

he sleeps with the eyes a little open. The eyeballs are enlarged to nearly twice the normal size. There is constant fine lateral nystagmus, so that measurement of the corneae is difficult. The horizontal diameter of each cornea seems to be about  $\frac{3}{4}$  in. The distension of the globe is more or less uniform throughout. There is no great flattening of the cornea. The outline of the cornea is very irregular, the corneal tissue shelving off in an ill-defined way, to become sclerotic. The cornea has a distinctly bluish appearance, and the bluish tint extends past the limbus into the sclerotic for some distance. It indicates that the external coats of the eyeball are thinned out at and near the limbus, and the darker underlying structures (iris and choroid) are therefore more or less visible. The corneal surface is extensively ulcerated, especially in the right eye, and in the lower quadrant (that is, exposed part where lids are open). Numerous fine vessels run in from the sclerotic and are lost in the corneal tissue. The anterior chambers are deep, and the pupils circular and semidilated. The irides are tremulous on account of the loss of support from behind. The lenses are seen as dense white plaques. The lens in the left eye almost fills up the pupil, but that in the right is partially dislocated downwards and backwards. It is difficult to ascertain the exact condition of affairs within the eye, on account of the opacities in the cornea, but, on the whole, the iridic tissue seems to be fairly healthy. No view of the fundus is possible. The tension is at least  $= +1$ , and there is slight tenderness on palpation, especially in R. His mother says the discharge from the right eye has been present only within the last nine months.

With regard to the vision, there is still perception of light in the left eye. With the right he is able to count fingers with accuracy. He recognizes various objects, such as a pen, bottle, nailbrush, when held at about 1 ft. He moves his head from side to side, in order to see the object from various aspects. Flat surfaces are recognized more quickly than raised, and he can tell the difference between coloured pieces of paper, naming red and blue correctly.

Convex lenses seem to be of very doubtful assistance, and concave lenses do not help at all. When treated with eserine there did not seem to be any change in the pupil or any decrease in tension.

REMARKS.—The case is evidently one of congenital buphthalmia, or infantile glaucoma. The etiology of these cases is obscure, the condition probably being established *in utero*. There is nothing in the history of this case to account for the condition. Consanguinity of parents, which seems to be a frequent factor, is absent here. The patient is one of a large family, none of whom seem to suffer from any allied developmental defect, for example, aniridia, etc. The mother had one miscarriage (previous to birth of patient) which seems to have resulted from accident rather than disease. One child died in infancy of convulsions, but all the other members of the family have grown up healthy. We note the extremely slow progress of the disease, the condition not having changed to any great extent during the last eight years. In this it differs considerably from the analogous condition of glaucoma in the adult, where degenerative changes take place more quickly. In the infant the tissues of the eyeball are plastic, and distension of the coats of the eye takes place without destruction of the underlying tissues (retina, choroid, etc.). The involvement of the latter, as a rule, takes place only at a much later stage. In the present case, although there is great thinning of the cornea and sclerotic, the fair amount of vision indicates that the visual structures proper are tolerably intact. The dimness of vision would be accounted for by the blurred cornea and cataractous lenses.

Treatment has consisted in gutt. eserinae  $\frac{1}{2}$  per cent., t.i.d., for relief of the glaucomatous condition. The septic condition of the conjunctival sac received attention.

AT a recent meeting of the Board of Directors of the Rockefeller Institute for Medical Research, Dr. Rufus I. Cole, of the Johns Hopkins Medical School, Baltimore, was appointed Director of the Hospital of the Rockefeller Institute for Medical Research, and Dr. Christian A. Herter was appointed one of the physicians to the hospital. Work on the hospital buildings is in progress, and it is expected that they will be completed and the hospital be ready for opening in November, 1909.

## Memoranda:

### MEDICAL, SURGICAL, OBSTETRICAL.

#### SPONTANEOUS RUPTURE OF THE GALL BLADDER.

THE following case of sudden death from syncope, due to spontaneous rupture of a gall bladder full of gall stones, seems to be a sufficiently uncommon event to be worth recording.

On the morning of February 8th, 1908, a man, J. A., aged 45 years, grocer and previously general labourer, had, before breakfast, been helping to harness a horse; he went back to the house and sat down to breakfast, but before eating anything he suddenly leaned back in his chair and died. He had not recently been complaining of feeling ill at all.

The previous October—that is, five months before—he had been ill for about a week, complaining of dull pains in the abdomen about the right iliac region; there was no jaundice, and I diagnosed this at the time as a mild attack of appendicitis, which cleared up.

On making a *post-mortem* examination on February 9th a gall stone about the size of a large pea, but irregular in shape and faceted, was found lying free in the abdominal cavity between the gall bladder and the transverse colon. The gall bladder, which was of normal size, was packed full of gall stones which grated together on handling the organ. There was a small round perforation about a third of an inch in diameter on the posterior surface of the fundus of the gall bladder; the wall, for about half an inch all round this opening, was thinned extremely, so as to be translucent and showed the striation of the muscular coat on holding it up to the light; the rest of the wall of the gall bladder was abnormally thick and tough. One gall stone, about the largest amongst them, being the size of a small cherry, was found firmly impacted in the neck of the gall bladder where it becomes continuous with the cystic duct. The gall bladder contained no bile and scarcely any mucus. The gall stones were of the usual cholesterin type, over seventy in number, dark brown in colour, faceted, and varying in size from a pin's head to a small cherry. With regard to the other organs the heart was normal and contained a moderate amount of blood on each side; the appendix was quite healthy, showing no adhesions nor signs of previous inflammation; the right lung showed old pleuritic adhesions; the other organs were all normal.

What had evidently taken place was that the constant irritation of the gall stones had caused marked thickening of the walls all over the gall bladder, excepting at the place where a constant pressure, probably increased by the blocking of the cystic duct, had caused marked thinning, resulting in the sudden perforation, which, it will be noticed, did not occur during any special muscular exertion. This sudden perforation apparently caused fatal syncope so abruptly that the man had not time to utter a single word.

The attack of pain he had five months previously was possibly the occasion when the stone, found at the entrance to the cystic duct, became impacted there, or it was possibly due to the passage of a small gall stone, though the character of the pain did not suggest that.

I have thought this case worth recording, as the leading textbooks on medical jurisprudence do not mention such an accident as one of the causes of sudden death due to natural causes. They all describe gall stone colic as one such cause, and Dixon Mann mentions rupture of most of the other hollow viscera, either from trauma or disease, but I have not found described any case quite like this, though doubtless it has often occurred.—I am, etc.,

Bury.

P. F. BRAITHWAITE, M.B.Lond.

**A METHOD OF ENUCLEATING THE APPENDIX.**  
In cases operated upon for appendicitis, when it is found that no meso-appendix exists, the simplest method of enucleation is as follows: Make a circular incision through the serous coat near the base, and then introduce an ordinary blunt-pointed hook, the lower end of which has been bent at a right angle, and encircle the stump in a similar manner to that in which an aneurysm needle

embraces a vessel, make a gentle movement downwards in the direction of the appendix, and usually in a few seconds the enucleation is complete. The stump is then treated in the usual manner, and as there are no vessels to tie, the whole operation is completed in a comparatively short period.

L. HERSCHEL HARRIS, M.D., Ch.M.Syd.,

Honorary Assistant Surgeon, Sydney Hospital.

#### PETROL POISONING.

SOME months ago I received the following message:

"Please call at once to see the mistress; I cannot make anything of her; she seems out of her mind—she was washing her hair in petrol and was taken bad."

The patient was about 35 years of age and well known to me as a strong healthy woman. I found her in bed in a semidelirious state; later the following history was obtained. Having been recommended by a friend to use petrol as a hair wash, about a pint was procured from the nearest garage. The patient then retired to the bathroom, which is about 7 ft. long by 9 ft. 9 in. high, and her maid proceeded to pour the petrol over her hair and to rub it into the scalp, the patient's head being held over a basin. The girl remarked that it appeared very strong. After about three minutes her mistress "came over queer, almost fell off the chair, and was with difficulty assisted up a few stairs to her room," as soon as possible her hair was washed with water and I was sent for.

On my arrival, about fifteen minutes from the time of the accident, the house smelt strongly of petrol.

The patient recognized me, saying she felt very ill. Her face was of an ashy-grey colour, her hair down and very dry. The sclerotics showed both above and below the cornea, giving the appearance of protrusion to the eyeballs, the patient having a terrified expression. The conjunctivae were slightly suffused, the pupils dilated, the lips slightly cyanosed. The pulse was thready, 90 per minute, each impulse felt as if a small shot had been propelled beneath the finger.

The patient complained of intense pain in the scalp, giddiness, and I noticed an inability to fix her attention. Several times she complained of want of air, and asked again and again to have the windows open, although they were already open. She stated that a lump about the size of an orange had come on top of her head, but had almost subsided before my arrival. On examination, the scalp over the parietal bones was found to be thickened, puffy, and tender. She said her whole head felt swollen and bursting. I did not consider her an hysterical subject.

A small dose of whisky and water was administered, as she complained of feeling very faint.

About a quarter of an hour after my arrival she rallied somewhat, and the delirium had considerably subsided, the patient being fairly well able to answer questions. Half a grain of morphine was administered under the tongue.

Next morning the patient said she had not slept at all, but that she was better, though she still had severe headache. The mental condition was still impaired, the scalp still slightly oedematous, and the face still very slightly grey. A smart purge was ordered. She was practically well on the fourth day, when I ceased attending, but a fortnight later she said, "I don't feel perfectly well yet."

The notable points to me about the case were the quick onset of the symptoms and the fact that, although there was a lighted gas-burner in the small bath-room at the height of only 5 or 6 ft., and 6 oz. or more of petrol had actually been used, no explosion followed. I account for this by the fact that the door opened inwards, and, as it was between the patient and the light, may have partly obstructed the passage of the vapour to the light. The vapour is heavier than air, and had not had time to ascend. The distance from the patient's head to the gas direct was about 4 ft.

According to the account given, not more than five minutes elapsed between the first opening of the petrol bottle and the actual removal of the patient to her bed, so that symptoms must have arisen almost immediately.

The patient, six months after the accident, is perfectly well.

Ilford.

MURTAUGH HOUGHTON.

## Reports

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

#### HULL ROYAL INFIRMARY.

##### CASE OF ASEPTIC CAVERNOUS SINUS THROMBOSIS.

(By H. W. PIGEON, M.A., M.C.Cantab., F.R.C.S.,  
Surgeon to the Infirmary.)

W. B., aged 45, mate of a steamer, was admitted in February, 1907, with a compound fracture on each side of the lower jaw, the result of falling 20 ft. into a ship's hold. The fracture on the right side of the jaw was oblique in a vertical direction, and was united by a perforating and an encircling wire suture. The left side was too much comminuted for wiring, but the jaw was kept in good position by an upper plate with a gutter in the incisor region, fitted by my dental colleague, Mr. J. C. Storey.

There was no sign of injury to the skull.

Progress was satisfactory until six weeks had elapsed, when subconjunctival oedema appeared in both eyes, and in the course of a few days the lower lids became widely everted by the oedematous palpebral conjunctiva, as shown in the photograph. The ocular conjunctiva was chemosed,



eyeballs protruding and almost immobile, but vision good. There was no pyrexia, no cerebral disturbance, no tenderness in the mastoid and jugular regions, and the patient's condition was not anaemic or marasmic. The symptoms pointed to aseptic thrombosis of the ophthalmic veins and both cavernous sinuses.

The probable causes of the thrombosis were:

1. Increased coagulability of the blood from excess of calcium salts taken in the milk diet during six weeks.

2. Interference with the circulation in the frontal veins and the communicating branch with the ophthalmic veins by a band encircling the head, applied to keep in place the tailed bandage supporting the lower jaw.

Various drugs were tried to assist in dissolving the clots—citric acid, ammonia, and potassium iodide; also a diet free from salt. The condition remained unaltered for four months, except for temporary subsidence from escape of serum through punctures made in the conjunctiva.

Thyroid extract in 5-grain doses every other day was then tried, and was followed by a marked subsidence of the swelling in two weeks. After that progress was slow, and it was not until a year after the accident that the everted lids returned to their proper positions. Six months later there was still some oedema, fullness of conjunctival veins, slight prominence of eyeballs, and diplopia owing to weakness of the internal recti.

LIEUTENANT-COLONEL ROBERT JAMESON, late of the Indian Medical Service, died at Tighnabruaich on November 21st, aged 66. He entered the Bengal Medical Department as Assistant Surgeon October 1st, 1865; became Brigade-Surgeon-Lieutenant-Colonel, March 1st, 1891; and retired from the service in 1896. He served in the Abyssinian war in 1868, receiving a medal.

Dacre Street, Westminster, on November 26th. Dr. Salaman presided, and among those present were the Dowager Marchioness of Bristol, the Viscountess St. Aldwyn, the Lady Balfour of Burleigh, Lady Pridesaux, Mrs. Arnold Gabriel, Mrs. Percy Boulnois, Miss Rosalind Paget, Miss Wilson, Sir Herbert George Fordham, Dr. Francis Freemantle, etc.

Mrs. Wallace Bruce, Chairman of the Executive Committee, made a report on the work of the Executive Committee and various subcommittees.

Twenty pupils have been trained in the course of the year, besides those who finished their course in the first months and those who will enter before the close of the year. These were trained at the East Ham Home, East End Mothers' Home, General Lying-in Hospital, and the Leicester Maternity Hospital. The training has been very successful, and all the midwives are now at work. At the East Ham Home, a branch of the Plaistow Maternity Charity specially supported by the association, 669 cases had been taken during the first nine months, and 12,349 visits paid by the midwives and pupils. A most valuable and practical district training is thus given. In response to many appeals for advice, the Training Subcommittee had drawn up two leaflets of suggestions for starting a midwife and for the formation of maternity clubs, copies of which can be obtained from the Secretary.

Mr. Arthur L. Leon, the Honorary Treasurer, stated that in response to the special appeal, about £900 had been received towards the £5,000 the association hoped to obtain for pushing forward their work with increased activity. He urged the increase of annual subscriptions, by which confidence could be felt in extending the work of the association. The lady collectors, with Mrs. Samuel Bruce as the leader, were continuing their valuable work. The amount spent on training during the year was about £400, besides the £100 subscribed to the upkeep of the East Ham Home.

Much interest was shown by the members of the Council present in the various questions brought forward, and special reference was made to the "Method of Work" which had been drawn up by the Executive Committee early in the year:—

#### ASSOCIATION FOR PROMOTING THE TRAINING AND SUPPLY OF MIDWIVES.

##### METHOD OF WORK.

To communicate with County Medical Officers, Nursing and other Associations, as to the needs of each County, present and prospective; and the best method of grouping villages in order that no one should be beyond the reach of a Midwife's services.

(a) If assistance is needed, the Association will co-operate with the local authorities in training suitable women to return to work in their own districts.

If the women cannot themselves afford the cost of training and there is not sufficient local help, the Association may supplement or if necessary pay the entire expense of such training.

In neighbourhoods where it is not possible for a midwife beginning practice to earn a living, the Association is prepared, after due consultation with local bodies, to make grants towards maintenance until a living is assured or adequate local support is organized.

(b) The Association is prepared to recommend midwives to any district where no local woman is available.

The Association advises and makes all arrangements for training women in any of the Schools, London or Provincial, recognized by the Central Midwives Board.

All correspondence and applications for information, etc., to be addressed to the Secretary,

A. P. T. S. M.,

Dacre House,

Dean Farrar Street, Westminster,

London, S.W.

Donations are earnestly requested for the *Midwives Training Fund*, also annual subscriptions of any amount.

It was agreed that often the best method is to help towards the maintenance of midwives during the term of working up a practice, and pending local organization. There followed interesting discussion on the best means of securing a uniform supply of midwives throughout the country, the difficulties of the rural districts being fully realized.

## Medical News.

SIR VICTOR HORSLEY will read a paper on the cerebellum before the Medical Society of University College Hospital Medical School on Wednesday next. The chair will be taken by Dr. Risien Russell at 8.30 p.m.

THE Clinical Society of Bath, recently established, with Dr. J. Wigmore as its president, has already held two ordinary meetings, and on December 2nd gave an inaugural dinner at which Dr. J. Mitchell Clarke and Mr. Paul Bush were guests. The society is limited to twenty-four, and at its monthly meetings, which are held in the board room of the Royal United Hospital, the members preside and read papers in turn. The resident medical officers of the medical institutions in the city are eligible as honorary members.

AN interesting report by Dr. Ernest Moon, the senior medical officer of the Robben Island Leper Institution, recently issued as an appendix to, the report on lunacy in

Cape Colony, shows that considerable overcrowding still exists, that the water supply is inadequate, and that the drainage system is bad—in fact, would be a disgrace to any institution, some of the houses which have been occupied for years having no drain at all. It is unfortunate also that no facilities are afforded at this institution for research work, notwithstanding the frequent recommendations of select committees, medical officers, official visitors, and successive commissioners. We trust that Dr. Moon's request for the appointment of a duly-qualified man to take up solely this work of research will be met.

AMIDST much that is uncertain with regard to the incidents of Shakespeare's life in London, there would appear to be no reason to doubt that for some considerable part of the period from 1599 to 1613, the period of his connexion with the Globe Theatre, he resided close at hand, and therefore in the parish of St. Saviour's, Southwark. The parish church was originally the priory church of St. Marie Overie, and even in Shakespeare's time was some four hundred years old. His younger brother Edmund was buried there in 1607 "with a forenoon knell of the great bell," and, judging from the amount of the fee paid, with much ceremony, and it is almost certain that William Shakespeare was a regular attendant at his parish church; there is even some ground for thinking that he must have sat on the north side of the nave, not far from Gower's tomb, for the pews reserved for the inhabitants of Bankside were in that part of the church. Dr. R. W. Leftwich suggested, in an article published in the *Westminster Review* last June, that it would be appropriate to commemorate Shakespeare's connexion with London, and more especially with Southwark, by holding a commemorative service next year on or about April 23rd, the anniversary of his death, and also, it is commonly said, of his birth. St. Saviour's is now the cathedral church of the diocese of Southwark, and the suggestion has been taken up by the Chapter. It is proposed that the commemoration service shall be held on the date suggested, and a committee has been appointed to make the necessary arrangements with Canon Thompson, Chancellor of Southwark Cathedral, as chairman, and Dr. R. W. Leftwich as honorary secretary.

FROM the accounts published in the tenth annual report of the Lebanon Hospital for the Insane, it would appear that during the year ending March 31st, 1908, Beyrout only contributed £12 to the subscription list, against £267 from the British Isles, £280 from the United States, and £28 from Holland. This institution, the only one of its kind in Palestine, is situated on the Lebanon Mountains, within easy reach of Beyrout, to whose inhabitants, both rich and poor, its existence must be a great boon. Beyrout is far from being a poor town, and those interested in the support of the hospital would do well to inquire into the reasons which may be influencing the inhabitants to refrain from subscribing. In the report of the medical officer, Dr. H. Thwaites, who is now giving up his appointment after three years' tenure thereof, attention is again drawn to the extent to which returned emigrants contribute to the number of patients. It would appear that Syrians who show no signs of insanity in their own country, often break down when exposed to the more strenuous conditions of life in a new country. A similar result has been noted with regard to emigrants from other comparatively primitive countries. In the report of the society for last year an attempt was made to heighten the value of the work done by stating that most of the patients had been taken from places where they had been submitted to indescribable tortures. We are glad to note that in the present report there is a practical retraction of this charge. The Moslem inhabitants of Syria, in particular, regard insanity as a special visitation from God, entitling those possessed to love, respect, and even veneration, and intentional ill treatment is rare even among such Christian sects as practise exorcism.

ROYAL INSTITUTION.—Among the lectures to be given at the Royal Institution before Easter are the following: Professor W. Stirling, a Christmas course of six experimentally illustrated lectures on the wheel of life, adapted to a juvenile auditory; Professor Karl Pearson, two lectures on albinism in man; Dr. F. W. Mott, six lectures on the evolution of the brain as an organ of mind; Professor G. H. Bryan, two lectures on aerial flight in theory and practice; Professor Sir J. J. Thomson, six lectures on properties of matter. The Friday evening meetings will commence on January 22nd, when Dr. Alfred Russel Wallace will deliver a discourse on the world of life as visualized and interpreted by Darwinism.

of any other probable cause of the death of these rats it must be presumed that the others had all succumbed to plague." Finally, we have the second outbreak of plague in Liverpool—and again in autumn.

The first striking fact in these five outbreaks is their appearance at the same season of the year. Professor Simpson, in his classical work on plague, states that the season of the year has a powerful influence on plague, so powerful that he quotes Hodges's *Loimologia* that in the Great Plague in London in 1665, after the plague season was over, which was from August to November, the people returned to the deserted plague houses, and even slept in beds where plague patients had died, without contracting the disease.

It is a most remarkable fact that these five outbreaks of plague in Great Britain from 1900 to 1908 should be exactly at the same season of the year as the London epidemics of 1603, 1605, 1625, 1636, and 1665. Hence I would suggest the following relationship between each of the five outbreaks. The infection in the first outbreak in Glasgow in 1900 was no doubt imported into the city either by a human carrier of the disease or by infected material, more probably the latter, at a season of the year that was most favourable to the activity of the *Bacillus pestis*. There is not the shadow of a doubt that the other two outbreaks resulted from the first one and were not fresh importations into the city. They were a positive proof that the *Bacillus pestis*, as in all modern outbreaks, had remained in the city since 1900 in spite of all that was done to destroy it. The infection in the first outbreak of plague in Liverpool in 1901 was most probably brought into that city from Glasgow, as I have already described, by infected clothing, and in the absence of proof to the contrary I would now suggest that the infection in the recent three cases of plague in Liverpool is not a fresh importation, but is related in some way with the outbreak in Liverpool in 1901.

I am no alarmist, so I do not look upon every patient with a bubo, or with enlarged axillary and inguinal glands, as a case of plague. Last year I examined fully 1,000 patients of all ages and with all sorts of ailments, and I was surprised to find how commonly the axillary and inguinal glands were palpably and painlessly enlarged, varying from the size of a pea to a bean, in cases in which there was not the slightest suspicion of plague. The best corrective of medical bias is undoubtedly the practical experience of an extensive general practice. But we must face facts as we find them; and whilst I do not anticipate any more cases of true plague to appear in Liverpool or Glasgow this year, I am convinced that true plague will appear in both cities again, especially from the beginning of August till the end of November. Hence all medical men in these cities should be specially on the alert, for unless they examine the axillary and inguinal and femoral regions in all atypical cases of illness they will certainly miss plague; for Simpson tells us that it may simulate any disease, and has been diagnosed as influenza, pneumonia, typhus, typhoid, meningitis, syphilis, gonorrhoea, diphtheria, appendicitis, relapsing fever, malaria, and filariasis with enlarged glands. All modern outbreaks of plague point to the fact that it clings most tenaciously to any place it infects, and it has most marvellous powers of recrudescence and resistance to all known methods of disinfection and prevention. Plague may be so mild that we can toy with it, but we should never forget that we do not know when the mild form may develop into the virulent septicaemic and pneumonic forms, and that sporadic and mild cases are often the precursors of an alarming epidemic.—I am, etc.,

Glasgow, Nov. 30th.

THOMAS COLVIN.

## Contract Practice.

### ORDINARY MEDICAL AND SURGICAL ATTENDANCE UPON WORKS PATIENTS.

THERE was an unfortunate misprint in the answer to the question on this subject published in the *JOURNAL* of December 5th, p. 1722. It should have been stated that we had reason to believe that it was not unusual for surgeons to some works to undertake certain operations without extra payment.

## Universities and Colleges.

### UNIVERSITY OF CAMBRIDGE.

THE following appointments have been made:

University Lecturer in Pharmacology: W. E. Dixon, M.A., Downing College.

Members of General Board of Studies: A. E. Shipley, M.A., Christ College; Dr. Gaskell, Trinity Hall.

Member of the Library Syndicate: Dr. Anderson, Caius College.

Members of State Medicine Syndicate: Dr. Duckworth, Professor Langley.

Member of Special Board for Medicine: Dr. Fletcher, Trinity College.

Member of Board of Geographical Studies: Dr. Guillemard, Caius College.

Member of Board of Military Studies: Dr. J. Griffiths, King's College.

Examiners in State Medicine: Dr. Annington, Mr. J. E. Purvis, Dr. Graham-Smith, Dr. J. Niven.

Examiners in Tropical Medicine: Dr. J. W. W. Stephens, C. W. Daniels, M.B., W. B. Leishman, M.B., Ch.M.Glas.

The office of Superintendent of the Zoology Museum becomes vacant on January 15th, 1909, by the resignation of Dr. Harmer. The present stipend is £200 per annum. Applications should be sent to Professor Langley before January 21st, 1909.

The M.C. degree without examination has been accorded to T. H. Kellock, M.D., Emmanuel College.

The following degrees were conferred on November 26th:

M.D.—C. H. W. Page, Corp. Chri.

M.B.—C. H. Rippmann, King's; H. H. Taylor, Pemb.

B.C.—W. B. Marshall, Joh.

The following degrees were conferred on December 5th:

M.D.—A. G. Harvey, Joh.

M.B.—H. G. Frean, Joh.; J. B. Mennell, Pemb.; F. P. Young,

Christ's; J. F. Windsor, H. Selw.

B.C.—R. N. Chapra, Down.

### UNIVERSITY OF LONDON.

#### ORDINARY MEETING OF THE SENATE.

A MEETING of the Senate was held on November 18th.

#### Recognition of Teacher.

Mr. Arthur Conyers Inman was recognized as a teacher of the university in pathology at the Hospital for Consumption and Diseases of the Chest.

#### Resignation of Professor-Superintendent of the Brown Animal Sanatory Institute.

It was reported that Dr. T. G. Brodie, M.D., F.R.S., had, upon his appointment to the chair of physiology in the University of Toronto, resigned the professor-superintendship of the Brown Animal Sanatory Institution.

#### D.Sc. in Physiology.

The degree of D.Sc. in physiology has been conferred upon Dr. Hubert William Bywaters, who submitted a thesis entitled, "An inquiry into the chemical mechanism concerned in the absorption of protein and carbohydrate food."

#### Conference on Officers' Training Corps.

A conference was held on October 30th, 1908, at the university on the question of organizing a contingent of the officers' training corps in the university. The Vice-Chancellor presided. Colonel Heath, C.B., Colonel H. E. R. James, R.A.M.C., F.R.C.S., and Captain J. T. Burnett-Stuart, D.S.O., represented the War Office, and the company included members of the Senate, representatives of the schools of the university, including the medical schools, and of the students nominated by the student societies and by the several schools of the university. The Principal of the University also attended. The Vice-Chancellor said that the university was fully in sympathy with the policy of the War Office in establishing an officers' training corps, the chief object of which was to supply officers for the Territorial Army and for the reserve of officers. The shortage of officers which revealed itself during the South African war, when 2,000 additional officers had to be obtained in fifteen months, called for some action on the part of the War Office, and he recollected that the University of London in that crisis had been able to assist the War Office by nominating several graduates for commissions. As regards finance, he trusted that the War Office would be generous in the grants which it would make to the university towards the expenses connected with the organization of the corps. Colonel Heath gave an outline of the regulations for the officers' training corps, and referred to what had been done in the matter by other universities. After discussion, during which the representatives of the War Office answered the questions which were raised, the following resolution, proposed by Dr. Gregory Foster, Provost of University College, and seconded by Mr. H. J. Harris of University College, was carried unanimously:

That this meeting requests the Senate of the university to take the necessary steps for constituting a committee of medical education, in accordance with the regulations for the officers' training corps, with the view of establishing in the university a contingent of that corps.

On December 8th a meeting of over two thousand students was held in the great hall of the university, under the chairman-



ship of the Vice-Chancellor, to hear an address from the Secretary of State for War on the scheme. Mr. Haldane said that the new organization had been formed, and that it was now necessary to clothe the skeleton with flesh. What was needed essentially was officers; there was a sufficiency for peace, but the reserve for mobilization was not nearly large enough. He asked the University of London to form a branch of the senior division of the officers' training corps; the junior division consisted of lads from the public schools, and already had 112 contingents, comprising 299 officers and 12,586 cadets. At various universities 11 contingents of the senior division had been formed, with 81 officers and 2,504 cadets. He appealed to the University of London more especially for medical officers, since he believed that the great medical schools in London might help to fill up the gaps in the reserve of officers of the Army Medical Service.

The Vice-Chancellor stated that already 63 medical students had intimated their desire to join.

#### *Faculty of Science.*

At the meeting of the Faculty of Science on October 30th, which was held in the lecture room of the Physiological Laboratory of the university, Professor J. Millar Thompson, F.R.S., was unanimously elected Dean of the Faculty in succession to Dr. Augustus D. Waller, F.R.S., who, in vacating the chair, delivered a short address, in the course of which he referred to the establishment of a Faculty Board composed of representatives of the several Boards of Studies. In the constitution of the university, as reformed ten years ago, the official organs of intermediation between the teachers and the senate were, he said, the Boards of Studies; the functions of the several faculties in relation to those boards on the one hand, and to the Senate and Academic Council on the other, had been purely consultative, occasional, and of little significance. The official and regular functions of the faculties was little more than electoral; every two years the Faculty of Science elected two representatives on the senate. It was recognized by those responsible for the development of the university that each faculty was properly the place of convergence at which the particular interests and requirements of its Boards of Studies should be united, co-ordinated, and promoted. Under the present constitution the official utterances of individual boards were liable not to produce their due effect in the counsels of the university. The faculty itself was too large, and in other ways unsuitable for the adequate discussion of practical details. Yet, if the influence of its Boards of Studies was not to be frittered away piecemeal, it must be united and unified by means of the faculty. It was this unification of educational interests that would be the principal function of the Faculty Board, composed as it was of representatives of all the Boards of Studies concerned. The full remedy of subdivision of influence was not possible under the present statutes of the university, but a very considerable step in the right direction could be taken if full use were made of the Faculty Board, at which the opinion of each particular Board of Studies could be considered and modified if need be, and reinforced by the opinion of related boards. Full expert discussion of educational requirements at the Faculty Board, and if need be at the faculty itself, would promote the interests common to all studies far more effectually than was the case at present. He next referred to the consolidation and development on the teaching side of the university's work at its colleges and schools and at the university itself. The highest function of education was the fostering of initiative, in which the acquisition of further knowledge, by the teachers of already acquired knowledge, was the principal factor. The university could fulfil its statutory duty to "promote research and the advancement of science and learning," not only by its fostering care of its colleges and schools, but by itself acting as a focus of light and leading, served by the collective efforts of all its college teachers, serving thereby the collective interests of all its colleges. The room in which the faculty was meeting represented an outcome of that tendency. It represented an attempt to accomplish in physiology a typical concentration of its best elements, such as they believed to be desirable in the case of all the principal subjects, belonging to letters as well as to science. During the past six years all the teachers of physiology in London, as well as several teachers of physiology belonging to the great provincial and colonial schools, had contributed of their best knowledge in that lecture-room. In conclusion, he laid stress upon what he conceived to be the most special and most hopeful sign of merit in this six-year-old object lesson in the organization of learning. The principal concern was knowledge at first hand, knowledge in the nascent state and in the making. The best teachers and many of the best students of practically all the colleges and schools of the university had assisted in its work. The colleges had given of their best, knowledge at first hand, communicated by the men who had gathered it. And the gift had augmented the wealth of the givers. He believed that he would be confirmed by every physiologist in stating that, during the last few years, physiological education had been promoted by the special courses of advanced lectures in physiology that had become established in the colleges as well as at the university itself. The gift of the colleges to the university had been to the gain of the university and to the gain of the colleges.

#### **EXTRAORDINARY MEETING OF THE SENATE.**

##### *Application for a Royal Commission.*

An extraordinary meeting of the Senate, summoned by the Chancellor on the requisition of six members, was held on

December 2nd. The request arose out of the following memorial addressed to the Chancellor on June 17th, 1908:

To the Right Honourable the Earl of Rosebery,  
Chancellor of the University of London.

My Lord,

In the reconstitution of the university effected by the Act of 1900, a step was taken for which Parliament had no previous experience to act as a guide. Whilst maintaining the work previously carried on by the university as an imperial examining authority, it was sought in the reconstitution to reconcile for a common end the competing educational interests in London, and, by using these as a basis, to build up a great body of learning which should be adequate to the higher educational requirements of the metropolis.

The constitution then laid down must be regarded as to some extent experimental; but with the experience of the last seven years to guide us, we are now in a position to consider how far the present constitution is adapted to the needs which it was desired to meet.

It is necessary in the first place to recognize that the development of the university has, in some important particulars, diverged from the lines anticipated by Parliament and by the Statutory Commissioners.

Moreover, since the statutes were promulgated a step has been taken which must seriously influence the whole scientific and technical education in London, namely, the foundation and endowment of the Imperial Technical College. By the foundation of this college a new and powerful body is brought into existence which, though titularly a school of the university, is to a great extent independent of it. The results must necessarily be, not only a competition for public and private support, but also a confusion and overlapping of the scientific work performed by the two bodies, with a consequent waste of educational machinery.

In the meantime the senate has not under the statutes the elasticity of constitution and procedure which alone would enable it to adapt itself effectively to these changing conditions. It is the sole executive body, and, except as regards the management of institutions under its control, has no power of delegation. Its numbers, its composition, and its procedure were rigidly laid down in the schedule to the Act of 1898, and the statutes framed in 1900. As a result the body of 56 members, largely representative of conflicting interests, and too large to exercise a proper oversight over the multifarious business of the university, is rendered by statute unable to delegate its executive functions to its chief committees and councils. This absence of power of delegation paralyses the activities of the senate by choking its agenda with the minutiae and petty details of administration. Moreover, it has not the power, which has been used so extensively and so greatly to their advantage by the provincial universities, of enlisting the leading men of business or affairs residing in its neighbourhood as members of its corporation. Again, it is unable to so adapt its constitution as to achieve that close union between the university and the Imperial College which would be a most important step in the co-ordination of the work of higher teaching and research in London.

It appears to us that the defects which we have pointed out can only be remedied by a new Act of Parliament. In these circumstances we are of opinion that the time is now ripe for the appointment of a new Royal Commission to inquire, in the light of the experience of the last seven years, and to advise what modifications are necessary in the constitution of the university and in the powers of the senate to enable them adequately to carry through the great task which lies before them.

We, the undersigned members of the senate, have the honour to remain,

Your lordship's obedient servants,

|                    |                      |
|--------------------|----------------------|
| THOMAS BARLOW,     | H. J. MACKINDER,     |
| HENRY T. BUTLIN,   | J. FLETCHER MOULTON, |
| THOMAS BUZZARD,    | FRANCIS MOWATT,      |
| A. CALDECOTT,      | R. PENNINGTON,       |
| D. S. CAPPER,      | F. H. PYE-SMITH,     |
| ARTHUR COHEN,      | WILLIAM RAMSAY,      |
| HERBERT H. COZENS- | REAY,                |
| HARDY,             | OWEN ROBERTS,        |
| THOS. BOOR CROSBY, | HENRY E. ROSCOE,     |
| JOHN CUTLER,       | CHARLES A. RUSSELL,  |
| J. B. FARMER,      | ERNEST H. STARLING,  |
| T. GREGORY FOSTER, | FREDERICK TAYLOR,    |
| ERNEST A. GARDNER, | SIDNEY WEBB,         |
| A. PEARCE GOULD,   | J. WOLFE-BARRY.      |
| M. J. M. HILL,     |                      |

At the meeting on December 2nd, a motion submitted by the Master of the Rolls was discussed, and eventually the following resolution was adopted *nem. con.*:

That having regard to the desirability of securing incorporation of the Imperial College of Science and Technology with the university, as recommended by the Departmental Committee and contemplated by the Charter of the Imperial College, the Government be requested to appoint a Royal Commission for the purpose with a view to the introduction of a public bill, and that the Senate reaffirms its willingness to increase its numbers, and will take steps to secure such powers of delegation to its councils and to any committees it may appoint as shall appear expedient.

#### **UNIVERSITY OF BIRMINGHAM.**

THE following candidates have been approved at the examination indicated:

FINAL M.B., CH B.—J. Adams, G. H. C. Mold, D. P. Smith, H. P. Thomason.

## UNIVERSITY OF LIVERPOOL.

## UNIVERSITY COURT.

THE annual meeting of the University Court was held at the Town Hall on November 28th, 1908.

*Departments of Therapeutics, of Pharmacology, and of Materia Medica and Pharmacy.*

The Court sanctioned a rearrangement of the teaching of the subjects of therapeutics, pharmacology, materia medica, and pharmacy.

The subject of therapeutics is now separated from that of pharmacology, and a new Chair of Therapeutics has been established, to which Dr. John Hill Abram, M.D., F.R.C.P., has been appointed.

Pharmacology will in future be taught as a laboratory course, chiefly by means of demonstrations of the action of drugs. For the purpose of this course and for the conduct of pharmacological researches in the university, a special department of pharmacology is in course of establishment. During the summer term of 1909 the course in this subject for medical students will be in charge of Dr. O. T. Williams, F.R.C.P., Demonstrator of Biochemistry.

Materia medica and pharmacy have been placed in charge of Mr. P. H. Marsden, who now conducts both lecture and laboratory courses.

*Gift to the Surgical Museum.*

The title of Associate Professor of Surgery was, on the recommendation of the senate, conferred on Mr. W. Thelwall Thomas. Mr. Thomas has recently presented to the faculty a collection of specimens and photographs illustrating surgical pathology. They will prove a valuable addition to the surgical museum.

## UNIVERSITY OF DUBLIN.

THE following candidates have been approved at the examinations indicated:

FINAL (PART II) MIDWIFERY.—\*R. T. St. J. Brooks, A. F. Anderson, V. B. Kyle, H. S. Millar, J. D. Kernan, H. S. Sugars, W. Knapp, E. B. Bate, C. B. Jones, J. D. Murphy.

\* Passed on high marks.

## ROYAL COLLEGE OF PHYSICIANS OF IRELAND.

*Reuben Harvey Memorial Prize.*

THE ninth award of this triennial prize will be made on July 1st, 1909. The prize, value £25, will be awarded for the best essay on a subject selected by the candidate evidencing original research in animal physiology or pathology, and must be illustrated by drawings or preparations. Further particulars will be found in the advertisement pages.

## Obituary.

CHARLES EDWARD BEEVOR, M.D., F.R.C.P.LOND.,  
PHYSICIAN, NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC.

THE sudden death of Dr. C. E. Beevor in the early hours of December 5th from atheromatous disease of the coronary arteries is recorded by us with the most sincere regret. Dr. Beevor attended the annual dinner of the Royal Society of Medicine on December 4th, and the tragic suddenness of his decease will be keenly felt by his many friends who saw him in apparently good health on that occasion.

Charles Edward Beevor was the eldest son of the late Charles Beevor, F.R.C.S., and was born in London in 1854. He was educated at the Blackheath Proprietary School and University College, London. He received his medical training at University College Hospital, took the diploma of M.R.C.S.Eng. in 1878, and graduated M.B. in the University of London in 1879, and M.D. in 1881. He took the diploma of M.R.C.P.Lond. in 1882, and was elected a Fellow in 1888. As a student he was what he remained throughout life—working methodically, without haste or flurry but very thoroughly. He was known and liked by his fellow-students, partly by reason of a keen sense of humour, which was always ready to break through a quiet and rather reserved manner, and partly because his love of music and very considerable gifts as a musician formed a bond of union with many. His bent towards the study of neurology was early shown, for after holding the office of House-Physician at University College Hospital he became Resident Medical Officer at the National Hospital for the Paralysed and Epileptic, Queen Square, Bloomsbury. Soon after the termination of this appointment he was elected Assistant Physician to the hospital, and afterwards became Physician. In that capacity he took an active part in the courses of post-graduate instruction which have been given there for a good many years and

have been attended by men from all parts of the world. He had studied in Vienna, Leipzig, and Berlin, and although he specialized he was interested in the whole field of medicine, and was for a good many years Physician to the Great Northern Central Hospital.

With regard to the character of his original work in neurology, we are fortunate enough to be able to print a note from Sir Victor Horsley, with whom he was associated in many researches. Most of Dr. Beevor's work of this kind was communicated to the Royal Society, but his appointment as Croonian Lecturer to the Royal College of Physicians for 1907 gave him the opportunity of collecting the results of prolonged researches, partly clinical and partly experimental, on muscular movements and their representation in the central nervous system, which were published in our columns at the time. He republished them afterwards, with corrections and additions, in a volume which will, perhaps, for the profession at large, remain his best monument; though it is so full of matter that it is no means easy reading, the physician or physiologist who has occasion to refer to its pages will seldom or never do so in vain. His Lettsomian Lectures, given before the Medical Society of London last year, also dealt with a clinical subject of ever-growing importance—the diagnosis and localization of cerebral tumours—while his last scientific communication made recently to the Royal Society, on the distribution of the arteries supplying the human brain, fully justifies his great reputation as an investigator. This contribution filled a gap in our knowledge, for up to the time of Dr. Beevor's essay there was no work which gave a description of the arterial supply to all parts of the brain. This great undertaking was accomplished only by enormous industry, as Dr. Beevor very rightly held that the facts could be accurately ascertained only by simultaneous injection of the five arteries of the brain with soluble colours, and by repeating the injections in a large number of cases. It is characteristic of the man's unselfish devotion to duty that for nearly ten years he served as Honorary Secretary to the Association for the Advancement of Medicine by Research. During that long period his knowledge of men and affairs contributed in a marked degree to the welfare of an association that does so much for the interests of scientific investigation.

The funeral service held at Vere Street Church on December 9th was attended by a large number of mourners, including Sir William S. Church, Sir Felix Semon, Sir Thomas Barlow, Sir Hugh Beevor, Mr. Marcus Gunn, Dr. Hale White, Mr. Bethell (Medical Society of London), Dr. Guthrie, Dr. de Havilland Hall, Mr. F. S. Eve, Dr. J. R. Bradford, and Mr. Raymond Johnson.

We are indebted to Sir VICTOR HORSLEY for the following appreciation of Dr. Beevor's character and work:

My first introduction to Beevor was when, as a clinical clerk, I came under him, then House-Physician to Sir William Jenner and Dr. Bastian. His extraordinary good nature, his never-failing graceful courtesy, and his untiring efforts to help us on made an ineffaceable impression, and inaugurated an unbroken friendship of exactly thirty years.

A few years later at the Brown Institution we began a conjoint series of experimental researches which, though often arduous and exacting, leave numberless pleasant memories, due to the special charm of his manner and to the depth of his interest in neuro-physiology. This work brought out in the highest relief his unsurpassed accuracy of observation and his conscientious precision as a recorder. The facts he discovered throughout his long and industrious career will always, therefore, constitute an indestructible part of the fabric of neurology, however we may alter our point of view or interpretation of such complex phenomena. Indeed, his intense desire to discover the whole truth led him often to self-criticism, to distrust his own observations and delay his judgements and conclusions. This habit of scientific caution and reserve was in one sense a dis-service to him, for not a few of his valuable scientific and clinical thoughts must in consequence remain unpublished, although as a matter of fact his preliminary conclusions very rarely required revision.

What he accomplished in the midst of a busy life not only notably forwarded neurology in its most practical aspects but has greatly contributed to enhance the