

I must acknowledge the valuable assistance given me at the operation by Dr. Hewer and by Dr. Box, who administered the anaesthetic, which, from the regurgitation of faecal matter, was a very risky and unpleasant task.

EMPHYEMATA ASSOCIATED WITH THE BACILLUS COLI: TREATMENT BY ANTITOXIN.

By J. SIDNEY PEARSON, M.A., M.D. CANTAB.,

PATHOLOGIST, EAST LONDON HOSPITAL FOR CHILDREN, SHADWELL, E.

As antidiphtherial serum is now being frequently administered by the mouth, the following cases may prove of interest, not only because of their unusual character, but because it was possible to demonstrate from day to day the direct effect of the antitoxin treatment.

F. C., a boy aged 7, was admitted on October 15th, 1908, under Dr. Coutts, with dyspnoea, cough, and very fetid breath. He had been attending hospital on and off for six years, beginning with an attack of pleurisy. When in the hospital five months previously he had shown signs of bronchiectasis involving the left base. Dr. Coutts still inclined to this diagnosis, for although on examination impaired resonance and diminished breath sounds were found all over the left side of the chest, yet from time to time the boy expectorated copious, very foul sputum. He had night sweats, and was losing weight, yet there was no history of phthisis. The heart's apex was felt to be in the fifth intercostal space, about $\frac{1}{2}$ in. internal to the nipple.

On November 19th a red, tender, fluctuating swelling appeared immediately below and to the left of the nipple. Under chloroform I made an incision over this and found the sixth rib necrosed. The diseased portion was cut away, when immediately there was an escape of foul smelling gas, followed by about 4 oz. of pus, resembling pale anchovy sauce—obviously pus that had intimately mixed with blood. I felt the lung to be much shrunken and fibrosed, but could detect no rent in its substance. Streptococci and *Bacillus coli* were found in the pus. On November 19th and on each of the two following days 10 c.cm. of polyvalent antistreptococcal serum were given by the mouth. The discharge from the wound, however, still continuing very foul and profuse, a week later I ordered 25 c.cm. of anticoli serum to be administered by the mouth. Two days later the discharge was less profuse and not nearly so offensive, and ten days later had quite stopped.

On December 20th the wound opened and again discharged offensive pus swarming with the *Bacillus coli*, so that I repeated the dose of 25 c.cm. anticoli serum, and the discharge quickly became less in amount and lost its fetid odour. I examined the discharge daily, and whereas before the serum had been given the bacilli were very active, yet twenty-four hours after its administration they were seen to be very sluggish, of large size, and in greatly reduced numbers. Two days later I could find no *Bacillus coli* in the discharge. The boy's general condition had correspondingly improved, and the wound closed.

On January 10th, 1909, it again broke open and discharged pus as before, this time containing both streptococci and *Bacillus coli*. Both antitoxins were administered simultaneously by the mouth, and two days later Dr. Saunders reported that he could find no bacilli and only a few short chained streptococci. The antitoxins were given again, and henceforward the wound healed and the boy made a rapid recovery. I saw him on May 24th—six weeks after his return from our convalescent home—still looking the picture of health, having put on several pounds in weight.

Empyemata associated with the *Bacillus coli* and without any abdominal mischief are very rare. This case gave no signs of any extra-thoracic trouble. Moreover, whilst he was in the hospital, another boy—C. F., aged 5—was admitted in extreme dyspnoea, and died on the same evening, a few hours after a large empyema had been opened. The pus from this case was very foul and contained the colon bacillus. At the *post-mortem* examination the pericardium also was found full of pus, but no abdominal lesion of any kind was discernible.

G. S., a boy aged 10, was admitted with a subdiaphragmatic abscess that had extended into the right pleura and lung. The stench from his breath was unbearable, but twenty-four hours after the oral administration of 25 c.cm. anticoli serum it was quite sweet. The boy was in the hospital for three months, and made a very slow recovery. His full history is out of place here, but after his abscess had been opened I had two occasions to watch the effect of the anticoli serum upon the bacilli. Within twenty-four to thirty-six hours the bacilli become very sluggish, and the greatly reduced numbers pass into the large involution stage.

I have tried the anticoli serum on one case of acute gangrenous appendicitis, but without obvious result either before or after operation; yet I think investigation in this direction is desirable.

In no case was the antitoxin given hypodermically, and at the present time all serums are given by the mouth at the East London Hospital for Children, except to cases of very urgent laryngeal diphtheria, when it is given subcutaneously; even in these cases I doubt whether it acts more quickly or directly.

Children take antitoxin very well when administered with about double the quantity of warm milk. I have never known the dose vomited.

Since writing the above I notice, in *Lancet*, June 5th, 1909, p. 1580, Drs. Hale White and Eyre report two cases of empyema associated with the *B. coli* treated by vaccines. They state that the improvement after administration of the vaccine was immediate and remarkable. In the cases recorded it was equally so. Both the first and third cases were given up as hopeless, and they appeared to be dying, yet after the antitoxin they both took a new lease of life. Certainly antitoxin is more readily obtained than vaccine, and when the former acts so efficiently I see no reason to delay while a vaccine is being prepared.

For permission to publish these cases I am much indebted to Dr. J. A. Coutts and Mr. Warren.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

QUININE IN SYPHILIS.

IN 1905 the subject for the triennial Alexandra Memorial Prize, open to army and navy surgeons, was "Syphilis in the army and its influence on military service: its causes, treatment, and the means which it is advisable to adopt for its prevention." The essay submitted by me was later published in book form in 1907, under the title: *Syphilis in the Army*.¹ On page 52 it is stated that: "Quinine in dilute acid solution is often most valuable—precedent to, or immediately after, the first mercurial course, and in cachectic cases. Whether it exerts a specific action on the spirochaete of syphilis, as on the malarial parasite, is uncertain, but I think it should be invariably given if there is an associated malarial history or syphilitic fever. Such fever is common with the onset of rash, and in the later stages with the septicaemia due to necrosing bone or tissues. As early syphilis is associated with a loss in numbers of the red blood corpuscles and in the amount of the haemoglobin in those cells, quite possibly its chief action may be in overcoming this degenerative action, and thus assisting the blood to better deal with the inroads of the virus in the early and more remediable phases of the disease, by increasing its phagocytic power, or by the formation of antibodies. Further, any drug which tends to reduce the number of spirochaetes in the blood in the early stages, will consequently lessen the amount of toxin which can later injure the central nervous system and cord."

In an article written at the request of the editor on the treatment of syphilis, in the November and December 1908 numbers of the *British Journal of Dermatology*, it is further stated: "Whether quinine exerts a specific action on the *Treponema pallidum* as on the malarial parasite is uncertain, but I always temporarily 'substitute' it for mercury if there is an associated malarial history, or if syphilitic fever is present."

During sixteen years' specialized work on venereal diseases in the army I have extensively used quinine, and before the days of the demonstration of the protozoan of malaria by Ross, and prior to Schaudinn's valuable discovery of another protozoan, the *Treponema pallidum* of syphilis. The use of quinine, however, is now placed on a more "scientific" basis. My attention was chiefly directed to this drug in India, where cases of syphilitic fever were not infrequently sent into hospital as ague, or vice versa, or the two diseases co-existed. The drug acts most beneficially in any "septicaemic" state with fever, whether such be due to gonorrhoea, syphilis, or enteric fever. Quinine, mercury, and opium judiciously used are veritable sheet anchors in treating early syphilis. Santogen and arsenic are most useful adjuncts. The whole category of

¹ *Syphilis in the Army*. 1907. London: John Bale, Sons and Danielsson.

drugs, however, is very largely assisted by diet, rest, and diaphoresis, judicious admixture being the keynote to success.

H. C. FRENCH, Major, R.A.M.C.

Royal Herbert Hospital, Woolwich.

British Medical Association.

CLINICAL AND SCIENTIFIC PROCEEDINGS.

METROPOLITAN COUNTIES BRANCH: WESTMINSTER DIVISION.

WILLIAM EWART, M.D., F.R.C.P., in the Chair.

Thursday, June 3rd.

BLOOD PRESSURE IN MAN.

SIR LAUDER BRUNTON read a paper on Blood Pressure in Man, its Estimation and Indications for Treatment, which is published at p. 64.

Dr. O. K. WILLIAMSON, in discussing the paper, said that he had originally ranged himself with those who regarded the reading of disappearance of the pulse, as measured by Dr. Hill's method of circular compression of the limb, as an absolutely reliable indication of the systolic arterial blood pressure, and he was bound to admit that he had been strongly prejudiced against the theory—first propounded by Dr. William Russell—that the resistance due to the arterial wall was an important factor in the reading. He had, however, made observations by this method on the arm and leg of a number of cases of high blood pressure as well as on people with normal pressure and healthy arteries, the part of the limb on which the observation was made being in all cases at the level of the heart. These observations pointed to the conclusion that the resistance due to the arterial wall influences the readings markedly because: (1) In the high blood pressure cases the leg systolic readings were in nearly all cases markedly higher than the arm ones. Assuming that the blood pressure in the leg could not be higher than that in the arm (either limit being at the level of the heart) and that with a sufficiently wide armlet the influence of the tissues superficial to the artery might be neglected (as was generally agreed), it necessarily followed that the difference between the arm and leg readings could only be due to resistance of the arterial wall. (2) In the cases of normal blood pressure with healthy arteries, there was on the average no appreciable difference between the systolic arm and leg readings. (3) In all the cases the corresponding diastolic arm and leg readings—which could not be influenced by the resistance of the arterial wall—came out practically identical. The observations further pointed to the conclusion that the abnormal condition of the arterial wall was a direct result of the increased blood pressure, seeing that the arteries of the legs were subjected in daily life to greater hydrostatic pressure from a higher column of blood than the arteries of the arms. Dr. Williamson said that the first arm and leg observations were not simultaneous, but he had latterly taken a number of simultaneous observations on these cases, which in the main bore out the results as above described. He had also obtained evidence that the difference between the arm and leg readings was largely due, as Dr. Russell held, to hypertonic contraction of the arterial wall, for in some cases, more especially those with marked atheroma of the superficial arteries, there would on one occasion be a very great difference between the arm and leg readings, and on another occasion this would disappear. Further, in some cases which Dr. Leonard Hill and he had observed together there were on the first observations found to be marked differences between the arm and leg readings; but after the pressure had been kept up for some time—being not allowed to fall far below the obliteration point—the differences greatly diminished or else disappeared. Granting, however, that the arterial wall resistance greatly influenced the readings, this would not, in his opinion, do away with the great value of relative observations. Thus daily observations in any particular case would enable the physician to determine whether the pressure was rising or falling, and thus to direct his treatment in a manner that

mere digital observation could not. With regard to the treatment of cases of high arterial blood pressure a general rule could not be laid down. The physician must feel his way with each case, noting carefully the effect of the appressor remedies, especially with regard to their effect on the urinary excretion. He had found iodide of potassium and purgation with mercury of very great value as methods of reducing blood pressure. He had been somewhat disappointed with the results obtained by nitrites and organic nitrates in cases of very high blood pressure, although these drugs were undoubtedly of great use in cases of moderately raised blood pressure.

Dr. ALEXANDER MORISON, referring to the alleged uniformity of the intracranial blood pressure, stated that, having demonstrated the rich innervation of the intracranial blood vessels, with a peripheral ganglionic system, he believed that the Monro-Kelly doctrine could not be maintained without much modification. With regard to the clinical value of blood-pressure instruments, he believed that they had a certain value when taken in conjunction with auscultation, palpation, and sphygmographic evidence, once they had established a standard in a particular case, variations from which could be noted and recorded. He considered also that variations between the registered blood pressure in the brachials and in the lower limbs were in a measure dependent upon the differences in the osseous anatomy of the parts compressed.

Dr. ETTIE SAYER instanced three cases in which high frequency currents had been efficacious in bringing down high blood pressure. In the first case a course of three months' treatment lowered it from 236 mm. to 160; in the second from 203 to 140; and in the last case, one of chronic interstitial nephritis, from 258 to 170. In this case no amount of electricity appeared to be able to get it any lower, which she attributed to the fact that, whereas in the first two cases one had simply a condition of hyper-tonus, due to arterial spasm, from the irritation set up by chronic auto-intoxication, to deal with, in the last, in addition to this, there was a large amount of real arterio-sclerosis. The results of a single application were very variable. One day the drop might be only 2 or 3 mm. mercury and the next an exactly similar treatment might cause it to fall 8 or 10 mm. The application must be made with the effluve directly over the pit of the stomach, and her view was that it was the solar plexus which was directly stimulated. The splanchnic area was capable of holding all the blood in the body, as they all knew might happen in cases of fatal shock. In shock the essential phenomenon was a diminution of blood pressure, and one of the easiest ways to produce this was a hit below the belt. The splanchnic nerves were vaso-constrictor and the sympathetic vaso-dilator; therefore, an attempt must be made to stimulate the latter. If this was done in the splanchnic area the systemic circulation of necessity was mechanically relieved, and the whole blood pressure would be temporarily lowered and a vicious circle broken up. If, at the same time, the patient was being strictly dieted, and the nitrites, paraldehyde, and, if necessary, strychnine, etc., administered, the patient would recover.

Dr. F. HOWARD HUMPHRIS briefly urged the claims of static electricity in the treatment of the reduction of high blood pressure. With such a masterly exposition of the subject as they had heard, it seemed a pity to allow the discussion to close without a mention of static electricity to add to its completeness. He quoted two cases (owing to the lateness of the hour) only which had been benefited by the administration of static currents—one a nurse with a blood pressure of 180, and one a surgeon with a pressure of 158 mm. In the former the symptoms were relieved in two or three treatments, and in the latter a reduction of 10 mm. Hg was noted, all observations being taken with the Riva Rocci instrument (Martin's modification). For the relief of an abnormally high blood pressure and the symptoms caused by it, they had in static electricity a means at their disposal convenient alike to patient and doctor, simple, reliable, and effective.

In reply, Sir LAUDER BRUNTON said that he had not seen the method of estimating the diastolic pressure described by Dr. Ewart. He thought that the diastolic pressure was chiefly useful in cases of aortic regurgitation where there was a tendency to syncope and in cases of high tension with failing heart. Nitrites in small doses might be continued for years without losing their effect, but when the

chances of improvement in the near future cannot be denied.

Dr. Cohn discusses the aspect of the medical inspection question as it affects the general practitioner. He finds that ample evidence in favour of the medical inspector being a part-time officer is forthcoming. He urges that the work is better done by a man who has a small number of schools to inspect and supervise, that the fact that he sees other aspects of practice prevents him from becoming one-sided and stale, and that no advantage is taken of the position of medical inspector of schools to enlarge private practice. Friction between the inspector and the practitioner treating the case rarely occurs, and with tact and care on the part of the former, any difficulties which might arise can easily be smoothed over. He regards it as the duty of the inspector to get into personal communication with the treating practitioner whenever any threat of discord presents itself.

In conclusion, he states that the experience of the first ten years of the system in Germany promises well, and if we in this country find it possible to extend our inspection and amelioration as widely as has been done in Germany, the intervention of the Legislature in this matter will be fully justified by results which will be manifest at no distant date.

Medical News.

THE United Services Medical Society has now adjourned for the summer; the next meeting is fixed for the second Wednesday in October at the Royal Army Medical College.

THE annual general meeting of the Asylum Workers' Association will be held at 11, Chandos Street, Cavendish Square, W., on Tuesday next, at 3 p.m., under the presidency of Sir William Collins, M.P.

AN extraordinary general meeting of the members of the London and Counties Medical Protection Society will be held at 31, Craven Street, Strand, on July 14th, at 4 p.m., to confirm the resolutions adopted at the annual general meeting of the society held on June 23rd.

THE late Mr. Joseph Aynsley Davidson Shipley, a member of a firm of solicitors in Newcastle, who died on February 4th, mentioned in his will a large number of medical charities in Northumberland. The sums directly left to them are inconsiderable, but they are also given a share of the residuary estate—a sum of probably £100,000—and thus may benefit largely.

THE annual meeting and dinner of the Brussels Medical Graduates' Association will be held at the Garden Club, Imperial International Exhibition, on Thursday next, at 7.45. Members are invited to bring ladies. Tickets (price 7s. 6d.) may be obtained from the Honorary Secretary, Dr. Arthur Haydon, 23, Henrietta Street, Cavendish Square, W.

THE North Stafford joint school authority for the education of blind or deaf children has summoned a meeting of mayors, chairmen of urban district councils, and medical officers of health, at the Town Hall, Stoke-on-Trent, at 3 p.m., on Wednesday, July 28th, to consider the best means of averting infantile ophthalmia. The chair will be taken by the Earl of Harrowby.

THE Hospital for Invalid Gentlewomen, established at 90, Harley Street, fifty-six years ago by Viscountess Canning and Miss Florence Nightingale, has now been closed, and the new hospital for 32 patients in course of construction in Lisson Grove, N.W., will be opened for the reception of patients towards the end of the year; £5,000 are still needed to complete the building and equipment. Donations should be sent to W. C. Bridgeman, Esq., M.P., 13, Mansfield Street, W.

IN an annotation published last week, page 42, on fatal poisoning by gases given off by ferro-silicon, it was suggested that the danger might be avoided by packing the material in airtight cases. Our attention has been called to a paper by Dr. Dupré, chemical adviser to the Explosives Department, Home Office, and Captain M. B. Lloyd, H.M. inspector of explosives, read before the Iron and Steel Institute in 1904, showing that this plan is dangerous, and therefore does not afford a complete solution of the diffi-

culty. Several severe explosions have occurred at various times, one well-authenticated instance having occurred in Liverpool as long ago as 1903. There is also some evidence that the material may undergo spontaneous combustion; altogether it is clearly very dangerous cargo, and the regulations which should be enforced with regard to it will require careful consideration.

THE second annual report of the King Edward VII Sanatorium for Consumptives, which has recently been issued, deals with the twelve months from July, 1907, to July, 1908. During this period 278 patients were under treatment as compared with 161 during the first year. The number of applicants for admission has largely increased and the value of the sanatorium is evidently becoming more widely appreciated. The patients during the period covered by the report laid out a series of graduated walks in the sanatorium grounds. These paths will be most useful, whilst the making of them has provided suitable outdoor employment. The statistical portion of the report shows that the results of treatment have been extremely satisfactory in the early cases, and most encouraging even in the more advanced and less favourable cases. The publication of the report seems to be unduly delayed.

PROFESSOR J. COSSAR EWART, in the first of a series of papers on the possible ancestors of the horses living under domestication, presented to the Royal Society at its meeting on June 24th, the last before the long vacation, stated that the examination of the skull, teeth, and limb bones of horses found at Roman settlements and in the vicinity of pile dwellings indicated that domestic horses originally belonged to five distinct types. His paper dealt with three of these types, the possible ancestors of which were, he held, *Equus sivalensis* of Indian pliocene deposits, *E. stenosis* of the pliocene deposits of Europe and North Africa, and a new species, *E. gracilis*. Arabs, barbs and thoroughbreds, and other modern breeds with long deflected face, broad and prominent between the orbits, and slender limbs were, he thought, mainly derived from *E. sivalensis*; the Exmoor, Hebridean, Iceland, and other ponies of Celtic type, as well as the ponies found in the south of France, the West Indies, and Mexico, he regarded as descendants of *E. gracilis*. Crossing experiments afforded evidence of the wide distribution of horses of this type, the broad-browed Arabs and thoroughbreds with face nearly in a line with the cranium being mainly a blend of the southern variety of *E. gracilis* and horses of the forest type.

WE have received an official intimation that the cards of identification enabling members of the Sixteenth International Medical Congress at Budapest to take advantage of the reductions in fares accorded on various railway and steamship lines will be forwarded to them from the offices of the General Secretary in the course of the present week. The first copies of the volume containing the papers to be read in the sections to which members have expressed a desire to be attached will be in their hands as early as possible. They will thus have ample time to prepare to take part in the discussions. Members are recommended to apply as early as convenient to the Central Travelling Bureau (IV Vigadó-ter 1, Budapest) for such accommodation as they may wish to have reserved for them during their stay in Budapest. Application should be made to the Central Travelling Bureau for the special circular. We are informed that the Executive Committee is devoting special attention to the question of accommodation. We are requested to state that a great soirée will be held for the reception of members, and several other social gatherings have been arranged in their honour, whilst the Ladies' Committee has made all preparations to render the visit of the wives and daughters of members to Budapest pleasant and agreeable.

MEDICAL AND SURGICAL APPLIANCES.

A Urethral Syringe.

THE "New Century" urethral syringe, a specimen of which has been forwarded by Messrs. Hough and Hoseason, of Manchester, resembles a miniature Higginson's syringe. The urethral portion consists of a small soft rubber catheter, 8 in. long, with two eyes, giving a backward flow. The use of the Higginson form of syringe for the urethra is by no means new; but this is a handy little instrument, and the only fault we have to find with it is that the end of the catheter beyond the eyes is hollow and not solid, as from an antiseptic point of view it should be.

Universities and Colleges.

ROYAL COLLEGE OF SURGEONS OF ENGLAND. COUNCIL ELECTION.

At the annual election on Thursday, July 1st, 972 Fellows voted, the largest poll on record. As many as 964 sent their ballot papers through the post, only 8 voting in person. There were besides 2 invalid ballot papers, and 7 more arrived too late.

The result of the ballot was as follows:

	Votes.	Plumpers.
Sir W. WATSON CHEYNE, Bart., K.C.B.	420	8
Mr. W. HARRISON CRIPPS	385	46
Mr. R. C. LUCAS	356	70
Mr. J. BLAND-SUTTON	333	39
Mr. W. H. H. JESSOP	328	35
Mr. C. A. BALLANCE, M.V.O. . . .	261	23
Mr. A. W. MAYO ROBSON	208	5

The President then declared Sir W. Watson Cheyne and Mr. R. Clement Lucas duly re-elected and Mr. Harrison Cripps duly elected members of Council.

UNIVERSITY OF CAMBRIDGE.

The following degrees were conferred on June 22nd:

D.Sc.—H. E. Durham, King's.
M.B.—C. E. M. Jones, King's.
B.C.—J. L. Joyce, King's; L. B. C. Trotter, Cla.; R. R. Armstrong, Trin.; F. H. Lester, Pemb.; A. Barker, Trin.; A. L. Sachs, Pemb.; W. Harmens, Trin.; C. F. Searle, Pemb.; H. E. S. Stiven, Trin.; R. Cox, Gonv. and Cai.; G. Walker, Trin.; A. H. Habgood, Jes.; M. D. Baker, Joh.; F. S. Scales, Jes.; K. Comyn, H. Selw.

Appointments.

The following have been appointed Examiners for the Third M.B., Part II:

Medicine.—Dr. Rose Bradford, Dr. Bradbury, Dr. N. Pitt, Dr. F. Taylor.
Surgery.—Mr. Kellock, Mr. Stanley Boyd, Mr. L. A. Dunn, Mr. Raymond Johnson.
Midwifery.—Dr. R. Pollock, Dr. Spencer.

UNIVERSITY OF DUBLIN.

CONFERMENT OF HONORARY DEGREES.

At a meeting of the Senate of the University of Dublin on June 30th for the purpose of conferring degrees, there was a large and brilliant assemblage. The University Caput consisted of the Vice-Chancellor, the Right Hon. Mr. Justice Madden, the Provost, and Mr. Frederick Paker, Senior Master, non-Regent.

The honorary degree of M.D. was conferred upon the five gentlemen whose names appear below. Each recipient was presented by the Public Orator, who spoke in Latin. We append translations of his speeches:

SIR ALFRED KEOGH, K.C.B.

Complaints abound everywhere to-day that things are going to the bad, that we shall soon be surrounded with enemies and annihilated, and yet are so supine that we will not learn anything from that best of teachers, Experience; so that, it is said, even those defects of ours which were found out by the South African war remain, and will remain, unremedied. Now outcries and accusations of this kind I cannot abide, and further I declare that they are wholly untrue, and in proof of this opinion adduce the example of Sir Alfred Keogh, Director-General of the Army Medical Service, whom I now present to you. During the South African war his administration of a general hospital was so admirable that when peace returned he was chosen on the Reorganization Committee, which was appointed to consider, among other things, how the army doctors should get a status and distinction corresponding to their merits; and such were his judgement, energy, and largeness of mind that he was soon made Deputy Director-General, and later full Director-General. All his various excellent reforms in detail I cannot touch upon; but I especially desire to bring out clearly two of these. It was owing to him that the doctors in the army can now, even in time of peace, attain promotion, if they devote themselves to scientific investigations, and advance the domain of medical science; and to-day the ablest men in that service—I may instance Colonel Bruce, to whom we recently gave an honorary degree—can attain to honours commensurate with their abilities and achievements. Again, Sir Alfred Keogh holds strongly that it is the part of the medical art to prevent as well as to cure disease; and thus it is that he is unsparing in his endeavours for the improvement in the sanitation of the quarters and in the condition of life in which soldiers live, as his conviction is that they should be always vigorous and able to rise with energy to the duties imposed on them. An Irishman then of whom his countrymen are proud, who wages such a righteous war for the dignity of science, for the

just rights of his fellow-officers, and for the general health and soundness of the soldiers, a man pre-eminently sound himself in abilities and judgement, who has deservedly gained the highest renown in the more peaceful side of war, now that he is about to receive the distinction of our degree, see that you honour with your loudest shouts of applause.

GEORGE ALEXANDER GIBSON, M.D.

Edinburgh is the famous mother of the most distinguished physicians; and it is now my privilege to present to you one pre-eminent even among Edinburgh physicians, George Alexander Gibson. The proper method of physical diagnosis and of clinical examination of the sick he has set forth at length and in detail in a most useful book which has reached a third edition. He rightly deems his subject worthy of the most serious attention, and has effectually disposed of those doctors who are satisfied with merely feeling a patient's pulse and looking at his tongue with an air of preternatural wisdom. But it is his treatise on Diseases of the Heart which has won him especial renown. No longer need we regard what Ovid says:

Though e'en the God of Healing tries his art,
To heart diseased no health can he impart;

for this able physician, a better Aesculapius, can hold out hopes. And in this connexion Ireland owes him gratitude in that he has abundantly set forth all that is owed to Irish doctors, some of them his own teachers, in the investigation of diseases of the heart; and we here should feel a closer attachment to him, as we are sharers with him in a recent sorrow. We have just lost a friend, no less loved than honoured by us all, formerly our Professor of Anatomy, Daniel Cunningham. With him this kindly man was associated from boyhood; he devoted himself to the same studies and profession, and during all the changes and chances of life was bound to him by the ties of an unbroken friendship. Lately, when his friend's end was approaching, he brought him back home to his own country from abroad, and did everything for him which solicitude and affection could prompt; and he was with him to the last, so that to his old comrade was granted the sad prayer of friendship:

Then may I see thee, friend, before me stand,
And dying hold thee in my failing hand.

Here you have, then, an eminent physician and a good and kind man. You will indeed be guilty of ingratitude if, when he is being enrolled in our number, you fail to greet him warmly with your most cordial welcome.

WILLIAM HALE WHITE, M.D.

Yet again it is my privilege to present to you a distinguished physician, a Doctor of Medicine of London University, Senior Physician and Lecturer in the famous Guy's Hospital of that city, William Hale White. Bearing what the old Romans would have called an auspicious name, which indicates health, it would seem as if from his very cradle it was ordained that he should devote himself to advancing medical science, and should obtain therein the fullest measure of success and distinction. Nor has the omen failed of fulfilment: for his famous work on *Materia Medica, Pharmacy, and Therapeutics* has already attained to the coveted glory of the tenth edition—a book which, for medical students throughout the whole kingdom, is like a lamp which guides them to a knowledge of these subjects based on the soundest and most scientific principles. For this eminent physician's method starts from a profound knowledge of physiology, and investigates carefully the causes of things, and does not, to use the words of Celsus, "rest merely on observation and experiment, after the manner of empirics." It is in this spirit that his Croonian Lectures have been conceived, wherein he explained most ably the means by which the temperature of the body is maintained in health and disease. Nor is any form of culture and refinement wanting to his household, where his distinguished wife, a mathematician of no mean order, spreads throughout a gracious charm which is enhanced by the bracing discipline of her early Girton training. A man, then, gifted with such learning, such distinction, such happiness, who adds a crown to his good fortune by his pleasant and kindly affability, must needs obtain from you applause re-echoing throughout the hall.

WILMOT PARKER HERRINGHAM, M.D.

Now I bring before you Wilmot Parker Herringham, a graduate of Oxford University, now a physician of the great and ancient hospital of St. Bartholomew, where he lectures with ability and success in forensic medicine. In very many branches of medicine he has written treatises which have obtained well-deserved praise, the names of which, however, I fear to reproduce, lest haply I should, by terms familiar only to the more subtle investigators of medical science, "make Quintilian stare and gasp," and as they would certainly be disfigured by any attempt of mine to reproduce them in Latin. But in general this eminent physician is deserving of praise, in that he is more profoundly versed in chemistry, as well as anatomy, than most of his fellows; and has investigated and expounded with exceptional skill the origin and nature of diseases of the kidneys, and shown their baleful effect on the human constitution if once they become chronic. Accordingly I strongly advise you if (as Horace says)—

There still are pains
That need attention in the side or reins,

straightway to call in Wilmot Herringham, who will promptly dispel the disease, and restore you to vigorous health. This

being so, none will doubt but that this distinguished physician should be welcomed into our body by applause commensurate with his ability and worth.

GEORGE REDMAYNE MURRAY, M.D.

The sheep is an animal not held in much honour, being mostly despised as a typical example of excessive tameness and stupidity; yet it gives men wool when alive and mutton when dead. I should like to deliver a eulogy on the sheep—but not to-day. Now, is there any one here who could believe that the sheep can drive away disease from the human frame? Yet medicine has its marvels, and they are passing strange. Lately we saw how Sir Thomas Fraser used deadly snakes for life-giving purposes, and now we are amazed at the discovery that stupid sheep can restore the mental vigour of clever men—a discovery due to the genius of George Redmayne Murray, whom I now present to you. After graduating at Cambridge, where he gained a First Class in the Natural Sciences Tripos, he lived for some time in the North of England, and won recognition as Professor of Pathology at Durham. Lately he has been invited to Manchester, and there in Victoria University, like "all really excellent teachers (to use Quintilian's words), he rejoices in crowds of pupils, and rightly deems himself worthy of such an important sphere of duty." He has prosecuted minute investigations in various branches of medicine, and written with especial excellence on goitre and other diseases of the throat. But let us return *à nos moutons*. Myxoedema is a severe disease, not only bringing pain to the body, but dulling and clouding the mental powers. That the thyroid gland of a sheep could be useful for the remedy of this malady, and could restore body and mind to their wonted vigour, almost seems like a fairy tale. Yet that such is undoubtedly the case has been established by this eminent physician; and the many and great advantages likely to arise from this discovery we cannot as yet fix limits to, as he is still prosecuting further investigations in this line of study with serious earnestness. To medical men who advance the boundaries of their profession we show grateful respect and willing honour; and now it remains for you in gratitude and admiration for the good services this distinguished doctor has performed to see that your shouts of applause shall reach even unto Manchester and be heard within the walls of his own university.

ORDINARY DEGREES.

On the same occasion the following ordinary degrees were conferred:

M.B., CH.B., B.A.O.—W. R. len, F. A. Anderson, C. G. S. Baronsfeather, R. T. St. J. Brooks, D. Duff, P. J. S. Dunn, T. A. Hughes, J. D. Kernan, V. B. Kyle, D. J. Miller, E. J. Powell, W. C. P. Smyly, D. J. Stokes.
M.D.—J. S. Darling, R. Holmes, H. J. Keane, D. J. Miller, A. J. Stals, C. E. C. Williams.
M.S.—J. S. Darling.

UNIVERSITY OF LONDON.

MEETING OF THE SENATE.

A MEETING of the Senate was held on June 16th.

Election of Vice-Chancellor.

Professor M. J. M. Hill, M.A., Sc.D., F.R.S., was elected Vice-Chancellor of the University for the year 1909-10, and a vote of thanks was accorded to Sir William Collins, M.P., for the services he rendered to the university during his tenure of office as vice-chancellor.

Statutory Committees.

The statutory committees of the Senate for the year 1909-10 were appointed.

Doctor of Science in Physiology.

The degree of Doctor of Science in Physiology has been conferred upon Dr. N. H. Alcock, who had presented a thesis on some chapters on the physiology of nerve, and in addition had submitted various contributions to the advancement of science.

Gift to the Physiological Department of University College.

It was reported that the Worshipful Company of Mercers had made a grant of £500 to the Physiological Department of University College, and a resolution was adopted conveying the cordial thanks of the Senate to the Company for their generous donation.

University College Hall, Ealing.

University College Hall, Ealing, recently opened by the Chancellor, was formally recognized as a hall of residence for university students.

Regulations in Medicine for Internal and External Students.

It was resolved that the regulations for the first examination for medical degrees for internal and external students be amended by the addition of the following:

Students exempted from presenting themselves in one or more of the three subjects of the examination must pay a fee of £2 in respect of each subject for which they are required to enter.

It was also resolved that Exemption 2 (iv) of the Red Book and Exemption 2 (ii) of the Blue Book, September, 1908 (Appendix to the Regulations in the Faculty of Medicine, p. iii), be amended to read as follows:

Students who have passed in any subject either at the Preliminary Scientific Examination or the Preliminary Scientific Examination, Part I (or who under former regulations have been entitled to exemption from examination in such subject at either of the above-named

examinations in virtue of having passed in that subject at an intermediate examination in science or agriculture previously to June, 1909), will be credited with a pass in the corresponding subject at the first examination for medical degrees, and may complete that examination under existing regulations.

B.Sc. Honours for External Students.

It was resolved that three days be allowed for the practical examination of B.Sc. honours in physiology for external students.

Appointments Board.

An Appointments Board has been constituted to assist graduates and students of the university in obtaining appointments, and to co-ordinate and supplement the work done by the schools and institutions of the university with this object.

Physics at the Matriculation Examination.

A new syllabus in physics for the matriculation examination, including the subjects of elementary mechanics, heat, light, sound, and electricity and magnetism, has been issued; and it has been directed that the questions set shall have regard to the conditions under which these subjects may best be experimentally taught in schools.

Studentships and Medals.

The Lindley studentship of £100, tenable for one year, in the physiological laboratory of the university, has been awarded to Miss Mary Taylor Fraser, B.Sc., formerly of the South-Western Polytechnic, now working in the physiological laboratory.

The university studentship in physiology, of the value of £50, for one year, has been awarded to Mr. Gerald Roche Lynch, demonstrator of chemistry, at St. Mary's Hospital Medical School.

The university medal at the M.B., B.S. examination, May, 1909, has been awarded to Augustus Joll, B.Sc., of University College, Bristol.

UNIVERSITY OF BIRMINGHAM.

The following candidates have been approved at the examinations indicated:

FIRST M.B., CH.B.—Class II: Elizabeth L. Ashby, R. Ellis, J. H. Ritchie, C. T. S. Stafford, D. K. H. Gill, A. P. Smith.

SECOND M.B., CH.B.—Class II: G. H. Alabaster, E. Bach, R. A. Broderick, E. F. Buckler, Elsie M. Humpherson, J. C. Jones, J. B. Lowe, D. N. Macleod, H. C. Nickson, H. Sheasby, C. L. Spackman.

THIRD M.B., CH.B.—Class I: *O. M. Holden, Class II: J. H. Bampton, A. R. B. Coleman, B. C. C. Court, B. E. Davies, B. T. Hampson, B. C. W. Hayward, A. Elizabeth S. Impey, C. C. Jones, B. D. N. Macleod, R. D. Nelson, P. A. Newton, A. M. Pickup, C. E. Salt, A. C. Tibbits.

FOURTH M.B., CH.B.—Class I: *E. R. Assinder, Class II: Elizabeth S. Impey, A. H. Newton, J. L. Ritchie, C. Walker.

FINAL M.B., CH.B.—W. F. Haslam, P. P. Cohn, W. C. Blackham, H. H. Sampson, H. C. Terry, Ethel A. Waldron, K. D. Wilkinson.

B.Sc. IN PUBLIC HEALTH.—Parts I and II: J. Dale.

D.P.H.—Part I: W. M. Hewetson, A. M. Nevin, R. C. Allen, D. Buchanan, J. M. Dalrymple, P. J. Mason, Part II: W. M. Hewetson, A. M. Nevin, J. A. Ainscow, J. Fenton, C. Johnson, R. W. Stocks, L. L. Hadley.

* Queen's Scholarship. † Ingleby Scholarship.

a Materia Medica and Pharmacy only.

b Pathology and Bacteriology only.

c Biology only.

d Chemistry and Biology only.

ROYAL UNIVERSITY OF IRELAND.

The following candidates have been approved at the examinations indicated:

FIRST M.B., CH.B., B.A.O.—*N. Beattie, P. L. F. G. Bennett, D. E. J. Burke, *J. D. Carroll, *T. J. Costello, M. M. Davitt, W. S. Dixon, W. A. L. Dunlop, E. C. T. Emerson, *T. J. Farrell, B. A., T. Fennessy, J. Garry, *W. Gault, *S. Geddis, J. G. J. Green, H. P. Hall, *J. F. Herbert, T. W. G. Hogg, *G. L. Kennedy, *G. D. Latimer, J. H. Lawlor, T. J. Lydon, *J. B. Lyle, *W. S. Lynd, B.A., W. J. McCracken, *W. M. H. McCullagh, Sch., W. MacDermott, *P. McDonnell, J. P. McLoughlin, *G. C. Maguire, M. Neilson, Eveline M. Noble, Mary J. O'Connor, B.A., E. J. O'Keefe, *J. J. O'Sullivan, *Edith Robinson, *R. Shanahan, H. R. Sinclair, *T. Walker, *M. J. Walsh, *T. H. Wilson.

* Qualified to sit for honours in one or more subjects of the examination.

LONDON SCHOOL OF MEDICINE FOR WOMEN.

The annual prizes were presented by Lady Northcote on July 2nd.

Miss Cock, the Dean, who presided in the absence of Mrs. Garrett Anderson, said that two students had received university scholarships—Enid M. Walters having won the Gilchrist Studentship for women at the University of London and Emily H. Morris the R. C. Brown Scholarship for research in special pathology at Cambridge. The latter was regarded as of special importance. A large number of graduates had received appointments as medical inspectors of schools—a work for which women were eminently fitted. They wanted many more women medical students. There was work waiting for them, and they had not enough women to do it.

Lady Northcote, having distributed the prizes and certificates, congratulated the students upon their splendid work. In India and in Australia she had seen women achieve great things. It was their duty and their privilege to minister to the sick and suffering, and that school helped them to discharge that duty, not only with sympathy, but with professional skill.

The large number of guests who were present at the prize-giving were afterwards entertained at tea in the school garden.

interested in social and temperance work, and was for many years Secretary of the Scottish branch of the British Medical Temperance Association, and was keenly opposed to the use of alcohol in medical practice. He was Treasurer of the Edinburgh Medical Missionary Society for some considerable time.

Dr. Young was a genial, kindly, and refined man, had many friends and no enemies. No one ever heard a biting word of criticism from him.

He was a good family doctor, full of sympathy and patience, and had earned the confidence and affection of many. His death leaves another gap in Edinburgh which will not be easily filled. His wife died some years ago.

NATHANIEL JOSEPH HOBART, M.D.,

CONSULTING SURGEON, NORTH CHARITABLE INFIRMARY, CORK.

THE medical profession in Cork has sustained a great loss in the death of Dr. Hobart, who passed away full of years and honour on June 24th at the ripe age of 84 years.

He was the only son of the late Lieutenant-Colonel Hobart, H.E.I.C., and was born in India on January 6th, 1825. He received his medical education in Dublin and St. George's Hospital. He obtained the diploma of M.R.C.S.Eng. in 1846 and graduated M.D.Glasg. in 1849. He was appointed medical attendant to the Douglas Dispensary (a dispensary which before the Poor Laws were in operation was maintained by various private persons), and was also medical attendant to Togher, Pouladuve, and Glasheen United Dispensaries. He held many important medical appointments; he was Consulting Surgeon to the Home for Protestant Incurables; the Cork Eye, Ear, and Throat Hospital; the Victoria Hospital for Women and Children, and the Cork Protestant Orphan Society. He was Surgeon to the Cork North Charitable Infirmary until he retired in 1900, when he was appointed Consulting Surgeon. He was nephew of a famous Cork surgeon, Samuel Hobart, F.R.C.S.Edin. and Irel., who successfully treated in 1836 subclavian aneurysm, as well as inguinal aneurysm, by ligature.

Dr. Nathaniel Hobart in his life fully maintained the surgical traditions of his family, and rapidly rose to the foremost position as a surgeon in the city of Cork. In his professional life he was always held in the highest appreciation; a neat operator, it was always a pleasure to see him at his work. Students and practitioners looked forward with interest to any demonstration of his great surgical skill. But in addition to his surgical attainments, which were of the highest order, he possessed a charming and lovable personality. He was full of the humour of the Irishman, and endowed with great natural wit; his memory will be revered by all who knew him.

In his long life he had many and strange experiences, and these he was fond of relating; nowhere was his genial influence felt more than in the social meetings amongst his brethren in the medical profession and at his own ever-hospitable board.

He held the position of Honorary Secretary to the Cork Medical Society in its early days, and more than once was elected to its Presidential Chair. He had held the office of President of the Cork Branch of the British Medical Association, and was also one of the Secretaries of the Section of Surgery when the British Medical Association met in Cork in 1879.

Always active and earnest in all that pertained to the betterment of professional life, Dr. Hobart gave his time, experience, and close attention to questions relating to its welfare, and under his encouraging chairmanship was fought the now memorable dispute with the Cork Benefit Societies. He rarely missed a meeting, whether general or of a committee, from the time the Cork medical profession actively took up the matter in 1894 to 1899, when, having suffered from a serious illness, he had to retire from all such strenuous work. Although unable to be present at its meetings, the Cork medical profession yearly re-elected him to the chairmanship.

He believed that deeds were more than words, and nobly acted to his belief. The medical profession can ill spare such a loyal member and sympathetic friend.

Dr. Hobart married Miss Herbert, granddaughter of the late Mr. Herbert, of Muckros, Killarney, and had issue four daughters and three sons. Of the latter, Dr. N. Henry

Hobart adopted the medical profession, and succeeded his father as surgeon to the North Infirmary, etc.

GEORGE ARCHIBALD MACONACHIE, M.D.,

BRIGADE-SURGEON-LIEUTENANT-COLONEL, I.M.S. (RET.).

WE regret to announce the death of Dr. G. A. Maconachie, which occurred at his residence in Aberdeen on June 26th. Dr. Maconachie received his early education at the Aberdeen Grammar School, and took his medical course at Aberdeen University, graduating M.B., C.M. in 1866, and taking the M.D. degree in 1872. In 1867 he entered by competition the Indian Medical Service, and was posted to the Bombay side, where he had a distinguished and highly honourable career. He held various medical appointments and served in the Abyssinian war, acting as medical officer of the reconnoitring force and being present at the fall of Magdala. In those stirring days, it is interesting to recall, he shared the tent of the late Sir William Lockhart, the distinguished soldier on whom afterwards devolved the chief command in the Afridi campaign. Later Dr. Maconachie was appointed professor of ophthalmology in the Medical College, Bombay, and soon afterwards became Principal as well as professor, and in that dual capacity obtained a large experience in administrative affairs. For upwards of twenty-five years he was a member of the Bombay Educational Department, and besides his connexion with the Medical College held other appointments in Bombay University. He was also a member of the Municipal Corporation and a director of the Mechanics' Institution. He retired from the service with the rank of Brigade-Surgeon-Lieutenant-Colonel in June, 1891.

He settled in Aberdeen, and there continued his interest in educational affairs; much to the public advantage, he was induced to become a candidate for the Aberdeen School Board in 1900, and served for a term of three years. On that Board his wide and varied knowledge of educational problems was of great value, and he was able to render esteemed service to the community. He was an exceedingly able and accomplished man. His medical work in India had given him a full and exact knowledge of the diseases peculiar to tropical countries, and in 1899 he accepted the post of lecturer on tropical medicine in Aberdeen University which he held for some years.

His Indian career lasted over thirty years, and he may well be described as one of the many Aberdeenshire men and graduates of the university who by their attainments and high character have rendered eminent and distinguished service to their country in the foreign and colonial fields. The valuable work he achieved merited and received the most cordial recognition. Dr. Maconachie is survived by his widow and family—his son being in the Indian Medical Service.

THE death is announced of Dr. SAMUEL ALEXANDER, who, until his retirement to Leigh-on-Sea a short time ago, had practised for fourteen years in Bow. He received his medical education at Queen's College, Belfast, and Edinburgh, obtaining the diplomas of L.S.A. in 1879, and those of L.R.C.P. and S.Edin. in 1880. In early life he was for a short time assistant to the late Dr. Bullock of Isleworth, and afterwards for six years to the late Mr. Cheattle of Burford, Oxford. On leaving Burford on his marriage he was the recipient of an illuminated address and presentation. After a short residence in Hampshire he settled at Bulwell, Nottingham, where he practised for six years. On leaving Bulwell to take up practice in Bow he was presented by his friends and patients with a gold watch and chain, and his wife with a silver tea service. Dr. Alexander, who was Surgeon to the North London Railway Works, Bow, was a member of the British Medical Association. He was a practitioner who kept himself abreast of the times, and his death so shortly after his retirement has caused much regret. He died on June 17th, at the age of 53, after a short illness.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are His Excellency Dr. Georg von Neumayer, for many years one of the leading spirits of the German Society of Scientists and Medical Practitioners, aged 83; and Dr. Jewetzky, Professor of Ophthalmology in the University of Dorpat.