

Memoranda :

MEDICAL, SURGICAL, OBSTETRICAL.

DEPRESSED FRACTURE IN NEWBORN CHILD : OPERATION : RECOVERY.

The following case may be of sufficient general interest to publish.

On Tuesday, April 25th, 1911, I was called by my partner, Dr. F. D. Crosthwaite, to Mrs. W., a multipara in her seventh labour. The patient had been in labour for some nine hours, the head had not entered the pelvis, and a hand was presenting. No advance occurred, and as soon as the hand was replaced it came down again. It was too late to turn, and so, after administering chloroform, my partner replaced the hand, and speedily, though with considerable effort, delivered with forceps. We then found, on examining the child, that there was a deep depressed fracture of the left frontal bone, caused, we believe, by too forcibly delivering the head past the sacrum, which was prominent, the pelvis being contracted.

No external manipulations succeeded in reducing the fracture, and thirty minutes after birth, without an anaesthetic being given, an incision was made some two inches in length from before backward down to the frontal bone. The pericranium was reflected, and I forced a director between the frontal and parietal bones, and immediately on entering the skull an escape of an ounce or more blood occurred. The director was then worked forward close to the bone until the most prominent internal convexity of the external depression was reached, when the whole depression was levered out. The pericranium and scalp were sewn up, and the wound dressed. The child made a straightforward recovery, and now—more than six weeks afterwards—is absolutely sound. Every aseptic and antiseptic care was taken.

CLAUD F. FOTHERGILL, M.B., B.C.Cantab.

Chorley Wood.

DIPHTHERIA ANTITOXIN BY THE MOUTH.

While Resident Medical Officer at the Infectious Diseases Hospital, Paisley, I gave diphtheria antitoxin in occasional cases by the mouth with good results. With regard to Dr. Plummer's remarks on supplementing it by swabbing the throat with antitoxin, I may state that I carried out a series of observations on 230 cases, in half of which the throat was sprayed and swabbed with antitoxin. The cases were injected subcutaneously on admission, and received the same throat treatment as regards cleansing, etc. In half, however, the throat was swabbed and sprayed with antitoxin, and in the other half of the cases Loeffler's solution and other antiseptics were used. Cases of equal dosage and equal severity, as far as could be judged locally, were compared. Those swabbed with antitoxin took almost twenty-four hours longer to clear, a result which might be expected as diphtheria antitoxin is not antibacterial.

A predecessor of mine in the hospital (Dr. J. G. Mackenna of Paisley) informs me that during an epidemic of diphtheria he not only got good results from administration of the antitoxin by the mouth, but that he apparently got equally good results by administration per rectum. This method was tried in some twenty cases.

Paisley.

A. GILMOUR.

ERYTHEMA NODOSUM FOLLOWING MEASLES.

DR. JOYNT's paper and Dr. Craig's memorandum on this condition¹ are of interest to me in that last April I had a case in private of a little boy, aged 4 years, who had a feverish attack with slight morbilliform rash on the face and the upper part of the trunk, with some faucial injection and enlargement of the cervical glands upon both sides. There were no bronchial symptoms, but a faint mitral systolic bruit was audible at the apex, which subsided in a few days, when the temperature became normal and rash disappeared. Five days after the onset of these symptoms erythema nodosum appeared upon both shins, but there was no pain in any of the joints, although the

child was irritable when disturbed, and content to lie quite still. At the end of a week this had completely disappeared under salicylates and rest in bed, and he was quite well.

There was no history of rheumatism, but some of the symptoms appeared to be more allied to rheumatism than measles, the attack of which was by no means typical, in spite of an epidemic in the neighbourhood; yet the coincidence of the two phases seems worth recording in view of the papers referred to.

New Barnet, Herts.

ARTHUR F. PERIGAL, M.D.

Reports

ON

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

ST. BARTHOLOMEW'S HOSPITAL, LONDON.

POISONING BY CANTHARIDES.

(Reported by F. WOMACK, M.B., B.Sc.Lond.)

THE patient in the following case was a married woman, aged 29, who had four children living and had had no previous miscarriage. She had been in good health, but was taken ill on March 25th at 6.30 p.m., with sickness and faintness, pain in the stomach and back, and intense thirst. She owned to having taken drugs—for example, pills labelled *hiera picra*, and Epsom salts as much as 2 oz. at a dose—in the hope of producing miscarriage, and later to having passed a catheter into her uterus. She had aborted some time on March 25th. The next day she gradually became comatose, and on March 26th was admitted into St. Bartholomew's Hospital practically moribund, and died the next morning.

The singular symptom, little remarked on previously by toxicologists, was a distinct coloration of the whole surface of the body amounting to a kind of reddish-bronze, with a dark, almost black, patch extending across the bridge of the nose on to both cheeks. Later, this coloration became deeper still in hue. The tips of the fingers were blue. The mucous surface of the mouth was similarly suffused. She passed no urine while under observation. Pulse 120, conjunctivae yellow, pupils contracted.

On *post-mortem* examination the spleen and kidneys were found acutely inflamed, but the intestinal tract only slightly so. There was deep staining of the inner surface of the heart and arteries. No peritonitis. The bladder was full of blood-stained urine, the urine was albuminous, faintly alkaline, but, though not received for some days after the autopsy, it had not decomposed. No blood cells were visible in it.

At the inquest, held on April 20th, before Dr. F. J. Waldo, Coroner for the City of London, I stated that the urine contained a small amount of cantharidin. This I extracted (after acidification) from the urine by benzene, the crystals being detectable under the microscope; and, later, from the whole solid residue dissolved in a drop of oil a blister was obtained on the inner side of the forearm.

There was no evidence of cantharides fly in the intestine, but apparently some preparation of it had been swallowed.

Subsequent to the above case, another patient, a woman aged 28, was admitted into St. Bartholomew's Hospital with very similar symptoms. Her history was as follows: She had had eight pregnancies, three children being born alive, the others being miscarriages. The previous four miscarriages or abortions occurred usually after five to six months' pregnancy, and for these she had on three previous occasions been admitted to hospital. On the present occasion, when admitted because of abortion, she exhibited a general yellowing of the skin, the conjunctivae also yellow, and the soft palate reddened. Her urine, 28 oz., contained much blood and bile pigment, but no blood cells. The discoloration of the skin lasted about three days. She recovered.

In this case also cantharidin was found in the urine. It is noteworthy that these two cases both came from the same district of London, one having lived in Tottenham, the other in Kingsland.

¹ BRITISH MEDICAL JOURNAL, April 15th and May 20th, 1911.

the goodwill of club practice was an asset and that of private practice negligible, and not a word about compensation.

The danger of Dr. Addison's amendment¹ is that the improvident poor will be the first to avail themselves of the permission not to provide adequate medical attention, and the very class that needs compulsion will still be improvident and the conditions of the Workmen's Compensation Act repeated—that is, that no means need be taken by the beneficiary to facilitate recovery. Of course, the object of the amendment is to get over the wage-limit difficulty, but in my opinion the only remedy is a sliding scale of fees on the poundage system (percentage of earnings); that I understand would mean a new bill, which most of us would cordially prefer. Therefore more prominence should be given to Dr. Helme's important motion carried at the Special Representative Meeting, and which I believe is supported by the majority of our profession:

That the present proposals of the Government are unsatisfactory, and the Government should be asked to delay dealing with the proposed medical benefits until satisfactory terms have been arranged with the medical profession.

—I am, etc.,

Teignmouth, July 17th.

WILLIAM GOSSE.

ON CAESAREAN SECTION.

SIR,—Dr. Purslow, in his article on Caesarean section (July 8th, page 67), states that to diminish haemorrhage when opening the uterus a flat Hodge's pessary has been suggested.

I believe Professor Cameron, of Glasgow, introduced the flat pessary, but his reason for doing so was to enable him to expose the membranes without risk of cutting into them. While the pessary is in use there is practically no bleeding from the incision; the great advantage of this is obvious. Should the placenta be in the line of incision, it is treated as uterine wall. When the membranes are exposed the pessary is discarded.—I am, etc.,

Glasgow, July 10th.

JAS. H. MARTIN, M.D.

THE BLOOD COUNT IN AMOEBIC DYSENTERY.

SIR,—In an otherwise appreciative notice of a recently published monograph on *Amoebic Dysentery*² your reviewer commits himself to a very definite expression of opinion, that the absolute and relative alterations in the corpuscular content of the blood described by me as characteristic of the disease are incorrect. My deductions are based on a series of observations which were made to test the accuracy of previous statements on the subject of leucocytic variations in the tropics, and my figures embody the results of a detailed examination in each one of a series of 52 cases of all varieties of amoebic dysentery carried out in the East Indies, and of 12 instances of the chronic form of the disorder which have been studied at home. It is unnecessary to say that concurrent malaria and other sources of error were, as far as is practicable in these cases, carefully excluded.

Although it is possible that more extended research may slightly modify my conclusions, I believe that the figures cited are substantially correct, and I may also say that they have already received a considerable amount of authoritative corroboration. It has, for instance, recently been shown that in blood counts made at Ancon Hospital, Panama, in cases of amoebic dysentery, the polymorphonuclear cells are invariably increased when toxic symptoms are marked, and that in ordinary cases, in which concomitant malarial infection is excluded, the large mononuclears and transitionals are also increased in number.

Although most of my work was done at a time when possibly there was a higher estimate of the clinical value of blood counts in parasitic infections than at present, the question is one of definite scientific importance, and as these results practically reproduce the statements in my book, I am entitled to ask on what evidence and from what experience does your reviewer so summarily, and in a tone so foreign to considered and responsible criticism, repudiate my figures?—I am, etc.,

London, W., July 14th.

W. CARNEGIE BROWN.

*** Our reviewer's criticism was directed to the statement which Dr. Carnegie Brown was understood to have

made to the effect that in amoebic dysentery in ordinary instances all the varieties of white corpuscles are augmented indifferently, eosinophiles included.

TUBERCULIN DISPENSARIES.

SIR,—Sir Clifford Allbutt, Sir Lauder Brunton, Sir William Osler, and Dr. Arthur Latham have placed their signatures to the following statement:

The success of the so-called tuberculin dispensaries rests largely on the fact that Class I and Class II are chiefly treated at them. A further part of their success is due to the many instances in which the diagnosis of the presence of active disease is faulty, with the result that many persons are treated with tuberculin and labelled as cures in whom the disease has previously been arrested.

These are two separate statements deliberately made by representatives of the medical profession about a system of treatment which they have presumed to judge without one scrap of evidence. Not one of these physicians has deigned to visit the dispensary. Not one of them has examined even one case that has been treated at the dispensary. Not one of them can adduce a single instance, though they speak of many instances "in which the diagnosis of the presence of active disease is faulty." And yet they know that "many persons are treated with tuberculin and labelled as cures in whom the disease has previously been arrested."

The tuberculin dispensary is open to all medical men, and I challenge these self-appointed judges of a system of which they can know very little either to come themselves to the dispensary and examine every case at present under treatment, or to appoint an expert of their own to do so. I have no fear of the result.—I am, etc.,

W. CAMAC WILKINSON, M.D.Lond., F.R.C.P.

London, N.W., July 18th.

Universities and Colleges.

UNIVERSITY OF LONDON.

THE LONDON HOSPITAL MEDICAL COLLEGE.

Distribution of Prizes.

A LARGE company assembled in the library on July 13th for the distribution of prizes by His Excellency the Hon. Whitelaw Reid, American Ambassador. Mr. Douro Hoare, chairman of the college board, presided.

Mr. W. Wright, the Dean, made a brief report, in which he stated that £800 had been granted from the Treasury fund, and he anticipated that this would be largely increased in the future. He related the principal successes gained by the students in the hospital and college during the preceding year. Sixty-one students had obtained the Diploma of the Conjoint Board for England, whilst a large number had been successful in the several examinations at Oxford, Cambridge, and London. Seventeen gentlemen had obtained the Fellowship of the Royal College of Surgeons, whilst conspicuous successes had been gained in the preliminary examinations. A hostel had been opened for the residence of a small number of students, who would thus be in touch with the hospital day and night. Mr. Wright stated that in October a dental school would be opened in connexion with the hospital.

Mr. Whitelaw Reid commented upon the splendid work which had been done by the hospital and its medical school in times past. It was the first complete school in connexion with a great hospital. The present tendency in many countries to punish the men who committed the crime of being rich might have some warrant, but it would have been an unlucky day for the suffering poor and unlucky for the medical profession if these men had been taxed out of existence before sound medical education and research and the best hospital accommodation had been fairly established. He pleaded for the establishment of an endowment fund which would be sufficient to make the medical school self-supporting for all time.

After Mr. Whitelaw Reid had distributed the prizes, a vote of thanks to him was proposed by Mr. Sydney Holland, seconded by Sir Bertrand Dawson, and carried amid hearty acclamation.

UNIVERSITY OF DURHAM.

The following candidates have been approved at the examinations indicated:

FIRST M.B.—*All Subjects*: *H. Evers.

FIRST M.B.—*Chemistry and Physics only*: J. A. Charles, Ethne Haigh, G. Irving, H. R. Markham, J. E. Measham, W. McD. Pettigrew, B. Sergeant, A. Smirthwaite, R. L. Wright. *Elementary Anatomy and Biology only*: G. G. Baty, J. F. C. Braine, C. C. H. Cuff, L. B. Frere, L. W. Hearn, C. N. Joseph, F. L. Newstead, D. O. Richards. *Elementary Anatomy only*: H. K. G. Hodgson.

SECOND M.B.—†Jane Penman, C. Armstrong, W. J. Bowden, G. B. Egerton, H. H. Elliot, C. N. Gover, P. Gunn, F. W. Harlow, C. Jacobs, D. R. Jones, R. R. Lishman, F. Metcalfe, E. C. G. Parker, H. L. P. Peregrine, H. A. P. Robertson, E. K. Ryan, P. Savage, K. I. S. Smith, C. R. Smith, J. C. Spence.

* First-class honours.

† Second-class honours.

¹ BRITISH MEDICAL JOURNAL, July 15th, 1911, p. 130.

² Ibid., June 3rd, 1911, p. 1318.

UNIVERSITY OF LIVERPOOL.

THE following appointments and awards have been made in the Faculty of Medicine:

Appointments.

Chairman, Professor Benjamin Moore; Dean, Mr. K. W. Monsarrat; Lecturer in Public Health Bacteriology, Dr. R. Stenhouse Williams; Senior Demonstrator of Anatomy, Dr. W. P. Gowland; Assistant Demonstrator of Anatomy, Dr. T. P. McMurray; Lecturer in Dental Mechanics, Mr. Lewis Osborn.

Awards.

The J. W. Garrett International Fellowship, Dr. O. T. Williams; The Robert Gee Fellowship, Dr. J. Campbell; The Johnston Colonial Fellowship, Dr. A. Adams; The Holt Fellowship in Physiology, Dr. T. W. Wadsworth; The Holt Fellowship in Pathology, Dr. R. Stopford Taylor; The Torr Medal, A. N. Misbah; The Gee Prize, Miss P. M. Powell, R. Kennon, and A. Seddon, aeq.; The Derby Exhibition, H. Nield; The Clinical School Exhibition, J. R. D. Webb; The University Scholarship, H. S. Pemberton; The Holt Medals in Physiology, H. S. Pemberton and R. E. Roberts.

Examination

The following candidates have been approved at the examinations indicated:

FIRST M.B., CH.B. (Part I, *Chemistry and Physics*).—Ruth I. Bateman, R. L. Blenkhorn, N. B. Capon, E. H. Eastwood, W. T. Evans, H. Garas, G. S. Graham, W. Griffiths, J. P. Johnson, C. H. G. Kelly, A. G. McColl, L. Oldershaw, H. C. Roberts, C. G. Skinner, H. P. Williams. (Part II, *Biology*): Ruth I. Bateman, R. L. Blenkhorn, N. B. Capon, E. H. Eastwood, W. T. Evans, H. Garas, G. S. Graham, W. Griffiths, W. G. R. Hinchcliffe, J. P. Johnson, C. H. G. Kelly, A. G. McColl, E. J. McCormick, H. R. Mansergh, R. J. Minnitt, L. Oldershaw, F. G. Pailthorpe, H. C. Roberts, C. G. Skinner.

SECOND M.B., CH.B. (Part A, *Anatomy and Physiology*).—G. D. Harding, R. Martlew. (Part B, *Materia Medica*): Maud E. Bateman, E. B. Marsh, H. S. Pemberton, J. St. G. Wilson.

M.B., CH.B. (*Final*).—Part I: R. G. Barlow, A. D. Bigland, F. G. F. Browne, H. V. Forster, H. W. Jones, N. P. Laing, R. Lee, M. T. Morgan, F. C. Plummer, Frances M. B. Price, H. Seddon, S. N. Wright. Part II: R. G. Barlow, A. D. Bigland, F. G. F. Browne, H. V. Forster, R. W. Gemmell, A. V. Glendenning, H. W. Jones, R. Lee, M. T. Morgan, F. C. Plummer, Frances M. B. Price, H. Seddon, T. O. Williams, S. N. Wright.

FINAL M.B., CH.B. (*all subjects*).—*J. Homer, *R. Kennon, *R. H. Knowles, *T. H. Martin, *H. Nield, *A. L. Oluwole, *Phoebe M. Powell, *A. Seddon, G. S. A. Bishop, W. H. Parry, J. P. Rafter.

M.D.—A. R. Jackson, G. W. N. Joseph, A. G. W. Owen.
* Honours.

UNIVERSITY OF LEEDS.

AT a congregation on June 30th the Chancellor (the Duke of Devonshire) conferred degrees on a large number of students of the various faculties. In opening the congregation, the Chancellor in a few well-chosen words made a feeling reference to the loss which the university had sustained by the death of Sir Nathan Bodington, its Vice-Chancellor.

The following medical degrees were conferred:

M.D.—H. Vallow.

M.B., CH.B.—C. S. Brown, J. B. Fisher (First Class Honours), A. Riley, T. L. Walker.

Examinations.

The following candidates have been approved at the examinations indicated:

SECOND M.B., CH.B.—Part I, *Anatomy and Physiology*: C. M. Gozney, E. Hesterlow, W. D. A. King, J. Wright. Part II, *Materia Medica*: W. D. A. Anderson, R. H. Chadwick, D. A. Clarke, S. N. Cohen, J. J. D. la Touche, H. Foxton, A. S. Hebblethwaite, E. Hesterlow, F. King, W. D. A. King, H. S. Lockwood, K. Menon, H. W. Robinson, C. H. Seville, H. Shochet, J. Wilkinson, C. Wilson.

FINAL.—Part I, *Pathology, Forensic Medicine, and Therapeutics*: H. Angel, J. H. Blackburn, T. Elliot, J. Ferguson, G. W. L. Kirk, G. P. Mellis, J. C. Metcalfe, N. V. Mitton, M. Peto, S. Samuel, H. W. Symons.

D.P.H.—C. N. Smith.

VICTORIA UNIVERSITY OF MANCHESTER.

THE following appointments have been made in the Faculty of Medicine: To be Lecturer in Orthopaedic Surgery, Mr. Charles Roberts, and to be Assistant Lecturers in Surgery, Mr. P. R. Wrigley and Mr. Garnett Wright. Mr. Roberts graduated at the University of London in 1896, taking honours in medicine, and became F.R.C.S.Eng. in 1899. Mr. Wrigley, a student of Owens College, obtained the Bradley Memorial Scholarship in clinical medicine at the Manchester Royal Infirmary in 1900, and became F.R.C.S.Eng. in 1905. Mr. Wright graduated with honours at Edinburgh in 1900 after receiving medals and other awards in practical anatomy, pathology, and surgery, during his student career, and became F.R.C.S.Eng. in 1905.

The following candidates have been approved for the degree of M.D.:

*R. H. Titcombe, *H. E. Allanson, *J. R. Hutchinson, *P. Moran, *H. Tomlin, *H. Whitehead, *B. M. Wilson, *J. S. Young, W. E. Bamber, G. H. Brown, H. H. Bywater, J. F. Corson, G. H. Leigh, H. G. Ward, J. Wood, M. S. Wood, A. E. Woodall.
† Awarded gold medal. * Commendation.

UNIVERSITY OF ABERDEEN.

THE following were among the degrees conferred at a meeting of the Senate on July 12th:

M.D.—W. M. Fergusson, *R. P. Garrow, *N. S. Gilchrist, J. P. Mitchell, *P. Nicol, *J. Rae, A. J. Williamson, W. Wood.

CH.M.—F. P. Sturm.

M.B., CH.B.—A. M. Brown, G. P. Burr, C. C. Chance, W. J. Cruickshank, C. S. Glass, W. E. Glover, H. W. Greig, A. Mackintosh, J. R. Murray, P. Reid, J. Ross.

M.B., C.M.—A. C. H. Dickman.

On the same occasion Diplomas in Public Health were handed to Messrs. D. S. Garden, P. S. Hunter, †D. Rorie, G. I. T. Stewart, J. A. Tolmie, †J. Watt, and both the Lyon Prize and the John Murray Medal and Scholarship to J. Davidson, M.B., CH.B.

* Commendation for thesis. † Passed with credit.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

A QUARTERLY Council was held on July 13th, Sir Henry Trentham Butlin, President, in the chair.

Election of President and Vice-Presidents.

Sir Henry Butlin was re-elected President for the ensuing year. Mr. C. W. Mansell Moulin and Mr. Clinton T. Dent were elected Vice-Presidents.

Election of Council.

The President reported that at a meeting of Fellows held on the 6th instant for the election of two Fellows into the Council of the College in the vacancies occasioned by the retirement in rotation of Mr. C. T. Dent and Mr. G. H. Makins, both these gentlemen were re-elected.

Removal of Names of Two Members.

The names of two members were removed; the names had previously been struck off by the General Medical Council.

Board of Examiners in Dental Surgery.

Mr. J. E. Lane and Mr. L. A. Dunn were elected on this board in the vacancies occasioned by the retirement of Sir Frederic Eve and Mr. Dent.

Election of Professors and Lecturers.

The following elections were made for the ensuing collegiate year:

Hunterian Professors.—Sir Henry T. Butlin (two lectures), Arthur Keith (six lectures), Herbert Cumming French (two lectures), Richard Horace Paramore (one lecture), William Girling Ball (one lecture), John William Henry Eyre (one lecture).

Arris and Gale Lecturers.—Harry Tyrrell Gray, Leonard Gregory Parsons (one lecture each), Edward Fawcett (one lecture on The Development of the Human Chondrocranium).

Erasmus Wilson Lecturer.—Samuel George Shattock.

Arnott Demonstrator.—Arthur Keith.

Next Meeting.

The next meeting of the Council will be held on Thursday, July 27th.

CONJOINT BOARD IN IRELAND.

THE following candidates have been approved at the examinations indicated:

FIRST COLLEGE.—A. P. Adams, S. Barron, J. J. Bourke, C. H. Brennan, M. Burke, J. Coman, E. T. Chanler, J. J. Delany, W. E. R. Dimond, J. C. Fergusson, J. W. E. Graham, E. N. H. Gray, P. J. Greene, J. J. Hayes, F. R. H. Mollan, M. Moran, M. F. Murphy, J. O'Keefe, F. J. Power, V. A. Power, L. M. Rowlette, T. J. Ryan, M. A. Sullivan, T. C. Studley, J. A. Watson.

SOCIETY OF APOTHECARIES OF LONDON.

THE following candidates have been approved in the subjects indicated:

MATERIA MEDICA AND PHARMACY.—H. G. Steel.

ANATOMY.—J. C. P. Bayley, W. J. Wood.

PHYSIOLOGY.—J. C. P. Bayley, G. B. Holroyd.

Public Health

AND

POOR LAW MEDICAL SERVICES.

HOUSING, TOWN PLANNING, ETC., ACT, 1909.

Salary of Medical Officer of Health.

A CORRESPONDENT desires to know the names of those sanitary authorities who have given an increase of salary to their medical officers of health in consequence of the work entailed by the Housing, Town Planning, Etc., Act, 1909. Any information which correspondents are good enough to forward will be collated.

He was a brother of Captain Webb, the famous swimmer of the English Channel. He leaves a wife and daughter and two sons.

HERMANN SENATOR, M.D.,

EXTRAORDINARY PROFESSOR OF MEDICINE IN THE
UNIVERSITY OF BERLIN.

In Hermann Senator, who died in the Tegel Sanatorium, near Berlin, on July 14th, in his 77th year, Berlin has lost one of its foremost consulting physicians, who for forty years—until two years ago—had been among the most distinguished and most celebrated of the clinical teachers in the Berlin University.

In 1909, unimpaired as he was in mental power and love of work, but judging 75 to be the right age for retirement from office, Senator laid down his professorship and his directorship of the Royal Policlinic in the Ziegel Strasse and of the third Charité Clinic. Up to the last his teaching had been exceptionally fresh and inspiring. Unlike many old physicians, he studied and made use of the most modern therapeutic methods, and faced modern medical theories without prejudice. Up to the day of his retirement he had more hearers than any other clinical teacher in the Berlin University.

Senator's life presents no very striking features. He was a model schoolboy and student. His famous pathological and biological studies on breathing and metabolism were published in his very young days. In the Franco-Prussian war he had charge of a large division hospital, and gained the Iron Cross. In 1875 he was appointed Chief of the Internal Department of the Augusta Hospital, in which office Ewald succeeded him when in 1888 he undertook the Directorship of the third Charité Clinic.

Senator's publications are too many to enumerate. Among those that have become classical are his research on fever and its treatment, on albuminuria in health and disease, and on diseases of the kidneys in Nothnagel's *Handbuch*.

For more than twenty years Senator was Vice-President of the Berlin Medical Society, and was elected its President after von Bergmann's death. At the Jubilee celebration of the society he was elected its Honorary President.

In private life he was modest and without pretensions. He was most happily married, and would have celebrated his golden wedding in a few years.

The German Empress telegraphed the expression of her sympathy to the widow. Among his colleagues and the vast number of his patients far and near there is unfeigned sorrow for his loss.

THE news of the death of Dr. WOODSIDE, Coroner for North Antrim, has been received with much regret. He had been in very bad health for over a year, and had been treated both at home, in private hospital, and in the Royal Victoria Hospital, Belfast, with the utmost care and assiduity by many of his medical brethren. The end came on June 29th in the Royal Victoria Hospital. Death was due to septic bronchitis. Dr. Woodside was well known and respected in the north of Antrim, and especially beloved in the neighbourhood of his native place, Ballycastle. He was interested in the development of all native industries and in the advancement of the country. He discharged the responsible duties of Coroner with the utmost conscientiousness and care. Dr. Woodside was unmarried. Much sympathy is felt with his sisters and brothers, one of whom is Captain Woodside, of the Royal Army Medical Corps.

WE regret to announce the death of Mr. H. E. ALLEN, the Registrar of the General Medical Council, which took place on July 10th. Henry Ebenezer Allen was the son of Henry Allen, a schoolmaster, and was born at Chichester in 1839. He matriculated at the University of London from Spring Hill in 1858, obtained the degree of B.A. in 1860, and LL.B. in 1863. For some years he was Examiner for the Civil Service Commissioners. Towards the end of 1878 he entered temporarily the service of the General Medical Council, and about this time also became Clerk of Convocation of the University of London. In 1879 he was appointed Chief Clerk of the General Medical Council; in 1892 he became Assistant Registrar, and in 1897 he succeeded Mr. Miller as Registrar of the Council, which position he held at the time of his death. Mr. Allen

married the daughter of r. H. P. Webb, of Selby Glen, Isle of Man, by whom he had two sons; the elder, Frederick, was a captain in the Royal Field Artillery, and died in 1900; the younger, Ernest, survives his father. Mr. Allen suffered a great loss by the death of his wife in 1902, a loss from which, in some ways, he never recovered. He was a man of a most kindly nature, but in his many acts of charity he did not let his left hand know what was done by his right. There will certainly be some pensioners to mourn his loss. He never enjoyed really good health, and often it was obvious that he was suffering from physical disability; but he never allowed his uncertain health to influence his actions or to make him impatient. His death was due to heart failure secondary to atheromatous degeneration of the coronary arteries. His knowledge of the business and the precedents of the General Medical Council was probably greater than that of any one now living, excepting, perhaps, Sir William Turner, the late President, and there are many who will mourn his loss, not only on account of his business abilities, but on account of the charm of his address, the courtesy of his manner, and his readiness to afford assistance to inquirers.

Medical News.

THE next meeting of the International Congress of Gynaecology will be held at Berlin in May, 1912 (29th to 31st), under the presidency of Professor E. Bumm.

AT the recent examination for sanitary inspectors under the Public Health (London) Act, 1891, held by the Sanitary Inspectors Examination Board in Birmingham, five candidates, of whom four were women, passed.

A MEETING of the International Cancer Research Association is to be held at Dresden on August 7th and 8th. Among the proceedings will be a report of the committee appointed to consider the question of an international nomenclature of malignant disease.

THE British Association this year will, as already announced, meet at Portsmouth under the presidency of Sir William Ramsay. The proceedings will open on Wednesday, August 30th. The President of the Section of Physiology is Professor J. S. Macdonald, of Sheffield. Among the subjects proposed for discussion in that Section are sight tests for seamen, to be opened by Dr. C. F. Myers, followed by Dr. Edridge-Green; and ventilation in confined quarters, especially in relation to ships, to be opened by Dr. Leonard Hill, who will be followed by Professor N. Zunz, of Berlin. A report on anaesthetics will be followed by a paper on additions to the use of a chloroform inhaler, by Professor A. C. Vernon Harcourt. The Section of Anthropology will be presided over by Dr. W. H. R. Rivers; among the papers to be read is one by Professor Arthur Keith on palaeolithic man. On September 1st Professor Leonard Hill will deliver a general lecture on the physiology of submarine work.

DR. CLEMENT GODSON, Consulting Physician to the City of London Lying-in Hospital, and Master this year of the Worshipful Company of Shipwrights, presided on July 17th at a dinner given by this guild in the hall of the Guild of Fishmongers in honour of the Lord Mayor. A good many medical men, including the Presidents of the Royal College of Physicians of London, of the Royal College of Surgeons of England, of the Royal Medical Society, and Mr. Samuel Osborn (Master of the Haberdashers' Company), were present, and Sir Thomas Barlow shared with the Earl of Lytton the honour of responding to the toasts to the guests, while Surgeon-General Babbie, V.C., and Admiral Sir Culme-Seymour replied to the toast to the services. The general topics of the speeches, however, were political and educational, not medical, the last contribution being an interesting account from the Master of the work which the guild has done during the last few years in promoting the technical education of young shipwrights.

It may come as a surprise to many that urology claims so much attention abroad that eight large societies, some with congresses, meet yearly to discuss the advances in the knowledge of this special subject. Although Great Britain has no special society devoted to urology, the delegates from twenty-eight countries meeting in Paris in 1908 decided to inquire whether the International Congress of Urology could be received in July, 1911, in London.

Various surgeons attached to London and provincial hospitals responded with alacrity to the expressed wish, and, as already announced in the JOURNAL, the meeting of the congress is to be held from July 25th to July 28th in London. As the association is composed of well-known experts of all nations it is expected that the debate on such subjects as the "End Results of Prostatectomy" and "The Indications for Removing the Bladder or Large Areas of It" will prove of the highest value to the general operating surgeon. Such well known and honoured names as those of Guyon, Israel, Albarran, Posner, Pousson, O. Zuckerkandl, Kummell, and Koranji appear in the list of associates, but we understand that about 200 are expected at the meeting, and that many of these have signified their intention of taking an active part in the proceedings.

FOUNDER'S DAY at Yarrow Convalescent Home at Broadstairs was celebrated on July 15th, when a party of some sixty assembled at luncheon. Afterwards, Sir Wolfe Barry, in proposing the toast of the founder, Mr. Alfred F. Yarrow, said that it was a great pleasure to all present to watch the growth of the home and to know the useful purpose it served in the world; they congratulated the founder on the pleasure it must be to him to see that his ideas had been realized so completely. The toast was received with great enthusiasm. Mr. Yarrow, in acknowledging, said that the home at the present time, through the energy, skill, and enthusiasm of the staff, had reached a maximum state of efficiency at a minimum cost. During the first half of the current year the cost of each child had come out at £1 1s. a week, which was the lowest in the records of the home. He called particular attention to the fact that the home had been founded and endowed for the benefit of children recovering from illness whose parents belonged to what was called the educated middle class of society, and who were not in a position to give, entirely at their own cost, to their convalescent children the permanent benefit which a temporary residence at the seaside might be expected to afford; this was a class which he considered there was great reason to feel satisfied in helping. He asked those present to let their friends know the class of children received in the home. Accommodation is provided in the home for fifty boys and fifty girls. Two wards, one for boys and one for girls, are set apart for the reception of a limited number of more serious cases than those usually admitted to convalescent homes, and such cases are retained for lengthened periods when the medical officers report that there is a prospect of permanent benefit.

THE report for 1910 of St. Luke's Hospital, Chemulpec, one of the enterprises of the Society for the Propagation of the Gospel, is on the whole about the best of such documents that has as yet reached our hands. Apart from being well printed and turned out, the information given is duly classified and free from exaggeration of language; financial and other statistics are also given in more comprehensible fashion than usual. In addition, a not unsuccessful attempt is made to bring home to the reader the difference between hospital work in semi-civilized countries and in European centres. On the other hand, the reader is left in the dark as to the accommodation of the institution to which the statistics relate. The latter is a defect rather characteristic of a mission hospital report, and on that account alone do we mention it. When every allowance has been made for the immense difficulties under which missionary medical work is conducted, and full credit has been given for the courage, devotion, and ingenuity by which they are overcome, there still emerges no reason why the reports relating to the work achieved should not be drawn up on something approximating to businesslike lines. It is, however, far less the workers themselves than the administrators at home who are to blame for slackness in the matter. It would be perfectly easy for the latter to supply their executive officers in the field with a skeleton report indicating the precise points on which information should be given, and the headings under which it should be classified. If attention were paid to the point, these reports, we believe, would be more effective in gaining support; for many people who have money to give away nowadays expect business methods on the part of those who conduct charitable and allied enterprises, and expect detailed information as to the scope of the work they are asked to assist. Still, as already stated, the report under consideration represents a decided advance on most of its congeners, so we add that the total sum required to support a bed in the institution is only £6 per annum, and that subscriptions of any amount marked "for St. Luke's Hospital" will be gladly received by the Rev. S. J. Childs Clarke, 5, Amen Court, E.C. The hospital is in charge of Dr. H. H. Weir, who has as European assistants his wife and two other ladies.

Letters, Notes, and Answers.

Queries, answers, and communications relating to subjects to which special departments of the BRITISH MEDICAL JOURNAL are devoted will be found under their respective headings.

QUERIES.

LIEUTENANT-COLONEL, R.A.M.C., would be much obliged for suggestions as to the treatment of the following case: More than twenty-five years ago an officer contracted in India the disease known there as "dhobies' itch" (*Tinea marginata*). In spite of the application of almost every known remedy, it has gradually extended over almost the entire body—fading in one direction as it extends in another. It is now chiefly visible on the face as irregular patches—not sycoosis. Under treatment the patches disappear, but recur immediately this is discontinued.

ANSWERS.

"R. W. L." will find Cuning's *Aids to Surgery*, second edition (4s. net, Baillière, Tindall, and Cox), suitable for his purpose. It is concise and reliable.

DRY MOUTH.

W. H. P. writes: Dr. Hardwicke will probably find the same diet effectual in his case, supposing the patient to be plethoric; and since we have traced infection everywhere, plethora runs riot.

NERVOUS FLATULENCE.

DR. ARTHUR J. MATHISON (Wood Green, N.) writes: I think "A." would be quickly relieved by taking a full dose of pil. galbani co. when called to a confinement.

IRRITATION OF SKIN.

W. H. P. writes: If "Countryside" has already tried Turkish or hot baths, he should by all means diet his patient. A full diet of 40 oz. of solid food may with advantage be reduced to 12 oz. or even 8 oz. in the twenty-four hours in two meals, reckoning milk as one-third solid. Nothing should be taken between meals except liquids.

DR. H. J. THORP (Ipswich) writes: In reply to "Countryside" in the JOURNAL of July 15th, to allay the itching he should sponge the surface at night with the following lotion: Acid. carbolic 1 in 80, sp. vini 3ij, mixed with half-pint of milk; and take a fractional dose of calomel, gr. $\frac{3}{5}$, three times a day, and no special food or alcohol.

LETTERS, NOTES, ETC.

A WARNING.

SIR WILLIAM J. COLLINS asks us to state that a young man giving the name of Andrews and various addresses has recently called on several medical men in different parts of London inviting contributions to some ambulance organization, and has used Sir William Collins's name in connexion with the matter, without any authority whatever. Sir William Collins has notified the police.

AN EPIDEMIC OF INFECTIOUS JAUNDICE.

DR. CHARLES BOLDUAN, Acting Assistant to the General Medical Officer for the City of New York, has addressed the following letter to Dr. T. F. Vaisey, Medical Officer of Health, Winslow, England: I have been very much interested in reading about the epidemic of infectious jaundice described by you in the BRITISH MEDICAL JOURNAL of April 22nd, page 935, and recall that two years ago I studied an epidemic of typhoid fever (waterborne) occurring in a town in the upper part of the state of New York. The cases were typical typhoid, giving positive Widal reactions, and I isolated the typhoid bacilli from the faeces of two of the cases. The striking feature was the frequency with which jaundice was observed in the patients. Altogether I think there were about 100 cases of typhoid fever in this outbreak, and at the time of my investigation I personally saw some 25 cases. Of these 25 cases, about one-third showed distinct jaundice. It would be interesting to know whether your cases were in some way connected with typhoid infection.

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