

room; warmth, and a continuous high degree of it, is essential from the moment the patient leaves his or her bed until returned to it. . . . If warmth before operation is essential, it is doubly so afterwards," Dr. Dauber continues. "Patients are often sent through draughty corridors, placed in cold lifts, put in wards with open windows, when 'shocked,' cold, and clammy from the operating theatre. It is not always the ether that is the cause of the subsequent bronchitis, though the ether usually gets the blame."

In other cases of shock, as in burns and bad smashes, as well as where there is deficient vitality, as in premature babies and feeble old folks, the wool should prove useful. As a jacket in pulmonary affections; as a wrapping for the joints and a shield for the precordial region in acute rheumatism; as a heat retainer in Raynaud's disease and any form of threatened gangrene, and as a warm covering for serious cases or delicate patients in the journey to or from the hospital or the nursing home, it may be advantageously employed. It is best applied warm. The warmth is grateful to the patient, and any lingering damp is driven out of the wool.

The wool is softer and of finer texture than woolly cotton. It is prepared by a process which eliminates all foreign vegetable or other matter likely to irritate. It may be applied in a single layer about half the thickness of Gamgee tissue and bandaged on; or it may be used as tissue between layers of gauze. For operation cases I have found a suit of flannel lined with the wool more satisfactory and comfortable than either the wool alone or the tissue form.

The suit is a great protection if worn for the first few critical days after the operation, and, if kept clean, it is, when sterilized, ready for another case. If dried before the fire on being removed from the sterilizer, it can be safely sterilized in the steam apparatus used for dressings. Some patients find it so comfortable that they ask to be allowed to wear it when the immediate need for it has passed away. The wool cannot be used as a dressing. It is more expensive than woolly cotton, but as it is not necessary to use so thick a layer the difference in cost is not so great as appears at first sight. In private work the slight extra cost is not worth a moment's thought; whilst in hospital, if made up into garments with flannel foundation secured by buttons or tapes, the material can be used several times at a less cost than the more perishable Gamgee tissue. I have only to add that Messrs. Down Bros. stock the wool, to which they have given the name of "thermo-laine" (heat wool).

#### REFERENCE.

<sup>1</sup> BRITISH MEDICAL JOURNAL, September 26th, 1907.

## Memoranda : MEDICAL, SURGICAL, OBSTETRICAL.

#### SECONDARY PAROTITIS.

Two cases of secondary parotitis have lately occurred in my practice which are, I think, worthy of note, as articles on this subject have been published in the JOURNAL OF MAY 29th, p. 1296, and JULY 3rd, p. 18.

CASE I.—A woman, aged 82, a victim of heart disease, with systolic mitral murmur and albuminuria, had also a scirrhous nodule in the right breast, which was enlarging slowly. Her general condition, however, rendered her not a suitable case for operative interference. The incisor teeth of the lower jaw were encrusted with tartar, and the gums infected with pyorrhoea. Her appetite for her age was good. She complained of pain in both the right parotid and submaxillary salivary glands, which were enlarged and tender. There was no evident dryness of the mouth. The swellings soon subsided after mouth washes of Condy's fluid.

CASE II.—An old woman, aged 89, was dying of her third attack of cerebral haemorrhage. During the illness of ten days I noted, five days before death, a swelling of the left parotid gland. This was evidently painful, as the patient, although semi-conscious from increasing cardiac and respiratory exhaustion, frequently would pass her hand over this region. She was taking nourishment fairly well; her mouth was dry, and tongue glazed and

cracked. She had several foul stumps in the lower jaw. The nurse was directed to keep these as clean as possible with boric solution, and the swelling had completely subsided at the time of her death five days later.

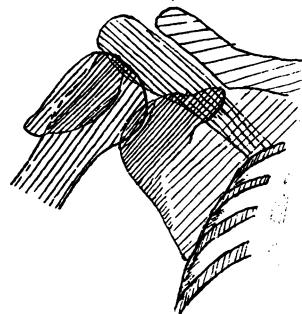
Both these cases appear to me to be directly traceable to oral sepsis, the infection travelling along the salivary ducts. I think all these cases of secondary parotitis are due to the same cause, in spite of any routine of anti-septic mouth-washes that may have been employed. The fact that this condition frequently occurs in cases of gastric ulcer with haematemesis, or during treatment by oral starvation, I regard as coincidental only, for the condition will frequently be found in any disease which renders the mouth foul and dry and checks the regular flow of saliva.

Chichester.

ARTHUR R. RENDLE, M.D.BRUX.

#### FRACTURE OF THE TUBEROSITY OF THE HUMERUS BY MUSCULAR VIOLENCE.

F. C., aged 41, a brewer's labourer, on June 4th was engaged in pushing 36-gallon beer barrels up a trolley on to a dray. He had sent up four or five barrels when he suddenly found he could not use his left shoulder, and had to give up. He felt no sudden pain or snap. I saw him about half an hour later. He is a very stout man, and was not easy to examine. I felt a curious, very coarse crepitus, like bone crepitus, as I manipulated his shoulder, but on rotating from the elbow I could distinctly feel the head of the humerus rotate in its socket; the clavicle and scapula seemed to be uninjured. Three days later, when he came again, the arm having been slung meanwhile, there was a great deal of blood effusion about the shoulder and chest, extending to the middle line in front.



I sent him to Mr. Hugh Lett at the London Hospital, who had a radiograph taken; from it the accompanying diagram was made, the radiograph itself, although showing the condition clearly, not being strong enough to allow of reproduction. It shows the greater tuberosity of the humerus torn off by the supra-spinatus and infra-spinatus muscles. I have not seen a similar case myself, and should be interested to know if others have come across any. In the days before radiography I do not suppose such a condition could have been accurately diagnosed.

A. P. GIBBONS.

#### GASTRITIS AND ENTERITIS TREATED WITH CALCIUM PERMANGANATE.

The connexion between these two diseases is very close, and very often both are present at the same time.

If the trouble is high up in the alimentary canal, we find nausea and vomiting are the chief symptoms, while if the lesion is lower down, diarrhoea is the characteristic feature.

The etiology of both is practically identical, and in most cases the treatment follows the same lines. The origin of both in most cases seems to be due to the ingestion of irritating and indigestible particles of food, or of some organic or inorganic poison, and the first stage in treatment consists in stopping the supply of that part of the dietary that is the offending cause.

The drug that has been favoured mostly has been bismuth, but in many cases this seems to fail, especially if the enteritis be marked. In these cases I have obtained much better results from calcium permanganate in doses of  $\frac{1}{4}$  grain with plenty of water. The following cases may be interesting:

1. A lady, aged 65, had been suffering for a few months from nausea and vomiting, together with great epigastric tenderness, which did not yield to bismuth prescriptions; after a few doses of calcium permanganate the trouble eased off considerably, and in ten days she was quite free from the stomach symptoms though, of course, very weak.

2. A lady, aged 38, had for two weeks suffered from dyspepsia and colitis, as well as some menorrhagia. I ordered her the permanganate, and within a week she was well on the way to recovery.

3. A commercial traveller, aged 44, who had been living somewhat well, complained of severe epigastric pain especially after meals, small and light though they had become; a few doses, to use his own words, "acted like magic," and freed him from his trouble.

4. A chemist, aged 38, complained of inability to eat, on account of a "lump" at the "pit of the stomach," and an occasional feeling of sickness, which symptoms he had tried to remove by bismuth and blue pill, but with no success. He reluctantly agreed to try a  $\frac{1}{4}$ -grain dose of the permanganate, when in spite of his incredulity the lump disappeared in two days.

5. A man, aged 42, had suffered off and on for two years from what undoubtedly was an enteritis, or colitis, causing numerous loose mucous stools which did not yield to bismuth. Six doses of the permanganate always stops the attack, and in some instances fewer doses have the desired effect.

The good results obtained in these subacute or chronic cases are not to be seen in acute cases, at least not to the same extent, and I have often noticed that the calcium salts do not act very well when the temperature is raised.

G. ARBOUR STEPHENS, M.B., B.S.,  
Swansea.

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

### COLONIAL HOSPITAL, GIBRALTAR.

#### PEDUNCULATED ANAL TUMOUR.

(Under the care of L. D. PARSONS, M.B., Ch.B.Edin.,  
Assistant Surgeon.)

ON May 25th, 1909, a woman, aged 41 years, Spanish, married, presented herself at the out-patient department of this hospital, suffering from a pedunculated tumour growing from within the anal margin, posteriorly and to the left side. She

stated that she noticed a small lump there about two years ago, after childbirth; it appeared to her to be a pile. The tumour gradually grew until it attained its present dimensions, and was a great source of worry to her from its size, weight, and the dragging pain that it caused if unsupported. She wore an improvised sling, by which she suspended the mass between her

thighs. The tumour presented a smooth surface superiorly, and had the appearance of exposed mucous membrane. The inferior surface was a trifle less smooth and irregularly corrugated. There were two patches of ulceration. The pedicle by which the tumour was attached measured 2 in.

On May 26th I removed the tumour as close to the attachment at the anal margin as possible, by passing a double silk ligature and tying the pedicle and then snipping the pedicle with a pair of scissors. The haemorrhage was practically *nil* and the pain very little. No anaesthetic was used; a morphine suppository of gr.  $\frac{1}{2}$  was inserted and a boracic dressing applied. The tumour weighed 8 oz., measured 11 in. in its widest circumference, and 9 $\frac{1}{2}$  in. through the pedicle. On section the tumour presented a pale, fibrous look. There were several large vessels entering through the pedicle. Microscopically the tumour consisted of fibrous tissue, with very few cellular elements.



## British Medical Association.

### CLINICAL AND SCIENTIFIC PROCEEDINGS.

#### YORKSHIRE BRANCH.

Halifax, Wednesday, November 17th, 1909.

Dr. GODFREY, Scarborough, in the Chair.

*Operations for Cancer of the Breast.*—Mr. PRIESTLEY LEECH read a paper, admirably illustrated by a large number of lantern slides, on the results of 100 operations for carcinoma mammae. The paper will be published. The PRESIDENT offered his thanks to Mr. Leech for his admirable and illustrative paper. The question of the treatment of inoperable cancer was often a very difficult one. It was frequently desirable to operate for the relief of the distressing symptoms, even if permanent cure could not be anticipated. Dr. PYB-SMITH (Sheffield) congratulated Dr. Leech on his paper. The most important point in the question of cancer was undoubtedly early diagnosis. One often considered the results of operation for cancer to be more satisfactory than they were shown to be after the careful examination of statistics. Still, Dr. Leech's results were excellent. Dr. METCALFE (Bradford) was much interested in the remarks made by Dr. Leech on the treatment of inoperable cancers by  $\alpha$  rays. He could bear out what was said as to the marked improvement in many inoperable cancer cases after  $\alpha$ -ray treatment. But he wished to go further, and suggested that immediately after operation for malignant growths the parts should be  $\alpha$ -rayed through suitable filters. X rays had undoubtedly a selective influence on pathological cells, and he believed where these were few in number and scattered, as after extensively carried out operations they would be, the danger of recurrence would be much diminished. Dr. ENDERSON (Leeds) thought there was much less waiting before operation now than formerly. Operation could not be performed too soon. What were considered inoperable cancer cases were often hideous in appearance and in their consequences to the patients, and he considered it a good thing to remove them—even to have a clean wound, and to obtain some comfort for the patient. He thought it a pity to call any case inoperable. He believed the use of radium to be of very doubtful utility. Dr. HELLIER (Leeds) wished to ask Mr. Leech as to the appearances shown in the parts after cleaning up the axilla. Dr. LEECH, in reply, thanked the members for their kind remarks. He did not think  $\alpha$  rays were of much use except in the treatment of ulcerating surfaces. Unless the skin was very much infiltrated he operated. He would be glad to show Dr. Hellier some of his cases.

*Early Diagnosis of Tabes.*—Dr. EURICH (Bradford) said that as there was very little time left he would not be able to read his paper, but would confine himself to making "some remarks on the early diagnosis of tabes." He related 4 cases observed by him in all of which the three cardinal symptoms of the disease were wanting—namely, absence of knee-jerks, Argyll Robertson's phenomenon, and lightning pains. He laid stress upon the value of the segmental sensory changes on the trunk, especially anaesthesia and hyperaesthesia, and of the absence of the tendo Achillis reflex. The subsequent course of three of the cases corroborated the original diagnosis, but the fourth case was of too recent date. In conclusion, he pointed out the value of early diagnosis, not only as regards treatment, but also in the matters of insurance, of employment, and of compensation. Dr. TREVELYAN (Leeds) corroborated in large measure what Dr. Eurich had said. He emphasized the great importance of early diagnosis, and paid much attention to the reflexes on both sides. The tendo Achillis reflex was a very important one. Bladder troubles were frequently an early diagnostic sign.

*Cases and Specimens.*—The following cases and specimens were shown: Dr. ROBERTSON (Doncaster): A knee case. Dr. WRIGHT (Halifax): Myxoedema and spina bifida. Dr. HUNT (Halifax): Case of traumatic meningeal haemorrhage. Dr. LODGE (Halifax): Sarcoma of frontal bone; case of laryngotomy; carcinoma of larynx. Dr. LEECH (Halifax): Tuberculous myositis; broad ligament cyst; sarcoma of mesentery. Dr. WISHART (Halifax): Multiple sarcomata.

thrift and the pleasure of independence? We hate parasites, and yet we are creating the most loathsome class of parasites—the human parasite.—I am, etc.,

Bedford, Nov. 30th.

S. J. Ross.

#### A NATURAL EXPERIMENT IN CARDIAC STRAIN.

SIR.—Others with myself may have felt some inclination to write to express dissent from the views expounded by Dr. Theodore Fisher; and I am glad that the able pen of Dr. Clive Riviere has written nearly all that I wished to write. As one whose duty it is to demonstrate the methods of percussion to students, I hold strongly to the opinion that it is possible to map out the deep dullness in such a way that one gains a fair judgment as to the size and shape of the heart and of its several cavities; and that this estimate is with very little practice remarkably correct from an anatomical point of view, even when the attempt is made by a comparatively new student who has had but little instruction as to the methods of procedure.

With regard to deep cardiac dullness in children (and I think I am fortified by Dr. Clive Riviere's opinion) in spite of the constant movements of the heart, the mean area of deep dullness may be ascertained as well for children as for adults. Errors, if any, owing to the movements of the heart, should be surely less in children than in adults, as the heart in them is relatively larger. It is a little regrettable that most of the textbooks are not sufficiently explicit about the extent of the deep dullness both in adults and children.

I have noticed that not a few percussors fail entirely to map out the outlines of the heart to the right of the sternum. Sometimes I notice the result shows a confusion between the right border of the superficial dullness and the right border of the deep dullness. It will be within the experience of many that anyone who can find the limits of the healthy dullness perceives very readily, for instance, the change in the deep dullness to the left of the sternum in a case of *unsuspected dextrocardia*.

I am accustomed to teach students to map out and to measure the deep cardiac dullness, to attach great importance to its shape, and to endeavour to make a diagnosis therefrom, this diagnosis being made before they appeal to what is usually the final arbiter—the sounds.

I think that Dr. Clive Riviere and many others will agree that it is as possible to estimate the size of an average heart, and of its several chambers, in a child or an adult, as it is to measure the size of the chest—that, indeed, the deep cardiac dullness can be mapped out with a *very near approach to anatomical accuracy*.—I am, etc., yours faithfully,

Cambridge, Dec. 6th.

E. LLOYD JONES.

#### NURSES' REGISTRATION.

SIR.—With reference to the article on Nurses' Registration on page 1632, Sir William MacEwen is referred to as voicing the views of Scotland on this matter. It would be interesting were Sir William or the writer of the article to state by what authority Sir William speaks for Scotland in this matter. I should also like to ask how many matrons of large general hospitals in Scotland belong to his association.

I hope that some of these matrons, who are better qualified than he is, surely, to speak of the nurses of Scotland, will explain how far the views in your article really express the views of Scottish nurses.—I am, etc.,

Edinburgh, Dec. 7th.

R. MCKENZIE JOHNSTON.

\* \* \* The article did not profess to do more than briefly trace the origin and analyse the provisions of the two bills. It was distinctly stated that two associations existed in Scotland to promote legislation as to nurses' registration, and that Sir William MacEwen was president of one of them. This statement seems logically to preclude the assumption that we supposed that Sir William voiced the views of Scotland, meaning by that the whole of Scotland.

THE Queen's Hospital for Children, Hackney, has received from the Duke of Newcastle a new x-ray apparatus to replace the installation furnished by the same donor some ten years ago.

## Medical News.

THE *Times* states that the Columbia University, New York, will receive a sum, estimated at 300,000 dols., for the investigation of cancer, under the will of the late Mr. George Crocker, the son of a Californian financier. Mr. Crocker and his wife both died of cancer.

THE Army Council has approved of the appointments of the undermentioned gentlemen as members of the Army Medical Advisory Board being renewed for a period of three years: Dr. J. Rose Bradford, F.R.S., Sir C. Cameron, Kt., C.B., Dr. L. C. Parkes, Dr. M. S. Fembrey, Sir F. Treves, Bt., G.C.V.O., C.B.

THE lecture on "The Prevention of Tuberculosis; the Larger Outlook," will be given by Dr. R. W. Philip, of Edinburgh, at the Municipal Buildings, Tottenham, N., on Monday, December 13th, and not December 15th as previously announced. Admission will be by tickets, which can be obtained from the Medical Officer of Health, Tottenham.

AMONG the course of lectures to be given at the Royal Institution before Easter is a course of six by Dr. F. W. Mott, F.R.S., Fullerian Professor of Physiology, on the emotions and their expression, and three by Professor Silvanus P. Thompson on illumination, natural and artificial. The Friday evening meetings will commence on January 21st, when Professor Sir James Dewar will deliver a discourse on light reactions at low temperatures.

THE exhibition organized by the National Association for the Prevention of Consumption, which proved so successful in Whitechapel some months ago, is now at Paddington for a short time. It will be displayed in the Congregational Hall until December 16th, from 12 to 9.30 p.m., and was opened by H.R.H. Princess Marie Louise of Schleswig-Holstein on December 8th, the Princess being supported by the Countess of Aberdeen, the Mayor of Paddington, and others. The object of the exhibition is to instruct the people—and especially the poorer classes—in the cause, mode of propagation, possibility of prevention and cure of consumption, with a view of bringing home to their minds the extent of the loss occasioned by the disease and the possibilities of diminishing this. On each afternoon and evening there will be given popular lectures bearing on the subject of tuberculosis and its prevention, and voluntary helpers will be on duty in the exhibition to explain to the visitors the meaning of the exhibits. Admission is free.

ON December 8th the Battersea Borough Council spent much time in considering a recommendation from its Highways Committee "That the solicitor be instructed to negotiate for the removal of the Brown Dog Memorial and for its return to the donors." A deputation of Progressive ex-councillors and of antivivisectionists attended and prayed that the memorial should not be removed. They went so far as to intimate that they would agree to an alteration of the inscription, but would not undertake to consent to such an alteration as would satisfy University College. The plea for the retention of the memorial was based partly on its alleged "educational value" and partly on the circumstance that certain of the people of Battersea looked upon it as their own and had given the council no "mandate" to interfere with it. There was a strong disposition on the part of councillors to accept the suggestion that the inscription should be altered, and this in spite of the fact that Mr. Astill, the leader of the Reform party, called attention to the statement of the Commissioner of Police that the memorial cost £700 a year to protect. Such a memorial, said Mr. Astill, was a nuisance, and ought to be removed. Dr. McManus moved that the recommendation of the committee should be referred back, with a view to an arrangement being made whereby the offensive inscription might be removed and a truthful one put in its place. This was seconded by Dr. Richards. Dr. McManus said he objected only to the inscription. The motives of those with whom it originated were beneath the contempt of the profession. The council adopted his proposal.

## The Services.

### TERRITORIAL FORCE.

S.—A medical man aged 39 is not too old to become a medical officer of the Territorial Force. Application should be made to the A.M.O. of the Division he wishes to serve in.

a small place with some forty beds, and two operating afternoons a week amply sufficed. Mainly owing to Keetley's initiative, determination, and ability, the institution has grown rapidly. To mention one of his efforts on its behalf, the successful bazaar of 1896, which brought in upwards of £3,000, was organized by him. He was a most regular attendant at the meetings of the Board of Management, generally joining freely in the discussions; nor did he neglect the meetings of the Medical Council.

From the time that he was appointed Assistant Surgeon to within a week of his death Keetley may be said to have devoted the greater part of his working day to the West London Hospital, the interests of which were paramount with him. His skill and success in difficult cases often brought patients from great distances to the hospital, and his kind and sympathetic manner greatly endeared him to all.

He initiated (Dr. H. W. Chambers afterwards acting as Secretary) the Army Medical Civilian Reserve, the first unit of which went through a course at the West London Post-Graduate College. The scheme was subsequently merged in the Territorial Force; Keetley, together with Dr. Fowler, Mr. R. J. Godlee, and Sir Thomas Barlow, was appointed a Lieutenant-Colonel, available on mobilization in the Third London (General Hospital) Territorial Force.

He became a Mason in later life, having been initiated in the Rahere Lodge, and he was a joining member of the Cavendish Lodge. When present at the meetings of either he always had a hearty welcome, and often delighted the brethren with his post-prandial oratory for which he was so very popular. He was also a member of the Savage Club.

He married Anna, the daughter of the late Mr. Henry Holmes Long, H.E.I.C.S., whom he leaves, with a large circle of friends, to deplore his loss.

Mr. SWINFORD EDWARDS writes: As a personal friend and colleague of thirty years' standing, Keetley's sudden decease comes as a great blow to me, and, indeed, to all my colleagues on the staff of the West London Hospital, an institution to which he devoted the greater part of his energies. I believe that I am right in stating that Keetley sacrificed his life to what he considered his duties to that hospital. In spite of warnings by those who had attended him for a cardiac trouble in the early summer, he insisted in carrying on his work not only by day, but actually in doing his own emergency work at night, and this at the age of 61. Keetley loved the hospital, and was often known to neglect his own private interests that he might devote more time to his hospital patients.

I should say that Keetley's chief characteristic were his honesty, single-mindedness, and generosity. He was a man of great energy, dogged determination, and much resourcefulness in operations. Initiative was another of his strong points, as witness the founding by him of the West London Medical and Chirurgical Society, which is one of the largest and best attended societies in London; the Ladies' Association in connexion with the hospital; and the Lincolnshire Society, which, I believe, largely owes its being to his exertions. The same may also be said of the West London Post-graduate College, which has proved such a success.

Had it not been for the infirmity of deafness and his lack of business habits, Keetley, owing to his genius and great powers of intellect, would no doubt have risen to greater heights and to a more lucrative practice than he actually attained. He was a recognized authority on orthopaedics, and the results of many of his cases of plastic surgery were brilliant. His recent work on appendicostomy and on the

preservation of the appendix have attracted much notice both in the medical and lay papers.

We of the West London shall miss him as a real friend to whom we could turn for advice and help in any difficulty, and we shall always remember him in his lighter moments for his very humorous and witty after-dinner speeches, and for his great talent as a pen-and-ink caricaturist.

Dr. NEVILLE HART (Bournemouth) writes: As one who has worked with the late Charles Keetley as his house-surgeon, I have a feeling of irreparable loss, shared, I know, by all who had any intimacy with him. There are two maxims on which he was always very insistent, which are fittingly reiterated here, in a medical journal. The first was that of the importance of concentrating oneself on the matter in hand. For instance, when operating, he was always careful that he and his house-surgeon should speak as little as possible, not only from the well-worn reasons connected with sepsis, but also that his thoughts should not be diverted from the matter in hand; and he was particularly intolerant if any extraneous subject was introduced to his notice at such a time. The other was that of the importance of always exercising common sense in conjunction with one's technical knowledge. You will no doubt enumerate his professional achievements and writings. I will only refer to his advocacy of the operation of appendicostomy for many conditions for which it is not usually practised, and above all for certain cases of intractable chronic constipation. I have followed many of the cases he has reported, and, indeed, was his assistant the first time he did it for this condition, and think that this advocacy was based on a most cogent framework of facts.

We much regret to announce the death of Mr. MARK FARRANT, of Exeter, who passed away on November 29th after a long illness, aged 38. He received his medical education at the Westminster Hospital, and obtained the diploma of L.R.C.P. and M.R.C.S. in 1893. Shortly afterwards he joined his uncle in practice at St. Thomas, Exeter, where he speedily won the affection of all with whom he came in contact by his kindness, thoughtfulness, and tact. He was appointed Medical Officer of Health to the St. Thomas Rural District Council in 1896, and took the D.P.H. (R.C.P.S. Lond.) in 1901. He also held appointments under the St. Thomas Guardians and Devon County Council. He had many interests outside his profession, being a keen naturalist, Expert to the Devon Beekeepers' Association, and a well-known amateur gardener. He was an ardent politician, sometime President of the Conservative party in St. Thomas, and founder of the St. Thomas Conservative Club. In all these pursuits he engaged with that characteristic thoroughness which ensured success. It only remains for us to offer his relatives and numerous friends our heartfelt sympathy.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are: Dr. Pierre Merlou, Minister Plenipotentiary of France in Peru, and sometime Minister of Finance; Dr. Arturo Marini, Lecturer on Obstetrics and Gynaecology in the Medical Faculty of Genoa; Dr. S. F. Bubnoff, Professor of Hygiene in the Medical Faculty of Moscow, aged 55; Professor Antonio Ripamonti, Physician to the Ospedale Maggiore of Milan, and Lecturer on Neuropathology; Dr. Max Jordan, Extraordinary Professor of Surgery in the University of Heidelberg, aged 45; and Dr. A. W. Nalanson, Lecturer on Ophthalmology in the University of Moscow, aged 47.

## Universities and Colleges.

### UNIVERSITY OF OXFORD.

THE following candidates have been approved at the examination indicated:

D.P.H., PART I.—C. V. Aserappa, M. N. Balsara, H. M. Crake  
J. Fortune, S. K. N. Kabriji, J. B. Mama, W. S. Stalker,  
L. R. Tosswill, W. F. J. Whitley.  
PART II.—J. Fortune, J. C. Keir, W. S. Stalker, L. R. Tosswill.

### UNIVERSITY OF LONDON.

#### MEETING OF THE SENATE.

A MEETING of the Senate was held on November 17th.

#### Panel of Lecturers in Physiology.

The following were added to the panel of lecturers in physiology: Mr. W. B. Hardy, M.A., F.R.S., Professor A. F. Stanley Kent, M.A., Dr. V. H. Vely, D.Sc., M.A., F.R.S., and Professor Swale Vincent, M.D., D.Sc.

#### Chemistry at the Matriculation Examination.

A new syllabus in chemistry to apply in and after January, 1911, was adopted. Candidates will be required to give evidence by their answers that they have seen experiments illustrative of all the subjects included in the syllabus, and that they have themselves performed a variety of simple qualitative and quantitative experiments. The questions set will have regard to the conditions under which the subject may best be experimentally taught in schools.

#### King's College and King's College Medical School.

On October 18th His Majesty in Council approved the statutes and regulations of the King's College Transfer Commissioners.

The Medical School of King's College Hospital, which was by the King's College (London) Transfer Act separated from King's College, has been admitted as an independent body to the status of a school of the university in the Faculty of Medicine.

Dr. David Waterston has been appointed Professor of Anatomy in succession to Professor Peter Thompson. Dr. G. C. Low has been elected Lecturer in Parasitology and Medical Entomology. Professor W. D. Halliburton has been elected Dean of the Faculty of Science, Medical Division.

#### Physiological Laboratory.

Sir Lauder Brunton, Bart., M.D., F.R.S., has been elected Chairman of the Physiological Laboratory Committee.

#### Appointment of Representatives.

Professor H. R. Kenwood and Professor W. J. R. Simpson, C.M.G., have been appointed representatives of the university at the third International Congress for School Hygiene, to be held in Paris in August, 1910. Dr. J. L. Sawers has been appointed a member of the Margate Local Higher Education Subcommittee, and Dr. F. R. Walters a member of the Governing Body of the Farnham Girls' Grammar School.

### UNIVERSITY OF DURHAM.

#### College of Medicine Representatives on Senate.

AT a meeting of the Council on December 1st Professor Sir George Hare Philipson, M.D., the President of the College, and Mr. John Ernest Gibson, M.A., were unanimously elected as the two representatives of the Council of the College to act on the Senate as constituted under the University of Durham Act, 1908.

At a subsequent meeting of the Academic Board of the college Dr. David Drummond and Professor Robert Howden were unanimously elected as the two representatives of that Board on the Senate.

### UNIVERSITY OF LIVERPOOL.

#### New Lectureships.

THREE new lectureships have been instituted by the Council on the recommendation of the Senate and of the Faculty of Medicine:

1. A lectureship in orthopaedic surgery, to which Mr. Robert Jones, Ch.M.Liv., F.R.C.S.Edin., was appointed.
2. A lectureship in physiology, to which the present Assistant Lecturer and Demonstrator, Dr. H. E. Roaf, was appointed.
3. A lectureship in pharmacology, to which Mr. Owen T. Williams, M.B.Lond., M.R.C.P., was appointed.

The lecturer in orthopaedics will deliver a course of lecture demonstrations during the summer term which will be open to graduates and undergraduates alike.

The lecturer in physiology will take special charge of the chemical physiology department.

The lecturer in pharmacology was temporary lecturer in the subject during the last two sessions; he will supervise pharmacological research, and will hold a class in practical pharmacology, which is in the third year of the curriculum for the degree.

### ROYAL COLLEGE OF PHYSICIANS OF LONDON.

#### The Weber-Parkes Prize and Medals.

THE next award under this foundation will be made in 1912, and the adjudicators have selected as the subject of the essay for

that occasion, "The influence of mixed and secondary infections upon pulmonary tuberculosis in man, and the measures, preventive and curative, for dealing with them."

All essays, together with any preparations made in illustration of them, must be transmitted to the Registrar of the College during the last week of May, 1912, in accordance with the regulations relating thereto, copies of which will be forwarded from the college on application. The award will be made at some time previous to October 18th in that year, on which day the prize and medals will be presented to the winners.

### ROYAL COLLEGE OF SURGEONS IN IRELAND.

#### The Fellowship.

IN recording the new regulations for admission to the Fellowship at page 1663 of the issue for December 4th, the word "physiology" was misprinted for pathology in respect of the final examination. The subjects of that examination are surgery, including surgical anatomy, and pathology. It may be added that in future no special examination will be granted in any circumstances, and that all applications for admission to either the primary or final examination must be lodged, together with certificates and receipts for fees, at least seven days before the preappointed date of examination. It is intended that examinations shall be held three times yearly, the commencing dates of the primary examination being the first Monday in March, the third Monday in July, and the third Monday in November. The final examination will commence on the following Monday in each case.

### ROYAL COLLEGE OF SURGEONS OF ENGLAND.

#### Lectures on the Evolution of the Brain.

THREE lectures on Some Problems Relating to the Evolution of Brain will be delivered on Monday, Wednesday, and Friday, December 13th, 15th, and 17th, at 5 o'clock each day, by Professor Grafton Elliot Smith, F.R.S., Arris and Gale Lecturer. The first lecture, which will be mainly historical, will deal with the foundations of the subject of these lectures laid in the museum by its conservators; the great work of Richard Owen on the structure of the brain in the marsupialia; the destructive criticism of his successor in the conservatorship and its influence in retarding the growth of a true knowledge of cerebral morphology; the influence of Huxley and the effects of the controversy aroused by the publication of Darwin's *Origin of Species*. The fundamental importance of the correct interpretation of the conditions found in the marsupialia and monotremata demonstrated by Osborn, on Huxley's suggestion, in his application of Flower's teaching to the vertebrata in general; the recent rehabilitation of Owen's work leading to the reversal of Osborn's generalization is the foundation upon which the true story of the evolution of the cerebrum is being built up. In the second lecture, the subject of which is the nature and origin of the neopallium, Professor Elliot Smith will discuss certain features of the brain in the marsupialia and monotremata; the disposition of the hippocampal formation, and the changes it undergoes in the eutherian mammalia; explanation of current misconceptions of the arrangement of the olfactory paths; the condition of the cerebral hemispheres in reptilia, amphibia, and diplopoda; certain discrepancies in the views of Ramon y Cajal, Edinger, Giuseppe Levi, and Ariëns-Kappers; the early neopallium; repudiation of the term "archipallium," wrongly attributed to the lecturer. The subject of the third lecture will be the evolution of the neopallium. The lecturer will deal with its local specializations in structure and function; the origin and significance of cerebral sulci; the problems still awaiting solution, and the present trend of research.

## Medico-Legal.

#### ADAMS v. VANITY FAIR AND OTHERS.

IN the King's Bench Division on Thursday, December 2nd, Mr. Justice Grantham and a special jury commenced the trial of an action brought by Miss Martha Adams, M.B., D.P.H., against *Vanity Fair* (Limited), Southwood Smith and Co. (Limited), W. H. Macdonell, Frank Harris, and Ernest Pomeroy, claiming damages for libel. At an early stage of the hearing it transpired that the proceedings had been stayed against all but the last-named defendant, Ernest Pomeroy.

Mr. McCall, K.C., and Mr. J. A. Watson (instructed by Messrs. Greenwood and Greenwood) represented the plaintiff, and Mr. Rawlinson, K.C., M.P., and Mr. D. C. Bartley (instructed by Mr. J. A. Collins) appeared for the defendant.

Mr. McCall, in opening the case for the plaintiff, said the action was brought to recover damages for libel. It was an action which raised questions of very considerable public interest, and it raised one question of vital importance to the young lady he represented, because the libel, as he read it and as he invited the jury to read it, contained as cruel and as odious an imputation upon her as any writer could convey against any medical man. Miss Adams was a qualified medical practitioner holding a diploma of the University of Glasgow, and she held a diploma without which it was almost impossible for a medical man to act in a capacity which the plaintiff was holding—namely, as an officer of health; she held the Health Diploma of the University of Ireland. Having acquired those degrees on June 1st, 1908, the plaintiff applied for and was