

ahead. Our position is one of grave anxiety, and may be likened to that of a nut and a nutcracker. We are threatened with being caught between the arms of a huge nutcracker, one of which is the State, and the other the public dispensary system—an exaggerated contract practice system. If we become entrapped between these forces, then our state is perilous depending on the vigour with which the arms are approximated. It is for us, by union, combination, and speaking out as one man, to escape such a climax, for it will not only affect the general practitioner directly, but also the consultant indirectly. Self-preservation is one of the first laws of Nature, and it is our duty to bestir ourselves, and to let the State and the public know and understand that it is not by starving the profession, but by properly and adequately remunerating its members, so as to free them from financial worries, and to give them the necessary time for rest and mental improvement, that the best service can be secured for the community.

REFERENCE.

¹ BRITISH MEDICAL JOURNAL, June 11th, p. 1446.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

THE SURGICAL TREATMENT OF VARICOSE VEINS.

In the BRITISH MEDICAL JOURNAL of April 16th (p. 921) Dr. H. D. O'Sullivan describes an operation for the excision of varicose veins which he terms "treatment by avulsion." As a similar procedure has been practised at the Ashton District Infirmary for the last two years, I may be permitted to make a few supplementary observations. The method, in the first place, is not new. I myself was surprised to see it described in a recent American publication,¹ edited by J. B. Murphy, and attributed by him to Kellar. W. W. Babcock has also devised a very ingenious operation on similar lines.

The plan described by Dr. O'Sullivan is unnecessarily elaborate, not sufficiently thorough, and somewhat unsafe, as it entails previous mapping out of veins, the use of tourniquets, multiplicity of incisions, interference with the blood supply of the limb, profuse haemorrhage, contact of a foreign body with blood which is either circulating or which will pass into the circulation, with the attendant dangers of sepsis—local or general—thrombosis, and shock. Again, the process described is not, strictly speaking, "avulsion," because the vein is not torn or pulled out, but removed by being turned inside out, a fact which may have escaped Dr. O'Sullivan's notice. "Inversion" or "invagination" would be the more accurately descriptive terms.

The procedure followed by me is as follows: The prepared limb is elevated to empty the veins. A small, preferably transverse, incision is made high up in the thigh, over the saphenous opening, the long saphenous secured and divided between two forceps, and the proximal stump ligatured close to the femoral vein. At this stage traction on the distal end makes the vein prominent all along its course. A small cut is now made on the inner aspect of the knee, the vein exposed and severed between two haemostats. The forceps on the upper segment being removed, a long probe, eye end up, is introduced through the lumen of the vein and pushed up till it comes out in the first incision. Next, a ligature is passed through all the coats of the vessel, penetrating the vein twice, and at the same time through the eye of the probe, and is tied firmly. By pulling on the distal extremity of the probe the vein is extracted in a few seconds, turned inside out.

All the prominent veins of the leg can be dealt with in similar fashion. If they are very tortuous, a gum-elastic catheter of small calibre should be used instead of the probe. The method is not applicable to cases of general or cirroid varicosities, which is not infrequently the case in the leg, and which can be more effectively treated on Schede or Friedel lines. In the technique described there is no mapping out of veins; no tourniquet is employed; the probe passes into a vein which is empty, being discon-

nected at both ends, and the lateral branches probably kinked by the vein being kept taut; and, finally, there is scarcely any haemorrhage, as the tributaries get twisted and sealed during extirpation.

Kellar's method differs from the above in the use of a thread instead of a probe. In Babcock's hands the vein, specially when adherent, yielded frequently at the seat of ligation, and so he was led to devise his "vein extractor," which is simply a very long pliable probe with a bulb at each end, "just like a double-ended bougie à boule," one end being small enough to pass through the lumen of veins and the other sufficiently large to prevent its passage. This instrument is introduced into the long saphenous vein at its termination, and the small bulb guided down till it is felt near the ankle, where it is exposed by a small incision and traction made upon it. By this means the vessel is removed throughout its whole length, two minute wounds only being necessary. The "extractor," needless to point out, does not produce an intussusception, as the vein comes out closely gathered up against the upper larger end. In Murphy's opinion, Babcock's operation is "one of the simplest and most expeditious thus far devised."

Ashton-under-Lyne.

M. MAMOURIAN, M.B.

TRIPLETS: MUMMIFIED MALE TWINS AND
LIVE FEMALE CHILD.

ON Whit Monday I was called to attend a case of labour, a primipara aged 28 years. I found presenting outside the vulva the foot and leg of a fetus. I was able to deliver quickly and easily a male mummified fetus of about six months' development. On further examination I felt a bag of membranes bulging at the os uteri, and the head of a child presenting. The os being fully dilated, I ruptured the membranes, and in about an hour delivered the patient of a living female child of about eight and a half months' development. I then placed my hand upon the abdomen to express the placenta, and, after waiting some time with no result, I again examined the patient. The uterus had contracted firmly, but I could feel protruding through the os the foot of another fetus. This was gripped by the contracted uterus, and the patient, although uneasy, was having no pains. After waiting an hour, I examined again, and found the os uteri dilating, and the leg as well as the foot of a fetus presenting. Gentle traction seemed to bring on pains, and in about twenty minutes I had delivered the woman of another fetus (male, mummified) of about four months' development. The placentae were removed with difficulty. The two male fetuses were attached to one placenta, whilst the living female child had a separate one—apparently two ova, one of them double.

The retention of dead twin fetuses until a third fetus had reached to nearly nine months' development is, I think, sufficiently rare to warrant publication.

GEO. ALDRIDGE, L.M.S.S.A.Lond., M.O.H.

Sheerness-on-Sea.

Reports

ON

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

WEST HERTS HOSPITAL, HEMEL HEMPSTEAD.

A CASE OF VERONAL POISONING.

(By GEORGE S. SOWDEN, M.A., M.B., Ch.B.Edin.,
House-Surgeon.)

THE following notes of a case of veronal poisoning with a subsequent recovery may prove interesting, both from the magnitude of the dose taken and from the symptoms which developed. The dose taken (100 grains) is nearly four times larger than any recorded for that particular drug, and the symptoms are totally unlike those described in any of the cases I can find in the literature of the subject.

is, in my humble opinion, correct when he says: "Conclusions to be drawn from the experiments are not yet ascertainable." In other words, sanatorium treatment has so far only helped to prove the correctness of the old idea—that is, that no glass (in windows) would mean much less tuberculosis.—I am, etc.,

Lisburn, co. Antrim, July 4th.

J. L. RENTOUL.

THE COLLEGE OF SURGEONS' DISSECTIONS AND SURGERY.

SIR,—I have taken deep pleasure in, and gained much by, the study of the *Edinburgh Stereoscopic Atlas of Anatomy*, issued by Dr. David Waterston. It would be increasing manifold the usefulness of the magnificent specimens of dissections in the London College of Surgeons Museum if they might also be stereoscopically photographed. Those of the orbit, cranium, and face would be particularly valuable in view of the progress of modern surgery. Can the College be moved to this step? An eminent gentleman says, "For once we English would then have an advantage over our German friends." I should consider it a privilege to subscribe.—I am, etc.,

Liverpool, June 27th.

WALTER T. CLEGG.

A DEFINITION OF INFLAMMATION.

SIR,—In spite of the many attempts which from the time of Celsus have been made to establish an exact definition of inflammation, yet the oldest with which we are all familiar, and which distinguishes it as characterized by redness, heat, swelling, and pain, still holds its sway. Daily, however, we observe reactionary phenomena which are essentially inflammatory in character, and in which one or more of the aforesaid classic signs are wanting, consequently a more accurate definition would be welcome. The late Sir J. Burdon-Sanderson gave us a definition which has met with much support. It is the following: "The process of inflammation is the succession of changes which occurs in a living tissue when it is injured, provided that the injury is not of such a degree as at once to destroy its structure and vitality." This definition undoubtedly includes too much, and is not explicit enough. To meet these objections, and to include that variety of inflammatory reaction noted in association with the evolution of an ectopic pregnancy, I would suggest the following definition:

Inflammation is reaction of a structure or tissue to alien irritation, whether physiological or not, or to injury which does not annihilate responsive power.—I am, etc.,

London, W.C., June 30th.

JAMES OLIVER.

Universities and Colleges.

UNIVERSITY OF OXFORD.

THE following candidates have been approved at the examinations indicated:

- FIRST B.M., B.Ch. (*Organic Chemistry*).—W. H. Bleaden, Brasenose; B. A. Bull, Jesus; J. J. Conybeare, New College; J. M. Guilfoyle, Brasenose; C. W. Littlejohn, New College; T. E. Micklem, New College; E. M. Oddy, Christ Church; K. R. Pilcher, University; H. A. B. Whitelocke, Christ Church; C. D. Wood, Queen's.
- FIRST B.M., B.Ch. (*Anatomy and Physiology*).—T. B. Batchelor, University; E. W. Brown, Wadham; E. W. Carrington, Keble; C. Dean, Trinity; H. T. Evans, Jesus; R. A. Fawcus, Oriel; W. J. Hart, Queen's; R. St. A. Heathcote, New College; St. Hilbert, University; E. W. N. Hobhouse, New College; W. R. Reynell, Balliol; E. Scott, St. John's; A. H. Southam, Christ Church; A. B. Thompson, New College; W. W. Waller, New College; C. W. Wheeler-Bennett, Christ Church; Syer B. White, Keble.
- SECOND B.M., B.Ch. (*Medicine, Surgery, and Midwifery*).—M. B. Baines, Exeter; C. N. Binney, Corpus; R. F. Bridges, University; G. N. Hunt, Christ Church; G. E. Nelligan, Exeter; A. F. Sladden, Jesus; B. A. W. Stone, Brasenose; A. E. Taylor, Trinity.
- SECOND B.M., B.Ch. (*Pathology*).—C. F. Beevor, Magdalen; A. R. Chavasse, Hertford; A. W. Donaldson, Hertford; H. J. B. Fry, Magdalen; T. B. Heaton, Christ Church; N. S. Lucas, New College; E. O'Connor, Lincoln; W. J. Oliver, Oriel; H. W. Scott-Wilson, Queen's; C. J. G. Taylor, University; G. H. Varley, St. John's; W. E. Waller, University; R. C. Wingfield, Trinity; J. A. Wood, University.
- SECOND B.M., B.Ch. (*Forensic Medicine and Hygiene*).—F. A. Aldridge, Magdalen; C. F. Beevor, Magdalen; A. W. Donaldson, Hertford; C. Newcomb, St. John's; E. P. Poulton, Balliol; A. S. Roe, Balliol; B. A. W. Stone, Brasenose; A. E. Taylor, Trinity.
- SECOND B.M., B.Ch. (*Materia Medica*).—A. W. Cooke, Worcester.
- D.P.H. (*Part I*).—G. Finch, Rachel E. W. Mackenzie, J. E. Spenser, F. Griffith, J. F. Windsor.
- D.P.H. (*Part II*).—C. V. Asprezza, J. B. Mama, W. F. J. Whitley, F. Griffith, J. F. Windsor.

Prizes.

The *Welsh Prize* for 1910 for proficiency in anatomical drawing has been awarded to Charles Milwyn Burrell, Scholar of University College; the *Theodore Williams Scholarship* in anatomy to Arthur Hughes Southam, B.A., Christ Church; and the corresponding scholarship in physiology to Reginald St. Alban Heathcote, Scholar of New College.

UNIVERSITY OF BIRMINGHAM.

THE following candidates have been approved at the examinations indicated:

- FIRST M.B., Ch.B. (*Physics, Chemistry, and Biology*).—R. G. Abrahams, J. E. Foley, H. G. Langdale-Smith, Malati Madgavkar, O. Parkes, L. D. Roberts, C. G. Teall, K. H. Gill, K. B. Pinson, C. A. Raison, C. M. Stubbs.
- SECOND M.B., Ch.B. (*Anatomy and Physiology*).—Elizabeth L. Ashby, J. L. A. Grout, J. H. Ritchie.
- THIRD M.B., Ch.B. (*Pathology and Bacteriology and Materia Medica and Pharmacy*).—†G. E. Elkington, †E. F. Buckler, †H. C. Nickson, †P. T. Priestley, †H. Sheasby, †A. A. Wilkinson, †C. C. C. Court.
- FOURTH M.B., Ch.B. (*Forensic Medicine and Toxicology and Hygiene and Public Health*).—†O. M. Holden, †J. H. Hampton, †R. B. Coleman, †C. C. C. Court, †E. Davies, †C. C. Jones, †R. D. Nelson, †P. A. Newton, †C. E. Salt, †A. C. Tibbits.
- FINAL M.B., Ch.B.—J. L. Ritchie, C. Walker, H. A. Whitcombe.
- D.P.H.—Part II.: H. S. Gettings, P. J. Mason.
- * Queen's Scholarship. † Class I. ‡ Class II.

GUY'S HOSPITAL.

THE annual garden party and distribution of prizes at Guy's Hospital took place on July 7th, Viscount Goschen, the new treasurer of the hospital and president of the medical school, presiding. Before calling on the Dean to read his annual report he expressed the general regret at the retirement of his predecessor, Mr. Bonsor. The report read by the Dean, Dr. Eason, drew attention to the wide field from which Guy's Hospital attracts students. Of 509 students now attached to the school 239 come from within a radius of thirty miles from the university, 202 come from parts of the United Kingdom outside the university radius, 47 come from British Dominions, excluding the United Kingdom and India, and 14 from foreign countries. In the dental school the entries show a considerable increase over those of last year, while the medical school has to congratulate Mr. H. I. Janmahomed on obtaining the university gold medal in the examination for the M.D. London. It was also mentioned that, in accordance with the advice of a committee appointed to consider the whole subject of specialism and its relation to medicine and surgery, the governors have decided to create new special departments for diseases of the genito-urinary system, nervous diseases, and diseases of children. They also determined that the departments for diseases of the throat and ear should be placed in the charge of pure specialists, and not, as formerly, of assistant-surgeons on the general staff. To the department of diseases of the nervous system has been appointed Dr. Hertz; to the aural department, Mr. W. M. Morrison; and the genito-urinary department, Mr. A. R. Thompson. The new out-patient department, which was opened last year, has proved of great benefit, and it is hoped that the new chemical and physiological laboratories now being built will be ready for use during the course of the coming academic year. The prizes were handed to the successful competitors by Professor Howard Marsh, of Cambridge, the special feature of the distribution being the award of the Astley-Cooper prize to Professor E. H. Starling, F.R.S. This prize, of the value of £300, is awarded triennially for an essay on a given subject; on this occasion it was the physiology of digestion. By the terms of Sir Astley-Cooper's will the essay must represent original experiments and observations, and be illustrated so far as the subject permits by preparations and drawings. Competition for it is not confined to Guy's men, who, indeed, should they be officers either of Guy's or St. Thomas's Hospitals, or related to such officers by blood or affinity, are ineligible. On such grounds an essay sent in some years ago for the same prize by Professor Starling, though deemed the best of those received, was not awarded the prize, because at that time he was connected with the school as a lecturer. The proceedings terminated with a vote of thanks to Professor Marsh, the company present then joining those assembled for the garden party in the quadrangle and other grounds of the hospital and school.

SOCIETY OF APOTHECARIES OF LONDON.

WE are informed that a question having recently been raised as to the eligibility of persons holding the Assistants' or Dispensers' Certificate of the Society of Apothecaries to hold the office of Dispenser under the Metropolitan Asylums Board under the existing regulations, the matter was referred to the Local Government Board. The Board, after consideration, have informed the Society that, while it is of opinion that, on a strict interpretation of the existing regulation, a person holding the Society's certificate would not be qualified, yet, as the qualification has been elsewhere recognized by the Local Government Board, it thinks it desirable that the regulations on the subject should be uniform, and accordingly propose to issue an order amending the existing order so as to provide for the inclusion

of the holders of the Assistant's qualification among the classes of persons eligible for the office of Dispensership under the Metropolitan Asylums Board.

Examinations.

The following candidates have been approved in the subjects indicated:

BIOLOGY.—A. U. L. Bennet, C. Gilroy-Jones.
CHEMISTRY.—C. Gilroy-Jones.
MATERIA MEDICA AND PHARMACY.—P. McGinnis, J. G. Reidy.
ANATOMY.—P. R. Cross, G. E. Cuttle, R. Fowle, T. H. W. Idris, J. A. Prendergast, H. G. Steel.
PHYSIOLOGY.—H. H. Fairfax, T. H. W. Idris, J. E. Kitchen, J. A. Prendergast, H. G. Steel.

The Services.

ROYAL ARMY MEDICAL CORPS (TERRITORIALS).

LOWLAND MOUNTED BRIGADE FIELD AMBULANCE.

THIS unit, under the command of Lieutenant-Colonel R. T. Halliday, was encamped during the last fortnight of June at Biggar, Lanarkshire, as part of the Lowland Mounted Brigade, during brigade training. The brigade consisted of four yeomanry regiments with the transport and supply column and field ambulance, and some very interesting field training resulted. During the first week the field ambulance practised corps exercises, and received instruction in sanitation, field cooking, water duties, and transport of wounded. During the second week the brigade was engaged in manoeuvres over a large tract of territory, including night operations. The field ambulance took part each day in these manoeuvres, sending light wagons to the front and leaving the heavy wagons stationed well in rear of the fighting line. The officers present with Lieutenant-Colonel Halliday were Major Wright Thomson, Major Arch. Young (of the 1st Lowland Field Ambulance), Captain J. Bruce, Captain R. Yuill Anderson, and Captain R. B. Carslaw. The unit was inspected on June 20th and 21st by General Bahington, Brigade Commander; during the operations by Colonel Hunter Weston, Chief of Staff, Scottish Command; on June 23rd by Colonel Sir James Clark, Bart., C.B., Inspector of Medical Services; on 28th by Colonel Sir G. T. Beaton, K.C.B., Administrative Medical Officer, Lowland Division; and on 29th by General Allenby, the Inspector-General of Cavalry. This is the first time that a field ambulance has been employed on such prolonged and extensive manoeuvres in Scotland, and the unit was highly complimented on its mobility and on the excellence of its work. The light wagon proved a most serviceable vehicle as it was able to keep well to the front and cover ground almost impossible for the heavier and more slowly moving vehicles. The unit was at camp practically at full strength.

COURTESY CALLS ON MEDICAL OFFICERS.

DISGUSTED writes: Some time ago, being appointed to a ship at one of the larger naval ports at home, I called, with my wife, upon the naval commander-in-chief and wrote our names in the visitors' book. A few days later we paid a similar courtesy to the military governor. The latter returned the call within a week, the A.D.C. leaving cards. The naval commander-in-chief ignored our call entirely. I refrain from any comment, but would merely observe that in my opinion slights of this nature will continue until relative rank is made, as in the army, actual rank. It is, I think, contrary to the spirit of the medical man to be saddled with an executive title, but until these titles are given to the civil branches I do not think that we can hope to be treated with even common politeness.

Medico-Legal.

ALLEGED MANSLAUGHTER.

ON June 26th, at the Tynemouth Police Court, Ernest Arthur Robinson, a drug store dealer, was charged "that he did feloniously kill and slay one Patrick Henry on May 20th, 1910."

The town clerk (Mr. E. B. Sharpley) prosecuted; Mr. Edward Clark, of Newcastle, defended.

It appeared that the deceased, a licensed victualler, was suffering from pains in the legs and body on May 22nd. His wife sent to Mr. Robinson's shop for an embrocation, and he sent a medicine to be taken every two hours. A few days later the defendant called to know how he felt. On Friday, 27th, the patient got worse, and on the 28th his wife called in Dr. Fraser, who examined the patient's heart, and prescribed a medicine. As there was no improvement, the wife sent her daughter to see Dr. Fraser, who said that the dose should be doubled. Later in the evening Mr. Robinson was sent for. He came down and said that if the patient had a rest it would improve his condition. Mr. Robinson then sent down a draught, half of which

was given to the patient, who died at 5.30 a.m. on the following morning. Mrs. Henry said that it was because Dr. Fraser did not come she sent for the accused. Dr. Fraser said that he first saw Henry on the morning of Saturday, May 28th. He then showed all the signs of commencing delirium tremens. He (the doctor) came to the conclusion that the man had been drinking, and that he had had Bright's disease for some time; that his liver was enlarged, and probably in a condition of cirrhosis. He prescribed bromide of potassium. In his view the man might have got better. At the *post-mortem* examination, which he made with Dr. Tindle, they found that the man had been a heavy drinker, that he suffered from cirrhosis of the liver. They also came to the conclusion that a recent attack of influenza had brought on delirium tremens. During the illness the man had taken a draught of opium, which had produced coma and caused death.

In cross-examination Dr. Fraser said he did not think the man's condition to be so bad as to necessitate another visit. To an unskilled man the condition might not appear bad at all; but what he needed was natural rest, not rest induced by opium. It would have surprised him very much if the patient had died in so short a time without the drug. He had not been expressly asked to pay a second visit, or he would certainly have gone.

For the defence it was urged that the accused had done what any one else would have done in the circumstances. He sent a tincture of laudanum to induce sleep. That drug would have done no harm in an ordinary case; but the defendant knew nothing about the condition of the man's liver. Could he be held guilty of manslaughter because he had done his best? It might be something for the Pharmaceutical Society to take notice of, but it was a long way from manslaughter.

The Bench held that there was not sufficient evidence to justify them in putting the accused on his trial, and he was discharged.

Public Health

AND

POOR LAW MEDICAL SERVICES.

REPORTS OF MEDICAL OFFICERS OF HEALTH.

Herefordshire Combined District.—The report of the medical officer of health for this district, Dr. Herbert Jones, relates to six sanitary areas with a combined population estimated at 50,993. It appears to have decreased by some 2 per cent. since the Census of 1901. Its distribution last year in the six areas ranged from 0.09 to 0.2 persons per acre. The combined birth-rate of the district, calculated per 1,000 of population, was only 20.7, as against 25.6 in rural England and Wales. Represented in ratio to the number of women living in the district and aged not less than 15 nor more than 45 the births work out better, but still not well, the legitimate rate being lower, and the illegitimate rate higher than in England and Wales as a whole. The infantile mortality-rate, on the other hand, is decidedly satisfactory—84 per 1,000 registered births. As we have pointed out in connexion with previous reports, Dr. Herbert Jones makes special and very successful efforts to keep mothers instructed in the care of young infants, with the result that the infant mortality figure in this district is habitually comparatively low, even among illegitimate children. The general mortality-rate is also good, standing, when corrected for age and sex distribution, at 12.6 per 1,000 as compared with 13.6 per 1,000 in rural England and Wales. The phthisis death-rate was only 0.93; suspected sputum of phthisis is examined at the public cost. The number of cases of notifiable infectious diseases—174—was higher than in the previous year, but considerably below the average of past years. Three of the areas are provided with adequate accommodation for isolation. In respect of house accommodation there is nowhere any crowding of houses, and only exceptionally is there overcrowding of persons in particular dwellings. There are no building by-laws in practically any part of the district, and adoption of Sections 25 and 34 of the Public Health Acts Amendment Act (1907) is recommended. In only four parishes is there any combined system of sewerage, and endeavours are being made to extend the use of earth closets in place of privies and like arrangements. In respect of water supply it is recommended that under the Public Health Water Act of 1878 a "reasonable distance" between a new dwelling and its water supply should be much less than 200 yards. No one, it is pointed out, would think of erecting a house at a rental of £25 or £30 a year if water had to be carried in buckets a distance of 200 yards, and the occupier of a cottage dwelling is entitled to the same consideration. A clearly written and useful summary of the conditions which serve to promote healthiness of dairy stock and purity and good quality of milk is included in the volume. At its end comes a report on the Bromyard Urban District, which has a population estimated at 1,728 distributed over 194 acres, or at the rate of about 8 persons an acre. The corrected death-rate last year was 15.2, and the birth-rate per 1,000 of population 24.8. Calculated in relation to the female population at fertile ages the number of legitimate births is much higher than in the combined district. Complete sewerage of the township is in prospect.

Obituary.

DR. JOSEPH FARRAR, whose death in Gainsborough has been recently recorded, had been in practice in that town for well over two decades. He was in his 69th year, and had been in failing health for some months, but practically died in harness, since he only gave up work two or three days previous to his end. A Bradford man by birth, and a Glasgow student, he became L.R.C.P. and L.R.C.S. of Edinburgh in 1870, and fourteen years later received the M.D. of the University of St. Andrews. Before settling down at Gainsborough he had been in practice for a year or two at Bradford, and for some thirteen years at Morecambe. His career in Gainsborough he commenced as a partner of Dr. Draper Mackinder, and on the retirement of the latter to Brighton, where he is still living, succeeded to the whole of the practice, including several appointments. To these he added others, those which he held at the time of his death including the posts of Consulting Physician to Gainsborough Dispensary, Medical Officer and Public Vaccinator to the Gainsborough District of the Union, to the Post Office and the Great Northern Railway; he was also Certifying Factory Surgeon, and medical referee to a number of insurance companies. In private life Dr. Farrar was a man of literary tastes, and in the earlier portion of his career contributed a good many notes to the medical journals on points of interest encountered by him in practice; he was also the author of *Baths and Bathing*, and of a freely engraved work, *The Construction of the Organs of the Human Voice: Their Diseases and Treatment*. He took, too, considerable interest in the organization of the medical profession, and had been President of the Lincoln Division of the British Medical Association and of the Lincolnshire Branch of the Poor Law Medical Officers' Association. He was a man of kindly disposition, equally attentive to patients of all classes, and the affection and esteem in which he was held was amply evidenced by the number of wreaths laid upon his coffin. They included one from the inmates of the workhouse. Dr. Farrar was predeceased by his wife some three years ago, but is survived by a son, Dr. Watt Farrar, of Misterton, Nottinghamshire.

INSPECTOR-GENERAL GORDON JACKSON, R.N. (ret.), L.R.C.S.I., died recently at West Norwood, aged 78. He entered the Royal Navy as Surgeon, July 1st, 1854; became Staff Surgeon, September 30th, 1864; Fleet Surgeon, August 24th, 1876; and Deputy Inspector-General, November 24th, 1882. He retired, with the rank of Inspector-General, February 5th, 1885. In the Baltic campaign, in 1854, he was Assistant Surgeon of the *Royal William*, receiving a medal, and was in medical charge of Russian prisoners during a severe outbreak of cholera. In 1855 he was Assistant Surgeon of the *Teazer* in the expedition up the River Mellicorrie, West Coast of Africa, and was left on shore to attend the wounded. In 1856 he landed to attend wounded Monrovians at Sinov, West Coast of Africa. He was Senior Assistant Surgeon in the expedition up the Scarcies River in 1857. In 1865 he was on the staff of the Duke of Connaught during his educational tour in the East. He acted as Colonial Surgeon at Mahe, East Indies, in 1866, and was Staff Surgeon of the *Vigilant* during the Abyssinian war, for which he received a medal; he was also in the *Vigilant* during the operations against Bahrein, in the Persian Gulf, and against Muscat; and had charge of the wounded of the *Columbine* in the boat action with dhows in 1872. He was Staff Surgeon of the *Valorous* during its service within the Arctic Circle. In 1905 he was awarded a Greenwich Hospital pension.

SURGEON-GENERAL PATRICK GERALD FITZGERALD, M.D., late of the Madras Medical Service, died on June 26th at Bournemouth at the advanced age of 90. He entered the department as an Assistant Surgeon, March 20th, 1846, and became Deputy Surgeon-General, May 16th, 1875, retiring from the service, July 1st, 1880. He served in the Indian Mutiny campaign in 1857-9, and was present at the action at Cawnpore, at the defence of the Alumbagh, at the capture of Lucknow, with the Sarun Field Force, including the action near Tolsepore, and with the Saugor Field Force. He received a medal with two clasps.

Medical News.

BRUSSELS MEDICAL GRADUATES' ASSOCIATION.—A dinner of the association will be held at the Garden Club, Japan-British Exhibition, on Tuesday, July 19th, at 7.45. Tickets 7s. 6d. (not including wine). The annual meeting and banquet will be held at the Brussels Exhibition, on Saturday, August 6th, at 7.30. Tickets 10 francs (not including wine). The Honorary Secretary will be glad to receive the names of members who wish to be present at either or both these dinners. A seventeen-day excursion return ticket via Dover-Ostend to Brussels by any train, including saloon on steamer, costs £2 8s. 4d. Agents: Dean and Dawson, 84B, Piccadilly. The head quarters in Brussels during the meeting will be the Wiltshires Hotel, Boulevard de Waterloo, where a book will be kept for members to write their names and addresses as soon as they arrive. All foreign graduates will be welcome. A party will leave London on Friday, August 5th, for Brussels. Applications should be addressed to the Honorary Secretary of the Brussels Medical Graduates' Association, Dr. Arthur Haydon, 23, Henrietta Street, Cavendish Square, W.

SIR ALFRED DOWNING FRIPP, K.C.V.O., C.B., has been appointed an Honorary Surgeon-in-Ordinary to the King. Sir Alfred Fripp was Surgeon-in-Ordinary to the late King Edward.

MR. JOSEPH PEARSON, D.Sc., Chief Demonstrator and Assistant Lecturer in the Zoological Department of the University of Liverpool, has been appointed Director of the Museum at Colombo, Ceylon, in succession to Dr. Arthur Willey, now Professor of Zoology at McGill University.

THE Education Committee of the London County Council has decided to request the Home Secretary to receive a deputation to urge the need for legislation to enable provision to be made for the care of sane epileptics on the lines recommended by the Royal Commission on the Feeble-minded.

AT a provincial sessional meeting of the Royal Sanitary Institute, to be held at Torquay on Friday, July 22nd, papers will be read on the water supply and the sewage disposal of Torquay by the water engineer and the borough engineer respectively, and on the climatic conditions of Torquay by Dr. T. Dunlop, Medical Officer of Health.

A MATINÉE in aid of the fund now being raised on behalf of the Middlesex Hospital by Prince Francis of Teck is announced for July 28th. The entertainment will include some light French pieces which have proved very successful in France, and some piano-playing by Max Darewski. The Boudoir Theatre, at which the matinée will take place, is small, so early application to the Secretary, 12B, Pembroke Gardens, W., is necessary by those who desire seats.

A DINNER of the Edinburgh University Club of London will take place at the Criterion Restaurant on Friday, July 22nd, at 7.30, the Right Hon. Sir Robert Finlay, G.C.M.G., K.C., M.P., in the chair. Colonel the Hon. Frederick Gordon, D.S.O., Colonel G. W. Greig, M.P., the Editor of the BRITISH MEDICAL JOURNAL, the Editor of the *Lancet*, the President of the Royal College of Physicians, the President of the Edinburgh University Club of Manchester, and the President of the Edinburgh University Club of Birmingham have accepted the invitation of the council to be present on that occasion.

WE record with much regret the death of Mr. H. W. Cox on July 9th. The circumstances of his long and exceedingly painful illness have been recorded from time to time in this JOURNAL, and must be familiar to most readers. It began some eight or nine years ago, at a time when the need for caution by those engaged in working with x rays was not appreciated, and when the means by which all risks can practically be avoided had not been evolved. Mr. Cox, in his work as a scientific instrument maker, contributed a good deal to improving x -ray tubes, and in conjunction with Dr. Hall-Edwards, a sufferer of almost equal severity, worked out a useful method of locating the precise position of a bullet. Last year he was granted from the Royal Bounty Fund a sum of £200, and early this year we were happy to be able to take part in the promotion of the success of a public appeal made on his behalf by Sir William Treloar. It resulted in the collection of a sum of £2,600.