

6 months old, she had begun to gain in weight a little, and scaled 7 lb.—the weight she was when born. Virol was now given in place of the Kepler malt extract, and in the middle of March one feed a day of Savory and Moore's food was begun in the place of Benger's. By the end of March the child was gaining fairly steadily, as will be seen by the weight chart. The peptogenized milk was stopped, as was also the raw meat juice, and we ceased to wash out the stomach, the indication for the latter being that the wash-out no longer showed retained curds in the stomach. She was now put on a mixture of raw milk and barley water, with the necessary amount of sodium citrate.

The child was vaccinated on May 17th, being now 8½ months old; she was not upset at all by this, in fact the week following she showed her biggest gain, namely, 1 lb. She cut the two lower central incisors during the second week in June.

The volume of the feeds and the amount of the milk were gradually increased as the child's capacity for taking in got greater, and in due course one feed a day of Mellin's food and one of Chapman's wheat flour were added to the dietary. I should have stated that the Savory and Moore's food was stopped as soon as the child was able to take the milk and barley water mixture. At the commencement of July, being 10 months old, the patient weighed 14 lb.; she was small for her age, but fat and a capital colour; an extremely bright and intelligent child, and wonderfully happy and contented. The bowels were acting without any trouble, she was never sick, and there was nothing to suggest that the stomach was at all dilated. There is nothing further of special note to chronicle. The child now, in the middle of October, is 13½ months old, weighs 20 lb., has cut six teeth, and can stand when holding on to any object. Although she is, of course, behindhand for her age, she is apparently in robust health, and shows no signs of rickets or dilated stomach. The diet has naturally been suitably altered and augmented to bring it up to the requirements of her growth, though she cannot yet quite manage the food of the ordinary healthy infant of corresponding age.

This case presents one or two points of exceptional interest.

1. So far as I know, most, if not all, of the recorded instances of congenital pyloric stenosis have been in male children.

2. The case was under medical supervision from birth.

3. Improvement did not begin till the child was 6 months old, whereas the spasm usually passes off at an earlier date.

4. There were never any convulsions due to the absorption of toxic material from the stagnated contents of the stomach; this was directly due to the daily washing out of the stomach, which, begun early in the treatment of the case, prevented gastric dilatation taking place.

It is interesting to note in this connexion that in the case recorded by Dr. Harper in the *Lancet* of August 19th, 1905, where no washing out of the stomach was done, convulsions were a very frequent and most distressing complication.

5. Ever since the child was a week or two old she has been accustomed to spend as many hours a day as possible out in the open air in her perambulator, this even when the ground was deep in snow in the winter; she was always the better for being out, and was never kept in except for rain. She never suffered from cold, even when she was extremely emaciated.

6. Throughout her illness from the moment the gastric lavage was commenced the child slept on an average from eighteen to twenty hours a day, and doubtless this had much to do with maintaining her vitality, and so enabling her to weather the storm.

REFERENCE.

¹ *Clinical Journal*, September 9th, 1908.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

RECURRING APPENDICITIS: RIGHT OÖPHORITIS IN ASSOCIATION WITH MODIFIED GRAVES'S DISEASE.

DURING the last three months in the course of my practice I have come across three cases which, taken singly, might each be accounted for by coincidental existence of two diseases in one person, but taken collectively it is somewhat improbable that they can be explained in this way. I am unaware of any literature dealing with the point I am about to mention, and I should be glad to know if any other medical man has had a similar experience, or has entertained the idea of any causal relationship between the two. The two diseases mainly concerned are chronic or recurring appendicitis with involvement of

the right ovary, associated with a modified form of Graves's disease. The following is a brief account of the cases:

T. D., aged 23, member of the dramatic profession, single. In April of this year I first saw her on account of colicky pains of an "excruciating" character in the right iliac region associated with nausea, and a slight temperature with foul tongue and constipation. There was a history of two similar previous attacks. On examination, there was definite tenderness over the appendix, and the right rectus was resistant. With rest in bed and suitable treatment the attack subsided, and the patient refused or postponed operation. In June a similar attack occurred, and again in August. The right ovary is tender and somewhat large, and there is profuse leucorrhoea. I saw this patient again on September 1st, and then found a palpable thyroid gland, a definite fine tremor of the hands, and a pulse of 110—in other words, a modified form of Graves's disease. This patient is habitually constipated and has a foul tongue, unless freely treated with aperients.

M. J., lady governess and nurse, aged 25, single, first came to me in June, complaining of pain of a colicky nature referred to the umbilicus; had had attacks of pain at intervals for a year, profuse leucorrhoeal discharge, menorrhagia, and dysmenorrhoea for several months, constipation, and foul tongue. This patient also complained of acute depression and "tedium vitae." At this time there was nothing definite to go upon, but a month later she came to me feeling better as regards the depression, but complaining of the pain being still present at times, and a constant dull ache in the right ovarian region. I examined her, and found a definite lump in the appendix region, slight rigidity of the right rectus, and bimanually the right ovary seemed larger than the left, but of this I could not be certain. As the patient was leaving for home I wrote to her mother, and advised that the local doctor should be called in. This more especially as the patient then told me, what she had not before mentioned, that she had had a temperature for some weeks on and off, associated with the pain. This girl had, in addition, fine tremor of the hands, pulse 110 to 120, for one month, during which I had her under observation, and her thyroid was distinctly enlarged, she herself volunteering the statement that sometimes her neck seemed larger than at others.

R. S., hospital nurse, aged 23, single, first came to me twelve months ago with very marked tremor, pulse 120 to 130, enlarged thyroid gland, complained of feeling excessively tired during and after her hospital work. She was then doing special work, massage, etc., and was just going to commence full training at another London hospital. I advised her not to attempt it for twelve months, but to rest. For various reasons she could not rest completely, and obtained a post at a nursing home. Her symptoms did not respond to treatment of various kinds, but this I attributed to the well-known uncertainty of drug treatment in this condition, and the absence of sufficient rest. Six weeks ago she was travelling on the Continent with a patient, and was forced to come home owing to acute abdominal pain (generalized), with diarrhoea and passage of mucus and blood. She tells me that for months she had a temperature now and then of 99.6°, and had also had previous attacks of pain. I was called to her, and found her to be tender all along the whole course of the colon, but with no localized pain. The next day, however, her right rectus became rigid, and I decided to operate. On opening the abdomen, clear straw-coloured fluid presented in the wound. The appendix, which measured 3½ in., was found to be closely bound down to the colic wall along its whole length, with the exception of the last ½ in., but it was not in an acute inflammatory condition. I dissected it off and amputated it, and then looked for the more recent cause of the pain. The right ovary was enlarged and had a cyst on its outer end, which had burst and was obviously the source of the fluid found on incising the peritoneum. The left ovary being apparently healthy, I removed the right one, and, after swabbing up all the fluid within reach, closed the abdominal wound. The patient has made an uninterrupted recovery from the operation, and, what is to my mind by no means the least important point as bearing on this communication, her pulse has never since the operation been above 84—it is now 76—the tremor has almost disappeared, and the thyroid is less prominent, though still slightly enlarged.

These three cases, as I remarked above, seem to me collectively to point to a definite connexion between the two coexistent conditions. Whether they have a common causal factor, or whether one is causative of the other, I leave it to the future and the experience of others to decide, but that there is something more than coincidence in the coexistence of the two sets of symptoms in these three cases, I am convinced.

Of the first two cases, I very much regret that in one operation has been up to now refused, and in the other I have not yet any definite information, and therefore operative proof is not, so far, obtainable, but personally I am convinced that appendicitis was present. My own view is that the appendix trouble, either primarily or secondarily through the ovary, causes a sympathetic disturbance, which produces this modified Graves's disease.

I do not think that any one will quarrel with me if I say that the pathology of Graves's disease is still an open

question. I mean as to whether the primary causal factor is sympathetic or thyroid; and, if the latter, as to whether it is due to hypersecretion or perversion of secretion. But in either case it seems to me that the appendix, being in a morbid condition, may quite possibly start a morbid condition either of the thyroid gland or the sympathetic nervous system, and in support of my view I state the three cases above.

I trust that this communication may result in the relation of similar experiences by other practitioners, or that it may call the attention of the profession to what I believe to be a hitherto unrecorded connexion of two diseases.

ERNEST STRATFORD, M.R.C.S., etc.

Wellington College Station, Berks.

MENINGOCELE PRESENTATION.

I was called to a primipara, aged 28, in whom labour had commenced a fortnight earlier than had been expected.

Examination of the abdomen gave very little help as there appeared to be a large amount of liquor amnii present. On vaginal examination an indefinite mass was felt through the os, which was about the size of a half-crown. On returning to the case later, the os was about the size of a crown piece, and the mass was more prominent. It had the feeling that the placenta gives, yet this was hard to understand, for there had been no haemorrhage. Anteriorly to the mass and behind the symphysis pubis a slight depression could be felt not unlike the posterior fontanelle. Posteriorly another depression could be felt like the anterior fontanelle. Pains became frequent and strong, and the mass showed at the vulva during the pains, returning again as they subsided.

Being unable to make a definite diagnosis without anaesthesia, I asked Dr. Reichwald, of Ashted, to assist me. Meanwhile the liquor amnii had escaped. Examination of the abdomen under an anaesthetic showed the head to be in the left top corner of the uterus. Beyond this nothing definite could be made out. The whole hand was introduced and the mass was found to be attached to the fetus. Posteriorly another smaller mass could be detected. Both legs were extended. Bringing down first one leg and then the other, the fetus was partially withdrawn and the mass proved to be a meningocele, somewhat larger than a cricket ball, attached to the lower lumbar region. The smaller mass posteriorly was the oedematous scrotum. The depression felt was the gap in the spinal column where the meningocele arose. Both arms were extended above the head, and, after getting them down, a stillborn fetus was delivered.

Oxshott, Surrey.

THOS. C. BLACKWELL, M.D. Edin.

BELLADONNA POISONING BY THE APPLICATION OF A PLASTER.

M. M. G., aged 74, fell downstairs in August, striking her back about the level of the scapulae. On examining her on August 18th I found she had only sustained contusions, but as she complained of pain I applied two strips of belladonna plaster over the painful part. At my second visit she stated that she was greatly relieved, and I ceased attending.

On the afternoon of September 26th I was again sent for and informed that she had fallen while in the garden, and it was thought she had "a seizure." I found her in bed, very delirious, with the pupils moderately dilated, but no paralysis. Over the lumbar region she had a "porous" belladonna plaster, and outside this was adhering a portion of the plaster which I had previously applied higher up. The whole of the surface underneath the plaster was raw, and absorption of the belladonna had taken place through the raw surface. I removed the plasters, and on the following day she had quite recovered. The history she then gave was that, having found relief from the plasters I applied, and having a pain in the lumbar region, she had sent her husband to the chemist for a similar plaster, which she applied on September 21st. This soon produced intense itching, causing her to be constantly rubbing her back. On September 24th her sight began to be affected; on the following day the throat became very dry; and from the morning of the 26th to that of the 27th she has no recollection of what occurred.

Gunnislake, Cornwall.

ALBERT BOWHAY, M.D.

A CASE OF POTATO POISONING.

On the evening of June 17th, 1909, I was called to see a man, aged 33, a platelayer, who had been taken suddenly ill that afternoon while at work, with vomiting and diarrhoea, having felt perfectly well beforehand.

I saw him at 6.30 p.m., when he told me that at 3 p.m. he was seized with a sudden desire to vomit, with great pains in the lower part of the abdomen; this was followed by persistent vomiting and diarrhoea. At 6 p.m. cramp commenced to come on, starting in the lower part of the abdomen and affecting the muscles of the thighs, arms, and hands chiefly; the cramp was so bad in the thighs that it was some time before I could get him to lie down on a bed to be examined; his voice also seemed to be affected. He was given calomel, followed by mist. alb., and at 8.30 p.m. the pain ceased, but the cramp continued in the back of the thighs till 2 a.m., when he fell asleep. On awakening he felt quite well, and was able to come and see me.

His diet on June 17th consisted of bread and butter and tea for breakfast, and meat and new Jersey potatoes for dinner at 12.30 p.m., of which his wife and children also partook; he ate about a dozen potatoes, but noticed that fully one-third of them were quite green. I understand that solanin is present in these green potatoes, which are those that grow exposed on the top of the ground, and also in those sprouted ones that are stored exposed to light.

This case may be of interest to those who practise in country districts, where potatoes form the chief article of diet in the cottages of the labouring men.

C. A. EAMONSON RING, F.R.C.S.E.

Brinklow, near Coventry.

A CASE EXHIBITING THE TOXIC EFFECTS OF ETHER.

PROFESSOR DIXON, in his address on "Facts and Fancies in Pharmacology,"¹ mentions that the effect of ether is to depress nerve tissue, and in large doses muscle tissue too. As an illustration of those statements I will give the history of a case recently under my observation. A man aged 46 states that he first began to inhale ether as a means of obtaining relief from pains in his chest and body, which were the result of indulgence in alcohol, but he only occasionally made use of this means. However, for the last two months he has been more or less constantly inhaling ether, 6 drachms at a time, and getting through a 1 lb. bottle of ether a day, consequently he has been bedridden for weeks, and had lost flesh rapidly and to such an extent that he was unable to stand without help; moreover, the circulation was so feeble that he had hot-water bottles to keep his feet warm. For the last week he had been fed per rectum, partly because he refused to take anything by the mouth, and also because of troublesome hiccough and sickness which followed food given by the mouth. Gradually he became quite apathetic, taking no interest in his surroundings until he reached a stage in which he was quite irresponsible for his words and actions, so that he had to be placed under some restraint and carefully nursed away from his home; I hear he is now progressing satisfactorily, though still very weak mentally and physically. As there was no wasting before he took to bed, and considering the large quantities of ether which were inhaled—no other drug or alcohol being taken—it is reasonable to assume that his present condition is due entirely to the large and continual doses of ether.

During the time he was under my care I never saw any signs of paralysis, nor had he any shooting pains in the legs or other signs of neuritis elsewhere. The patellar reflex was just obtainable, but, as he resented interference, I could not make any detailed examination.

Althorpe, via Doncaster.

J. F. ROBERTSON.

¹ BRITISH MEDICAL JOURNAL, August 28th.

THE late Mr. Alexander Fleming bequeathed £10,000 to the Western Infirmary, Glasgow.

THE United Services Medical Society opened its winter session on October 13th at the Royal Army Medical College, Millbank, S.W. In the course of a short address, the President, Surgeon-General A. M. Branfoot, C.I.E., suggested that special attention should be paid to neurasthenia as a disease responsible for a great deal of inefficiency in the Services.

BRITISH MEDICAL BENEVOLENT FUND.

At the October meeting of the Committee 27 cases were considered, and grants amounting to £246 made to 22 of the applicants. Appended is an abstract of the cases assisted:

1. Widow, aged 40, of M.R.C.S., L.R.C.P. Quite unprovided for at husband's death, and at present, owing to a nervous breakdown, is incapable of supporting herself. No children. Voted £10.
2. Widow, aged 61, of M.R.C.S., L.S.A. Practically unprovided for at husband's death a few years ago, and has failed to maintain herself by taking boarders. Children only able to give very slight help. Voted £12.
3. Widow, aged 42, of F.R.C.S., who was for many years a teacher at a London medical school. Since husband's death has supported herself by letting lodgings or acting as house-keeper, but was compelled to give up her last post on account of ill-health. Now proposes to start a small tea-shop. Three children, all in institutions. Voted £15.
4. Widow, aged 41, of L.R.C.S., L.R.C.P.I., who practised in West Africa. Quite unprovided for, and endeavouring to obtain boarders or lodgers. Four children, of whom two are still at school. Voted £10.
5. M.R.C.S., L.S.A., aged 84, who practised in London. No income; children only just self-supporting; receives a little help from relations. Voted £12.
6. Widow, aged 69, of M.R.C.S. Only income £10 a year, and has been assisted by her daughter, whose earnings have so much decreased that the help has to be withdrawn. Relieved four times, £50. Voted £12.
7. Widow, aged 55, of L.S.A. No income and dependent on a son earning 35s. a week. Relieved eight times, £90. Voted £12.
8. Daughter, aged 41, of late F.R.C.S. Quite unable to earn a living, owing to continued ill-health, and dependent on her mother, whose income is £30 a year. Relieved nine times, £84. Voted £12.
9. Widow, aged 42, of L.R.C.P. Edin., M.R.C.S. Quite unprovided for at husband's death from new growth a year ago, and endeavours to support herself by letting lodgings. Slight help from a stepson in the merchant service. Relieved once, £12. Voted £12.
10. Widow, aged 52, of M.B., C.M. Aberd. Income £19 a year, and makes a few shillings a week by taking boarders. Three children still at school. Relieved twice, £15. Voted £5.
11. Widow, aged 62, of L.R.C.P. Edin., M.R.C.S. Eng. Is helped by her daughter, a governess, and earns a little by teaching. Relieved eleven times, £87. Voted £5.
12. Daughters, aged 45 and 37, of late L.S.A. Both unable to earn a living on account of persistent ill health. Relieved five times, £60. Voted £12.
13. Widow, aged 60, of M.R.C.S. No income; a few shillings a week allowed by children. Health too feeble to permit of occupation. Relieved eleven times, £123. Voted £12.
14. Daughter, aged 69, of late M.R.C.S. Lost her father when 3 years old, and has supported herself since the age of 17. After being a governess for many years took a house and received boarders, but has recently found herself unable to meet expenses. Relieved twice, £19. Voted £5.
15. Daughter, aged 57, of late L.R.C.P., L.S.A. Being very deaf and incapable of earning a living is dependent on a sister, a mental nurse, who is unable to earn as much as formerly. Relieved four times, £14. Voted £12.
16. Widow, aged 53, of M.R.C.S., L.S.A. No income; no children; health very feeble. Relieved six times, £56. Voted £12.
17. Daughter, aged 38, of late F.R.C.S. No income, and owing to tuberculous disease of a large joint is only able to do slight work occasionally. Receives a small weekly allowance from another charity. Relieved three times, £36. Voted £12.
18. L.R.C.P., L.R.C.S. Edin., aged 74. Has been unable to practise for some years past owing to deafness and ill-health, and is now practically dependent on friends. Relieved three times, £29. Voted £12.
19. M.D. Aberd., aged 57. Is quite incapacitated by lateral sclerosis. Only income two small pensions from charities. Two children, both still at school. Relieved once, £10. Voted £18.
20. Widow, aged 64, of M.R.C.S. Owns a small property in Ireland, but the income has now diminished to a few shillings a week. Children just self-supporting. Relieved ten times, £32. Voted £10.
21. Daughter, aged 60, of late M.R.C.S. No income; slight help from friends; earns a few pounds yearly by knitting. Relieved five times, £54. Voted £12.
22. Widow, aged 69, of M.D. St. Andrews. Being unprovided for at husband's death established a home for invalids, but was unable to meet expenses; is now dependent on occasional help from friends. Relieved twice, £20. Voted £12.

Contributions may be sent to the Honorary Treasurer, Dr. Samuel West, 15, Wimpole Street, W.

THE South-West London Medical Society opened its winter session at the Bolingbroke Hospital on October 12th, the new president, Dr. Leonard McManus, being in the chair.

Medical News.

THE Edinburgh University Club in London will hold its next dinner on Friday, November 12th, when the chair will be taken by Mr. J. D. Malcolm, F.R.C.S.

ON October 19th, Mr. T. Johnston, M.R.C.S., was presented, on the occasion of his leaving Rugby, with a handsome marble clock by the members of the Ancient Order of Druids, of which he is a Past Arch.

MR. CHARLES BALLANCE, M.V.O., M.S., F.R.C.S., will deliver an address on The Lesson to be learnt in London from the History of the Mastoid Operation, at the Central London Throat and Ear Hospital, Gray's Inn Road, on Monday, November 8th, at 4.30 p.m.

THE Association of Medical Men Receiving Resident Patients has appointed Mr. G. F. Darker, of the Middle Temple, who is a barrister with medical qualifications and experience, to be its salaried secretary. The address of the association in future will be 57 and 58, Chancery Lane.

CHESTER Infirmary has received a gift of £500 out of the fees paid by visitors for viewing the Duke of Westminster's place at Eaton during the past season. The total sum collected and locally distributed among charities was £980.

THE annual dinner of the staff and past and present students of the Royal Dental Hospital of London will be held on Saturday, November 20th, at the Hôtel Métropole (Whitehall Rooms) under the presidency of Mr. C. F. Rilot. Gentlemen either now or formerly connected with the hospital or medical school who may through inadvertence not have received special notice and who desire to be present, are requested to communicate with the Dean at the Royal Dental Hospital, 32, Leicester Square, London.

THE second Italian Congress against Tuberculosis was held at Florence on October 10th and following days. The Minister of Agriculture, the Prefect, and other provincial and communal authorities were represented. Professor Lustig delivered an inaugural address, after which he was elected president. It was decided that the next congress should be held in Turin in 1912. Professor Alfonso di Vestea, of the University of Pisa, read a report on tuberculosis in Italy, and on the means, legislative and other, adopted to combat the disease. Professor Pacchioni discussed the public assistance of poor children by means of marine hospitals and summer colonies.

THE managers of the *Presse Médicale Italienne*, which, as stated in the JOURNAL on October 2nd, p. 992, was founded for the purpose of making known Italian medical work abroad, intimate that they are prepared to give members of the medical profession visiting Italy all the information which they may require. They issue a *Guide du Voyageur en Italie*, illustrated with numerous vignettes, a copy of which, in German, English, or French, according to the requirements of the visitor, will be sent gratuitously on application. The address is Via S. Marco 12, Milan.

THE usual monthly meeting of the Executive Committee of the Medical Sickness, Annuity, and Life Assurance Society was held at 429, Strand, London, W.C., on October 15th, Dr. de Havilland-Hall in the chair. The accounts presented showed the working of the society up to the end of September last, and enabled a comparison to be made between the experience of the society during the summer of this year and during the corresponding period of previous years. As usual, the sickness claims were much more numerous in the months of January to April than in the months following, and this feature of the business will probably remain unaltered so long as the members of the society are, as at present, mostly medical men in general practice. These are, of course, peculiarly liable to throat and chest affections caused by exposure to bad weather, and claims of this kind have always swelled the sickness lists of the society in the early months of the year, while, as the weather gets warmer, these claims become few. The variation between the amount of winter and summer sickness experienced by the society is, however, slowly but surely lessening, owing to the steady growth of what is called the "chronic list." This consists of the claims of members who are never likely to be able to perform any more professional work and who draw sick pay continuously. In these cases, of course, the summer and winter experience is the same, and as they are getting more and more numerous—there are at present at least forty of such cases—they tend to make the whole sickness experience of the society more level. Prospectuses and all information on application to Mr. F. Addiscott, Secretary, Medical Sickness and Accident Society, 33, Chancery Lane, London, W.C.

SUICIDE BY VERONAL.

In a case of poisoning by veronal investigated in the Coroner's Court in Paddington on October 23rd, the jury returned a verdict of suicide while insane, adding a rider to the effect that veronal when sold in tablet form should be scheduled under the Sale of Poisons Act. The medical witness gave evidence to the effect that when summoned to the deceased, a woman aged 45, he found her suffering from an overdose of veronal. He gave her antidotes but she only lived to the following day, death being due to heart and respiratory failure. The bottle from which the veronal was taken had contained twenty-five tablets of 5 gr. each. The direction for use printed on the bottle stated that three tablets could be taken, a recommendation which the witness himself would be chary of giving. These tablets, he said, were prepared in seductive form, and were on sale without restriction by chemists. The public seemed to think that they could take any number of them with safety. Accidents with veronal seemed to be on the increase.

SOLICITORS AND THE PAYMENT OF FEES.

BRIGHTON writes (1) that he was requested to attend court to give evidence in a case by a firm of solicitors. On his agreeing to do so for a fee of 10 guineas a day, his condition was accepted in writing by the firm in the name of their client. He attended by request on two days, but had only been able to get his fee for the first day. Ought he to sue the solicitors, or their client? (2) He also has an account against the executor of a patient. The former is a solicitor, and has taken no notice of his account, and he thinks his patient may have died insolvent. Has he any means of compelling the executor to give him any information?

* * (1) The client alone is responsible for his fee. (2) He can sue the executor, who would then be compelled to give an account, but it must not be forgotten that the law allows an executor twelve months to carry out his duties. A search at Somerset House would inform our correspondent what assets his patient died possessed of.

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.—The business of a Division must be conducted in accordance with the by-laws and regulations. If our correspondent alleges that they have been violated, the investigation of the allegation would, we apprehend, fall within the province of the central Organization Committee.

FEES FOR ATTENDANCE ON THE FAMILIES OF MEDICAL PRACTITIONERS.

PUZZLED writes: A country practitioner, A., breaks down in health, and after a long and serious illness goes to the seaside to convalesce. While there his wife is taken ill, and he asks one of the local practitioners, B., to attend her. This attendance lasts about a week. B. subsequently sends to A. an account charging for visits at the usual rate. Is it customary for one practitioner to charge for attendance on another practitioner's wife?

* * It is not customary for one practitioner to charge for attendance on another practitioner's wife, especially in the case of a neighbour, but there is no absolute rule which exempts a member of the medical profession from his liability to pay fees for professional services rendered to him or his family by a brother practitioner

Universities and Colleges.

UNIVERSITY OF CAMBRIDGE.

THE number of students who have entered this winter with a view to obtaining medical degrees is 110, or a little less than 11 per cent. of the total number of freshmen. The average during the past five years has been 112.5.

UNIVERSITY OF LONDON.

KING'S COLLEGE.

Special Lectures in Physiology

THE course of lectures on the pineal and pituitary bodies to be delivered in the Physiological Laboratory, King's College, commences on Monday next. Professor Halliburton, F.R.S., will lecture on the pituitary body on Mondays, November 1st, 8th, and 15th, at 4.30 p.m., and Professor A. Dendy, F.R.S., will lecture on the pineal body and Reissner's fibre on Mondays, November 29th, December 6th and 13th, at 4.30 p.m. The course is free to all members of King's College, to all students of medical schools in London, to all internal students of the University of London, and to medical practitioners on presentation of their cards.

UNIVERSITY OF BIRMINGHAM.

Honorary Degrees.

MANY distinguished persons were presented with honorary degrees at the Degree Congregation on October 20th. Among them were the following medical men, each of whom was introduced to the Vice-Chancellor by Sir Oliver Lodge, who prefaced each presentation with a short address setting forth the distinctions of the candidates.

Mr. H. T. Butlin was introduced as follows: "The President of the Royal College of Surgeons of England, Consulting Surgeon to St. Bartholomew's Hospital, and Member of the Senate of the University of London, is a special authority on malignant diseases and on the operative surgery connected therewith. In clinical pathology he may be regarded as continuing the work of Sir James Paget. As a most distinguished surgeon, who has attained to his present high position with the acclamation of the whole medical profession, I present to you Henry Trentham Butlin."

Dr. J. S. Haldane received the following eulogy: "To the distinguished scientific investigator, Reader in Physiology to the University of Oxford, subterranean workers throughout the world, and among others the Mining Department of this university, owe much for his researches into the effect of poisonous gases on the human system. These investigations, some of them conducted at great personal danger, have helped to elucidate problems of ventilation generally, have ameliorated the lot of marine divers and workers in caissons, and have contributed to the success of efforts in mine rescue work. Men are alive to-day who owe their health and safety to the researches of John Scott Haldane."

Sir Richard Douglas Powell was introduced as follows: "The President of the Royal College of Physicians, Knight of Grace of the Order of St. John of Jerusalem, Physician-in-Ordinary to the King, is well known for his researches and publications, especially on consumption and diseases of the lungs and pleura. Eminent as a practitioner, and greatly esteemed by the profession for his high character, amenity, and courtesy, his name is indeed well known in the British Isles—Sir Richard Douglas Powell."

Mr. C. S. Tomes was presented with the following address: "Nominations by the Faculty of Medicine would not be complete without a representative of that profession for which we in Birmingham take a pride in specially preparing, and in which we give special degrees—namely, the profession of dentistry. Accordingly, I have to present to you one of the most distinguished of the dental surgeons of England, renowned for his researches in dental comparative anatomy and development, Fellow of the Royal Society, and Past-President of the Odontological Society of Great Britain,—Charles Sissmore Tomes."

Dr. Windle was introduced with the following address: "The President of University College, Cork, well known to us here as first Dean of our Medical Faculty and Professor of Anatomy, is a skilled antiquarian and topographer, specially learned in the antiquities of the Midland district of England. As one who laboured hard and efficiently for the good of the medical school in this city—one who superintended its incorporation with Mason College, and ultimately with the university; as a strong man of affairs, a great organizer, whose influence still lives with us in various forms—a man highly esteemed and respected by his colleagues, I present to you Bertram Coghill Alan Windle."

The following were also presented with honorary degrees: Mr. W. N. Atkinson, the Right Hon. A. J. Balfour, the Bishop of Birmingham, Professor Bosanquet, Mr. Andrew Carnegie, Sir William Crookes, Mr. Maurice Fitzmaurice, Sir Archibald Geikie, the Right Hon. R. B. Haldane, Dr. Rendel Harris, Sir Charles Holcroft, Mr. G. J. Johnson, Sir Alexander Kennedy, Sir Joseph Larmor, the Right Hon. Walter Long, Professor Gilbert Murray, Sir William Ramsay, Lord Rayleigh, Professor Rutherford, Dr. Arthur Shadwell, Mrs. Sidgwick, Lord Strathcona, Professor Silvanus Thompson, Professor W. A. Tilden, Sir Joseph J. Thomson, Dr. T. H. Warren, Viscount Wolverhampton, and the Chancellor of the University (the Right Hon. Joseph Chamberlain), *in absentia*.

In the evening a conversazione was held in the new buildings of the university, and the gathering numbered over 1,200 persons. The guests included the distinguished recipients of the honorary degrees.

UNIVERSITY OF EDINBURGH.

UNIVERSITY COURT.

Inductions.

At a meeting of Edinburgh University Court on Monday, October 18th, the Senatus reported that Mr. John Hepburn Millar, M.A., Professor Arthur Robinson, M.D., and Mr. Henry Alexis Thomson, M.D., B.Sc., F.R.C.S.E., had presented their commissions as Professors of Constitutional Law and Constitutional History, Anatomy, and Surgery respectively, and had been duly inducted as members of the Senatus Academicus.

Appointment.

The Court, after consultation with the Senatus, appointed Professor Alexis Thomson a University Lecturer and an Examiner in Clinical Surgery for the current academical year.

Recognition of Teachers.

The following applications for recognition for purposes of graduation in medicine under Ordinance No. 16 were granted: (1) Miss V. L. Gibbons, B.A., M.C., Huguenot College, Wellington, South Africa (chemistry—intermediate lectures and

laboratory work and B.A. lectures and laboratory work); (2) John W. Struthers, M.B., Ch.B., F.R.C.S.E., Edinburgh (Surgery).

Anatomical Department.

Professor Robinson was appointed Curator of the Anatomical Museum. It was reported that the late Professor D. J. Cunningham had by his trust disposition and settlement directed his trustees to make over all his medical and scientific books to the University of Edinburgh to form the nucleus of a library for the anatomical department.

The Chair of Surgery.

Intimation was made that the managers of the Royal Infirmary had resolved to allocate two wards and an operating theatre for the use of Professor Alexis Thomson.

Conferment of Degrees.

At a special graduation ceremony on October 23rd, the degree of M.D. was conferred on D. J. Guthrie, and that of D.Sc. in Public Health on E. D. W. Greig, Captain I.M.S.

UNIVERSITY COLLEGES IN IRELAND.

THE commissioners under the Irish Universities Act, 1908, have recently made a number of appointments to the University Colleges in Dublin and Cork.

DUBLIN.

Among the professors appointed are the following: Dr. E. P. M'Loughlin, anatomy; Mr. J. S. M'Ardle, surgery; Dr. B. J. Collingwood, physiology and histology; Dr. E. J. M'Weney, pathology and bacteriology; Dr. J. M. Genan, hygiene and medical jurisprudence; Dr. Martin Dempsey, materia medica and therapeutics; Sir Christopher Nixon, M.D., medicine; and Dr. Alfred Smith, midwifery and gynaecology.

Among the lecturers appointed are: Dr. L. Werner, ophthalmology; Mr. J. L. Potter, L.D.S., dental mechanics; and Mr. E. Sheridan, F.R.C.S., L.D.S., dental surgery.

CORK.

At University College, Cork, there are not many changes in the medical school; the Chair of Anatomy has fallen to Dr. D. P. FitzGerald owing to the resignation of Dr. Windle; the lecturer in pathology, Dr. A. E. Moore, has been promoted to be a professor of the same subject, while the Chair of Zoology and Botany has been divided, and Major H. Cummins, M.D., R.A.M.C.(ret.), has been appointed the first professor in botany.

UNIVERSITY OF DUBLIN.

THE following candidates have been approved at the examinations indicated:

PRELIMINARY SCIENTIFIC (*Physics and Chemistry*).—T. Allen, R. A. Flood, R. H. Jones, W. Foot, J. Harvey, J. W. C. Stubbs, J. A. MacMahon, R. C. Lowe, H. C. D. Miller, H. W. Browne, Kathleen D. Wallace, Eleanor Taylor. (*Botany and Zoology*).—A. G. Varian, J. T. M'Cullagh, G. S. M'Conkey, J. Harvey, E. Bantry White, Hilda M. B. Marsh, F. R. Sayers, M. J. Ryan, B. Sheridan, F. A. Sparling.

INTERMEDIATE (*Part I*).—W. O. W. Ball, W. P. Croker, W. Crane, Jane F. Colquhoun, M. Horan, Marjory Chapman, C. F. Judd, J. N. G. Nolan, F. V. Agnew.

UNIVERSITY COLLEGE OF SOUTH WALES AND MONMOUTHSHIRE.

THE annual meeting of the Court of Governors of the University College of South Wales, etc., was held in the Drapers' Library of the new college on October 21st. Dr. W. T. Edwards, who presided, called attention to the fact that this was the first meeting in that noble building. It had been hoped the President would have been present at the first meeting, but he had telegraphed to express his regret that he was unable to attend. Votes of condolence were passed with the family of the late Mr. Lewis Williams (Vice-President) and with the relatives of the late Alderman R. W. Jones, M.D., J.P., Penrhiwceiber.

Finance.

In the absence of the Treasurer, the Registrar read his annual report, in which it was stated that it would be extremely difficult to make a forecast of what the financial position was likely to be in the forthcoming year. The balance sheet showed that there was a deficit in the general income account for the past year of £1,450, £150 in excess of the deficit in the previous year; and in addition to this there was a deficit on the cookery school of £66, as compared with £495 in the previous year. The new college buildings would entail a very much larger expenditure for up-keep than hitherto; the registrar estimated it at £1,000. The deficit was not due to any falling off in activity. There had been a very satisfactory increase in the fees received from students, and the Board of Education grants had been increased by £500, but the taking away of the technical instruction had entailed a considerable loss; bank interest had increased by £115. Through the great generosity of Viscount Tredegar and others, a sum amounting to about £11,000 had been promised during the last twelve months towards the building and furnishing fund; but this, together with the earmarking of the sustentation fund of £15,000, would be insufficient to cover their actual building debt, and make provision for sustentation by about £9,000. There was a deficit of £8,800 on the general account. This, with over expenditure going on at the rate of £2,000 a year, and a probable increase of

£1,000, looked black enough. The leakage at the cookery school must be stopped, and unless some public bodies were prepared to take over the responsibility, or some other scheme devised, the school, successful as it was, must be closed to relieve the deficit to that extent. A certain amount of the new college fund promised five years ago had not yet been actually received—about £3,000 was still outstanding—and he earnestly appealed to donors who had not yet made good their benevolent intentions to consider the financial position. Dr. W. T. Edwards, Vice-President, moved that the report of the Treasurer be adopted, and Principal E. H. Griffiths, in seconding, said that, although the report represented matters in a gloomy light, he thought that more assistance was likely to be received in the future than in the past. The college had about £20,000 invested funds which it did not possess a few years ago, and though that would not help it in its present difficulties, it would materially assist to diminish the deficit, for the funds were invested in such a way that they would bear fruit a hundredfold in the future. The report was adopted, and the Treasurer was unanimously re-elected.

ROYAL COLLEGE OF SURGEONS OF EDINBURGH.

Election of Fellows.

At a meeting of the College on October 19th the following gentlemen were elected Fellows: A. Allan, Glenalmond; R. B. Anderson, Winnipeg; W. E. Barrett, Colwyn Bay; O. Carlyle, Edinburgh; A. E. Chisholm, Edinburgh; R. L. Daly, Johannesburg; E. N. Drier, Vancouver; C. G. Edmonston, Portobello; M. S. Fraser, Edinburgh; J. D. Harmer, Exeter; R. H. Jamieson, Edinburgh; J. Kirkwood, Captain, I.M.S.; J. McCulloch, Ontario; A. C. B. McMurtrie, Edinburgh; H. M. Moran, Sydney; J. Murdoch, Shetleston; F. P. Patterson, Quebec; F. E. Price, Ipswich; V. H. Roberts, Captain, I.M.S.; W. Tarr, Captain, I.M.S.; R. Telford, Vancouver; J. A. Thwaites, Johannesburg; F. H. Wallace, London, N.E.

ROYAL COLLEGE OF PHYSICIANS IN IRELAND.

Appointment of Officers.

At the annual meeting of the college on October 18th, Dr. A. J. Horne was elected President for the ensuing year; Dr. MacDowel Cosgrave, Vice-President; Sir W. J. Thompson and Drs. Tweedy, Coleman, and Cosgrave, Censors; Dr. H. T. Bewley, Treasurer; Dr. James Craig, Registrar; and Sir John Moore, Representative of the College on the General Medical Council. As King's Professors of Midwifery, and of Materia Medica and Pharmacy in the School of Physic, were appointed Dr. Henry Jellett and Dr. W. G. Smith respectively. The annual dinner of the college took place the same evening.

SOCIETY OF APOTHECARIES OF LONDON.

THE following candidates have been approved in the subjects indicated:

SURGERY.—†N. B. Benjafield, *H. S. Brown, †M. Graves, †A. W. Hansell, †J. A. Jones, †E. Newhouse, *S. K. Poole, *S. H. Scott, †G. Tate.

MEDICINE.—†H. E. Battle, *H. S. Brown, *B. Robertshaw, *S. H. Scott, †H. Stanger, *J. W. Williams.

FORENSIC MEDICINE.—H. E. Battle, E. G. Brisco-Owen, H. S. Brown, F. F. L. How, B. Robertshaw, H. Stanger.

MIDWIFERY.—C. S. Foster, A. W. Hansell, D. M. Hunt, A. H. Rich. †Section I. *Section II. †Sections I and II.

The diploma of the society has been granted to Messrs. N. B. Benjafield, H. S. Brown, B. Robertshaw, S. H. Scott, and G. Tate.

The Services.

INDIAN MEDICAL SERVICE.

Station Hospital System.

A SENIOR MEDICAL OFFICER, I.M.S., writes:

1. The whole question of efficiency and economy rests in the introduction of the station hospital system for native troops. The present regimental system is absurd more especially for senior I.M.S. officers, who in many cases have to serve under commanding officers considerably junior to them. The commanding officers like the regimental system because they like to have their medical officers entirely under their control, receive large subscriptions, band, mess, entertainment, rifle, and sports funds, which are all paid on percentage of pay and allowances, and also have their "doctors" to run their mess as secretary. I acknowledge that the majority of junior officers like it; but as three-quarters go eventually into civil employ, and the remaining quarter who elect to remain in military service have not sufficient foresight to see the anomalous position they occupy as a regimental medical officer. The regimental system would have been abolished many years ago if the commanding officers had not stuck out and General Sir B. Duff, Chief of the Staff, championed them at Simla. I therefore hold—and all senior medical officers of the I.M.S. agree with me—that the only efficient system for Indian troops is the station hospital system.

2. The pay of the senior I.M.S. compares very unfavourably with the corresponding ranks of the R.A.M.C., who, in addition to getting better grade pay (Lieutenant-Colonel R.A.M.C. Rs. 1,150, Lieutenant-Colonel I.M.S. Rs. 950), get a charge allowance