

five years, and it took another five years to completely regain the power of her limbs. She had been married about six years and had had five children, but all died from convulsions. During the whole time she was carrying the sixth child she had been suffering from diarrhoea and vomiting, the vomiting being so troublesome that she could not take sufficient food.

The labour began on the evening of November 13th, 1908. When I saw her at 8.30 p.m. the os was about the size of a five-shilling piece, and pains were occurring about every ten minutes. The labour progressed in the ordinary way, and she was delivered of a full-term child about 12.30 a.m. on November 14th. There was no great loss of blood at the time, or after, externally. On leaving the patient the womb could be felt hard and contracted. The pulse was 85. I saw her again about 5.30 a.m., as she complained of feeling very faint. There was slight abdominal distension, but the womb still well contracted, and the pulse 90. She remained in much the same condition during this day; she was very weak and exhausted, but no more than one would expect, considering her condition before labour.

On November 15th the general tympanic distension increased very much. She vomited frequently, and complained of general abdominal pain. The temperature was normal, but the pulse was 120. For the first time the mother said her daughter, just before sending for me, whilst walking about, suddenly called out, "Oh, there is something gone!" and said she had severe pain in the lower part of the back, and a feeling as if something had snapped in the bowels. She was very faint, and perspired a good deal; but, after sitting down, she felt better, and thought no more about it.

About 10 p.m., on November 15th, she was removed to the Bristol Royal Infirmary, and was admitted under Mr. Mole, who has very kindly supplied me with the following notes.

#### NOTES BY MR. H. F. MOLE, F.R.C.S.

##### *Condition on Admission.*

Patient was very pale and collapsed, the pulse was small and rather rapid (128). The temperature was only 97° F. The abdomen was greatly but uniformly distended; it was tympanic, except on quite light percussion in the flanks. This dullness disappeared on deep percussion, and I could not satisfy myself that it shifted when the patient lay on her side. The abdomen moved well, and no localized resistance could be felt.

On bimanual examination the uterus was found to be freely movable, but the fundus could not be defined, owing to the abdominal distension. The external os uteri was contracted. She presented the appearance of a person who had lost a large quantity of blood, and I attributed the distension to intestinal paresis following childbirth. She was given a T.E. with a fair result.

The next morning her condition was much the same; if anything, the tympanites was more marked. Laparotomy was performed that morning.

##### *Operation.*

The abdomen was opened by a median incision, which extended at first from the umbilicus to the pubes, and was afterwards enlarged in an upward direction for about another inch. The intestines, and particularly the stomach, were markedly distended; the peritoneal cavity was filled with blood—dark, some clotted, some fluid—there was nothing to suggest that bleeding was going on at the time.

The blood and clots were partially cleared out, but no evidence was forthcoming as to whence the blood had come, after the most careful examination. The uterus was large and soft.

The patient vomited several times during the ensuing twenty-four hours, but the bowels were well opened by enemata, and the abdominal distension rapidly subsided.

The patient was discharged on December 16th, wearing a belt, but with the wound soundly healed.

Mr. Mole is of opinion that the bleeding must have come from some vein in the pelvis—perhaps in the broad ligament—but there was no evidence of it at the time of operation.

If the bleeding had been more severe, the patient would have died during labour, which, besides being very distressing for the friends, would also have been damaging to the doctor in attendance, although in no way to blame. Probably the vessel gave way when she complained of the pain.

## Memoranda:

### MEDICAL, SURGICAL, OBSTETRICAL.

#### A POINT IN THE USE OF KOLLMANN'S URETHRAL DILATOR.

HAVING recently had occasion to use Kollmann's urethral dilator, I found that the blades as they were being screwed back into their unexpanded position were apt to nip off small portions of the urethral mucous membrane, greatly to the discomfort of the patient. To avoid this, I placed a thin rubber covering over the instrument, which did not

materially interfere with the expansion of the blades, but prevented the approximating blades from including any tissue. A rubber tube similar to that employed in the Luy's segregator worked admirably. The difficulty experienced in getting the tube over the dilator was easily overcome by using soap as a lubricator. The mechanism was also protected from soiling by contact with the urethra. Anyone using this instrument will find this plan an advantage.

Glasgow.

ALEX. MACLENNAN.

#### UNILATERAL DEVELOPMENT OF THE MAMMA IN THE MALE.

ON page 1006 of the JOURNAL of April 24th there appears a most interesting report entitled, "Apparent Unilateral Development of the Mamma in the Male."

In examining conscripts for the Siam Police, about 500 men during the last six months, I have met with two such cases, both on the left side and both secreting a "clear fluid." In these cases there was no aesthetic feeling about the abnormal tissue, and I am, therefore, unable to append a microscopical report.

JAMES C. FYSHE, B.A., M.D., D.P.H.,  
Assistant Medical Officer of Health, Bangkok, Siam.

#### BIOTRIPSIS.

MR. LENTHAL CHEATLE's paper in the BRITISH MEDICAL JOURNAL of June 12th on what he designates "biotripsis," and the coloured illustration which accompanies it, serve to remind me of a somewhat similar case which came under my observation many years ago.

An old man, an agricultural labourer, was admitted into the York County Hospital in a weak and failing state of health, for which, apart from his age, there was no obvious cause, beyond a curious dry, chronic rash on the backs of the hands, and the malar prominences of the face, obviously of neurotrophic origin. I had had some experience of skin affections, having been house-surgeon to Sir (then Mr.) Jonathan Hutchinson, and having attended his clinical lectures on diseases of the skin, but I had never seen anything resembling the condition presented by this old agricultural labourer. I could make nothing of the rash, nor could I influence its course in any way. It was pigmented and had the appearance of heaped-up epidermic scales; it was absolutely symmetrical, and it did not give rise to irritation or discomfort of any kind. I had it photographed with a view to publication, but the picture did not convey any clear idea of the condition. After some weeks' residence in hospital, during which time the rash did not undergo any change, the old man died from asthenia.

London, W.

OSWALD BAKER.

#### ARSENIC IN LOCOMOTOR ATAXY.

IN view of the important discoveries in experimental medicine as regards the use of arsenic against spirochaetes, my own experience of the drug may be of interest. I have used it in several cases of locomotor ataxia with eye-symptoms, some of which have benefited greatly. In two cases the severe lightning pains quite disappeared. In one very bad case in which the patient was almost unable to walk, and whose efforts to do so were painful to witness, a series of ten injections helped him to the extent of ridding him of his distressing pains, and enabled him to come to the hospital without any assistance—indeed, he comes quite alone now.

A few words may be in place as to the method of administration. I use soamin,<sup>1</sup> and it is quite unnecessary to give it intramuscularly. The following are the most important points in the technique of injection:

(a) Dissolve the soamin in not less than 2 drachms of water. If this is not done, and the injections are made in the subcutaneous tissues, very unpleasant and slightly painful indurated masses remain for several weeks. Adequate dilution prevents this effectually.

(b) After injecting the last of the soamin, inject a little sterilized water, so as not to leave arsenical solution in the needle track.

(c) Apply firm pressure over the little wound, and a few seconds later put on a film of cotton-wool and paint with collodion.

<sup>1</sup> BRITISH MEDICAL JOURNAL, 1909, VOL. I, P. 370.

(d) On finishing with the syringe, wash it out in sterilized water, then draw absolute alcohol up in the needle, which is then detached, and it and the various parts of the syringe kept in absolute alcohol.

(e) Before using the syringe, wash the alcohol out of it and the needle by drawing up sterilized water. If this is not done, not only should we inject an irritant, but the syringe would act with difficulty.

London, S.W.

CHAS. WRAY, F.R.C.S.Eng.

#### ACUTE TUBERCULOUS ARTHRITIS.

THERE are few conditions more calculated to make the medical practitioner think carefully before committing himself to a definite diagnosis than what seems to be at first sight acute articular rheumatism. Owing to the fact that a clinical picture, the same to all appearance as that of rheumatic fever, but having an entirely different pathogenesis, may present itself, it is imperative in all such cases to institute an exhaustive examination in order to discover what etiological factor is really present, otherwise error is not unlikely to occur, as happened in the following instance:

F. I., a farm servant, aged 23, was seized last April with a sudden attack of illness, which showed all the characteristic features of rheumatic fever, and which was diagnosed as such. Four weeks from the beginning of his illness he was admitted into Driffield Cottage Hospital, when well-marked signs of pulmonary tuberculosis were found. These signs continue to progress.

I think this case worth recording, as it does not appear to be sufficiently well recognized that what seems to be ordinary rheumatic fever is occasionally the initial stage of an attack of tuberculosis.

An interesting and valuable article on this subject appeared in a recently issued number of that excellent serial, *International Clinics* (nineteenth series, first volume), in which the following suggestive passage occurs:

It cannot be too often repeated that the diagnosis of rheumatic polyarthritis has no longer any significance whatever in our days; we must penetrate beyond this superficial symptom-complexus, and endeavour to discover by all the means at our disposal a complementary pathogenic epithet. If we take the trouble and know how to search, we will find out at an early date in many cases that the rheumatic inflammation is only a striking symptom of an infection that is hidden, and is not a disease in itself.

In tuberculosis more than in any other infection it is of the greatest importance to be sure as to this pathogenesis, and army surgeons in particular will find therein one of the most valuable premonitory signs of incipient tuberculosis.

Driffield.

JOHN R. KEITH, M.D.Aberd.

#### RIGOR MORTIS IN A STILLBORN CHILD.

THE mother was admitted to the Birmingham Maternity Hospital with haemorrhage, at eight and a half months in her eighth pregnancy. She remembered feeling the child move as usual, and had been quite well till four hours before admission, when suddenly haemorrhage began, and she had cramp pains in both legs.

On admission she was having strong labour pains; no fetal heart could be heard; the vagina was packed, and there was no external haemorrhage. Delivery was natural five hours from the onset of haemorrhage, and the placenta was expelled immediately after the child.

There was no difficulty with the head, and the child was a good colour, but the cord was not pulsating. Artificial respiration was at once attempted, and it was then discovered that the mouth was firmly closed, and the whole body rigid; the back was slightly curved, and the arms and legs flexed on the trunk. The surface of the placenta was unusually smooth, and was covered with recent blood clot; the membranes were ruptured centrally, and contained 20 to 30 oz. of clot, and the cord was an ordinary length.

In reading through the reports of other instances of rigor mortis in the stillborn this case seemed particularly interesting, since the mother was so sure that the child was alive five hours before delivery.

Birmingham Maternity Hospital. C. EGLINGTON, M.B., B.S.

## Reviews.

#### CONTRACTED PELVIS.

DR. E. SCIPIADES, an assistant in the clinic presided over by Professor Tauffer at Budapest, has analysed the results during a period of ten years<sup>1</sup> in that clinic, from January 1st, 1895, to December 31st, 1904. During this period 6,877 women were delivered, of whom 949 had contracted pelvis. We gather from the preface that the author's native tongue is Hungarian, for this work was first published in that language. His first 81 pages are occupied with quotations and comparisons of the opinions of various German, French, and Hungarian writers upon midwifery. English literature appears to be a sealed book to him. Perhaps he will think it an exemplification of national vanity if we say that if he could read English he might learn a good deal. He has only dimly conceived the principle that contraction of the pelvis is only a relative term. A pelvis below the average size will allow the easy, spontaneous delivery of a small child, and a pelvis of average dimensions will obstruct the delivery of a child of excessive size. This being so, the percentage of cases in which, with contracted pelvis, natural delivery took place, only roughly shows the percentage of children below the average size. To be obstetrically interesting it should be accompanied by a statement of the average weight of the children, those spontaneously delivered, and those whose birth was assisted. Later on the author does classify the case according to whether or not the child exceeded 3,000 grams in weight, but this is a very crude way of testing the effects of different kinds of pelvic contraction.

Dr. Scipiades finds that the prognosis for the child in a case of contracted pelvis in which spontaneous delivery is allowed to take place is somewhat more unfavourable in a multipara than in a primipara. This he attributes partly to the greater frequency of congenital lues in the children of multiparae, partly to the prolongation of labour due to the greater development of the child's head. For the latter reason he thinks the induction of premature labour is more clearly indicated in a multipara.

His experience of the high forceps operation in contracted pelvis is not satisfactory. He has delivered four primiparae in this way, with one maternal and two fetal deaths. But why? The explanation is on the surface. The duration of labour in these cases was 56 hours, and the interval between the rupture of the membranes and the birth of the child was 53 hours 23 minutes (we presume these figures are averages). The bad results were not from the forceps delivery, but from the postponement of assistance.

Taking all classes together, there were 42 cases of high forceps operation. In no less than 10 the operator failed to drag the child through the brim, and had to perforate. The time between the rupture of the membranes and delivery was 31 hours 22 minutes, the duration of the labours 46 hours 13 minutes. It appears to us that the forceps in these cases should have been used much sooner. The 10 cases of perforation after attempts at forceps delivery are so many failures in diagnosis of the relative size of the head and the pelvic brim. Had a correct diagnosis been made early in labour the forceps would not have been thus misused. In our author's opinion, the high forceps operation in primiparae is a grave undertaking, which often fails, and saves but few children. We agree, when it is attempted without properly estimating the relative size of the child and the pelvis, and postponed until the labour has lasted two or three times longer than it ought to have done.

The obstetric authorities at Budapest were not acquainted during the period of which this volume is the record with subcutaneous symphysiotomy. There were 2 cases of symphysiotomy. One of the patients had been in labour 70 hours, the other 44 hours. How can a smooth convalescence be expected when the cases are allowed to linger on like this? There were 3 pubiotomies, and one of the patients left the clinic with a vesical fistula. Comparing these two operations, Dr. Scipiades says that the technique of symphysiotomy is more difficult (he does not

<sup>1</sup>Aus der Zweiten Frauenklinik der königl. ung. Universität in Budapest (Direktor: Hofrat Prof. Dr. Wilh. Tauffer): *Ueber die Behandlung der Geburten bei engen Becken*. Von Dr. E. Scipiades, Assistenten der Klinik. Berlin: S. Karger. 1909. (Imp. 8vo, pp. 247. M. 7.)

## Medical News.

DR. P. W. DE LA MOTTE, who has practised in Staines for more than thirty years, was recently presented with a silver bowl bearing a suitable inscription and a cheque for £125 by friends and patients. The presentation was made by Sir Edward Clarke, K.C., who said that Dr. de la Motte had always been the kindest of doctors to the poor, who had shown their gratitude by joining in the presentation.

In June, 1906, the London Education Committee established a special school for children suffering from favus, the majority of whom were resident in a small district. After a time a regular method of cleansing the children's heads and systematically disinfecting the surface several times a day was adopted. In May, 1908, an x-ray apparatus was installed, and, after its regular use for twelve months, only two or three children remained uncured. Altogether in the four years 142 children were admitted; 123 left cured, of whom 108 returned to the ordinary school; 16 children left for other reasons. All the cases treated, with the exception of one Irish child, were of alien descent, and though it is expected that families will arrive from time to time with several members affected, it is not considered necessary to maintain the special school, as it is believed that the small number of cases to be anticipated can be treated as out-patients.

THE sixteenth annual meeting of the National Society for Epileptics was held at the London office, Denison House, Westminster, on July 19th. Mr. Montefiore Micholls, who was in the chair, said that the extension of the Chalfont colony had continued, a new home for 26 epileptic women having been opened in the middle of 1908; since then two homes for epileptic children, one for boys and one for girls, each to accommodate 24 patients, had been completed, and would be opened during the autumn; the cost of the building, which amounted in each case to £3,500, had been defrayed by Mr. Frederick Green, the late Mr. C. A. Tate, and Mr. H. Woolcott Thompson respectively. It was reported that the colony now had accommodation for 224 adult patients, but as there were 40,000 epileptics in the country, of whom a considerable proportion would be suitable cases for treatment at Chalfont, the accommodation was obviously inadequate. At present male applicants had to wait two years for admission, and additional homes for men were urgently needed.

THE annual meeting and dinner of the Brussels Medical Graduates' Association was held at the Garden Club, Imperial International Exhibition, on July 15th. Dr. Richard Paramore, the President, was in the chair, and twenty-five members and guests sat down to dinner. After proposing the health of the King, the President read letters from Lord Strathcona, Sir Thomas Barlow, Bart., Sir William Collins, M.P., and Mr. Butlin (President of the Royal College of Surgeons), expressing their regret that they were unable to attend. The President then called upon Dr. Oliver, the guest of the evening, to propose the toast of the Brussels Medical Graduates' Association. In responding to this toast, the Honorary Secretary (Dr. Arthur Haydon) said that during the past year considerable progress had been made, for, as the result of his visit to Brussels last summer to interview the University authorities, he had much pleasure in saying that every one of the recommendations made by the Council had since been carried out, and that the Association had been officially recognized by the University of Brussels. He hoped to be able to organize an annual meeting and dinner at Brussels next year during the great Exhibition of 1910. Dr. Major Greenwood and Dr. Kirby also spoke. Dr. R. Paramore, Dr. Major Greenwood, and Dr. Arthur Haydon were elected president, honorary treasurer, and honorary secretary respectively for the ensuing year. After dinner a musical entertainment was carried out in the drawing-room by Miss Marshall and Dr. Haydon.

ON July 19th a memorial tablet commemorating the birthplace of Sir Morell Mackenzie was unveiled at Leytonstone. The house in which he was born more than three score and ten years ago has, owing to the growth of the district, undergone many changes. It is situated at the corner of Browning Road, and is now designated 742, High Road, Leytonstone. Here Sir Morell Mackenzie and his elder sisters were born. The memorial tablet has been erected by the Leyton Urban District Ratepayers' Association. After the honorary secretary (Mr. R. J. Tallack) had announced the receipt of letters from those prevented from being present, Mr. A. Munro, acting as chairman of the committee, referred to the lasting and far-reaching work of

Mackenzie, and to the satisfaction it gave them in Leytonstone to commemorate his birthplace. Mr. D. J. Morgan, J.P., and formerly M.P. for the Walthamstow Division, then unveiled the memorial and spoke of his personal recollections of Sir Morell Mackenzie, of his great industry and perseverance, which were crowned with success in spite of the difficulties he had to contend against early in life. The tablet bears the simple inscription: "Sir Morell Mackenzie was born here, July 7th, A.D. 1837. Erected by L.U.D.R.A., 1909." Dr. C. H. Panting (Leyton) spoke on behalf of the local members of the medical profession. Laryngology was represented by Dr. Dundas Grant and Dr. Jobson Horne. The former added a tribute to the memory of the great laryngologist. Dr. Morton Mackenzie (Dorking), in the absence of Sir Stephen Mackenzie, expressed the thanks of his family to those who had erected the memorial.

A GREY rustic granite cross with panelled bases has been erected by the friendly societies of Chard and district "in memory of their beloved medical officer," the late Dr. Benjamin Lambe Powne, who died on July 1st, 1908, aged 65. Such a tribute to the memory of a medical officer is perhaps not common, but it may encourage those who believe that under a properly devised and administered provident system the relations between the medical profession and the working classes might be made satisfactory. A correspondent who some years ago assisted Dr. Powne for over two years writes to say that he was much impressed by the cordial relations which existed between Dr. Powne and his club patients; his unwearying courtesy, kindness, and attention never failed to win their confidence and affection, and he never lost an opportunity of impressing upon young men the wisdom of joining a good friendly society. At about the time mentioned Dr. Powne found that 4s. a year was not sufficient remuneration for the medical attendance such as his club patients received; he pointed this out to influential members and to the secretaries, with the result that most of the societies at once increased the payment to 6s., others to 5s., only a few finding themselves unable to increase the rate. The members who thus recognized Dr. Powne's services in a practical manner during his lifetime have now paid a graceful and handsome tribute to his memory.

THE second quinquennial meeting of the International Council of Nurses was held at the Church House, Westminster, on July 20th, and was attended by representatives of nursing associations in all parts of the world. The central aim and idea of this international body is, we understand, the promotion of self-government among nurses, the raising of standards of nursing education and ethics, and of developing in every nurse both the human being and the citizen, thus to enable her better to apply her knowledge and skill to the many-sided service demanded of her by modern social conditions. The proceedings were inaugurated by an address from the honorary president, Mrs. Bedford Fenwick, after which reports from the federated councils were presented, and four new countries were formally admitted—namely, Holland, Finland, Denmark, and Canada. Fraulein Agnes Karll, of Germany, was then elected to succeed Mrs. Bedford Fenwick as honorary president, and it was decided that in future the conferences shall take place triennially, the next being held at Cologne in 1912. Descriptions of the position of nurses and nursing in their respective countries were read by the representatives of France, Italy, Sweden, Belgium, Switzerland, Japan, and Syria, and a resolution in favour of State registration of nurses was likewise adopted. An international congress of nurses commenced on the following day, the proceedings being opened by Miss Isla Stewart, matron of St. Bartholomew's Hospital, who said that in the higher development of all organized occupations a time came when their followers realized that they were capable of governing themselves, and that it was their duty to do so, and nurses had now reached that stage. The numerous papers read included one by Mr. D'Arcy Power, who said that private nurses ought to be recruited from higher and best educated social grades. When they were not popular in households it was usually because they tried to force upon such households the routine of hospitals. Dr. Rose, of the Education Department of the London County Council, spoke of the value of the open air school, one of the first outcomes of medical inspection. The part to be played in them by a nurse was more important than in ordinary schools. In connexion with the conference a nursing exhibition has been opened at Caxton Hall, and receptions have been held at St. Bartholomew's Hospital, at Dorchester House (the American Embassy), and at the Mansion House; while Thursday's programme included an address by Mr. Haldane, M.P., on "The Nurse as a Patriot."

Nearly two years ago (see *BRITISH MEDICAL JOURNAL*, 1907, vol. 2, page 764) Professor McKendrick of Glasgow sent us a quotation from a communication made to him by a lady which, as was pointed out at the time, seemed to indicate, besides some risk to life, another disadvantage in the use of this liquid, namely, the temporary partial intoxication which shampooing by this process may induce. From Dr. Spilbury's statement it would appear as if carbon tetrachloride were commonly used as an anaesthetic for surgical purposes, but we are unaware of any data on which his calculation as to its fatality-rate could be founded, or of any anaesthetist who uses it, or of any institution at which it is employed. Its possible value as an anaesthetic was investigated by Simpson and others some fifty years ago, but it was put aside as unsuitable. Its general physiological action resembles that of chloroform, but it is slower and much more toxic. Lafont, Morell, Raboteau, and Professor Marshall of St. Andrews, more recent observers, take the same view of its unsuitability.

## Medico-Ethical.

*The advice given in this column for the assistance of members is based on medico-ethical principles generally recognized by the profession, but must not be taken as representing direct findings of the Central Ethical Committee.*

### A HOTEL DOCTOR'S FEES.

A CORRESPONDENT of considerable experience in connexion with medical practice in hotels informs us that he considers that the scheme described under this heading by a correspondent in the last issue of the *JOURNAL* (page 181) is open to serious objections. In the first place, he holds that the deduction of 25 per cent. to be made by the proprietor who guarantees payment of the doctor's fees is excessive and unfair to the doctor, since the proprietor can nearly always ensure payment if he chooses. Further, he thinks that the proposal might be very improperly used by unscrupulous persons, whether proprietors themselves or even practitioners desiring to get a footing. Our informant considers that no percentage or commission ought to be paid, and that the proprietor of an hotel or boarding house having the advantage of feeling certain that he can always obtain medical assistance at once for any visitor, and know that the interest of his establishment will be studied—as, for instance, by the prompt removal of any case of infectious disease, etc.—ought to be willing to assist the medical attendant to obtain his fee without making any deduction or charging commission.

## Universities and Colleges.

### QUEEN'S UNIVERSITY OF BELFAST.

*Professor Redfern.*

At a meeting of the Senate held on July 15th the resignation of Professor Redfern, F.R.C.S., from advancing years and failing strength, was accepted with regret, and a resolution of regard and sympathy passed.

#### *Recognition of Hospitals.*

The Registrar submitted a list of hospitals which had made application for recognition and filled up schedules of particulars as regards their arrangements for clinical instruction. There are ten—the Royal Victoria, Mater Infirmorum, Union Infirmary, Belfast Hospital for Sick Children, Ulster Hospital for Children and Women, the Maternity Hospital, the Ophthalmic Hospital and Eye and Ear Dispensary, the Benn Ulster Eye, Ear, and Throat Hospital, the fever hospitals (the Belfast and the Union), and the District Lunatic Asylum. The Senate recognized these institutions as places of clinical study for medical students.

#### *Clinical Lectures and Teachers.*

The Registrar also submitted a report from the University Commission regarding the appointment of university clinical teachers and of university clinical lecturers, which was approved of.

### UNIVERSITY OF LEEDS.

*Degree Ceremony.*

A CONGREGATION of the university was held on July 19th for the purpose of conferring honorary degrees on Colonel T. W. Harding, President of the Health Congress at present in session in Leeds, and on Sir James Crichton-Browne and Major Ronald Ross, who are attending the congress. The Vice-Chancellor, who presided, made a feeling reference to the great loss sustained by the university in the death of its first Chancellor.

Colonel Harding was presented by Professor Phillips, who made the following speech:

Mr. Vice-Chancellor, I present to you for the degree of Doctor of Laws the Chairman of the Health Congress now being held in this city, the freedom of which he has purchased with a great sum of public service. Thomas Walter Harding is a man so urbane that, like Cicero, we may rejoice that the *urbanus* does not become *rusticus* quod urbe exiit et animi causa rus amoenum

habet, because he has withdrawn from Leeds, and become a country squire in Cambridgeshire. It is difficult, Mr. Vice-Chancellor, to compress into a few sentences the public record of one who has ever had a broad margin to his life, and whose maxim appears to have been, The way to live is to be alive. But when homage has been paid to his public spirit, that for which he would seem to deserve the highest praise is his recognition of the fact that beauty cannot exist without health, nor health without beauty. The work which he began as member of the Library and Art Gallery Committee he magnificently completed in the City Square, where, if his effigy does not appear, one is yet tempted to say, Si monumentum requiris circumspecte. The work which he commenced as Chairman of the Sewerage Committee has prepared him for even more important service—for the membership of the Royal Commission on Sewage Disposal, for the chairmanship of the Belfast Health Commission, and of that congress of which this congregation may be regarded as a session. Arcem facere e cloaca—to treat the sewer as if it were a citadel was a jest to the ancients, to Colonel Harding it has been a chief care of municipal government. Honoured by the King, by the corporations of this city and of the borough of Cambridge, he now is to be admitted by you as a graduate of the university of whose Council he is already a member.

Sir James Crichton-Browne and Major Ronald Ross were presented by Professor A. S. Grünbaum, who spoke as follows:

Until a century ago the only treatment in asylums for the insane was iron chains. Then followed the period of treatment by relative liberty. But rational treatment with the aid of drugs, based upon actual observation of their effects, remained practically unknown in this country, and hardly anything was known about the anatomical basis of insanity at the time when, now more than forty years ago, Sir James Crichton-Browne initiated at the celebrated West Riding Asylum the systematic study of the pathology of insanity and of its therapeutic treatment. The resulting conspicuous successes and discoveries are evidence of the efficiency of his youthful directorate during ten years. The stimulus to microscopical research, to which branch the present director, Professor Bevan-Lewis, has made such brilliant contributions, and to physiological investigations which led to Ferrier's fundamental discoveries on cerebral localization, arose with him. As one of the original editors of *Brain*, his articles were distinguished by an admirable delineation of clinical histories and pathological findings in unique and truthful word painting. Of permanent and conspicuous merit was his trenchant attack, in 1884, upon the educational life of boyhood, which was followed by an official report by him called for by the Government, on overpressure in school life. Every cause in public hygiene has been greatly furthered by his efforts and by his continuous insistence on the physiological principles of a healthy life. The familiarizing of the people with such knowledge has been a distinctive feature of the work of the Royal Institution, and due largely to the exertions of its distinguished Vice-President and Treasurer, whom I now present to you, Mr. Vice-Chancellor, for admission to the degree of Doctor in Science, *honoris causa*, in this university.

Few of us realize that in India alone nearly five million lives are the annual tribute exacted by malarial fever. The task undertaken by Major Ross fifteen years ago was therefore no mean one—to discover how malaria passed from man to man, and how it might be stopped. After five years of patient labour, despite imperfect tools and lack of books, despite arbitrary removals from one end of India to the other, and despite many official hindrances and discouragements, he reached his goal. The mere systematic examination of the whole of many hundreds of mosquitos in itself is no small feat; to do so fruitlessly and in the face of long-drawn disappointment, yet with intuitive hope, patience, and consciousness of ultimate success, are characteristics of the true investigator, found only in those pioneers of knowledge of which each century produces but a handful. Well might he say, with Ovid, "*Ardua molimur: sed nulla nisi ardua virtus*"; truly may we say, with Bacon, of him that "to try things oft and never to give over, doth wonders." No less energy has Major Ross displayed in the practical application of his discovery. To these efforts the reduction of malaria and yellow fever, in many places almost to the vanishing point, bears eloquent testimony. Genius is ever manysided. A powerful novelist, a dramatist, an accomplished musician; further, a profound mathematician as well as an epoch-making discoverer—such is the man whom I present to you, Mr. Vice-Chancellor, for admission to the degree of Doctor in Science. *honoris causa*, in this university.

At the same time the degrees of M.B. and M.Ch. were conferred on the following:

J. N. L. Thoseby (with first class honours), H. L. Flint and R. E. Smith (with second class honours), S. M. Hepworth, W. Shaw.

The Diploma in Public Health has been awarded to W. Carnes.

The Diploma in Dental Surgery has been awarded to H. R. Bentley and C. F. Salt.

The following candidates have been approved at the examinations indicated:

FIRST M.B. (PART II).—L. H. Butler, C. H. Gozney, H. R. Knowles, H. A. Sison, H. L. Taylor, J. Wilkinson, J. Wright.

SECOND M.B. (PART I).—T. Elliott.

SECOND M.B. (PART II).—H. Angel, J. H. Blackburn, J. Fergusson, G. W. L. Kirk, F. H. Kitson, G. P. Mellis, J. C. Metcalfe, M. Peto, J. J. Pickles, S. Samuel, H. P. Shackleton, H. W. Symons.

FINAL M.B. (PART I).—C. S. Brown, J. P. Brown, J. B. Fisher, W. S. Hart, H. N. Ingham, J. B. T. Keswick, H. S. Raper, B. A. Slocombe, G. V. Stockdale, N. S. Twist.

## UNIVERSITY OF LIVERPOOL.

## Degree Day.

THE Chancellor, Lord Derby, presided at the ceremony of granting degrees which was held in St. George's Hall on July 10th. The procession to the dais included, besides representatives of the teaching bodies of the university, the Lord Mayor of Liverpool and representatives of the corporations of Blackpool, Crewe, Southport, Birkenhead, and Preston.

The Chancellor in a short address condoled with those candidates who had failed in the examination, and reminded them that nobody thought any the worse of those who failed, but despised those who, having failed, did not make another attempt to win. He advised those who had succeeded to have a definite aim and object in view, for according to the old proverb, it was as foolish to live without an aim as to shoot without an aim. He hoped that those who were leaving the university would carry with them a love of it, and of the county within whose borders it stood.

The Chancellor then conferred the honorary degree of Master of Arts upon Mr. Percy Edward Newberry and Mr. John Montgomery, and that of Master of Surgery upon Mr. W. Thelwall Thomas, surgeon to the Royal Infirmary, and Mr. Robert Jones, surgeon to the Royal Southern Hospital, Liverpool.

Ordinary medical degrees were conferred on the following:

M.D.—J. A. M. Bligh, L. Hutchinson, A. Hendry, H. E. Heapy, H. R. Hurter, T. W. Jones, J. McClennan, J. E. W. McFall, J. Graham Martin.

M.B., Ch.B.—W. A. Daley (First-class Honours), K. J. C. Bradshaw (Second-class Honours); A. G. W. Owen (Second-class Honours), N. W. Steinberg (Second-class Honours), J. W. Cropper.

The Vice-Chancellor announced the list of awards in connexion with the university's fellowships, scholarships, studentships, prizes, and medals:

Robert Gee Fellowship in Anatomy, Richard Howard Mole, M.D.  
Holt Fellowship in Physiology, Charles Henry Hasler Harrold, M.B., Ch.B.

Thelwall Thomas Fellowship, William Wright Mackarell, M.B., Ch.B.

Ethel Boyce Fellowship, William Robertus Pierce, M.B., Ch.B.  
Holt Medal in Pathology, John Campbell.

The proceedings terminated with the playing of the National Anthem on the grand organ by Dr. A. L. Peace, and the pronouncement of the formula of dismissal, "*Salva Sit Universitas Nostra. Quod precantes consurgamus*," by Vice-Chancellor Dale.

## GRANT MEDICAL COLLEGE, BOMBAY.

THE report of the Principal, Lt.-Colonel H. P. Dimmock, I.M.S., for the year 1908-9 is commendably concise, and gives evidence of prosperity and progress. A new pathological laboratory, operating theatre, addition to the ophthalmic hospital and students' hostel, are in course of completion, and a new physiological building costing Rs. 30,000 is soon to be commenced. Chemical, bacteriological, and biological laboratories are still required, and facilities for teaching tropical medicine practically. Native graduates of the college take an active part in instruction in the capacity of tutors. At the close of the year 482 students remained under instruction. Of these 455 were male and 27 female; 57 were Christians, 274 Hindus, 129 Parsees, 14 Mahommedans, and 8 Jews; 97 new students joined the college, and 209 appeared for the L.M. and S. final examination, of whom 61 passed; 8 of these were female students; 44 military medical pupils were also under instruction, and three graduates of the college, after studying in the sanitary surveyor's class, were examined and passed. The list of scholarships and prizes is a long one, evidencing praiseworthy interest in the success of the college and its alumni on the part of both Europeans and natives. The fees received during the year amounted to Rs. 78,772.

## CONJOINT BOARD IN SCOTLAND.

THE following candidates have been approved at the examinations indicated:

*First Professional*.—R. J. Croxford, G. A. Grandsoult, J. V. Duffy, W. C. Holburn, W. Bannatyne, A. Watson, R. C. Craig, J. Williamson.

*Third Professional*.—H. Chatterjee, W. W. Shorten, M. W. Rees, I. Galdemar, J. B. Mitchie, J. M'Gusker, J. M. Chrystie, R. H. Jones, M. C. Anderson, W. E. Hopkins, R. Anderson.

The following passed the Final Examination and were admitted L.R.C.P.E., L.R.C.S.E., L.F.P.S.G.—T. S. Douglas, W. E. Hopkins, W. J. Taugher, A. C. Livingston, J. Young, E. W. Wilbourne, P. J. Taaffe, W. Browne, S. N. S. Aiyengar, G. M. MacLeod, E. D. Shroff, S. Rozdon.

## CONJOINT BOARD IN IRELAND.

THE following candidates have been approved at the examination indicated:

SECOND COLLEGE, JULY, 1909.—\*M. J. Hillery, \*T. P. H. Roberts, T. T. Buckley, N. S. Deane, H. J. Cotter, S. Griffin, R. Henry, W. H. Johnston, H. K. Kevin, R. Kenefick, T. Kennedy, J. Kearney, A. McGrath, F. J. McCarthy, M. Meehan, T. Mulcahy, J. C. O'Farrell, W. R. O'Keefe, J. C. Ryan, I. M. Swanepoel, J. Walsh, V. J. White.

\* Honours.

## Obituary.

RAYNER W. BATTEN, M.D., F.R.C.P.LOND.,

CONSULTING PHYSICIAN TO THE GLOUCESTER ROYAL INFIRMARY.

DR. RAYNER W. BATTEN, one of the oldest and most distinguished members of the profession in Gloucester, died on July 15th; he had been in failing health for some time, but continued to work until two days before his death, which was due to cardiac failure. He was born at Devonport in 1835, the son of Mr. John Batten, and of Mary, youngest of the children of the Rev. William Winterbotham, a well-known Nonconformist minister, descended from a Lancashire family. Dr. Batten received his medical education at St. Bartholomew's Hospital, took the diploma of M.R.C.S. in 1857, and graduated M.B.Lond., being University Scholar in Medicine in 1858; he graduated M.D. in 1860 and became a Fellow of the Royal College of Physicians in 1889. He was successively house-surgeon and tutor at St. Bartholomew's Hospital and house-surgeon to the Hospital for Children, Great Ormond Street; afterwards for a time he held the post of assistant physician to the Metropolitan Free Hospital, but in 1867 was appointed physician to the Gloucester General Infirmary, a post which he held until 1899, when he was elected consulting physician. As physician he was an *ex officio* member of the General Committee of the infirmary, and in 1901 he became an elected member; he was also consulting physician to the Gloucester dispensary, and to the Berkeley Cottage Hospital.

In 1886-7 Dr. Batten was president of the Gloucester Branch of the British Medical Association, and in that capacity delivered an address on the physical training of girls, in which he showed himself to be in advance of the general opinion of the day, advocating not only drill and calisthenic exercises but also outdoor games for girls. Dr. Batten was for many years the representative of the Gloucestershire Branch on the Central Council of the Association, retiring in 1903. He was vice-president of the Section of Medicine at the annual meeting in Cheltenham in 1901, and many of those who were present at that meeting will remember the cordiality with which he joined in their reception at Gloucester on the last day of that meeting.

Dr. Batten took an active part in all religious and philanthropic movements in Gloucester; he was a fluent and graceful speaker, and was always ready to support a good cause. He held strong opinions with regard to temperance, was himself a teetotaler, and was a strong advocate of temperance. He was for many years one of the governors of the Gloucester Endowed Schools, and one of the Gloucester municipal charity trustees. He was a steward of the Three Choirs Festivals, and an active member of the Gloucester and District Devon and Cornwall Society. Dr. Batten was placed upon the Commission of the Peace for Gloucester in 1882, and at the court held on July 16th his death was referred to in sympathetic terms by the chairman, the clerk to the magistrates, the deputy chief constable, and a representative of the solicitors practising in the court.

Dr. Batten was twice married; his first wife—Miss Leonard of Clifton—died in 1870, and his second—a daughter of Mr. Samuel Bowly, the temperance reformer—in 1891. He leaves a family of one son—Mr. Lauriston Batten, K.C., and two daughters.

The funeral, which took place in Gloucester cemetery on July 17th, was preceded by a memorial service in Southgate Congregational Church, which was attended by representatives of the Corporation of Gloucester, of the Gloucester Royal Infirmary, and of many other bodies with which Dr. Batten was connected, and by a large number of members of the medical profession in the city and county.

Mr. C. FIRMIN CUTHBERT, of Gloucester, writes: My personal knowledge of Dr. Batten was very considerable, having myself been in practice in Gloucester for very nearly twenty-five years. He was held in the highest regard both by the medical profession and by the public. I myself, as a surgeon, have on innumerable occasions derived the utmost benefit from his opinion as a physician, and I have been struck very often with the