The account of the above given by your correspondent in last week's issue of the BRITISH MEDICAL JOURNAL is not a fair representation of what took place.

A compromise was arrived at, and the following notice appeared in the local papers by arrangement:

ELECTION OF HONORARY SURGEON TO THE ROYAL INFIRMARY.—A meeting of the Electoral Committee of the Royal Infirmary was held yesterday, at the Law Association Rooms, to elect an honorary surgeon in place of Mr. Rushton Parker, retired. An arrangement having been arrived at between the candidates—Mr. Robert A. Bickersteth and Mr. W. Thelwall Thomas—certain concessions having been made by both by which their services will be retained for the infirmary, Mr. Bickersteth was elected. The arrangement is one which has given great satisfaction to the friends of the infirmary.

It is unnecessary for me to mention all the details of the compact between the Committee and the candidates, but your notice only contains some of them, and even those are expressed in unhappy—not to say invidious—terms.—I am, etc.,

Liverpool, December 2nd. W. THELWALL THOMAS.

UNIVERSITIES AND COLLEGES.

TRINITY COLLEGE, DUBLIN.

THE following candidates have been approved at the examination indicated:

FINAL MEDICAL, PART II (*Surgery*).—*G. F. Graham, R. A. Askins, W. J. Dunn, J. B. Jones, B. A. H. Solomons, T. P. S. Eves, H. D. Woodroffe, F. O'B. Kennedy, J. D. K. Roche, W. L. Hogan, H. J. Keane, A. L. Robinson, J. R. Yourell, J. H. Elliott, J. G. M. Moloney. (*Midwifery*).—G. A. Jackson, J. C. Pretorius, G. B. M'Hutchison, H. H. Ormsby, G. Halpin, W. J. Dunn, W. E. Hopkins, S. F. A. Charles, G. G. Mecredy, H. V. Stanley, D. P. Clement, T. Ryan, E. C. Lambkin, W. H. Sutcliffe, J. R. Yourell, J. E. M'Causland.

* Passed on high marks.

SOCIETY OF APOTHECARIES OF LONDON.

THE following candidates have been approved at the examinations indicated:

SURGERY.—*H. M. Jones, †B. S. Matthews, *†J. F. McQueen, *J. M. Murray, *†E. H. Paterson.

MEDICINE.—†M. F. Emrys-Jones, *†L. G. H. Furber, *C. P. R. Harvey, †B. S. Matthews, †J. F. McQueen, *M. Rathbone, *†A. L. Walters.

FORENSIC MEDICINE.—J. Cree, D. E. S. Davies, C. P. R. Harvey, G. H. Rodolph.

MIDWIFERY.—J. Brierley, F. S. Hawks, J. V. Steward, F. H. P. Wills.

* Section I. † Section II.

The Diploma of the Society has been granted to Messrs. M. F. Emrys-Jones, B. S. Matthews, J. F. McQueen, G. H. Rodolph, and A. L. Walters.

OBITUARY.

HUBERT MONTAGUE MURRAY, M.D., F.R.C.P.,

SENIOR PHYSICIAN, CHARING CROSS HOSPITAL.

IT is with deep regret we have to record the death of Dr. Montague Murray, Senior Physician to Charing Cross Hospital, and Lecturer on the Principles and Practice of Medicine in the medical school attached to the hospital, which occurred on November 25th, at his residence in Manchester Square, at the comparatively early age of 52. He had been ill for some time, but the wonder is not that he died in his prime, but that, having suffered for many years from infirmities which would have made most men resign themselves to a life of chronic invalidism, he refused so long to allow his spirit and his intellectual activity to be subdued by bodily weakness. Instead of brooding over his sufferings, he went bravely about his daily work, and only those who were intimate with him knew how much he had to endure.

Hubert Montague Murray was born in London in 1855. He was left an orphan at an early age, and was brought up by two ladies who were, we believe, not related to him; indeed for the greater part of his life he had no blood relations living.

He was educated at a private school at Brighton, and, according to the testimony of a schoolfellow, the chief characteristics of the man were already evident in the boy. "Murray was always the same," he said, "high-principled, active-minded, energetic and yet cautious—qualities which brought him to the front among his fellows at all periods of his life." Yet it is with some surprise that we learn that he became captain of the cricket eleven, for his short sight must always have been a great obstacle to success in sports.

After matriculating at the London University, Murray worked for more than a year at the Sussex County Hospital, before entering at University College, London, which he chose as his Alma Mater, for he had to map out his own course, even at that early age, and pay his own fees out of a small but sufficient income. At College, as always, he was most particular as to the neatness and tidiness of everything around him, and his rooms were very different from those of the average student. Never were these feelings more marked than when he became a resident and imported into one of those dingy back rooms near Ward III of the old hospital a Turkey carpet, the disc of which now stands in his consulting room, and various other luxuries previously unknown in "U.C.H." He was a diligent worker, interesting himself specially in chemistry and physiology, doubtless because even then he felt that they should form the basis of scientific medicine. This conviction naturally deepened with experience, and he always endeavoured to keep himself abreast of progress. Starling's recent advances in the physiology of digestion were evidently under study when he left his consulting room. Although Murray did not strive very eagerly for honours either at College or at the University, his clinical zeal and acumen were early shown by the award to him of the coveted Fellowes Clinical Gold Medal.

Before he qualified in 1880 he had acted as clinical assistant to Mr. Streatfield. Later in the same year, soon after qualification, he became House-Physician to Dr. Wilson Fox, many of whose more obvious characteristics Murray shared, and for whom he always retained a warm regard. In 1882 he served as House-Surgeon to Mr. Berkeley Hill. This account of Murray's early career would be far from complete without