

may also be a cause of dental caries? For it is recognized that if one tooth decay it leads to the decay of others.

In conclusion: I have laid before you the only method known and proved in the management of scarlet fever—and I now add *in measles*—that gives us absolute freedom from infection and complication when used early. Further, if the earliest stage of measles is past and the infection communicated to others, it limits it to a dying out first infection, for I have not known it pass this.

The treatment and prevention of both scarlet fever and of measles is before you. These thirty years I have wrestled with the problem, and now I give you the proved results. Consequently it is no new-fangled notion, but will stand the test of time and experience. Prove it thoroughly, as I asked should be done years ago in scarlet fever, and with care you will find it no less satisfactory.

## REFERENCES.

<sup>1</sup> *The Home Treatment and Prevention of Scarlet Fever*, by Dr. R. Milne; London: J. Nisbet and Co. <sup>2</sup> *Lancet*, June 25th, 1911. <sup>3</sup> *BRITISH MEDICAL JOURNAL*, 1908, ii, p. 1333; 1909, i, p. 185; 1910, ii, p. 594.

## DISCUSSION.

Dr. J. BRUCE-BAYS (Cape Colony) raised the question as to the advisability of protecting children from the infection of measles, since they were practically certain to be affected in later life, when the symptoms were more serious and the interruption to their occupations more important. It was perhaps better for the children to have measles at the most suitable age, say from 5 to 12 years of age, when in institutions they could be well looked after, and, having had the disease, would acquire an immunity, which at present they had no other means of doing.

Dr. J. B. KENNEDY (Birmingham) asked whether Dr. Milne ever had anginal cases of scarlet fever in his practice, and whether he had had any deaths. He also remarked on the grave responsibility incurred by the advocacy of Dr. Milne's treatment.

Dr. CANT (Woodley) noted that the period of infection of measles commenced before the appearance of the rash. He asked how Dr. Milne accounted for other children (say in a home) not being attacked, which would show that there was no infection previous to the rash, or that the other children were immune, and not that his special treatment, which was not begun until well after this early period of infection, was preventive as well as curative.

In replying, Dr. MILNE said that many parents would object to exposing their children to the infection of measles. In one school where this was done, there were eight deaths. It was through secondary infections that the complications arose in the throat, ear, nose, and glands. If secondary infections were prevented, none of these troubles occurred. He held that scarlatina anginosa was a secondary infection.

## Memoranda:

### MEDICAL, SURGICAL, OBSTETRICAL.

#### ERYTHEMA NODOSUM.

IN view of the notes which have appeared in the *JOURNAL* during the last few months, it will not be inappropriate for me to mention that I had a case of erythema nodosum in a young man of 18 at the end of last June. I saw him on a Friday evening, and he had a temperature of 103°; he complained of malaise, and of pain in the legs, ankles, and knees. There was no bruit, but the heart sounds were very soft, such as are met with at the beginning of a case of acute rheumatism, and that was what I was suspecting until I saw the large brownish-red patches, very tender to the touch, covering his shins. No local treatment was applied, but sodium salicylate and a little digitalis, and also some arsenic, were given, and he was also kept in bed. When seen on the following Sunday his temperature was normal, there was no pain, and the patches were passing through the stages of a bruise. Seen again on Wednesday evening he had been to his usual work since the morning, and had recovered entirely. His recovery has been maintained.

In this case the symptoms were strongly allied to those of rheumatism. Those cases which have been reported as being associated with measles have mostly occurred a week or a fortnight after they had been doing well, and it is not impossible that they may have been induced to some extent by cold. There had been no previous history of rheumatism in my case, and what struck me most was the rapid recovery. First seen on Friday, he was at work on Wednesday.

Glandovey, Cardigan.

D. OWEN WILLIAMS, M.B.

#### SWEETS IN CHILDHOOD.

THE increasing attention paid to the prevalence of dental caries has led to the suggestion that sweets should be withheld from children. The general desire of children for sugar renders it improbable that such a suggestion could be adopted on a large scale, but it is also possible that the desire rests on a physiological basis, and that to satisfy it in moderation is to reply to a demand of Nature.

Thus delayed chloroform poisoning and cyclical vomiting are practically disorders of childhood. Such conditions are undoubted instances of acid intoxication, and their correct treatment is by the administration of glucose. Further, it has been found that the amount of vomiting following an anaesthetic in children is greatly diminished by giving a small quantity of sugar before the administration.

Infants normally excrete creatin in the urine, and although this disappears after a few years,<sup>1</sup> yet it points to the metabolism of the liver being carried on with a deficient use of carbohydrates in early life. It would appear that some degree of carbohydrate starvation is normal in childhood. It may be noted that many children object to the fat which is forced upon them in the nursery, and have the same difficulty in consuming it as is not uncommonly experienced by adults on an open sea.

Hence it is possible that a moderate quantity of sweets is not only pleasant to the taste but is beneficial to the metabolism of a child.

London.

H. LETHEBY TIDY, M.D.Oxon.

#### GANGRENE OF LEG FOLLOWING DIPHTHERIA.

In the *Proceedings of the Royal Society of Medicine*, vol. iv, No. 1, November, 1910, Dr. J. D. Rolleston records a case of gangrene of the leg following diphtheria, and I should like to record a similar case which I saw in the district of Clanwilliam on March 20th this year.

The history of the case is as follows (particulars kindly supplied by Dr. E. B. Hoffman of Ponterville):

The patient, a girl aged about 11, was seen by him on February 21st, 1911, with temperature 104°, quick, feeble pulse, and marked dyspnoea. On examining the throat, a whitish exudate, extending along the pillars of the fauces and some distance on to the pharyngeal dome, was seen. He diagnosed diphtheria and treated the case on the usual lines by injecting antitoxin, etc.

*Progress.*—The next day the child was reported as slightly better, but still dyspnoeic. On February 27th she was seen again. There was considerable dyspnoea, pulse stronger, temperature 103°. The throat still showed the exudate, but now this exudate was almost brown. She had pain in the joints, and this was treated by hot opium stupes. On March 5th the father reported that she still had much pain in the limbs and that there were small sores—one on each foot. A little lotion was given, and the father was told to report as to the leg condition. On March 10th a messenger reported that the leg was black. On March 11th the child was seen again, and then gangrene to the level of the tubercle of the tibia was seen. On March 20th I myself saw the child and found gangrene complete to the level of the tubercle of the tibia with a patch of skin over the patella gangrenous.

*Operation.*—This was advised, and a few days after (March 24th) the limb was amputated well above the knee.

*Result.*—The child progressed nicely, but she had an attack of measles on the ninth day after operation, which somewhat delayed her convalescence.

On consulting Osler and Dieulafoy, I find no record of such a condition. It will be noticed that the gangrene occurred during convalescence and that it was complete and extensive. The occurrence of measles nine days after operation is also very unusual, and, before the rash showed itself, was very puzzling to the medical attendants. There was no diphtheritic paralysis.

Piquetburg, Cape Colony.

H. KRAMER, M.D.

<sup>1</sup> See E. Mellanby, *Lancet*, July 1st, 1911.

examined I have not met with a single one which would correspond to the definition which was given of green blindness in the older textbooks. This is well recognized on the Continent, and the term has been generally discarded. The unsatisfactory nature of this term is seen when one and the same case is designated as green blindness by one authority and red blindness by another. All dichromics have a neutral point, and confuse certain shades of green with grey. No man who calls the green of my lantern white can be considered to have passed the test. If Dr. Taylor will refer to page 110 in my book on colour blindness in the International Scientific Series, he will find that I have described an expression which I have found in certain of the colour-blind. I find this is particularly noticeable in men who know that they are colour-blind, and I have, when testing a number, picked out a man on this account and told him that he knew that he was colour-blind, and he has admitted that such was the case. Nervousness is particularly likely to show itself in a defective organ. If Dr. Taylor should come to London I would be very pleased to take him to a meeting where I know several colour-blind persons will be present. Personally, I do not think that any one could pick them out from their expression, but Dr. Taylor will then have an opportunity of ascertaining whether he can do so.—I am, etc.,

London, N.W., Aug. 23rd.

F. W. EDRIDGE-GREEN.

#### CONGENITAL DEFICIENCY OF SPEECH AREAS.

SIR,—In the BRITISH MEDICAL JOURNAL of July 29th, p. 248, Mr. Yearsley related his most interesting investigation of his case of word deafness. He suggests that the case I published in the BRITISH MEDICAL JOURNAL, July 22nd, is a parallel case. I do not agree, however. The case I published is purely motor vocal deficiency, whatever its origin, traumatism or developmental defect. In some cases the lesion may have been produced at any stage of infancy, after some words may have been memorized and some vocalized. In some cases of a lesion in Broca's convolution one would find word deafness of a greater or less degree, but not in all. In my published case I made out no word deafness whatever. The entire absence of word deafness, along with complete wordlessness, leads me to classify it as the subcortical variety. The boy can think, knows what he wants to say, and makes up his deficiency of speech by pantomime—for example, points to a boy and then points to his own cheek, phonating his only sound, indicating that the boy "smacked his face." He can understand all commands given him and carries them out without hesitation. He does not lip-read. Echolalia in the wordless would not, of course, apply. One would have to bear in mind that, although advanced for his age, he is only 5; and what child is not word-deaf to most words at this age?

In my investigation I never allowed him to see my face, so as to exclude lip reading. "Look under the table and get the basket." He got the basket. "Pick the paper off the table." He picked it up and handed it to me phonating. "Sit on the chair." He sat down. "Do you like pennies?" He held out his hand and held open his pocket with the other, face beaming, and phonated with delight. I allowed him in the garden to play with a Teddy-bear until he was content to leave it neglected at one end of the garden. While he was preoccupied (playing with another little boy, with great interest with other toys, his back to the Teddy-bear), I walked unobserved behind him to within a foot of his right ear and whispered "Harold, go and get the Teddy-bear." He wheeled around with alacrity and brought it to me, phonating meanwhile. The boy is neither deaf nor word-deaf. These cases present more difficulty in diagnosis than in adults with an established function which has suffered dissolution.

One wonders whether Mr. Yearsley's case is one with an intact auditory centre, with the way in partially blocked, and the auditory centre developed through the visual centre for the most part; or one in which by the same means the other hemisphere is forced to act. I should be obliged to Mr. Yearsley or any one else for information as to a suitable institution to meet the case.—I am, etc.,

Cheltenham, Aug. 6th.

A. E. TAIT.

#### THE SITE OF INFECTION IN YAWS.

SIR,—I had the opportunity of visiting on many occasions the St. Augustine Yaws Hospital in Trinidad, where my attention was directed by Dr. Henry Alston, the medical superintendent, to a very constant and almost invariable symptom in these cases; namely, marked enlargement of the femoral glands. This enlargement was present in both sides, and usually visible at a distance, forming a distinct swelling in that region. The glands were matted together, and on palpation had a peculiar doughy, elastic feeling, quite unlike the small, hard, shotty glands of syphilis. Dr. Alston moreover informed me that many of the patients attributed the disease to having received some injury or cut in the foot. He himself believed that the "chigger" (*Pulex penetrans*) played an important though an indirect part in the propagation of the disease, the open furrows left after the extraction of the little parasite serving as a door of entry to the yaws organism. In support of this contention is the fact that practically all the sufferers from the disease are to be found among those who go about bare-footed, and constantly suffer from the attacks of that little pest, the "chigger."

I have no doubt that the above facts must already have been recorded, though curiously enough I have never seen them mentioned in the articles on yaws which I have read in the various medical textbooks.

I might add that this femoral enlargement rapidly decreases after an injection of salvarsan, proving that it is primarily due to the *Spirochaeta pertenuis*, and not to septic organisms.—I am, etc.,

FERNAND L. DE VERTEUIL,

M.D. Edin., M.R.C.S. Eng., L.R.C.P. Lond.,

Vancouver, B.C., Aug. 5th.

Surgeon R.N. (ret.)

#### "AFFERENT FIBRES IN VENTRAL SPINAL ROOTS."

SIR,—The answer to Dr. Otto May is simple: There is no ground for the belief that in those cases of intractable pain, in which dorsal rhizotomy failed to give permanent and complete relief, there was ever any evidence either at operation or on autopsy of any lesion of any part of the secondary or tertiary afferent neurones. Can Dr. May point to any case in which such evidence was found? With reference to the question of rashness in my suggestion that ventral rhizotomy should be combined with dorsal, may I say that I have before me a private letter from a foreign neurologist, who is universally held to be second to no one as animal experimentalist and surgical neurologist. He writes to me thus under date of July 19th, 1911:

I doubt not that your view is correct that there must be afferent fibres in the ventral roots, just as Sherrington believes that there must be similar ones in the oculo-motor nerves. I am expecting a patient here with an intractable zoster neuralgia of the intercostal type, and if he decides to submit to operation I shall put your suggestions into practice and let you know what the outcome may be.

In conclusion, I have one suggestion to make: Will Dr. May, who is a Beit Medical Research Fellow, try to find time to investigate experimentally some of the points which I have briefly outlined, by your courtesy, in your columns?—I am, etc.,

London, Aug. 26th.

LEONARD J. KIDD.

## Universities and Colleges.

### UNIVERSITY OF LONDON.

#### Examination for Entrance Scholarships.

A SIMULTANEOUS examination for the entrance scholarships at Westminster Hospital, St. George's Hospital, the London School of Medicine for Women, University College Hospital, King's College Hospital, and the Medical Faculties of King's College and University College is to be held by the London Intercollegiate Scholarship Board on September 19th. The subjects of examination are in some instances anatomy and physiology, in others arts, and in others the preliminary sciences. The total value of the scholarships and exhibitions is over £1,700. The Secretary of the Board is Mr. A. E. G. Attoc, University College, Gower Street, W.C. Entry forms and particulars relating to the competition can be obtained either from him or from the deans of the schools concerned. As for the corresponding scholarships at St. Bartholomew's, Guy's, the London, Middlesex, and St. Mary's, the competitions in respect of all of them commence at the beginning of the last week in September; at St. Thomas's the competition was held in July.

## UNIVERSITY OF ST. ANDREWS.

*Honorary Degrees.*

On the list of those who will receive the honorary degree of LL.D. at St. Andrews University on the occasion of the celebrations this month of the five-hundredth anniversary of the foundation of the University the following names appear: Sir T. Clifford Allbutt, Sir Thomas Bartow, Dr. George Berry, President of the Royal College of Surgeons, Edinburgh; Dr. Byrom Bramwell, President of the Royal College of Physicians, Edinburgh; Professor Saundby, President of the British Medical Association; Sir Hector Cameron, Glasgow; Professor Keen, Philadelphia; Lieutenant-Colonel D. Pram, Kew; and Professor Schäfer, Edinburgh.

## SOCIETY OF APOTHECARIES OF LONDON.

THE following candidates have been approved in the subjects indicated:

**SURGERY.**—\*†A. E. L. Devonald, †E. M. E. Hall, \*†G. W. B. James, †J. S. H. Lewis, \*G. S. Richardson, †R. M. Wingent.

**MEDICINE.**—\*E. E. Allen, \*†G. W. B. James, R. Lamort, †F. G. Norbury, †W. H. Watson.

\* Section I. † Section II.

**FORENSIC MEDICINE.**—A. E. L. Devonald, G. W. B. James, J. S. H. Lewis, P. J. Montgomery, W. H. Vincent.

**MIDWIFERY.**—L. K. Edmeades, A. Fordham, G. W. B. James, C. W. Jenner.

The diploma of the Society has been granted to Messrs. A. E. L. Devonald, E. M. E. Hall, G. W. B. James, J. S. H. Lewis and W. H. Watson.

## Obituary.

## GEORGE FIELDING BLANDFORD, M.D., F.R.C.P.

GEORGE FIELDING BLANDFORD was the only son of George Blandford and Mary, his wife, and was born at Hindon, Wiltshire, where his father was engaged in medical practice, on March 7th, 1829. His parents afterwards removed for a short time to Hadlow, in Kent, and then to Rugby, and thus he was educated first at Tonbridge School (1840-41) and subsequently at Rugby (1841-48). He entered Rugby under the head mastership of Dr. Arnold, who, however, died in the following year, and among the boys who entered in the same term were the late Professor F. J. A. Hort and Senator W. H. Waddington, afterwards French Ambassador to England and Prime Minister of France.

Blandford was accustomed to ride from his earliest years, and when quite a child used to accompany his father on his professional rounds, which were then made on horseback. He was a good cricketer, playing for his school and subsequently his college eleven, and was also a footballer and oarsman. Later, he was one of the early Volunteers and belonged to the 2nd (South) Middlesex Regiment. In 1848 he entered at Wadham College, Oxford, and subsequently proceeded to the degrees of B.A. in 1852 and M.A. in 1857. In October, 1852, he entered as a student at St. George's Hospital, London. By the kindness of Dr. Spriggs, the Dean of the Medical School, the following information can be given: Among the physicians on the staff of the hospital were Drs. Bence Jones and Pitman, and among the surgeons Robert Keate, Caesar Hawkins, and Prescott Hewitt. Among the names of students who were contemporaries of Blandford are those of Timothy Holmes, Henry Lawrence, Henry Thompson, W. Howship Dickinson, Edgcombe Venning, William Ogle, Thomas Pickering Pick, and Ernest Hart. Other familiar names at St. George's at that time are Henry Gray (House-Surgeon, 1850) and Frank Buckland, who was House-Surgeon at the time Blandford entered as a student. In 1857 he took the diploma of the Society of Apothecaries of London and the M.B. of Oxford, and in 1858 he became a Member of the Royal College of Surgeons.

His son, Mr. W. F. H. Blandford, writes: "His connexion with insanity with which he was associated throughout his professional career, was, I have heard him say, accidental, rather than the result of deliberate choice, and I believe he would have found a less restricted line of practice congenial." Certain it is that at an early period of his professional life he became closely associated with Dr. A. J. Sutherland, Physician to St. Luke's Hospital, and used frequently to visit that hospital, where, no doubt, his early studies in insanity were made. Dr. Rawes, now Medical Superintendent of that hospital, writes that Dr. Blandford "was on

friendly terms with Stevens, the then medical superintendent for whom he sometimes took holiday duty," but it does not appear that he held any other official appointment there. In the minute book of the committee of St. Luke's Hospital for October, 1857, Dr. Blandford is described as "Acting Medical Superintendent, and showing his zeal by recommending improvements in the diet of patients." His name first appears in the *Medical Directory* in the year 1860, when his address was Blacklands House, Chelsea. His association at St. Luke's Hospital with Dr. Sutherland, who no doubt thus early detected the promise of eminence in his profession which his after-career fulfilled and saw that by his general culture and qualifications he was exceptionally fitted to deal with the insane of the private class, resulted in his appointment in 1859 as Resident Medical Officer to Blacklands House, then one of the best known of the London private asylums for gentlemen, and owned by Dr. Sutherland. He also assisted Dr. Sutherland in visiting his asylum for ladies at Otto House, Hammersmith, which is still owned by members of the Sutherland family, with whom he was closely associated up to the time of his retirement in 1909, a period of over fifty years. In 1860, while resident at Blacklands House, he took the Membership of the College of Physicians. The appointment lasted till 1863, when he went into private consulting practice in Clarges Street.

On leaving Blacklands House he had become its Visiting Physician, and he continued to act in that capacity to Blacklands House and its successor, Newlands House, Tooting, and to Otto House, Hammersmith, until his retirement from practice in 1909. He was also for many years Visiting Physician to Featherstone Hall, Southall, and to Clarence Lodge, Clapham Park, both private asylums for ladies. From 1874 to 1895 he was the principal proprietor of, and Visiting Physician to, Munster House Asylum, Fulham. When, owing to the growth of London, it became unsuitable for this purpose, Dr. Blandford pulled it down and converted it into a building estate.

He had become a member of the Medico-Psychological Association in 1857, and at the time of his death there was only one of the present members (Dr. Huntley Sankey) who had joined previously. Among his contemporaries at that time were Bucknill, Hack Tuke, Lockhart Robertson, Harrington Tuke, Skae, Sibbald, Maudsley, Rogers, Ley, Paul, and other well-known alienists. For forty-four years he remained a prominent member of the Association, and until a recent date always took an active part in its proceedings, being in course of time a Member of the Council of the Educational and Parliamentary Committees, and in 1877 the President of the Association.

In 1866 he first gave a course of lectures on insanity at St. George's Hospital. They were published in the *Medical Times and Gazette* for that year, and reviews of them were published also in the volumes of the *Journal of Mental Science*. In 1867 he took the degree of M.D. Oxford, and in 1869 he was elected a Fellow of the Royal College of Physicians, the only other Fellow elected in that year whose name still remains in the College list being Dr. Henry Maudsley.

He was closely connected with St. George's Hospital until his resignation of the Lectureship on Psychological Medicine in May, 1902, having lectured for thirty-six years, and was held in the highest esteem by all his colleagues.

His earliest contributions to medical literature appear to have been the lectures on insanity referred to above and an article printed in the *Journal of Mental Science*, vol. xii (1866-7), p. 348, on Dr. Meschede's paper, "Paralytic Insanity and its Organic Nature," which Dr. Blandford abridged from *Virchow's Archiv*. This article shows abundantly the effect of his classical training and his familiarity with current literature both English and foreign. It is written in that clear and convincing style which characterized all his writings. In 1867 he contributed "Clinical Cases of Insanity" to the *St. George's Hospital Reports*. In 1869 he published in the *Journal of Mental Science*, vol. xv, an original article on "Insanity without Delusions," in which he discussed at considerable length the subject of "moral insanity," for which he preferred the term "insanity without delusions." He maintained that in all such cases there was some disorder of intellect. His words were: "I believe that in every case of insanity defect of the ideational—that is, of the

public duty. He was emphatically a good citizen of the country and of the metropolis that he loved so well.

Dr. SAVAGE also writes: "He was in writing as in life a helpful straight man, a good friend and most able adviser. His patients were his friends, and many will miss his sage advice."

Dr. EWART writes: "My own acquaintance with him was almost exclusively limited to the meetings of the Mayfair Medical Book Club, of which he was at the time of its dissolution the oldest member and the chief ornament. He was a great lover of books and a great reader and the extent of his reading was reflected in his conversation which was singularly interesting and instructive. It was at these meetings that I fell under the charm of his personality and acquired a high estimate of his refined kindly and sympathetic nature. To know him well was to love him, and in that sense I may perhaps claim to have regarded him more as a friend than an acquaintance."

**GEORGE EDWARDS JEAFFRESON, M.R.C.S., J.P.,**  
PAST PRESIDENT OF THE EAST ANGLIAN BRANCH OF THE  
BRITISH MEDICAL ASSOCIATION.

THE medical profession of East Anglia and the town and district of Framlingham are distinctly poorer through the death of George Edwards Jeaffreson, which occurred at Framlingham on August 17th. Mr. Jeaffreson, though he had for some years retired from active professional duties, will still live for many a long day in the affection of his friends and former patients who appreciated his professional skill and sterling goodness of heart, which, although covered to some extent by an impetuous disposition, yet never allowed differences of opinion to degenerate into embitterment and estrangement. He was a man of good judgement in professional matters, as well as in public life; his opinions were concisely and positively expressed, but through all his straightforwardness and honesty of purpose were apparent to those who found themselves compelled to differ from him.

George Edwards Jeaffreson was the son of William Jeaffreson, F.R.C.S., of Framlingham. He entered University College as a student at about the same time as another distinguished Framlingham surgeon, the late Sir Henry Thompson, who until shortly before his death used occasionally to visit his birthplace, Framlingham, and his old friend Jeaffreson.

In 1857 Jeaffreson obtained the diplomas of M.R.C.S. and L.S.A., and in due course succeeded to his father's practice. He practised in Framlingham for over forty years, and is now succeeded by his son, Mr. George Cordy Jeaffreson. He represented the East Anglian Branch of the British Medical Association on the Parliamentary Bills Committee from 1883 to 1889, and in 1895 was made President of the Branch, the members of which he entertained at luncheon in the historic grounds of Framlingham Castle. In his presidential address he dwelt particularly on relics of the past, showing obsolete instruments and appliances of earlier days, which aroused considerable interest, but the specially interesting feature to the surgeons present was the ovarian cyst which his father, William Jeaffreson—who was President of the Branch in 1851—successfully removed in 1836, and the instruments with which this, the first successful modern operation of ovariectomy in Great Britain, was performed.

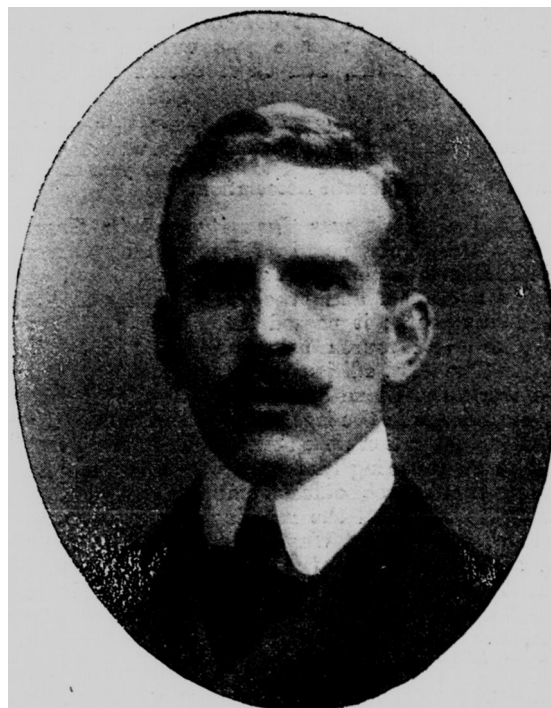
Mr. G. E. Jeaffreson held many offices in his native town, always with success, and he inspired confidence by the keen interest he evinced in everything he undertook and the clear insight he possessed of the real issues in the subject under discussion. He was the Chairman of the first Parish Council for Framlingham, and was the first representative of the Framlingham District on the East Suffolk County Council. He was a Liberal in politics, and was made a Justice of the Peace for Suffolk in 1896. Amongst the benefits conferred by him on his native town may be mentioned a public water supply and shelter near his residence which he generously provided as a memorial to members of his family. He was in his 77th year when he passed away after a very short illness, though he had been failing in health for some time past.

**DAVID KIRKPATRICK COUTTS, M.B., B.S.LOND.,**  
**F.R.C.S.ENG.,**

ASSISTANT SURGEON, NORFOLK AND NORWICH HOSPITAL.

It is rarely that we have to record such a painfully sudden and unexpected death as occurred in Norwich on August 21st, when the city was robbed of a very promising young surgeon in the 30th year of his age. Within five minutes of his death, Mr. Coutts, apparently quite well, was conversing with his wife, when he was suddenly seized with a general convulsion, the result, probably, of some gross intracerebral lesion, previously unsuspected, and passed away unconscious in the space of a few minutes.

Born in Edinburgh in 1882, Mr. Coutts was the only child of Mr. George Sutherland Coutts of that city. He was educated at the Merchant Taylors School in London, from whence he gained an entrance scholarship at St. Thomas's Hospital. After holding the post of House-Surgeon to Mr. C. A. Ballance, he went to the Kasr-el-Aini Hospital in Cairo as Resident Surgical Officer, an appointment he held for two years, during which time he had a large and varied experience in operative



surgery. In January, 1909, Mr. Coutts went to Norwich and succeeded to the practice of Mr. T. H. Morse, who at this time retired. In May of the present year he was elected an Assistant Surgeon to the Norfolk and Norwich Hospital, and although he had held this post for barely three months, he had already amply justified his appointment in the eyes of his colleagues by his skill as an operator. Mr. Coutts leaves a widow and one daughter, to whom we offer our deep sympathy.

**DEATHS IN THE PROFESSION ABROAD.**—Among the members of the medical profession in foreign countries who have recently died are Dr. Emanuel von Hibler, Professor of Pathological Anatomy in the University of Innsbruck, who has fallen a victim to sepsis contracted in the *post-mortem* room; Dr. Gregorio Manca, Professor of Physiology and President of the Medical Faculty of the University of Sassari; Dr. Corrado Bernabei, Professor of Special Pathology in the University of Siena.

THE Factory Girls' Country Holiday Fund (Honorary Secretary, Miss Paget, 28, Campden Hill Square, W.) reports that it has already sent away over 4,000 girls this summer, but that it still has several hundred applicants on its books and its funds are exhausted. The object of the fund is to make arrangements for girls employed in factories to take a week or a fortnight's holiday in the country, the girls paying a considerable portion of the expense. They save a few pence each week towards their holiday, but cannot pay the whole cost out of wages varying from 3s. to 14s. a week.

## Public Health

AND

### POOR LAW MEDICAL SERVICES.

#### REPORTS OF MEDICAL OFFICERS OF HEALTH.

*County Borough of Ipswich.*—The birth-rate of 23.9 per 1,000, and the death-rate from all causes of 13.5 per 1,000, was based upon an estimated population at the middle of 1910 of 75,936, which the census returns have shown to be more than 2,000 in excess of the actual number. As many as 92 per cent. of the total number of births occurring in the borough are notified to the medical officer of health within thirty-six hours. Rather more than 50 per cent. of the births in 1910 were attended by medical practitioners. In some of the tables dealing with the various age periods, Dr. A. M. N. Pringle, the medical officer of health, heads the successive columns "under one year," "over one year and under two years," and so on. The prefix "over" can hardly be correct. The action of the inhabitants of Ipswich in subscribing £15,000 towards a sanatorium fund as a memorial to King Edward VII, will soon render it possible to provide treatment for early cases of tuberculosis. Forty beds will be allocated free of charge to those who are bona fide residents of the town. There will also be twenty beds for paying patients. The pavilion at the Borough Fever Hospital, at present occupied by consumptives, will, whenever available, be utilized for the purpose of providing treatment and education for patients too far advanced to be suitable for the sanatorium proper. Cases also of an infectious nature which cannot be efficiently dealt with at home will be received in the fever hospital. As part of the scheme for dealing with tuberculosis, it is proposed to examine systematically all contacts. Private patients will be dealt with by private practitioners, hospital cases by the hospital staff, Poor Law cases by Poor Law medical officers, while the school medical officer will deal with those children who attend the public elementary schools, and who come from homes known to be infected with tubercle.

*St. Helens County Borough.*—Dr. John J. Buchan records a birth-rate during 1910 of 32.7 per 1,000, and a death-rate from all causes of 14.5 per 1,000. The population, estimated at the middle of the year, was 96,523, which the Census figures have shown to be about 1,000 too many. The rate of illegitimacy in St. Helens is stated to be low, but the evidence of this is not that which is usually accepted. Dr. Buchan should state the number of illegitimate births in proportion to the number of unmarried women and widows living at child-bearing ages, and not the proportion of illegitimate to legitimate births. The infantile mortality-rate has been reduced from 175 per 1,000 births in 1901 to 121 in 1910. This satisfactory condition must be associated with the infant milk depot which was established in 1899 for the purpose of providing those infants who, for some reason or other, were deprived of breast milk, with milk as near akin as possible to their natural food. During all the time the depot has been at work the local authority has not ceased to advocate breast-feeding; and, as a result, the number of infants fed on the breast has much increased. An instructive record has been kept in recent years of the number of infants who are insured. The percentage in 1907 was 81, and in 1910 it was 65. The Notification of Births Act, 1907, came into force in St. Helens in January, 1908. During 1910 a fee of 6d. was paid for each birth in the borough notified by medical practitioners or midwives within the time prescribed by the Act. Where the same birth was notified by a midwife as well as by a medical practitioner, the fee was paid only to the latter. The arrangement of Dr. Buchan's report is excellent, but its value would be much increased if it were indexed.

#### CUBIC SPACE IN CUBICLES.

E.M.—A cubicle in a girls' boarding school should have a cubic space of 800 ft. In a room 10 ft. high this would mean a floor space of 10 ft. by 8 ft., out of which 6 ft. by 3 ft. would be occupied by the bedstead.

#### LUNACY FEES AND SUPERANNUATION.

F. I. F., a workhouse medical officer, asks whether the fees he has received for certifying pauper lunatics for asylum can be regarded as emoluments of his office when his superannuation allowance has to be calculated.

\* \* These lunacy fees, though paid by the guardians, cannot, we are advised, be reckoned towards superannuation.

#### EDUCATION COMMITTEES AND RINGWORM.

X.Y.Z. sends us a card issued to the parents of children suffering from ringworm by the Derbyshire Education Committee, and asks our opinion of the action of the committee in recommending definite treatment. The card first states that a doctor should be consulted, and until his advice is obtained tells the parents what to do—for example, to cut the hair, wash the patch with soft soap and hot water, and disinfect with izal, cyllin, or kerol solution, a teaspoonful to a pint. So far no exception might be taken to the card, but when it

goes on to recommend various ointments it seems to us to be going beyond what is wise or necessary, and something that will tend to prevent the doctor being consulted, which no doubt was not the intention of the committee.

#### TENURE OF MEDICAL OFFICERSHIP OF HEALTH.

*SQUILLS.*—In the case of a medical officer of health appointed in April, 1911, for a period of two years no reappointment will be required at the end of that period, unless three months prior to the expiration of his appointment—that is to say, in January, 1913, the electing authority give him three months' notice to terminate his appointment. Otherwise, he will hold office for a further period of one year from April, 1913, and he will continue to hold office year by year, unless notice of termination is given by the authority in the January of any succeeding year. At any time the authority may decide to appoint him without reference to time, in which case his appointment could only be terminated with the consent of the Local Government Board.

#### REMUNERATION FOR WORK DONE BY DISTRICT MEDICAL OFFICERS.

D. M. O. asks what would be reasonable remuneration for his work as a Poor Law medical officer to a district of 11,747 acres, with a population of 20,532, his visits to patients outside a mile circuit being quite few. He also asks if the dispensing of drugs, etc., is in every union included in the contracts of the medical officers, or whether in some districts other arrangements are made.

\* \* It is almost impossible on the information given to form an opinion as to what would be proper remuneration for the work done by our correspondent. As this varies so much in different districts, he must himself be the better judge as to what he ought to be paid for the work he finds he has to do. We think, however, that he has very good grounds for applying for an increase of salary, as the population has so increased as to amount at the present time to 20,532, this being greatly in excess of 15,000 usually regarded as the maximum which should properly be assigned to the care of any one district medical officer. We believe it is still the usual practice for the supply of medicines by district medical officers to be one of the conditions of their contracts made with the guardians.

## Medical News.

DR. ERNEST C. FISCHER, Professor of Ophthalmology, at the School of Medicine, Cairo, has received the King's permission to accept the Third Class of the Imperial Ottoman Order of the Medjidieh, conferred upon him by the Khedive of Egypt in recognition of valuable services rendered by him.

MESSRS. MEISTER, LUCIUS AND BRÜNING, 51, St. Mary Axe, E.C., have issued a pamphlet on *Salvarsan*, which they offer to supply free to members of the medical profession. It contains notes on the chemistry, pharmacology, and dosage of the drug, abstracts of a number of clinical reports, and a bibliography.

A SANATORIUM for the use of the people of Shropshire was formally opened recently by Princess Alexander of Teck. It has been erected on a site, given by the late Lord Forester, lying at an elevation of 700 ft. above sea-level, about three miles from Much Wenlock. The country around is well wooded, and immediately behind the buildings, whose grounds extend to twenty acres, is a thick belt of fir trees which protect them from the north. In addition to officers' quarters, dining-rooms, and an administrative department, the buildings provide for thirty patients, and can be extended, if required, to accommodate thirty more. Economy as well as efficiency of structure was kept in view throughout, and the total cost of erection and equipment will not exceed £11,000. Towards this sum £9,500 have already been provided by public subscription. Reliance is also placed on public subscriptions for about half the estimated annual cost of maintenance—£2,000—payment by patients being expected to cover the balance. Among those presented to Her Royal Highness on the occasion of the opening ceremony were Mrs. Rowland Hunt, whom Lord Powis, the chairman on the occasion, introduced as the pioneer of the tuberculosis movement in Shropshire, Drs. J. M. McCarthy and R. H. Urwick, who were respectively the vice-chairman and honorary secretary of the committee which collected the funds and arranged for the erection of the building, Dr. Pearce, who has been appointed resident physician to the institution, and Mrs. Staines, the matron.