

Increased paroxysms occurred at intervals. Pressure increased the pain, but there was no rigidity of the abdomen. The spleen was not palpable. The patient vomited once, after food. As the colic developed, the pain and swelling of the joints subsided.

November 6th and 7th. More purpuric spots on the penis, the nates, back, and face; also on feet and legs. Phosphaturia very great; abdominal pain continued; bowels open after enema.

November 8th. Dr. H. D. Rolleston saw the case with me and agreed that the case was one of Henoch's purpura. He recommended that 10 c.cm. of normal horse serum should be given by the mouth in two doses, and that, if this failed, calcium chloride should be given in 5-grain doses.

November 10th. Great tenderness of both tibiae and spine, so that the mere touch of a finger caused pain. Forearms and hands swollen again.

November 12th. Temperature rose suddenly to 104.2°; pulse, 176; respirations, 26; signs of consolidation appeared at the back of the right lung and advanced until the whole lower lobe of the right side presented signs of lobar pneumonia. These signs began to clear up on November 15th, and in twelve hours the lung appeared normal.

November 16th. A patch of consolidation appeared over the back of the left lower lobe, and for a short period of about twelve hours the signs of consolidation reappeared on the right side.

November 17th. Lungs clear; abdominal colic, which had disappeared while the lungs were affected, recurred.

November 18th. Diarrhoea commenced, the stools consisting almost entirely of mucus, blood, and shreds. There was some albuminuria. The boy also vomited several times. There was tenderness of the abdomen, but no rigidity. Dr. Rolleston again saw the case with me.

This condition of abdominal colic with stools, as above described, continued till December 1st, but improvement began on November 23rd, and was uninterrupted after November. On one occasion the vomit was streaked with blood, and throughout purpuric spots were appearing in considerable numbers almost daily. There was also a good deal of swelling of lax tissues with haemorrhage into them. The prepuce at one time became enormously swollen. There was also swelling of the scrotum and the eyelids at other times. These swellings subsided very rapidly, usually within twelve hours. On another occasion there appeared to be a haemorrhage into the corpus cavernosum as the whole penis was swollen and curved to the right.

The treatment given was very various. At first tr. opii  $\text{m}$  iij, and tr. belladonnae  $\text{m}$  v, was given four-hourly. Later, morphine gr.  $\frac{1}{2}$  was given hypodermically every four hours as the pain necessitated, and this was continued throughout.

Horse serum, as stated, was used; and calcium chloride in 5-grain doses, and later calcium lactate in 7½-grain doses were given four-hourly for six doses with intervals of forty-eight hours. Adrenalin chloride 1 in 1,000 was also given for some time in 5-minim doses. Small doses of liq. strychninae were given during the lung affection.

The case was particularly interesting, apart from the rarity of the disease, inasmuch as it was quite impossible to say on first seeing the patient that such a sequence of events was likely to occur. The child did not look ill, and the onset of any serious disease did not seem likely. The recurrent nature of the disease was very well exemplified; over and over again it appeared as if the trouble was subsiding when some renewal of symptoms occurred. It was also remarkable how the dominant symptom disappeared so soon as a further one arose to take its place. Thus, the onset of the colic was accompanied by a diminution of the joint symptoms. The onset of the lung condition was accompanied by cessation of colic, and as soon as the lungs were clear colic recommenced.

The lung condition was most peculiar. Clinically the condition of the right side was, at its commencement and height, that of a typical lobar pneumonia. Was, then, the condition of the lung due to an intercurrent affection, or was it merely a symptom of the disease? The fact that a small patch appeared in the left lung was opposed to a diagnosis of lobar pneumonia, and the affection was of too short a duration—seventy-two hours—to be due to a bronchopneumonia. Considering the extraordinary rapidity with which the haemorrhage and oedema of the scrotum, penis, and eyelids were reabsorbed, and the short-lived affection of the lungs, it would appear that the condition of the latter was a symptom of the disease, and was due to haemorrhage into the lung alveoli, since nowhere else did oedema occur without accompanying haemorrhage.

With regard to the occurrence of pneumonia in the disease, Pratt,<sup>1</sup> in an article based on a collection of 43 cases, does not mention it, but says that pleurisy is a rare complication. I cannot find any other case recorded in which the lungs were affected, except Dr. Dean's case,<sup>2</sup>

and it seems that in this case the bronchopneumonia was not a symptom of the disease, but was of septic origin and consequent on tracheotomy.

The skin lesions were of two kinds: (1) Petechiae and larger haemorrhages, bright red in colour, and (2) more diffuse haemorrhages, bluish in colour. The latter occurred in lax tissues and cleared up in the same wonderfully rapid way as the lung condition, while the former persisted much longer.

Mr. Lett<sup>3</sup> has called attention to the difficulty in deciding whether an intussusception has occurred in the course of a case of Henoch's purpura, when symptoms of intussusception are present. In the present case the symptoms led to great anxiety lest an intussusception should occur; but fortunately there was never any doubt about its absence.

The tenderness of the spine and tibiae was very well marked while it lasted, and was possibly due to haemorrhage under the periosteum, which cleared up as rapidly as in other places.

Phosphaturia was a prominent feature throughout. If the suggestion of Albu and Neuberg,<sup>4</sup> that phosphaturia may be due to inflammation of the intestinal mucosa, is correct, its occurrence may be possibly accounted for thus in this case. As the disease is, at any rate in many respects, allied to angioneurotic oedema, it was thought advisable to keep everything ready for immediate tracheotomy in case need for it should unhappily arise. In Dr. Dean's case, quoted above,<sup>2</sup> tracheotomy was actually necessitated.

It is noteworthy that the patient's grandmother and aunt (maternal), who live in the same neighbourhood, have both suffered from "purpura," and other cases of purpura have occurred in the same district. In view of this it was thought advisable that all water taken by the patient should be boiled.

An interesting point in the previous history of the patient is that he had two or three attacks of appendicitis at the age of 3 years; the appendix, which was ultimately removed, being found to contain a concretion. The colic of Henoch's purpura may imitate appendicitis; and, though there is no reason to believe that in this instance the previous abdominal condition was due to Henoch's purpura, the knowledge that the appendix had been removed made the diagnosis somewhat easier.

With reference to treatment, horse serum did not appear to be of any avail. Dr. Soltau Fenwick and Dr. Porter Parkinson<sup>5</sup> recorded a case of purpura haemorrhagica, in which also horse serum was given, and in their case it produced no effect. It seems that the large amount of morphine given may, by checking spasm, have prevented intussusception, as the amount of colic and haemorrhage pointed to its being a likely complication.

I am much indebted to Dr. Rolleston for his kindness in helping me with the treatment of the case, and also in revising these notes.

#### REFERENCES.

- <sup>1</sup> Pratt, *System of Medicine* (Osler and McCrae), 1908, vol. iv, p. 709.
- <sup>2</sup> Dean, *BRITISH MEDICAL JOURNAL*, 1907, vol. ii, p. 818. <sup>3</sup> Lett, *Brit. Journ. Children's Diseases*, 1908, vol. v, p. 343; *Lancet*, 1909, vol. i, p. 534. <sup>4</sup> *System of Medicine* (Allbutt and Rolleston), 1908, vol. iv, Part I, p. 551. <sup>5</sup> Soltau Fenwick and Porter Parkinson, *Lancet*, 1906, vol. i, p. 1244. Other cases recorded are: Honeyburn, *Lancet*, 1907, vol. i, p. 289; Greig, *ibid.*, 1908, vol. i, p. 1501; Elliott, *BRITISH MEDICAL JOURNAL*, 1906, vol. i, p. 920; Longley, *ibid.*, 1906, vol. i, p. 859; Havilland Hall, *Brit. Journ. Children's Diseases*, 1908, vol. v, p. 466.

## Memoranda :

### MEDICAL, SURGICAL, OBSTETRICAL.

#### SPONTANEOUS POST-MORTEM DELIVERY.

THE following case is a unique one as far as I am concerned and is interesting from a medico-legal point of view.

A. B., a stout, robust young woman, had threatened to commit suicide in consequence of being pregnant and her young man refusing to marry her. At 4.30 a.m. on May 20th (Thursday) she was called by her father to go to work. He did not see her, but she replied and got up. She did not go to her work and was not again seen alive.

On May 22nd (Saturday), at 5.40 a.m., her body was seen floating on a warm water reservoir of one of the mills. The body was recovered and removed to the public mortuary, where, during the morning, it was washed and

laid out in the usual manner. Decomposition had already set in, parts of the body being quite discoloured. The woman who washed the body states that there was nothing then unusual. The mortuary was closed until May 24th (Monday). It was then noticed that since the Saturday the woman had given birth to a child—probably about 7 months—which was still attached by the cord to the body. The body of the child was but slightly discoloured; that of the woman was quite black and putrid, and the abdomen was much distended with gas.

Oldham.

JAMES B. WILKINSON, M.D.

### THE ETIOLOGY OF EPILEPSY.

A PAPER in the BRITISH MEDICAL JOURNAL of March 3rd, 1906, by Dr. J. Turner, on the pathology of epilepsy, expresses the conclusion that the cause is due to "the correlation of defectively developed and probably unstable nerve cells, with stasis of blood stream," etc., a hypothesis which is an enlargement of that of Dr. Hughlings Jackson in 1864 that the pathology was simply vascular.

The influence of the alimentary system on cerebral function is now outside the debating ring. The diseases such as pellagra, ergot and other fungi poisoning (*Amanita muscarin* and *A. phalloides*) have this much in common with epilepsy, that there are convulsions or disturbance of consciousness, and often gastric trouble; and it suggests itself as possible that epilepsy may have its origin in some endogenous or exogenous flora in the intestinal tube. It may have been introduced in diseased cereals—a working idea—or it may be a normal endogenous ferment or plant turned "rogue" through peculiarity of the diet.

There is no doubt a certain periodicity about epileptic attacks, rough and irregular, but still discernible. I am not now alluding to menstrual epilepsy, which can be explained by the temporary high blood pressure producing cerebral congestion, with special susceptibility of the nervous formations to be routed by toxic attack. It is conceivable that, like malaria, the epileptic seizures may be due to sporulation, which acts either mechanically or through a toxin let loose, or both.

A review of the prevalent therapeutics is useful in hinting also at a possible source of the evil.

The bromides have a double action, the acid radical acting as a sedative on the nerve elements, enabling them to present a better and more solid front at the approach of the toxic enemy, and the basic radical on the intestinal tract, influencing the growth of the flora. The various bases, such as strontium, possibly depend for their effect on the influence they exert on the secretions and contents of the intestine.

From the bromides (and I shall pass over hyoscyne, cannabis indica, etc., as ranking with them) one comes to another class of reputed remedies which are doubtless of benefit, and often curative, and these it will be seen have no near organic or inorganic relationship, and yet experience has led to their being similarly employed:

Borax (Sir William Gowers).	
Tar (a lay remedy).	
Sulphocarbolates (Dr. Wm. Blake, BRITISH MEDICAL JOURNAL.)	
Creosote	} Other writers in EPITOME and papers.
Salicylates	
Zinc salts	
Iron sometimes	

Apart from their possible nerve action, all, it may be assumed, possess the property of retarding fermentative processes, and it seems possible that they owe their efficacy chiefly to their inhibiting the growth of those flora which play the important rôle of toxin producers in the intestine—or keep the normal within healthy bounds.

As supporting this suggestion of pathogenic flora, it may be observed in a good many epileptic patients that after, or, if closely watched, before, attacks, the breath is foul and the tongue coated, and there may be stomatitis. This furred tongue, moreover, persists for a longer time than the usual in spite of orthodox treatment.

In one case, on microscopic examination of the tongue "fur" after a seizure, I was struck with its unusual composition, which seemed to be little else than fungi-like hyphomycetes, and not observable at examinations made frequently at other times.

I do not suppose all epilepsy is due to one cause; but I take it that it is due to a complex of interacting causes,

and probably the factors are not in the same relative proportion in all cases—that is, a person with nervous instability would require a smaller dosage of toxin to cause an explosion than another with firmer or more poison-proof nervous structure; whilst impaired intestinal function would favour pathogenic growths, and so on. Further, that the alimentary channel may not in all cases be guilty as a contributory party; but in some I hold that there is circumstantial evidence of it, and in these instances it is not unreasonable to infer the existence of a something endogenous (at least not immediately introduced), and that to be a low type of vegetable life. Treatment based on this supposition has, in my experience, been attended with good results.

Fauresmith, O.R.C.

ARTHUR KING, M.R.C.S., L.R.C.P.

### GAS AND ETHER AS AN ANAESTHETIC.

GIVEN ten healthy people requiring an anaesthetic, it will be admitted, I believe—supposing of course nitrous oxide be not capable of producing anaesthesia for a sufficient length of time for the operation—that gas followed by ether would possess the merits of being not only safer but possibly more rapid than chloroform or A.C.E.

In hospital practice there are no difficulties, as gas is ready to hand. In the dentist's rooms, too, gas is always found.

The anaesthetist, however, giving ether in a private house or nursing home is handicapped, as the gas cylinders are weighty to carry about. In order to meet this difficulty, I had made for me some twelve months ago small cylinders holding 6 or 12 gallons of gas, weighing 12 and 20 oz. respectively, and measuring 7 and 11 in. long. With a wide-bore ether inhaler of a modern pattern, all that is necessary is to screw on to the cylinder a special valve connected with the rubber tube to the bag. Inhalation of gas is then begun in the ordinary way with the expiratory valve in operation. After a few inhalations the ether is turned on, and after a few more inhalations of gas and ether mixture the cylinder is disconnected and the expiratory valve is closed, breathing taking place backwards into the bag.

Usually a small cylinder is sufficient in this manner for four patients. If gas alone be required, the face-piece is connected directly to the three-way cock attached to the bag, and the larger cylinder (holding 12 gallons) is more than sufficient for an ordinary gas inhalation for teeth, etc.,

Coventry.

EDWARD PHILLIPS, M.B.

### STRANGULATED HERNIA OF THE OVARY IN INFANT: OPERATION: RECOVERY.

M., 4 months old, was quite well until July 6th, 1909, when she became cross and restless. Next morning the mother noticed a swelling in the left groin rapidly increasing in size. It was very tender, and the child cried a good deal, especially on being moved, but had no vomiting or other symptoms. Dr. Clifford, of Adare, saw her on the evening of that day, and, thinking the case was probably one of irreducible inguinal hernia, sent her in to me for operation.

When I saw the infant on the morning of July 8th she was laughing and crowing, and not apparently suffering in any way. There was a hard, tender, well-defined lump nearly as large as a pigeon's egg in the left inguinal region and extending down into the labium of that side. The skin over the swelling was dusky red. The child was anaesthetized with chloroform-ether by Dr. Everina Massy. I divided the skin and worked carefully downwards until I came upon a plum-coloured body lying in the inguinal canal. This proved to be the ovary and Fallopian tube engorged with blood and swollen to about the size of the adult organ. By pulling gently upon it I was able to reach healthy tissue, and, having ligatured the pedicle with catgut, I removed the ovary, and pushed the stump as far up the canal as possible. I then closed the wound with a subcuticular silkworm gut stitch. I did not care to prolong the operation by doing a radical cure. The small patient made an uninterrupted recovery.

This case is, I think, of interest on account of the age of the patient and also from the almost complete absence of constitutional symptoms.

F. W. KENNEDY, M.D. Dubl.,  
Visiting Surgeon, co. Limerick Infirmary.

P. M. O. asks whether the assistant, under his agreement, is entitled to a share of the fees in this case.

\* \* If the terms of the agreement are correctly stated, it would appear that the assistant is entitled to a share in any fees received, and it is not material that the circumstances out of which the litigation arose occurred before he had any connexion with the hospital, provided the fees are earned while he holds his present position.

## 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.

### DISTRICT NURSES AND MEDICAL MEN.

RURAL PRACTITIONER.—If our correspondent is satisfied as to the cause of death, even if he saw the case only once, and there has been no reason to believe that there has been a want of proper treatment, then he should grant a certificate. It is a different matter if, through want of proper treatment, the case has a fatal termination; then his position is plain—refuse to give a death certificate, and the Procurator-Fiscal will institute an inquiry.

### THE OBLIGATION OF A SUBSTITUTE.

J. R.—We do not agree with our correspondent that it is usual to pay a substitute the whole fee for his attendance, but it is possible that different customs obtain in different places. The remainder of our correspondent's letter seems to have no relation to the circumstances of the case with which we dealt last week.

## Universities and Colleges.

### UNIVERSITY OF CAMBRIDGE.

#### Appointments.

The following appointments have been made: *Professor of Zoology and Comparative Anatomy*, J. S. Gardiner, M.A., of Caius College. *Quick Professor of Biology*, G. H. F. Nuttall, Sc.D., re-elected for three years. *Demonstrator of Experimental Psychology*, E. O. Lewis, B.A., St. John's College.

#### Examiners.

*Elementary Physics*, C. T. R. Wilson, M.A., Sidney Sussex College. *Elementary Biology*, J. S. Gardiner, M.A., Gonville and Caius College. *Elementary Chemistry*, R. H. Adie, M.A., Trinity College. *Anatomy*, W. L. Duckworth, and C. Addison, M.A., B.S., London. *Physiology*, Dr. Anderson and Professor Halliburton. *Pharmacology*, C. S. Marshall, M.A., Downing College; W. E. Dixon, M.A., Downing College. *General Pathology*, Professor Woodhead and R. F. C. Leith, M.Sc., Birmingham.

#### Degrees.

The following degrees have been conferred.

M.D.—G. Cowan, King's; H. J. D. Birkett, Trin.; H. L. Dixon, Non-Coll.  
M.B.—E. G. Wheat, Christ's.  
B.C.—R. W. S. Walker, Trin.

#### Dates of Examinations.

The next examination for medical and surgical degrees will begin on the following dates:

*First Examination*.—Part I (Chemistry), Monday, December 13th. Part II (Physics), Monday, December 13th. Part III (Elementary Biology) Wednesday, December 15th.

*Second Examination*.—Human Anatomy and Physiology, Monday, December 13th.

*Third Examination*.—Part I (Pharmacology and General Pathology), Monday, December 13th. Part II (Surgery, Midwifery, and Medicine), Tuesday, December 14th.

*M.C. Examination*.—Thursday, December 16th.

The names of candidates for the First and Second Examinations must be sent in on or before Wednesday, December 1st, and for the Third and M.C. Examinations on or before Thursday, December 2nd.

### UNIVERSITY OF LONDON.

#### MEETING OF THE SENATE.

A MEETING of the Senate was held on October 20th.

#### Report of the Professor of Protozoology.

The report of the Professor of Protozoology announced the resignation of Dr. J. D. Thomson from the post of assistant, and the appointment of Miss Muriel Robertson, M.A., to the vacancy. It stated that Professor Minchin had been investigating the trypanosome of the common rat, the blood parasites of the fresh water fishes, and the development of the blood parasites of the little owl (*Athene nocturna*), and had also

given twenty-three lectures on protozoa, each lecture being followed with an exhibit of microscopic preparations, as well as giving instruction or assistance to gentlemen working in the laboratory.

#### Regulations for Degrees in Medicine for External Students.

It was resolved that Regulation 3 on page 189 of the external regulations in medicine (Blue Book, September, 1909) be amended to read as follows:

3. To have been engaged in their professional studies during five and a half years subsequent to matriculation and to have been engaged in such studies for four and a half years subsequent to their passing the first examination for medical degrees.

#### Appointments Board.

The fee payable to the Appointments Board constituted to assist graduates and students of the University in obtaining appointments, and to co-ordinate and supplement the work done by the schools and institutions of the University with this object has been fixed at five shillings, renewable annually so long as the name is retained on the register. Further information can be obtained on application to the secretary of the board at the University.

### UNIVERSITY OF SHEFFIELD.

#### Appointments.

The following appointments have been made: Mr. George Wilkinson, B.A., M.B., F.R.C.S., to be Lecturer on Diseases of the Ear, Nose, and Throat. Mr. George H. Pooley, B.A., F.R.C.S. Edin., to be Lecturer on Ophthalmology.

### CONJOINT BOARD IN IRELAND.

The following candidates have been approved at the examination indicated:

THIRD COLLEGE.—F. M. J. Byrne, T. Farrell, M. Golding, E. Holden, F. Hannigan, F. P. Kennedy, P. B. Kelly, N. Keating, A. G. MacIlwaine, W. G. Maguire, P. B. McDonough, C. Molan, B. O'Donnell, T. P. O'Reilly, T. F. O'Donnell, K. O'Sullivan, J. B. Power, L. C. Rorke, P. Ross-Todd, J. V. Ryan, L. W. Roberts, J. C. Scanlan.

FINAL.—S. J. Barry, R. Charles, W. Crymble, G. A. Finegan, H. Gray, W. F. Lane, C. Macauley, T. J. McDonald, C. O'B. Ryan, O. W. J. Wynne.

D.P.H.—J. Casey, L.R.C.P. and S.I., A. Cook, M.D. Univ. Glasg., F.R.C.S. Edin., Captain O. W. A. Elsner, R.A.M.C., L.R.C.P. and S.I., J. J. A. Gannon, M.B., B.U.I., J. C. Griffiths, M.D. Univ. Lond., A. Leitch, M.B., B.U.I., R. P. McDonnell, L.R.C.P. and S.I., C. F. Watson, M.R.C.S.E., L.R.C.P. Lond.

## Public Health

AND

## POOR LAW MEDICAL SERVICES.

### THE CASTLEFORD DISPUTE REVIVED.

THE circumstances which occasioned the resignation of the two district medical officers at Castleford nearly two years ago were stated in an article which appeared in the BRITISH MEDICAL JOURNAL of March 7th, 1908. Drs. Hillman and Kemp, who held the posts, declined to continue to serve the guardians on terms which worked out at seven farthings a visit or attendance, and their application for an increase was refused by the Pontefract Board of Guardians. As it was impossible to obtain the services of two medical men on these terms, the guardians combined the districts to accommodate the only practitioner willing to accept this pittance. If the guardians thought they had settled their troubles and disputes by the arrangement then made, subsequent events must have undeceived them. As men supposed to have some knowledge of business affairs it was surprising to find them persisting in a policy which had no prospect of success. It was not long before the new incumbent addressed an appeal to the board for an increase, in a letter published in the JOURNAL of May 7th, which demonstrated what Drs. Hillman and Kemp had already contended, that the Poor Law appointment cost more in drugs, dressings, and appliances than the whole salary for this part of the work. In reply to this the guardians voted a bonus of £25. This outburst of generosity still leaves the remuneration wholly inadequate, and another letter has been addressed to the board by Dr. Hall, the district medical officer, asking for an increase of salary to assist in meeting the various demands made upon him in carrying out his duties as medical officer. As grounds justifying his application, he referred to the increase in the price of rectified spirits, to the decrease in the number of vaccinations, and to other matters. He said that his salary averaged about £200 a year; at the beginning it was advertised at £220 as a minimum, and was increased by £25 up to £245 as a minimum, but he expected that the minimum would be exceeded.

Dr. Hall must have known the reasons which had compelled Drs. Hillman and Kemp to resign, and all the other practitioners in the neighbourhood remained loyal during the dispute with the guardians. He is now asking the guardians to do for himself what his action about two years ago chiefly, if not entirely, prevented the guardians from doing for their medica-

outside his profession, his career had been varied and remarkable, and the sadness of his untimely end—he was only 57—is increased by the knowledge that had he been spared but a few months longer he would have witnessed the publication of the results of an important scientific investigation on which he had been for a long time engaged.

His medical education began at St. Thomas's, and after obtaining the diplomas of L.S.A., M.R.C.S., and L.R.C.P. in 1879 he remained for another year at the hospital as House-Physician. In 1881 he acquired an extensive practice at Denmark Hill, and conducted it with great success until 1886, when, desiring to pursue a further course of study, he sold out and proceeded to Durham. He was appointed Demonstrator in Anatomy and Physiology there, and graduated as M.B., B.S. in 1888, taking the M.D. four years later, and also obtaining a diploma in sanitary science. At this time, too, he specialized in gynaecology, and became one of the most active members of the Northumberland and Durham Medical Society, contributing to its *Transactions* many valuable papers, and, in association with Mr. Rutherford Morison, in a large private hospital proved himself a keen and skilful operator. This work, together with his duties as Medical Tutor to the University, occupied him until 1896, when he returned to London, where he became Clinical Assistant at the Hospital for Women, Soho Square, and will be remembered there as an enthusiast in his special subject, and, as a member of the British Gynaecological Association and later one of its vice-presidents, continued his literary work. Circumstances, however, compelled him to abandon what promised to be a brilliant career as a gynaecologist in London, and in 1897 he went out to Western Australia to engage in private practice and to take up a hospital appointment in Perth. Four years later he proceeded to Natal, and for a year held an appointment as District Surgeon. Then, finding the work uncongenial, he resigned, returned to England, and decided to abandon the practice of his profession and to devote himself to the study of certain branches of science, such as archaeology, Egyptology, and anthropology, in which he had always taken the deepest interest. As time went on he concentrated his attention chiefly on anthropology, especially in relation to the problems of evolution, and in his zealous pursuit of this subject he made several voyages to distant lands (notably to the upper reaches of the Amazon) for the purpose of studying native types and obtaining objects of scientific interest.

About two years ago he was chosen by Professor Karl Pearson, University College, London, to assist him in researches in connexion with anthropology and craniology, and, as in all he undertook, he entered upon his new work with enthusiasm. In the Galton Laboratory at University College, in the Museum of the Royal College of Surgeons, and in the Natural History Museum, South Kensington, he made an elaborate and accurate series of measurements and tracings illustrating the problems of comparative craniology. He had thus not only accumulated a vast store of important data, but had embodied a portion of it in a paper which was to have been published in collaboration with Professor Pearson during the autumn, and to be followed by others of a like nature at intervals. It is hoped that these records, which are of great value, will yet be given to the scientific world as the work of one of its most modest, and withal most enthusiastic and painstaking, workers.

In private life he was a man whom to know was to love—a man kind and generous to a fault, keen of intellect, widely read in a variety of subjects, a fluent speaker, a facile writer; his gifts were many and varied, and, but for unfortunate circumstances in the early part of his career, were such as would in due course have given him a position of influence and importance both in social and scientific circles.

DR. EDWARD CLAPTON, who died on September 28th, aged 79, left estate valued at £43,114 gross and at £41,549 net.

SIR STEPHEN MACKENZIE, for many years Senior Physician to the London Hospital, who died September 3rd last, aged 64, left £10,181.

THE late Sir Thomas Smith, Bart., K.C.V.O., Hon. Sergeant-Surgeon to the King, left estate valued at £101,245 gross, of which £99,755 is net personalty.

## Medical News.

MR. R. HENSLowe WELLINGTON delivered a lecture upon Forensic Medicine and Coroner's Law on Wednesday last before the North-East London Post-Graduate College.

THE President, Sir J. A. BAINES, C.S.I., will deliver his inaugural address before the Royal Statistical Society on Tuesday next, at 5 p.m., in the theatre of the Royal United Service Institution, Whitehall, London, S.W.

THE RIGHT HON. A. J. BALFOUR, Chancellor of the University of Edinburgh, will deliver the Romanes Lecture before the University of Oxford in the Sheldonian Theatre on Wednesday, November 24th. The Chancellor, Lord Curzon of Kedleston, will preside.

MEDICAL MAYORS.—Among the mayors who came into office on November 9th are the following members of the medical profession: Mrs. E. Garrett Anderson, M.D. (Aldeburgh), re-elected; Dr. Frederick H. Appleby (Newark), Dr. R. de la Poer Beresford (Oswestry), Mr. Edward F. Chinery, F.R.C.S. (Lymington), Dr. J. Grout (Wolverhampton), Dr. E. Lipscombe (St. Albans).

AT a meeting of medical men resident in Chelsea and Fulham, held at Fulham Town Hall, on November 10th, to consider the refusal of the guardians to be responsible for payment for emergency medical calls from midwives, it was unanimously resolved: "That the medical practitioners of Chelsea and Fulham refuse to attend any women in or immediately after childbirth, or in respect of some puerperal malady or affection, unless the respective boards of guardians of Chelsea and Fulham guarantee to pay the fee for attendance."

PROFESSOR SILVANUS P. THOMPSON will deliver an inaugural address at the opening meeting of the Illuminating Engineering Society, to be held at the premises of the Society of Arts, John Street, Adelphi, London, W.C., on November 18th, at 8 p.m. A brief report of the progress of the society will be presented by the honorary secretary.

THE dinner of the London (Royal Free Hospital) School of Medicine for Women will be held at the Trocadero Restaurant, London, W., on Friday, December 10th, when Mr. H. Work Dodd, F.R.C.S., will take the chair at 7.15 p.m. Applications for dinner tickets should be sent to Dr. A. G. Phear, 47, Weymouth Street, W., or to Mr. T. P. Legg, M.S., 141, Harley Street, not later than Wednesday, December 1st.

AT a meeting of the Medico-Psychological Association of Great Britain and Ireland to be held on Tuesday, November 23rd, at 11, Chandos Street, London, W., Dr. Sidney Coupland will read a paper on the causes of insanity, with especial reference to the correlation of assigned factors. Among other papers, one on the histological evidence that toxins reach the spinal cord by way of the spinal roots will be contributed by Dr. David Orr and Dr. R. G. Rows.

THE list of honours conferred in connexion with the King's birthday contains the names of four medical men. Dr. G. Herbert Pollard, who receives the honour of knighthood, is M.P. for the Eccles Division of Lancashire; he is a barrister of the Inner Temple, and holds the degree of M.D. Edin. He was Mayor of Southport in 1897, of which borough he is also a Justice of the Peace. Dr. James Matthew Moody, who receives a like honour, has been medical superintendent of Cane Hill Asylum for the past twenty-five years. Dr. H. W. Newton, who also receives a knighthood, has twice been Mayor of Newcastle-upon-Tyne. Dr. James Augustine Haran, Medical Officer of Health, Mombasa, East Africa Protectorate, has been appointed a Companion of the Order of St. Michael and St. George.

THE structural improvements recently carried out at the National Hospital for the Paralysed and Epileptic, Bloomsbury, were opened by the King last week. The governing body considered that it would be fitting to mark the jubilee of the institution by carrying out some much-needed structural alterations which had been postponed owing to lack of funds. Under the presidency of the Duchess of Albany, to whose late husband the institution is a memorial, a National Hospital Jubilee Committee was formed, with the object of raising £50,000; of this sum £19,000 has been received, and about £10,000 has been expended upon the improvements. The King, in reply to an address, said that when he considered the nature of the maladies for which provision was made he did not wonder that it had aroused the charitable instincts of the benevolent and called forth the enthusiastic services and devotion of the medical and nursing staffs. The King conferred upon Mr. Frederick Macmillan, the Chairman of the Board of Management, the honour of knighthood.