

remedy this. He quoted the opinion of Noeggerath in this connexion. As for Dr. Howat's contention, he did not consider that it would be possible to improve the breed from a rapidly diminishing stock; voluntary sterility and selection were not compatible. He could not quite follow Dr. Hanson, and was doubtful if her claims that education of women had improved the integrity of family life could be sustained. In any case the proofs adduced did not convince him. In reply to Dr. Bentham, he was quite willing to accept her statement that athletics did not diminish the power of lactation; all he had said was that a woman hockey player had informed him that all her fellow players had the experience of being incapable of suckling their infants.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

CONGENITAL COLOUR BLINDNESS.

When the colour sense from the standpoint of Holmgren's wools and Williams's lantern amounts to complete or nearly complete blindness to red and green, it influences and limits the expression of the face. If a colour-blind person be intelligent and alert, the expression of face is an appeal to the observer for a cause.

My experience has been almost entirely with the wage-earners of the railway service, who, in many cases, may be described as leading grey lives. These men when entering the service are examined in batches of four. I nearly always detect a candidate who has a very defective colour sense by his face. I also occasionally select a man as having a very defective colour sense, and find that he can pass the two tests successfully. He belongs to a class who, dull and unobservant, select the wools slowly and confuse blue with green; the colour sense is normal, but the mind is indifferent to colour. A colour-blind person's face is devoid of warmth or humour; it is dull, still, and monotonous in the sameness of its expression. When a man blind to red and green is unintelligent his face suggests a mild degree of dementia which his conduct and conversation disprove. The voice of a green-blind in conversation is an unmusical monotone. The appreciation of music in the colour blind appears to diminish as the colour sense diminishes. The almost complete colour blind generally admits to deriving no pleasure from music. A man, however, may be almost tone deaf and have normal colour sense. I carefully examined two boys at the commencement of this year, healthy, unintelligent lads, and green-blind. In each case I had difficulty in eliciting a knee-jerk.

Sydney, N.S.W.

G. H. TAYLOR, L.R.C.S. and P.

A CASE OF VERONAL POISONING.

A LADY aged 40 had been suffering from slight depression with insomnia for some time, for which she had been sent into the country for rest and change of air. She had been accustomed to take 15 grains of veronal for the insomnia, but this she stated was only on rare occasions. She had shown no evidence of suicidal tendencies. At 11 o'clock one evening she took 75 grains of veronal (five 15-grain powders). The lady with whom she was staying went in to say good-night to her, and the patient said to her, "Wish that I may sleep and don't wake me or rouse me from my sleep, it means so much."

The lady did not suspect what had occurred and the next morning found the patient in a deep sleep. She remained so till early evening when the friend became somewhat alarmed, especially as the patient's face looked drawn and grey, her eyes sunken and she was in a clammy perspiration.

After repeated attempts at rousing her by slapping her face with a wet towel, etc., her friend at last succeeded in getting her to take a drink of water, and speak to her in a feeble voice, after which she was restless and uncomfortable and vomited at 10 p.m. (nearly twenty-four hours after taking the drug). She passed no water till 8.30 next morning, when she passed a large quantity, containing haematoporphyrin.

She was not seen by me till 2 p.m. that day (thirty-nine hours after the dose). She was then quite conscious, in a very lachrymose and depressed condition, gave an accurate account of what had occurred, confessing that she had taken the veronal with suicidal intent, having read the morning before in the daily paper of a fatal case after a similar dose. Her pulse was fair, 72, regular. She was suffering from great thirst, tongue coated, breath offensive. She was complaining of vertigo and had ataxia, but could move her legs freely in bed, though she said they felt like a dead weight. Pupils equal, somewhat sluggish reaction to light. The haematoporphyrinuria was diminishing, but was still present; she was now passing water freely. There was *no rash*. From this time the symptoms gradually subsided, and she made an uninterrupted recovery.

Considering the enormous dose she took, it seemed to me extraordinary that she was so little affected, especially as she had no emetics, and did not vomit till twenty-four hours after taking the drug.

The case in some respects is similar to the one reported by Dr. Sowden in the BRITISH MEDICAL JOURNAL of July 16th, but his patient took even a larger dose, namely, 100 grains.

MARY E. MARTIN, L.R.C.P. Edin.,
L.R.F.P.S. Glas.

Hove.

Reports

ON

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

WEST SUFFOLK GENERAL HOSPITAL, BURY ST. EDMUNDS.

TREATMENT OF TETANUS BY INTRASPINAL INJECTIONS OF MAGNESIUM SULPHATE.

(By EDWARD JOHNSON, M.B., Ch.B. Aberd.)

ON March 7th, 1910, F. C., a boy aged 16 years, sustained a gunshot wound of the right foot. The bullet was expressed and the wound soon healed. He returned to work, but after about a week began to complain of pain in the back and throat. Later, joint pains developed.

On admission on March 30th he had trismus, opisthotonos, and tonic contractions of the muscles of the abdomen and legs, the spasms coming on at frequent intervals.

Chloral hydrate and potassium bromide were given every two hours, and, in addition, I injected, intraspinally, 45 minims of a 25 per cent. solution of magnesium sulphate (previously boiled in a sterile test-tube) through the third lumbar interspace. Tetanus antitoxin (10 c.cm.) was injected subcutaneously into the abdominal wall. After about an hour the spasms diminished considerably in frequency and in severity. The beneficial effect lasted for more than twelve hours.

The process was repeated on April 1st, the tetanus antiserum being on this occasion injected intraspinally, along with the magnesium sulphate. Next day, magnesium sulphate alone (3j) was injected. Relaxation of the muscles was observed after each injection.

The patient's condition was so much improved that it was not found necessary to inject again for three days. On April 5th the spasms became frequent again, and 3j of magnesium sulphate solution was injected into the fourth lumbar interspace. Muscular relaxation resulted, and the spasms gradually ceased.

The patient now sits up in bed, his grin is no longer sardonic, and he is apparently quite cured.

Of course, one cannot say whether the ultimate cure was due to magnesium sulphate, to antiserum, or to Nature, but I have no doubt that the distressing spasms were at least temporarily relieved by the lumbar injections.

I am much indebted to Dr. Kilner for his permission to publish the notes on this case.

convey a very true impression of the woman herself. They show a clear insight into first principles, absolute freedom from cant, and a person who is before all things practical, but possessed of humour, and regarding work entrusted to her unwilling to brook interference of any kind. They also offer further proof of how little novel many "new" ideas are. One book written fifty years ago contains a statement adumbrating the "new" idea that the phenomena of disease are merely evidence of healthy reaction by the organism; and elsewhere she anticipates a justly renowned American professor of pediatrics, who has recently proclaimed that the chief source of infant mortality is not artificial feeding, but neglect of home hygiene. It is, indeed, less Miss Nightingale's work in the Crimea and in connexion with nursing than her early advocacy of hygiene which entitles her to notice in these columns.

She saw the need so near and great,
And to that need was consecrate;
Her arrowy vision, swift yet sane,
Ranging the astral heights of pain,
Discerned, to change, the casual chance
And wanton waste of Ignorance.
High soul with strange mysterious pow'r!
Strong angel of an angry hour!
The heav'nly brood thy hand set free
In those dark dawns of Scutari
Has flown by instinct of the dove
With tidings of thy healing love,
For ev'ry sufferer's pain-rack'd need
To cheer, sustain and intercede;
The voice that to the soldier's ear
Whispered the word that cancell'd fear
Indwells when droops the raging sword,
Fulfill'd with mercy of the Lord,
Remains, when voices die away,
An echo of undying day.

G. H. R. D.

MARY ADAMSON MARSHALL, M.D. PARIS.

THE death of Mrs. Marshall, M.D., which occurred at Watford, on Monday, August 8th, removes one of the most widely known and respected medical women in Europe.

Mrs. Marshall was born in January, 1837. She was one of a family of twelve. Her father, the Rev. Dr. Anderson, had twice thrown up his living for "conscience sake," his views as to Church government and doctrine not agreeing with those of the majority. Her mother, a woman of rare distinction of mind and character, died when Mary Anderson was a young woman. Dr. Anderson had previously started a large and flourishing residential boys' school, known over the North of Scotland. His daughter at once took charge of the household and of the domestic side of the school. Some years later Dr. Anderson married again, and his daughter then felt free to leave home and to study medicine. She entered the recently opened Medical School for Women at Edinburgh, and went through several classes with distinction. In 1871 she married Mr. Claud Marshall, a solicitor of Greenock.

A few months later her husband died. A son was born, but he lived only a few days. In 1874 Mrs. Marshall resumed her studies in London, and after a time, wishing to get the M.D. degree, she went to Paris. Thanks mainly to the help of the British Ambassador, Lord Lyons, the Paris University, which had already given the M.D. degree to Miss Garrett and Miss Putnam, agreed to accept Mrs. Marshall's certificates taken in Edinburgh and London, on condition that she should repeat in Paris most of the clinical work and many of the senior courses of lectures. She completed her course with much distinction in 1882. She obtained the M.D. Paris, and in addition the diploma which gives permission to practise medicine in France. Her thesis for the M.D. of Paris on *Mitral Stenosis* has been referred to by several authors as a notable contribution to our knowledge of this subject.

Mrs. Marshall practised for some years in London, and she was on the staff of the New Hospital for Women. In 1895 she moved to Cannes, where she became widely known and much respected. She was immensely kind to every one who came into her circle, and to her patients

above all. She also was rich in common sense, good judgement, and good taste. In her dealings with her fellow practitioners in London and at Cannes she was absolutely loyal, just, and considerate.

Mrs. Marshall's health had been failing for some time, and she had a severe illness last spring which warned all her friends that her life was precarious, though, thanks to Dr. McDougall's care and skill, she recovered for a time, and was able to return to England. Her final illness was pneumonia of two days' duration.

MR. FREDERICK WEATHERLY, M.R.C.S., died recently at Portishead, Somerset, at the age of 90. He was educated at Great Ealing School, and passed the "College and Hall" in 1841. After forty years of active and professional work in the West of England he retired and devoted himself to public work. He was for many years a Poor Law guardian and chairman of the Bedminster and Long Ashton Boards. He filled several other public offices. He was a J.P. for Somerset, and was formerly Surgeon-Major in the 1st Gloucestershire Volunteer Artillery. He had eight sons and two daughters, among the former being Dr. Lionel Weatherly, to whose initiative was largely due the establishment of Winsley Sanatorium, near Bath.

Universities and Colleges.

UNIVERSITY OF LONDON. UNIVERSITY COLLEGE.

Appointments.

DR. R. H. ADERS-PLIMMER and Dr. W. B. Tuck have been appointed Teachers of Chemistry to Medical Students, and Mr. H. J. Page Demonstrator in Chemistry and Physiological Chemistry to Medical Students.

Vacation Courses in Chemistry, Physics, Biology, Anatomy, and Physiology, for Medical Students begin on September 1st.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

Barker Anatomical Prize.

THE Barker anatomical prize for 1911 is offered for a dissection of the first, second, and third cervical nerves from behind. The prize, which is of the value of £21, is open to any student whose name is on the anatomical class list of any school in the United Kingdom. Preparations must be received on or before April 30th, 1911, by the curator, from whom further particulars can be obtained.

Medical News.

THE Brussels Exhibition was burnt down on the evening of August 14th. The British Section, including exhibits by leading firms of surgical instrument makers and drug manufacturers, was completely destroyed.

ON August 10th Professor Albert Eulenburg, the distinguished neurologist of Berlin, celebrated the completion of his 70th year.

DR. WILLIAM MARTIN, of Thorne, Doncaster, has been appointed to the Commission of the Peace for the West Riding of Yorkshire.

HIS MAJESTY THE KING has consented to become a patron of the Earlswood Asylum, the well-known national training school and home for the feeble-minded at Redhill, Surrey.

MADAME CATHERINE SCHUMACHER, widow of the Marquis de Guerry de Beauregard de Mauzeuil d'Orvault, has, in addition to a large number of legacies for philanthropic purposes, bequeathed £40,000 to the Pasteur Institute, Paris.

ARRANGEMENTS have been made for the Orient liner *Ophir* to visit Norway and the ports of the northern capitals during a cruise starting on August 27th. The point of departure is Grimsby.

ON Tuesday, July 26th, Prince Alexander of Teck, Grand President, and Princess Alexander of Teck, Lady Grand President of the League of Mercy, attended a meeting at St. James's Palace, and were received by Sir William Collins, M.P., and Mr. James Harrison, M.V.O., honorary secretaries, and by the executive council of the League. The Order of Mercy was presented to a number of persons, among them being Mr. Alexander Thomas Scott, M.R.C.S., of Camden Road, and Dr. Chearnley Smith of Worcester Park. The Order of Mercy is conferred with the approval of His Majesty the King, the names being submitted to him by the Grand President for approval.