

Memoranda :

MEDICAL, SURGICAL, OBSTETRICAL.

GASTRO-INTESTINAL HAEMORRHAGE IN A NEWBORN INFANT.

I WAS much interested in reading in the JOURNAL of April 29th the report of Dr. Mills's case of gastro-intestinal haemorrhage (melaena neonatorum), having seen a similar case two days before, though, I am happy to say, the result was more fortunate. The symptoms were almost identical, the haemorrhage coming on thirty-six hours after birth; the labour was normal (second confinement), and not unduly delayed—there was no interference. The parents were healthy. After birth the child took the breast well, but thirty-six hours afterwards began to vomit bright blood, and also pass blood and clots very frequently from the bowel. It became very blanched with very cold extremities, and appeared to be dying of collapse. Brandy was rubbed on the gums. She was kept quiet and warm, and gradually revived. In twelve hours she was sleeping comfortably, her colour was better, and she began to take the breast again; the motions after twenty-four hours were again normal, and without any trace of blood, and vomiting had not recurred. The interest of this case is chiefly in the rarity of the disease, and in the recovery of the child, the mortality in these cases being about 60 per cent. What was particularly remarkable was the enormous quantity of blood passed (fifteen cloths saturated) and the quick recovery after such a loss. There were no symptoms of ulcer of stomach, or duodenum, before or after the haemorrhage, and it was too sudden for capillary oozing. One must attribute the cause to embolism of the umbilical vein near the liver, extending into its branches for some distance (Landau). There was no evidence that the blood came from the mother's breast; there was no jaundice.

Budleigh Salterton.

HENRY F. SEMPLE.

SEVERE INJURY OF HAND: OPERATION: RESULT.

THE following case seems worth recording, both on account of the unusual nature of the injury and because of the result of treatment, in circumstances which at first did not appear very promising.

The patient, a farm labourer, aged 25, was admitted to the Leominster Cottage Hospital on December 28th, 1910, having had his right hand caught in a truss binder.

State on Examination.—There was a lacerated transverse wound on the dorsum of the hand. A comminuted fracture of the index-metacarpal bone was also present. Hanging free out of the wound were the whole lengths of the extensor tendons of the index and middle fingers, a small portion of its muscular belly being attached to each tendon. The machinery had evidently gripped the tendons on the dorsum of the hand, and the "drag" had caused them to rupture high up in the forearm, and to be pulled downwards in their sheaths, and out at the wound.

Treatment.—Under an anaesthetic the wound was thoroughly cleansed. A loose fragment of the index-metacarpal was removed. Reposition, *in situ*, of the tendons was out of the question, owing to their lacerated and dirty condition. They were therefore cut off short, about the level of the wrist. An incision was then made upwards for about 4 inches from the middle of the wound, skin flaps were reflected, and the extensor of the ring finger exposed. The distal cut end of the middle finger tendon was then stitched into a short longitudinal slit in the ring finger tendon. The communis tendon of the index was fixed to the ring tendon rather higher up. Lastly, the extensor indicis tendon was sutured into a slit in the side of the middle finger extensor. Catgut sutures were used. The open sheath of the ring tendon was sutured, and the skin wounds closed, a small tube drain being inserted in the lower wound. A palmar splint was applied, fixing fingers and wrist in a position of hyperextension.

Result.—Passive movement was begun in about a week, and active movements shortly afterwards. The splint was removed in three weeks. The hand wound had of necessity to heal partially by granulation. The patient left hospital on January 30th, 1911. In the middle of April there was almost perfect power of extension of the index and middle fingers, in spite of the scar being rather adherent. The fracture of the index-metacarpal was also firmly consolidated.

In view of the septicity of the wound, and the possibility of adhesions it was thought unwise to suture the index tendons to the extensor longus pollicis tendon (and thus perhaps compromise the movements of the thumb), though

this would have been a simpler procedure than was adopted. During a rather long experience of casualty work at the Leeds General Infirmary I do not recollect a similar case, and for this reason thought it of sufficient interest to record.

GORDON W. THOMAS, M.B., B.S.Lond., F.R.C.S.Eng.,
Hon. Surgeon to the Leominster Cottage Hospital;
Late Casualty Officer, Leeds General Infirmary.

PEPPERMINT OIL IN CORYZA.

IN the EPITOME OF CURRENT MEDICAL LITERATURE of June 10th Dr. Laurens's conclusions on the use of menthol in coryza, rhinitis, etc., are given, in which he says he considers that menthol is a valuable remedy in such diseases, but that it has fallen into disrepute owing to its irritating effects on the mucous membrane.

I was much interested in this, as I have been trying oleum menthae piperitae instead of menthol for coryza, and have had extremely good results from the treatment.

The first case I used it in (two and a half years ago) was one of cold in the head with severe headache from pressure in the frontal sinuses, and my chief object was to try if possible to relieve the headache. Both nostrils were occluded by swelling of the mucous membrane, and a clear watery discharge was constantly running from the nose. I put a few drops of peppermint oil in a saucer, and heated it over a candle till the fumes rose, and got the patient to try to breathe this up her nose. This inhalation was kept up continuously till there was a clear passage through both nostrils, and shortly after this occurred she had a feeling as if something broke in her head, a few drops of fluid came down her nose, and the headache disappeared. This result was so much better than I had expected that I made her continue inhaling the fumes for a couple of hours longer, and I also added a few drops of Jeyes' fluid, as I thought it would be a useful antiseptic when volatilized. I told her when the saucer became nearly dry to add a few drops more of both, and continue the heating, so that fumes might be pretty continuously inhaled. The patient went to sleep that night with her nose free and headache gone, and woke next morning with no signs of a cold. I might mention that the treatment was started about 6 or 7 p.m., and stopped, I should think, between 10 and 11 p.m.

I have not tried whether in other cases cure would be as quick, but have made patients continue the treatment longer, and in the early stages of colds with congested mucous membrane and watery discharge I have found it very successful. Unless too strong a sniff is taken after the passages are opened, peppermint oil volatilized in this way does not cause discomfort.

The essential part of the treatment is to continue it after the nose has become clear, and not to allow the passage for air to become obstructed again for some hours.

London, N.

RONALD T. HERDMAN, M.D.

LATE CONCEALED POST-PARTUM HAEMORRHAGE.

Mrs. A., aged 31, was confined of her eighth child on April 5th, 1911. She was attended by a midwife. Nothing abnormal noted during the puerperium or at labour. She got up on the tenth day, and went out for the first time on April 26th. She was taken suddenly ill in the street, and had to be brought home in a cab in a state of collapse. When first seen by me she was pallid and pulseless and the extremities were cold. She made no complaint of pain in the abdomen, and there was no external haemorrhage. The uterus, enlarged and soft, reached to the level of the umbilicus. I was at a loss to account for this. Raising the legs, hot applications to the abdomen, and sipping hot water—the friends had given her about 3 oz. of brandy—revived her temporarily. I had to leave, but gave orders not to move her off the couch on which she was lying for at least an hour. She felt so much better, however, that she begged to be taken upstairs to bed; the friends did this about fifteen minutes after I had left. When I saw her fifteen minutes later she was in bed in a moribund state. She died in about ten minutes.

A limited *post-mortem* examination was made. The distended uterus was full of dark blood clot.

The case is one of a kind not mentioned in the textbooks I have consulted. Firm kneading of the uterus had

no effect in diminishing the size, and no clots were passed by the vagina. The friends noted "only a spot of blood" on the napkin. Owing to the lapse of time—three weeks—it would not have been justifiable to have tried there and then to clear out the clot by the vagina; the shock would have been too great.

Nottingham.

A. CHRISTIE REID, M.D.

Reports

ON

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

DONCASTER ROYAL INFIRMARY.

A CASE OF EPITHELIOMA OF THE TONGUE IN A YOUNG
WOMAN.

(Reported by HENRY J. CLARKE, Jun., M.A., M.B.,
B.C.Cantab., M.R.C.S.Eng., L.R.C.P.Lond.,
Honorary Surgeon to the Infirmary.)

THE following case upon which I operated presents several features of interest. One is the occurrence in a woman of epithelioma of the tongue, a rare event in itself, and another is the absence of anything which might have caused irritation, such as a decayed or ill-formed tooth, badly fitting dental plate, or the use of a clay pipe. It also emphasizes two points: (1) That the enlargement of the lymphatic glands in the first instance is usually due to septic absorption and not to malignant infection. (2) That in all suspicious ulcers of the tongue which do not yield quickly to treatment a small portion should be excised and examined microscopically.

The patient, a married woman, aged 30 years, saw me at the out-patient department on November 10th, 1910. There was an ulcer situated on the right edge of her tongue at about the junction of its anterior and middle thirds. It was the size of a sixpenny piece, with raised indurated edges and a sloughy base. Enlarged lymphatic glands were felt at the angle of the jaw and along the course of the carotid vessels of the right side of the neck. She said that it started as a small whitish ulcer about seven weeks before, and had gradually increased in size; it was very painful and caused her considerable difficulty in eating her food. Her father had died of cancer of the liver.

On account of the suspicious character of the ulcer and also of the enlarged glands, I painted the ulcer with cocaine and then snipped off several fragments. These were sent to the Clinical Research Association and the following report was returned: "This growth is a squamous-celled epithelioma of the tongue. It is composed of branching epithelial ingrowths with cell nests. Although the tissue is small in amount the growth is quite clear."

I decided to operate in two stages. At the first operation the glands were removed, and at the second half the tongue.

First Operation, November 29th, 1910.—Two incisions were made: (1) From the angle of the jaw to the symphysis menti, (2) from the angle of the jaw along the anterior border of the sterno-mastoid muscle to a point about 1½ in. above the sterno-clavicular articulation. A triangular flap of skin was thus marked out and reflected. The following glands were then removed: (1) Those at the angle of the jaw, (2) the submaxillary gland, (3) the submental gland, (4) the chain of glands situated along the carotid vessels. The wound was then closed and healed in a few days by first intention. The removed glands were then sent to the Clinical Research Association for examination and the following was received: "These glands show inflammatory changes only, with a small suppurating focus beginning in one. They are very vascular, the lymph channels are dilated and the lymphoid tissue is proliferating. The salivary gland shows no change. We find no deposit of growth."

Second Operation, December 6th, 1910.—The anaesthetic used was chloroform administered by a Junker's inhaler. No preliminary laryngotomy was performed. The right half of the tongue was removed by Whitehead's method, the cross section being made fully half an inch behind the growth. There was not a great deal of haemorrhage, possibly due to the fact that several branches of the external carotid were ligatured during

the previous operation. The portion of tongue removed was examined by the Clinical Research Association, who reported that it was an epithelioma infiltrating the muscle coats of the tongue. The patient made a most excellent recovery, her speech being but little affected.

My friend and colleague, Dr. Christy Wilson, very kindly assisted me at the operation.

Reports of Societies.

THE ROYAL SOCIETY.

Thursday, June 15th, 1911.

Sir ARCHIBALD GEIKIE, K.C.B., President, in the Chair.

Glomerular Activity.

THE Croonian Lecture on A New Conception of the Glomerular Activity was delivered by Dr. T. G. BRODIE, F.R.S., Professor of Physiology in the University of Toronto. Dr. Brodie said that all the more recent work upon the kidney had proved conclusively that Ludwig's explanation of the glomerular function—namely, that the glomerulus is a filtering mechanism—was incorrect. The structural details of this highly characteristic portion of the renal apparatus strongly suggested that in some way or other the blood pressure was made use of in the work of the glomerulus. Having excluded filtration in this connexion, there was yet another way in which it could be directly utilized—namely, in setting up a pressure-head by means of which the watery part of the urine could be driven through the very long and narrow tubule. In reference to this side of its activity, it was suggested that the glomerulus be termed a "propulsor." An approximate calculation of the pressure-head necessary to drive the fluid along the tubule during the height of activity proved that one about equal to that present within the glomerular capillaries was required. Evidence of the action of a high intratubular pressure was at once obtainable from the microscopic examination of a kidney after activity. The capsules of Bowman were greatly distended and approximately spherical in shape, the glomeruli were moderately enlarged and no longer filled the capsular spaces. The tubules were straightened out, stretched, and possessed a conspicuous lumen. All these changes were exaggerated by any procedure which favoured the action of this intratubular pressure, such as a high arterial blood pressure, obstruction to the outflow of urine from the ureter, or the stripping of the capsule from the kidney. Further, the kidney during activity was tense and hard, and distended its capsule to the utmost. This conception of the glomerular function afforded a complete explanation of the existence of a firm and inextensible capsule surrounding the kidney, as also of such phenomena as the maximum ureter pressure, the dependence of the rate of discharge of urine from the kidney upon the general blood pressure, and the degree of dilatation of the renal arterioles, etc. Applying this theory to the study of the action of diuretics in animals in which the blood pressure had been lowered so far that propulsion could no longer occur, evidence as to the parts of the renal tubules acted upon by these different substances was obtained.

Alkaloids of Senecio (Ragwort).

Dr. ARTHUR R. CUSHNY, F.R.S., in a paper on the action of senecio alkaloids and the causation of hepatic cirrhosis in cattle, pointed out that various species of senecio (ragwort) had been shown to induce fatal poisoning in cattle and horses in South Africa, Canada, and New Zealand. The alkaloids of one of these species were isolated by Watt, and their pharmacological examination showed that they induced the same symptoms as the entire plant. The senecio species in this country proved non-toxic, except the common groundsel (*S. vulgaris*), and extracts from the ragwort grown in Canada, where the plant is poisonous, proved devoid of action also. This might, however, be due to the season at which the plant was gathered.

PROFESSOR PAUL EHRLICH has been created an Effective Privy Councillor, with the title of "Excellenz," which corresponds to "Right Honourable."

standing of the children, shall be given to all children attending public elementary schools, and in particular shall arrange that each girl of the age of twelve years or more shall be adequately instructed in the care and feeding of infants.

We therefore cordially welcome Dr. Addison's bill, and trust that it may receive the unhesitating support of all who desire national well-being.

Signed, on behalf of the Executive Councils of the above societies,

W. B. RIPON. HENRY KENWOOD.
LAUDER BRUNTON. F. N. KAY MENZIES.
JOHN TWEEDY. A. WELLESLEY HARRIS.
MARY SCHARLIEB. F. LANKESTER.

London, W.C., June 28th.

TREATMENT OF APPENDICITIS IN CHILDREN.

SIR,—Although I am not an operating surgeon, I wish to enter an emphatic protest against the general adoption of the principle and practice advocated in the last sentence of Dr. Rees's article.¹

In the interests of the patient a surgeon should not be limited as to what he is to do or is not to do in any particular case, more especially if the stipulation be made by a layman, even on the opinion of the family attendant.

Principles of surgery, experience, and the actual general and local conditions found at these operations, which are often more or less exploratory at first, should and do guide us. In the interests of the patient no unnecessary fetters should bind and cramp the individual responsibility and efforts of the operator. Further, as a question of policy and ethics I do not think that there should be any attempt either to impose or accept these conditions and stipulations.—I am, etc.,

Upham, June 23rd.

JAMES C. HOYLE.

WHITEHEAD'S OPERATION FOR HAEMORRHOIDS.

SIR,—As I have for years practised Mr. Whitehead's operation, I am always interested in reading the opinions of other surgeons on the subject. In the BRITISH MEDICAL JOURNAL of May 6th I had the privilege of reading a very interesting address delivered by Mr. Stanmore Bishop in support of this procedure. But I confess I was disappointed in coming across the following: "First, it is doubtful if sufficient stress is laid upon the preliminary dilatation of the sphincter," "which is necessary to secure free evacuation afterwards." To carry this out mention is made of "long levers," "ratchet and screw," etc.

As my experience in this operation happens to be four times (512 cases) greater than that (127 cases) of Mr. Stanmore Bishop, I trust the author of the classical paper, "The Eye as a Joint," will not accuse me of any petty criticism when I state that I am firmly convinced that any dilatation, further than the introduction of an index finger for exploratory purposes, is a mistake, in that it unduly and unnecessarily enlarges the whole operative field, obfuscates the anatomy of the part, encourages troublesome and even serious haemorrhage, renders accurate separation of mucous and sub-mucous coats from surrounding structures absurdly difficult, and converts a simple, bloodless five to ten minutes' operation into a bloody one of thirty, not to mention a much larger wound to heal up, with increased risk of sepsis.

My experience enables me to guarantee that the preliminary production of an equine rosette is unnecessary as far as post-operative evacuation of the bowel is concerned if a small dose of calomel is given on the second evening, followed by 1 oz. of castor oil next morning.

I think it a pity that surgeons like Mr. Stanmore Bishop who practise Mr. Whitehead's method when speaking or writing about it do not enter more fully into operative detail, for I know that many students educated at London hospitals have never seen the operation performed. Yet in many foreign countries it is the operation of choice.—I am, etc.,

JOHN O'CONOR, M.A., M.D., T.C.D.,
Senior Medical Officer, British Hospital,
Buenos Aires.

Buenos Aires, June 5th.

¹ BRITISH MEDICAL JOURNAL, June 24th, p. 1460.

Universities and Colleges.

UNIVERSITY OF CAMBRIDGE.

Examinations.

THE following candidates have been approved at the examinations indicated:

FIRST M.B., PART I (*Chemistry*).—C. G. Ainsworth, G. A. Back, S. H. Barnett, R. C. Bentley, S. L. Bhatia, J. C. Bramwell, I. R. R. Brogden, A. A. Cockayne, E. H. Dendy, W. F. Eberli, J. S. Ellis, J. S. Eloff, A. L. Evans, G. A. Fisher, G. H. Fitzgerald, G. A. Goolden, E. A. Green, J. C. N. Harris, E. P. Hicks, J. H. Le Brasseur, F. G. Lewtas, A. V. Lister, C. R. Mackenzie, H. D. McIlroy, H. B. Padwick, F. A. Philipps, A. L. Platts, I. M. Rattray, J. Rickman, M. K. Robertson, W. F. R. Schloss, W. G. A. Schüddekopf, C. Shaw, J. A. D. Skinner, O. S. Thompson, H. S. Whitmore, O. T. Williams, A. G. P. Wills, J. P. Wills, C. B. Wilson.

FIRST M.B., PART II (*Physics*).—C. G. Ainsworth, G. A. Back, S. H. Barnett, W. S. Bawdon, G. T. M. Bevan, S. L. Bhatia, J. C. Bramwell, E. D. Broster, H. C. H. Bull, J. G. Davies, W. F. Eberli, A. L. Evans, L. E. A. B. Farr, R. W. Fawcett, J. D. Gabb, R. W. Gosse, E. A. Green, E. P. Hicks, J. M. Howlett, J. H. Le Brasseur, H. D. McIlroy, F. P. Nicholas, I. M. Rattray, J. Rickman, M. K. Robertson, W. F. R. Schloss, W. G. A. Schüddekopf, C. Shaw, O. S. Thompson, W. J. Walters, H. S. Whitmore, H. A. Whyte-Venables, G. C. Williams, U. G. Williams, J. P. Wills, C. B. Wilson.

FIRST M.B., PART III (*Biology*).—K. H. Ashby, G. A. Back, B. S. Bland, J. T. Bleasdel, A. L. Bodley, I. R. R. Brogden, E. H. Dendy, J. R. Earp, W. F. Eberli, J. S. Ellis, J. S. Eloff, W. Haig Ferguson, G. A. Fisher, S. G. Galstaun, C. Gardiner-Hill, J. R. Harris, E. H. V. Hensley, E. P. Hicks, L. W. Jones, G. L. Loo, L. C. H. Master, G. L. Maule, E. O. Morrison, W. D. Newcomb, F. P. Nicholas, P. E. D. Pank, I. M. Rattray, K. Reynolds, W. F. R. Schloss, W. G. A. Schüddekopf, J. A. D. Skinner, J. G. T. Thomas, H. A. Whyte-Venables, G. C. Williams, C. B. Wilson.

SECOND M.B. (*Human Anatomy and Physiology*).—A. C. Ainsley, S. G. Askey, M. L. Atkinson, K. B. Bellwood, H. J. Bower, I. M. Brown, B. Burnside, H. A. Crouch, E. V. de Souza, E. Donaldson, B. J. L. Fayle, C. H. M. Gimlette, C. H. Gow, B. Graves, N. Gray, L. M. Ingle, R. W. P. Jackson, B. B. Jareja, A. S. L. Malcolm, J. B. Matthews, G. C. Metcalfe, S. H. Miles, S. C. Miskin, A. V. O'Keefe, C. F. Pedley, J. R. Rees, E. C. W. Starling, W. G. Thompson, L. H. D. Thornton, G. S. Trower, R. L. M. Wallis, T. Warrington, G. C. Wells-Cole, F. B. Winfield.

THIRD M.B., PART I (*Pharmacology and General Pathology*).—D. S. Bryan Brown, E. Calvert, C. G. H. Campbell, G. W. B. Garrett, B. Haigh, R. Heaton, J. M. Jarvie, R. H. Mawhood, H. M. B. Nicoll, M. J. Petty, N. P. Pritchard, A. H. Richardson, R. M. Soames, G. W. Spencer, H. M. Stephenson, P. Verdon, H. Walker, S. Wood.

THIRD M.B., PART II (*Surgery, Midwifery, and Medicine*).—R. L. Barker, A. W. Bourne, H. Bowring, R. D. D. Brownson, H. G. P. Castellain, H. J. M. Cursetjee, F. C. Davies, K. J. A. Davis, H. T. Depree, S. Dixon, G. H. Dunn, C. Ede, R. Gamlin, E. StG. Goodwin, J. P. Hill, G. Hoffmann, J. C. John, A. C. Johnson, R. J. B. Leney, D. N. McLeod, W. G. Marsden, O. de R. Marsh, R. M. Miller, A. H. Moore, A. F. Morecom, H. M. B. Nicoll, P. A. Ople, B. A. Playne, J. B. Pulling, A. H. Richardson, F. H. Robinson, A. Sandison, W. Shipton, C. Strickland, F. H. Watson, V. T. P. Webster, V. J. Woolley.

M.C.—H. Chapple, A. H. Crook.

UNIVERSITY OF LONDON.

MEETING OF THE SENATE.

A MEETING of the Senate was held on June 14th.

Election of Vice-Chancellor.

Sir William J. Collins, M.D., F.R.C.S., was elected Vice-Chancellor for the year 1911-12.

Recognition of Teachers.

The following were recognized as teachers of the University in the subjects and at the institutions indicated:

St. Bartholomew's Hospital Medical School.—Dr. Francis Arthur Bainbridge (Pharmacology).
Middlesex Hospital Medical School.—Dr. Charles H. Bond (Mental Diseases), Dr. Charles E. Lakin (Pathology).
Charing Cross Hospital Medical School.—Dr. William A. Brend (Forensic Medicine).
University College Hospital Medical School.—Dr. Charles Bolton (Pathology), Mr. Bernard Hart (Mental Diseases).
King's College Hospital Medical School.—Dr. Walter D'Este Emery (Pathology and Bacteriology).

Amendment of Regulations.

It was resolved that the regulations with respect to exemption from the normal course of study and examination in medicine be amended so that internal students who have passed the B.Sc. Honours Examination in Chemistry and external students who have passed in Organic and Applied Chemistry shall be exempted from the course of study for the second examination for medical degrees, Part I, and from that examination.

In respect of the subject of medicine for the M.B., B.S. Examination for internal and external students it was resolved:

That no candidate shall be approved in this subject who does not satisfy the examiners both in the papers and in the practical portion of the examination. (The practical portion shall be understood to comprise the case report and the clinical, oral and viva-voce examinations.)

It was resolved:

That paragraphs (i), (ii), (iii) of the regulations for the degree of M.D. in State Medicine set out on pages 175 and 176 of the Red Book

September, 1910, and on pages 233 and 234 of the Blue Book, September, 1910, be amended by the substitution of the words "having obtained a registrable qualification to practise medicine" for the words "taking these degrees."

Appointment.

Professor W. E. Dixon, M.D., B.S., B.Sc., was appointed chairman of the Board of Examiners in Pharmacology for the second examination for medical degrees, Part II, for internal and external students in March and July, 1912.

Chadwick Lecturers.

Dr. Charles Creighton has been appointed Chadwick Lecturer in Hygiene, to deliver a course of three or four lectures on the History of the Plague.

Sir Alexander Binnie, F.G.S., M.Inst.M.E., has been appointed Chadwick Lecturer in Engineering, to deliver a course of three or four lectures on some subject dealing with recent advances in municipal engineering in their relation to sanitary science.

Studentship in Physiology.

The university studentship in physiology has been awarded to Miss Ruth Filby Skelton, B.Sc., of University College.

Obituary.

SIR GEORGE O'FARRELL, M.D.,

LATE COMMISSIONER OF CONTROL AND INSPECTOR OF LUNATIC ASYLUMS, IRELAND.

THE death of Sir George Plunkett O'Farrell, M.D., which occurred at his residence at Oxshott, Surrey, has brought with it a keen sense of personal loss to his numerous friends throughout the United Kingdom. He contracted a chill, on which heart failure supervened, and, after a struggle of two or three days, he passed peacefully away on June 22nd.

Sir George O'Farrell was the second son of Dr. Harward O'Farrell, J.P., of Tangier, Boyle, co. Roscommon, who for many years had a large consulting practice throughout the province of Connaught.

At an early age he gave proof of inheriting his father's ability. At Trinity College, Dublin, where he was educated, he obtained the First Senior Moderatorship in Experimental and Natural Science, and also the Travelling Medical Scholarship of his year. He made good use of the advantages thus gained, and, after further study in London and on the Continent, he settled down in Boyle and succeeded his father in his extensive practice.

In 1885 he was appointed Medical Inspector to the Irish Local Government Board, and for three years had medical charge of the province of Munster. Here his relations with the Poor Law medical officers were characterized by consideration and helpfulness. So successfully did he discharge these duties, requiring tact and versatility, that in 1888, on the occurrence of a vacancy in the General Prisons Board (Ireland), he was appointed to the post, to which at the same time was added the care of the Reformatory and Industrial Schools.

His administrative capacity had now become so evident that in 1890, after the Mitchell Commission on Lunacy Administration in Ireland, he was selected, in conjunction with his colleague, Dr. Courtenay (who has just retired), to be Commissioner of Control of Lunatic Asylums and Inspector of Lunatics.

The report of the Mitchell Commission had shown how much asylums in that country stood in need of reform. Here was a great field of usefulness, and to it he devoted the best years of his official life. Twenty years ago the Irish lunatic asylums were places of detention; the popular designation of the "madhouse" fairly represented the ideas current as to their condition and utility. But with the newly constituted department came new views; asylums became hospitals for mental disease, where hopes of cure could be entertained and treatment rather than detention became the dominant object, and where even hopeless cases could spend the remainder of their days in comparative comfort. Airing courts were practically abolished, and nearly every asylum obtained additions of land, so that agriculture, the chief customary occupation of the inmates, could again give them congenial work. Improved dietaries, a feeling of comparative liberty, and employment for almost every one ultimately proved so beneficial that governing bodies, which had with reluctance consented to these innovations, came to recognize the wisdom as well as the humanity of the changes inaugurated. It has frequently been observed that while the population

of Ireland has been decreasing there has been a gradual increase in the number of admissions to asylums. This fact—and it is a fact—is partly due to the improvement in asylum management. So well known is the care with which the insane are treated that the stigma formerly attached to such institutions has departed, and the friends of the mentally afflicted gladly make use of the refuge, in which they have every confidence.

In 1899 Sir George O'Farrell received the honour of knighthood in recognition of the services he had rendered to the State. He acted on several commissions, notably on the Commission on the Care and Control of the Feeble-minded, and he was the official delegate from Ireland to the International Congress on the Mentally Deranged held at Vienna in 1908.

In his private capacity he was endeared to very many. He had a true and warm heart for his comrades and friends, and an unfailing courtesy and consideration for all.

Dr. GRAHAM, Resident Medical Superintendent, District Asylum, Belfast, writes:

It is now over twenty years since my first meeting with Sir George O'Farrell. That meeting was purely official, but as time passed the acquaintance ripened into warm friendship, which through all the intervening time was never dimmed by misunderstanding or weakened by any estrangement. He had a genius for friendship, and in a world so complex as this higher praise is hardly possible. What his loss means to those who were admitted to the intimacies of his thought and feeling I may hint at but cannot bear to dwell upon. Yet some effort must be made to let others know the manner of man he was.

Sir George O'Farrell belonged to that small group of rare souls of whom it is difficult to write without seeming to exaggerate. For knowledge of his mind and character always ended in enthusiastic admiration and rebuked the pessimism which passes judgement upon humanity in Hamlet's phrase, "Man pleases me not nor woman either." Behind a not very robust physical exterior and a rather shy and retiring manner he hid a tenacity of purpose and strength of intellect that bore him irresistibly to the goal on which he had set his eye.

Tender-hearted, humane, sympathetic as he was, especially towards the weak, the handicapped in life's struggle, the physically or mentally inferior, he yet was no pseudo-sentimentalist incapable of passing an ethical judgement as to what ought to be. His own sense of duty had been highly developed and he loved to recognize it in others. Yet he was no Pharisee apologizing for indulgence towards himself by extra severity towards others. On the contrary, his great characteristic was leniency towards human weakness, was that fine consideration for others which is the mark of a true gentleman. He was lifted above the last infirmity of noble minds which is fame and that signal manifestation of small minds which is envy. He cared little or nothing about honour or distinction for himself, but he rejoiced when his co-workers received their meed of praise.

His humanitarianism was shown not so much in words, as in a life of restrained enthusiasm for every agency or scheme which tended to ameliorate the lot of the insane. As was said in an address presented to him on his retirement by the officials of all ranks in the Irish Lunacy Service—"As Howard was known as 'the prisoner's friend,' you, Sir, deserve a title of equal honour—'the friend of the insane.'" And the closing incident of his career sealed the truth of these words. For it was while making preparations for a large garden party in his beautiful grounds at Oxshott in the interests of the After-Care Association of the Insane that he caught a chill which brought on the complications that ended fatally. One cannot but think that the secret of his unassuming greatness lay in the deliberate consecration of his energies to the cause of humanity, and more specifically to the cause of suffering afflicted humanity. Such was the high ideal of his life, and it served to keep clean and pure and strong the springs of character.

Nor was he without interest in the wider concerns of cultivated men. He was himself an excellent scholar, and while repudiating all claim to speak as an artist or as a man of letters, he nevertheless knew a good picture, and found time to familiarize himself with the best that

Medico-Legal.

WORKMEN'S COMPENSATION ACT.

A Trap for a Malingerer.

In the Marylebone County Court a man claiming compensation for personal injuries said that in consequence of his collarbone having been broken, though reunited he could not close his fist, and his grip had become less firm. He was called up to the bench beside His Honour (Sir W. Lucius Selfe). Dr. Oldfield, for the Law Accident Assurance Company, directed the applicant to place his left hand in the judge's right, palm to palm, push his own right hand well into his breeches pocket, and stand tip-toe on both feet. Having assumed this position, the surgeon gave him a slight push forward, and, to save himself from falling, he clenched his fist so firmly that His Honour squirmed, and called out, "That grip is firm enough," at which there was much merriment.

"REASONABLE" NOTICE.

G. M. H. O.—An assistant writes that he was engaged by his principal at a salary of £100 per annum, but he is paid weekly. He wishes to know what length of notice is required on his side in event of his desiring to give up his post.

* * The general rule in such cases is that a "reasonable" notice must be given. This may sometimes have to be decided by a jury, but in most cases the test is the periods for which the instalments of salary are payable, for example, an assistant engaged at a salary of £100 a year, and paid monthly, must give a month's notice. This is a custom so well established in the case of monthly payments that it could not be disputed, but it would not follow that, where the payments were weekly, the same rule must necessarily be applied, as it might be held that in the circumstances a week's notice was not "reasonable." Our correspondent would therefore be wise to give a month's notice, which would stand little risk of being set aside as "unreasonable."

Medical News.

THE Cremation Bill which recently passed the Lower House of the Prussian Diet by a majority of one, has now passed the Upper House by a majority of six (ninety votes to eighty-four).

THE distribution of prizes at the London Hospital Medical College will be made by the American Ambassador, the Honourable Whitelaw Reid, in the Library of the College, on Thursday next, at 3 p.m. The annual dinner for old students of the same hospital will be held on October 3rd at the Hotel Cecil. The dinner has been increasingly popular during the past few years, and arrangements have been made to make it even more attractive on the present occasion. The chairman will be Mr. Douro Hoare. The secretaries are Dr. Lewis Smith and Mr. Frank S. Kidd.

THE Princess Christian's Farm Colony, Hildenborough, Kent, will be opened by Her Royal Highness on Tuesday next at 3.30 p.m. Persons desiring to be present should send their names to the Secretary of the National Association for the Feeble-minded, Denison House, Vauxhall Bridge Road, S.W.

WE are requested to state that the last date at which names can be received for the Scandinavian tour of the E.M.I. Association is July 15th. The party leaves Paris on August 12th, the tour ending at Berlin on August 30th. The address of this medical touring society is 12, Rue François Millet, Paris.

THE Local Government Board has issued a Blue Book (Public Health and Medical Subjects; new series, No. 52; price 1s. 3d.) containing a report by Dr. Bulstrode on suspected pneumonic and bubonic plague in man in East Suffolk and Essex and on the prevalence of plague in rodents (rats and hares); a report by Dr. C. J. Martin and Mr. Rowland on a special investigation they carried out in East Suffolk in November and December; and a report on the pathological and bacteriological examination of rodents by Drs. G. F. Petrie and G. H. Macalister, assistant bacteriologists to the Lister Institute. We propose to refer more at length to some of the points in these reports in an early issue.

IN the communication from our special correspondent in Canada, which appeared in our issue for July 1st, it was stated that Dr. Howard Pirie, of St. Bartholomew's Hospital, had been appointed Director of the X-ray and Medical Electricity Department of the Royal Victoria Hospital, Montreal. This statement, however, we now learn, is somewhat misleading. All that has occurred so

far is that Dr. Howard Pirie has been offered the appointment in question. At present he has not accepted it and is continuing his duties at St. Bartholomew's Hospital, Mount Vernon Hospital, and other places at which he has hitherto customarily worked.

PROFESSOR P. UHLENHUTH, Director of the Bacteriological Department of the Imperial Health Institute, Berlin, will deliver the Harben Lectures of the Royal Institute of Public Health at the institute, 37, Russell Square, W.C., on July 17th, 18th, and 19th, at 6 p.m. on each day. The first lecture will deal with experimental studies on syphilis, the second with the precipitin reaction, and the third with hog cholera.

THE Children's Country Holiday Fund is responsible for giving a fortnight's country holiday to 46,000 children. Canon Barnett, the Chairman of the Fund, informs us that there is this year a difficulty in finding cottages to take his children for whom 5s. a week is paid. The Fund desires to enlist the assistance of doctors or their wives in finding cottagers who will take children and do well by them. The children are inspected before leaving home, and are insured against sickness; the experience is generally enjoyed by hosts and children. The address of the Fund is 18, Buckingham Street, Strand, W.C.

WE are asked to state that pay wards for the reception of patients who may not be in a position to pay consultant's fees or to provide adequate nursing for some-servants in time of sickness or operation, have been for some years in use at the Great Northern Central Hospital, Holloway Road, London, N., and have, it is considered, supplied a real want. Application has to be made to the secretary at the hospital, and every applicant must supply evidence of his or her fitness on financial grounds, together with a medical certificate from a private doctor. This evidence, we are informed, is closely scrutinized by the committee, on which the medical staff of the hospital is represented. The charges vary from £1 5s. to £2 2s. a week, according to the circumstances of each case, and there are no extras or medical fees.

MR. WALTER HILL, 67, Southampton Row, London, W.C., has produced a *Souvenir Guide to Carnarvon*, price 2d., which will be of use to those who propose to be present in that ancient town on July 13th, when the investiture of the Prince of Wales in Carnarvon Castle takes place. The guide is short and well illustrated. The most interesting part to the ordinary Englishman will be a little essay on place names in North Wales, with an alphabetical list of the names of Welsh railway stations, giving their pronunciations and meanings, compiled by Mr. T. B. Grierson, M.Inst.C.E. Looking through the list we see Ebbw Vale means "the Valley of Talk," and that there is a place with so long a name that even the natives call it Llanfair-P.G.; we forbear from copying the full Welsh name, but Mr. Grierson asserts that it means "The fair church at the pool of the white seagull near the alder grove where the fodder for the oxen is stored in the red barn."

THE usual monthly meeting of the Executive Committee of the Medical Sicknes, Annuity, and Life Assurance Society was held at 429, Strand, London, W.C., on June 16th, Dr. de Havilland Hall in the chair. During the last few months the sickness claims have been fairly numerous, but for the most part of short duration, so that the total amount of sick pay disbursed by the society has been well under the amount expected and provided for by the rates of contribution. The number of new entrants has been larger than in any similar period of the working of the society, and, in addition, an unusually large number of members have availed themselves of the powers given by recent alterations in the rules to increase the amount of weekly sick pay they had secured. A considerable addition has in this way been made to the premium income of the society. Some years ago the society made a donation of 100 guineas, and has since subscribed 20 guineas per annum, to Epsom College, the votes thereby obtained being given to members of the society or their families, and in this way have materially contributed to the successful candidature of the sons and in some cases the widows of deceased members. At the election just ended the son of an old member of the society was elected as a foundation scholar. The funds of the society cannot be used for any directly charitable purpose, but with the view of assisting those of its members who may have to apply for such aid the committee has resolved to subscribe 100 guineas a year to the British Medical Benevolent Fund, and trust in this way to mitigate the hardships of some of the cases of distress which come under their notice. Prospectuses and all further information on application to Mr. F. Addiscott, Secretary, Medical Sicknes and Accident Society, 33, Chancery Lane, London, W.C.