

## Memoranda:

### MEDICAL, SURGICAL, OBSTETRICAL.

#### ACUTE ANTERIOR POLIOMYELITIS AND LANDRY'S PARALYSIS.

I HAVE had in my practice this summer three cases of acute anterior poliomyelitis and one of Landry's paralysis. Two of the cases of acute anterior poliomyelitis occurred in children under 12 months of age, and were characterized by very extensive paralysis in the limbs, with weakness of the back and neck. In each case marked improvement resulted, but more or less permanent paralysis of one leg has remained, the other limbs completely recovering. The third case was a girl of 18 years, commencing with a sore throat and high temperature, followed a week later by paralysis of one leg and some weakness of the back. The leg remains almost completely paralysed. The case of Landry's paralysis occurred in a man of 50, and was fatal in three weeks.

The pathology and symptomatology of Landry's paralysis presents many points of similarity to those of acute anterior poliomyelitis, and possibly they are closely related. All the cases occurred during the hot months of July, August, and September.

Halifax.

F. G. HACK, M.B., Ch.B.

#### RECURRENT ATTACKS OF BLACKWATER FEVER.

On April 12th, 1911, I was called in to see a carpenter, A. C., aged 34, who was suffering from an attack of blackwater fever—the second since his return to England in November, 1910. He had been ill twenty-four hours before I saw him, and commenced with a rigor followed by sweating. Vomiting appeared soon after. His temperature on my arrival was 101°, the abdomen was tender, and the liver and spleen distinctly palpable. Vomiting of bile-stained material was incessant; the urine was porter-coloured. I used  $\frac{1}{2}$  grain morphine suppositories, and ordered one pint saline by rectum every two hours, and a mixture of bismuth, soda, and hydrocyanic acid by the mouth every four hours. This treatment seemed to relieve the vomiting somewhat, and the patient dozed for an hour or two during the night.

The next day vomiting was as bad as ever, and the patient became jaundiced. Calomel was given and saline infusion under the breast as well as by the rectum. The urine looked like pure blood.

The following day nutrient enemata were tried, but were returned each time, so that the saline injections only were continued. An occasional dose of medicine was retained, but vomiting was still extremely distressing, milk and soda water being rejected, and the patient complained of thirst. The temperature was 101.5°, and the urine deeply coloured. The patient was wasting rapidly; he was very drowsy, but would answer questions. He looked so ill that several times I thought he was dead. The vomiting continued until the seventh day; the urine became clear on the fifth day, and after this the patient had Benger's food, and occasionally retained a little. After the vomiting ceased improvement was rapid, food was taken, and the man was able to sit up. On April 26th the jaundice had disappeared; he looked anaemic, and complained of pain after food. Lactopeptine (10 grains) before each meal was ordered, and no further trouble was complained of. I saw him in the middle of June riding a bicycle and looking quite well. The history I obtained was as follows: The man had been abroad nine years; first on the West Coast of Africa, then Panama, and latterly at Portobello. Whilst at these various stations he had "dozens" of attacks of malaria and two of blackwater fever; the last of which caused him to be invalided home. On the way he was so seriously ill that he was sent into hospital at Barbados for a fortnight, and then continued his journey to West Hartlepool. Three weeks after he landed, he had an attack of blackwater fever again, which laid him up for a week. Since then he had been fairly well up to the time of this last seizure, which he said was the most severe he had ever had. I regret that no blood examination was made. The temperature was possibly high the first day,

but I never found it more than 101.5°. No quinine was given.

Doncaster.

E. J. CHAMBERS, M.R.C.S., L.R.C.P.

#### TEMPERATURE IN CROUPOUS PNEUMONIA.

In the *BRITISH MEDICAL JOURNAL* of July 1st, 1911, Dr. Downing describes a case of acute croupous pneumonia, occurring in a night worker, during the course of which the temperature assumed an inverse type. On May 5th, 1911, I had under my care a chowkidar (night watchman) suffering from a similar attack. For some days previous to admission to hospital he apparently had been fighting the attack. All the classical symptoms and physical signs characteristic of pneumonia were present save the temperature, which was upset in a manner very similar to that in Dr. Downing's case.

The actual thermometer findings were as follows:

Date.	Morning.	Evening.
May 5th ... ..	98.2°	102°
May 6th ... ..	100°	98°
May 7th ... ..	101°	98.3°
May 8th ... ..	101.2°	97.9°
May 9th ... ..	98.2°	97.9°

This table illustrates the unusual irregularity of the fever throughout the disease and the marked inverse character of the temperature. The crisis occurred during the hours of the morning and early afternoon, rather than, as is more usual, during the night.

That an "inverse" occupation—namely, night work and day sleep—should produce an inverse type of temperature in disease is a feasible solution of the above temperature phenomenon, since it is well known that in such people during health the temperature also tends to become inverse.

So also, since the crisis in pneumonia seems usually to occur at a time when the symptoms are most trying and the temperature is highest, it might, in night workers, be expected to occur during the morning hours when the fever has reached its maximum, rather than during the evening hours when it is at a minimum. I cannot understand how night work could explain the unusual irregularity present in both this and Dr. Downing's case.

A chowkidar's occupation involves no great physical strain. It merely consists in staying awake at night to watch the sahib's bungalow and sleeping throughout the day, an occupation quite sufficient, I think, to inversely upset the temperature chart during not only health, but also disease.

R. W. G. HINGSTON, M.B.,  
Indian Medical Service.

Changli Gali, India.

#### COMPLETE INVERSION OF THE UTERUS.

On June 3rd, 1911, I was called to Mrs. L., who had just been delivered of a perfectly normal healthy male child. A midwife in attendance, finding herself in difficulties, had summoned my colleague Dr. Morrow to her aid. Upon my arrival I was informed by Dr. Morrow that the uterus was completely inverted, and that he had just succeeded in stripping an adherent placenta from it. The patient was suffering from profound shock, and had lost much blood.

I hurriedly sterilized my hands and set to work to reduce the uterus, which was a task of some magnitude. The os could be distinctly felt through the abdominal wall just below the umbilicus, and was firmly contracted. I first tried reduction by the orthodox method, beginning with one of the cornua, but, after a fair trial, was unable to succeed. Reduction was, however, effected with some difficulty by the following method: With my left hand on the abdomen I succeeded in dilating the os sufficiently to enable me with my right hand to tuck in a small portion of the uterus immediately adjacent to the cervix; having done this, the rest of the uterus easily followed. I then gave a hot douche of sterile water, elevated the foot of the

bed, and a dessertspoonful of brandy was administered by the mouth; two pints of normal saline was injected into the rectum. The patient gave some anxiety for a few days, but subsequently made a good recovery.

My only apology for the publication of this case is its rarity, and that the orthodox method of reduction is not always the easiest nor the best. My thanks are due to Dr. Morrow for his kind assistance.

Cape Colony.

A. L. GURNEY, M.B., Ch.B. Edin.

### INTESTINAL STASIS.

At the present time, when the evils of what was formerly called chronic constipation are so fully realized, one may be pardoned for calling attention to a treatment which, in my experience, has been very largely successful. Allied to massage, I should rather describe it as effective *propulsive* kneading of the bowel. The benefit received may be largely due to the displacement of accumulated flatus, thus allowing a period of rest to the overtaxed muscular coat. The treatment should be carried out every morning before the patient rises or takes food. In the absence of all suspicion of former or latent appendix trouble, the kneading may be gently commenced over the caecum. Both hands must be used, one following the other, half closed, deeply and slowly, as though to prevent a back flow, and continuing without once removing both hands, or relaxing the pressure over the whole course of the ascending transverse and descending colon, a propulsive movement in this direction being maintained. It is necessary to see that whoever undertakes to carry out the treatment thoroughly understands what is required, and is able to do it; and, further, to exact a promise that the morning kneading shall be continued without intermission for one month, even though the bowels begin to act regularly before this period has expired. The kneading should occupy about ten minutes, and the course of the colon should be traversed four or five times.

The remarkable manner in which the bowel may recover its tone, even in long-standing cases, is noteworthy. A Miss B., aged 30, had obstinate constipation for nine years, the bowels acting very slightly every five or six days unless relieved by an enema. Miss B.'s sister was taught to knead the bowel. Three weeks later the bowels began to act naturally. Two years later, when I saw the patient, there had been no relapse.

Personally, I am convinced that the paresis is largely dependent upon more or less constant overstretching of the lumen of the bowel by gas, and that this is favoured by excess of fruit or green vegetables in the diet. Doubtless atonic dyspepsia may often be a starting point of the condition, and an acid mixture containing strychnine would be useful. The patient should solicit an action of the bowels daily after breakfast, and may be assured of recovery with patience and perseverance. No purgative should be allowed during the treatment.

Thaba 'Nehu, South Africa.

FRANK ELVY.

## Reports

ON

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

#### KIMBERLEY HOSPITAL.

FOREIGN BODY IN THE APPENDIX: GALL STONES:  
APPENDICECTOMY FOLLOWED BY  
CHOLECYSTECTOMY.

(By E. OLIVER ASHE, M.D. Lond., F.R.C.S. Eng.,  
Surgeon to the Hospital.)

THE following case shows how the presence of two distinct abdominal diseases may make exact diagnosis a matter of great difficulty.

The patient, a healthy-looking, muscular man of 33, was first seen on May 23rd, 1910. He was confined to bed, and complained of a severe pain in the right iliac region, which had come on suddenly early in the morning, and of a

dull pain in the right hypochondrium which he had had for some days. He felt sick, but had not vomited; the bowels had acted that morning after the pain began, and had been acting regularly and well for some time. The temperature was 99.5°, the tongue was slightly coated, and the pulse and respiration were a little quickened. There was no jaundice or discoloration of the urine.

For about two years he had had many similar attacks, at first slight and infrequent, but latterly they had become more severe and more frequent, the present one being the most severe of all. In nearly all the attacks the double pain had been present, sometimes beginning in the iliac region and radiating up to the hypochondrium, and sometimes just the reverse. Very rarely the pain confined itself to the one region only. Frequently it came on suddenly, but at times began gradually, and usually it seemed just as acute in one situation as the other. In a few of the attacks he had vomited, but he had never been jaundiced, had a rigor, or been badly constipated.

The abdomen was slightly distended, and was tender all up the right side, more so below than above. Deep pressure over the gall bladder was painful, but not severely so. There was rigidity of the muscles over the appendix region, and a suspicion of hardening beneath them, but only very light pressure could be borne here.

The diagnosis seemed to lie between hepatic colic and appendicitis, though both together were possible, but the muscular rigidity over the appendix and the special tenderness in that region decided me in favour of appendicitis.

The patient was taken to hospital, and his appendix was removed on May 24th, 1910, the Battle incision being used. The appendix was found to be acutely bent at its middle to an angle of about 20 degrees, the bend being surrounded by firm adhesions. The tip was swollen and congested, and contained a grape stone. The gall bladder was examined from the same wound, and proved to be very tense and thick, but owing to this tenseness no definite gall stones could be made out. The wound was closed without drainage, and the patient made a quick and uneventful recovery.

For about ten months he enjoyed perfect health without any return of pain, but on March 18th, 1911, he was suddenly seized with acute right hypochondriac pain, and this was accompanied by vomiting. There was great tenderness over the gall bladder, but neither pain nor tenderness in the appendix region.

Palliative measures, including morphine subcutaneously, were used, and the pain quite disappeared; but on the evening of March 20th it returned with increased severity. The gall-bladder region was therefore explored on March 21st. The gall bladder, as before, was found to be tense and thick, and was evidently full of stones, so cholecystectomy was done without opening it. This wound was also closed without drainage, and the patient made an even better recovery than before.

The gall bladder was  $\frac{1}{2}$  in. thick, and contained 85 stones, some of the largest the size of a bean, not faceted but rounded and nodular.

During this convalescence an interesting incident occurred. On April 11th he had a sudden very severe attack of pain, exactly like the old gall-stone pain. The pain was so severe that a morphine hypodermic had to be given. After this he fell asleep, and when he awoke the pain had gone, and has never returned. This seemed like a typical attack of hepatic colic, so much so that I wondered whether I had overlooked a stone in one of the ducts; but as no stone could be found in the stools, and the pain did not return, I concluded that it must have been caused by the detachment and passage down the common duct of a blood clot which had formed at the time of the cholecystectomy.

THE Chelsea Clinical Society began its fifteenth session on October 17th, when its retiring president, Dr. T. W. Parkinson, presented the society with a presidential badge, and the new president, Dr. J. A. Mansell-Moullin, delivered an opening address, dealing with hysterectomy and its influence on gynaecological surgery. In future the society will hold its meetings, not in Chelsea itself, but in the club-rooms of St. George's Hospital Medical School, which have been kindly placed at its disposal. The present honorary secretaries of the society are Drs. J. F. Halls Dally and Kenneth Eckenstein.

genuine medical practitioners are not allowed to advertise, and that those who do advertise are not on the *Register*, nor doctors in the eyes of the law; also that no remedy or curative system publicly flaunted as a cure-all can possibly have anything to do with legitimate medicine? Presumably the stock exchanges do not incur any legal liability for so advertising, so that I do not see any reason why the British Medical Association should not do the same, particularly as it has now undertaken to warn men against "sweated" appointments. An advertisement of the book *Secret Remedies* might appropriately accompany the notices.—I am, etc.,

"G. P."

## Obituary.

ALFRED PETER HILLIER, B.A. CAPE UNIV., M.D. ED.,  
M.P. FOR THE HITCHIN DIVISION OF HERTS.

By the death of Dr. Hillier the medical profession has lost a member who had played a considerable part in public life. He was a man of large knowledge in various fields and of wide experience not only in his profession but in general affairs; this gave him a position in Parliament which it will not be easy to fill.

Alfred Peter Hillier was the son of Mr. P. Playne Hillier, of Shortwood, Gloucestershire, and was born in 1858. He was educated at King William's College, and went out to South Africa at an early age to learn ostrich farming. Studious and ambitious, he graduated B.A. at the Cape University in 1877. In 1878 and 1879 he served as a trooper with the Colonial forces during the Gaike-Galeka war and obtained the medal and clasp. He then studied medicine in the University of Edinburgh, where he graduated as M.B., C.M. in 1882, becoming M.D. in 1884. After holding the posts of House-Surgeon to the Royal Maternity Hospital, Edinburgh, and the Weston-super-Mare Hospital, he returned to South Africa, and became Resident Surgeon at East London, and afterwards Resident Surgeon and Honorary Visiting Surgeon to the Kimberley Hospital, and was associated in practice with Dr. (now Sir Leander Starr) Jameson. In 1893 he was President of the South African Medical Congress, and in the same year settled in Johannesburg, and turned his attention to Transvaal politics. He was a prominent member of the Reform Committee, and was among those politicians who were committed by President Kruger to Pretoria Gaol, from which he was released in 1896 on payment of a fine of £2,000. In the previous year he had been Vice-President of the Transvaal Medical Society, and among other appointments he held in South Africa was Surgeon to the Frere and Kaffrarian Rifles. His experiences in South Africa were set out in several works, including *The Antiquity of Man in South Africa and Evolution, Raid and Reform* (1897), and *South African Studies* (1900). He also before returning to England published a volume of short stories entitled, *In the Veldt*. In 1897 he settled in London, and while retaining his interest in South African affairs, as is evidenced by the fact that he contributed a number of articles on the subject to the *Encyclopædia Britannica*, he gave particular attention to the study of tuberculosis. He was for some time Secretary of the National Association for the Prevention of Consumption, and was one of the delegates appointed by the then Prince of Wales to the Berlin Tuberculosis Congress of 1899, and was afterwards Consulting Physician to the London Open-air Sanatorium. He was Honorary Secretary of the Reception Committee of the British Congress on Tuberculosis in 1901, in which capacity he did much to make the congress a success. It was largely due to Dr. Hillier's energy that the friendly societies became interested in the prevention of consumption. He took several of the societies' officials to Germany to see sanatoriums, and as a result the Benenden Sanatorium was founded. In 1900 Dr. Hillier published a useful book on *Tuberculosis, its Nature, Prevention, and Treatment, with Special Reference to Open-Air Treatment of Phthisis*, and in 1903 another book on the *Prevention of Consumption*. His last work was a study of the fiscal question entitled, *The Communal, or the Federal System of*

*Political Economy*. In 1900 he contested Stockport in the Conservative interest, and in 1906 he stood for South Bedfordshire, but on both occasions was unsuccessful. He retired from practice at about this time, and settled in Hertfordshire. He was selected as the Conservative candidate for the Hitchin Division. He was effective as a public speaker, and his genial manner helped to win him wide popularity. At the election of 1910 he won a remarkable victory, being returned by a large majority, and retained his seat at the ensuing General Election. He was always listened to in the House of Commons, where he spoke fairly frequently; and during the debates on the National Insurance Bill, of which he had made a careful study, mainly with the view of securing favourable terms for the profession, he was able to speak with special authority. Not long ago he drew the attention of the House and the country to the falling-off in the amount of vaccination by raising a debate on the subject in an excellent speech, upon which we commented in a leading article published in the *JOURNAL* of April 29th, 1911. He made many friends during his short career in the House, and his death is sincerely regretted by them as well as by his friends in the medical profession, of whose interests he was a vigorous supporter, and in his own constituency.

Dr. Hillier married in 1885 the daughter of Mr. F. B. Brown, of Queenstown, Cape Colony, and leaves a son and two daughters.

JAMES NAIRN McDUGAL, M.D. EDIN.,  
COLDINGHAM, BERWICKSHIRE.

DR. JAMES NAIRN McDUGAL, of Coldingham, died on October 12th. He had been ailing for some time, and for the last three months had been entirely confined to his bedroom.

Dr. McDugal took the degree of M.D. Edin. in 1860, and the diploma of L.R.C.S. Edin. in the following year. He was a physician of long experience and more than ordinary skill; a man beloved and revered by the folk of Berwickshire, and held in the highest respect by those of the medical profession privileged to know him. For over forty years Dr. McDugal laboured among the Coldingham people and knew them as did no other person. He was more than a physician to them; his help extended beyond professional aid and skill, and his secret deeds of charity brought comfort and help to many sufferers.

Dr. McDugal was a man of many parts—education, Church matters, volunteering, and all things for public good claimed his attention. Dr. McDugal was a voracious reader and his library was remarkably well stored, and the most recent works on medical and other subjects were to be found in it. Dr. McDugal's friends included such men as the late Professor Annandale, the late Dr. Joseph Bell, Professor Caird, Dr. Berry Hart, Dr. Sim (all of Edinburgh), Dr. Fairbairn (St. Thomas's Hospital, London), Rev. Principal Fairbairn (Mansfield College, Oxford), and many others. Dr. McDugal retired from practice five years ago, and was on that occasion presented by his many friends with his portrait in oils and with a brougham. He was J.P. for Berwickshire, and had held the appointment of M.O.H. for Coldingham.

Dr. McDugal's death is lamented by the people of the Berwickshire village in which he laboured so willingly and assiduously. Coldingham cannot remember being without Dr. McDugal, and in every scheme for its welfare he took a foremost part. He was ever ready to support every good cause, and he will be missed when good causes are seeking support and he is no more.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are: Dr. Emil Emmert, Lecturer on Eye Diseases in the University of Berne, aged 66; Dr. Nicolas, Surgeon to the Hospitals at Marseilles; Professor Julius Caspary, Director of the Dermatological Clinic of the University of Königsberg since 1905; Geheim Medizinalrat Dr. Aschenborn, Assistant in the Medical Department of the Prussian Minister of the Interior, aged 60; and Dr. Getto, of Deidesheim, believed to be the oldest medical practitioner in Germany, aged 98.

## Medical News.

THE Royal Institute of Public Health has accepted the invitation from the Ober-Burgomeister of Berlin to hold its annual congress in 1912 in that city. The congress will meet under the presidency of Earl Beauchamp, the First Commissioner of Works, from July 25th to 28th inclusive. A committee to make the necessary local arrangements has been formed consisting of representatives of the Ministry of the Interior, the Imperial Board of Health, the City of Berlin, the Medical Department of the Head Quarters Staff of the Army and Navy, the University of Berlin, and the medical and hygienic societies in Berlin. Members will be afforded opportunities for visiting the various public health and educational institutes in Berlin, and the occasion will offer an opportunity to representatives of county councils, municipalities, and other sanitary authorities in the United Kingdom of making themselves practically acquainted with German sanitary institutions. The business of the congress will be conducted in five sections:—*State Medicine*: President, Sir T. Clifford Allbutt; *Bacteriology and Comparative Pathology*: President, Professor G. Sims Woodhead; *Child Study and School Hygiene*: President, Sir James Crichton-Browne; *Military, Colonial, and Naval*: President, Major Sir Ronald Ross; *Municipal Engineering, Architecture, and Town Planning*: President, P. C. Cowan, M.Inst.C.E., Chief Engineer of the Local Government Board of Ireland. The officers of the congress and its sections will include German representatives holding distinguished scientific and municipal positions.

THE usual monthly meeting of the Executive Committee of the Medical Sickness, Annuity, and Life Assurance Society was held at 429, Strand, London, W.C., on October 20th, Dr. de Havilland-Hall in the chair. The records of the business of the society during the current year show that the sum disbursed in claims is well under the amount anticipated and provided for in the table of contributions. A margin of this kind has been produced by the business in almost every year of its working since it started operations in 1884, but there is a distinct tendency shown for this margin to decrease relatively to the growth of the business. As the experience of all sickness societies would lead to this result being anticipated, the Committee has not treated the whole of this margin as divisible surplus, but has set aside a substantial portion of it to meet future increases of the sickness claims. From other sources of profit, however, the society has obtained a considerable surplus, and has thus been enabled to grant liberal bonuses to the members. A profit is made every year on the interest earned by the funds—now amounting to about a quarter of a million sterling—and the economical manner in which the operations of the society have been always conducted leaves a considerable margin on the 10 per cent. allowed by the rules for management expenses. Although, therefore, the amount paid away in claims, and especially in the claims paid to those who are permanently incapacitated is still growing, the financial resources of the society are ample to meet every claim that can be reasonably anticipated. Prospectuses and all further particulars on application to Mr. F. Addiscott, Secretary, Medical Sickness and Accident Society, 33, Chancery Lane, London, W.C.

## Universities and Colleges.

### UNIVERSITY OF OXFORD.

THE following degrees have been conferred:

D.M.—E. L. Kennaway.  
B.M., B.Ch.—J. F. Penson and E. L. Pearce-Gould.

### UNIVERSITY OF CAMBRIDGE.

THE following degrees have been conferred:

M.B., B.C.—A. G. Atkinson.  
M.B.—H. G. Greaves, A. E. M. Woolf.

### UNIVERSITY OF LONDON.

#### KING'S COLLEGE.

#### *Special Advanced Lectures in Physiology.*

A COURSE of four lectures will be delivered in the Physiological Laboratory, King's College, London, by Dr. F. S. Locke, on *Energetics*, at 4.30 p.m., on the following Mondays: November 13th, 20th, 27th, and December 4th, 1911.

The syllabus of the lectures is as follows: *Modern Energetics*: The work of Helm, Ostwald, and others. The factors of energy, intensity, and capacity. The laws of energetics in relation to living matter. The energetic characteristic of living matter. Energetic model of living matter and its various functional modifications. The energetics of the metabolism of the entire organism. The work of Rubner, Atwater, and others. The law of equal surface. The law of isodynamy. The energetics of growth and age. The energetics of the metabolism of isolated organs, voluntary muscle, heart, kidney.

The lectures are free to all members of King's College, London, to all internal students of the University of London, to all medical students in London, and to all medical men on presentation of their cards.

### UNIVERSITY OF SHEFFIELD.

THE Council at its meeting on October 27th made the following appointments: (1) Mr. Percival E. Barber, B.A., M.R.C.S., L.R.C.P., to the Professorship of Midwifery. (2) Mr. Miles H. Phillips, M.B., F.R.C.S., to the post of Lecturer in Gynaecology. (3) Mr. Mackenzie Douglas, M.A., M.D., to the post of Junior Demonstrator in Pathology. (4) Mr. P. F. Kendall, B.Sc., to the post of Assistant Curator of the Zoological Museum.

At the same meeting Emeritus Professor R. J. Pye-Smith was appointed to represent the university on the General Medical Council.

### UNIVERSITY OF EDINBURGH.

#### GENERAL COUNCIL.

THE statutory half-yearly general meeting of the General Council of the University of Edinburgh was held on October 27th.

#### ASSESSORS.

The first business was the election of two Assessors to the University Court, in place of Dr. R. McKenzie Johnston, whose period of office expired on October 27th, and Dr. Joseph Bell, deceased. Dr. McKenzie Johnston was eligible for re-election. It was unanimously agreed to appoint Dr. McKenzie Johnston and George Andreas Berry, M.B., C.M., LL.D., President of the Royal College of Surgeons.

#### *The late Dr. Joseph Bell.*

The report of the Business Committee contained a tribute to the late Dr. Joseph Bell, as follows: A great surgeon, who graduated in this university fifty-two years ago, Dr. Bell was latterly better known within the walls of his *Alma Mater* as one of the General Council's representatives on the Court of the University—a position which he occupied at the time of his death, and for sixteen years previously. In February Dr. Bell was taken seriously ill, and though he improved sufficiently to be moved to the country and to enjoy life in a quiet and very restricted manner, he was obliged to give up his work and most of his appointments. It is, however, characteristic of his devotion to what he considered his most important duty that he refused to absent himself from his university duties, and in defiance of his advisers and against the wishes of his family, he motored from the country during the summer months to attend the meetings of the Court, and was present at the last meeting in July. During the long period of years in which he served his university so faithfully, and the interests of the General Council with so much ability and devotion, it is well known that he never allowed personal convenience or professional engagements to interfere with the onerous duties associated with the Court and its committees. His death is so recent that it is difficult as yet to estimate at its true worth the influence which Dr. Bell exercised in university matters, or to realize the full extent of our loss. A scholar himself, he was deeply interested in educational matters, and more especially in medical questions affecting the university was his ripe experience and wide knowledge of special value. Amongst other services which he rendered to the university was that of acting as a Curator of Patronage. The undergraduates also owe him much for his useful assistance on the Athletic Club and other student societies. Dr. Bell was a many-sided man of conspicuous ability. He had great business capacity, a sound judgement, a natural quickness of thought and perception, combined with a clear crisp mode of expression, which rendered him invaluable in forwarding the masses of business which come before the Court at every meeting. His kind, genial face will be sadly missed by his colleagues in the University Court, while his eminent and highly-appreciated services on behalf of the General Council will cause his name ever to be remembered with gratitude and affection.

#### *Diploma in Psychiatry.*

The university has recently decided to grant a Diploma in Mental Diseases or Psychiatry, and regulations have been drawn up which came into force at the beginning of the present session. The diploma was intended to meet the requirements of those who proposed to devote themselves to this special branch of medicine. Under the powers conferred by the recent medical ordinance, this diploma will be open to any registered medical practitioner who completes the necessary course of study. Under the previous ordinance such diplomas could only be conferred on graduates in medicine of this university. The course of study will extend over one academic year. During a period of three years from this date candidates for the diploma who have held responsible positions in asylums for not less than two years may be exempted from the course of study in one or more subjects of the curriculum.

*New Lectureships.*

The following new lectureships have recently been instituted in the university, and lecturers appointed thereto:

1. *Genetics*: A. D. Darbishire, M.A. (in the department of Zoology). 2. *Mycology and Bacteriology*: Malcolm Wilson, B.Sc. (in the department of Botany). 3. *Comparative Anatomy*: Professor O. C. Bradley, M.D., D.Sc.

*Gifts.*

The following additions to the equipment of the university were announced:

Bequest by the late Professor Daniel J. Cunningham of his medical and scientific books for the use of the department of anatomy.

Gift by Emeritus Professor Alexander Crum Brown, for the use of the department of chemistry as a class library, the books lent by him for the same purpose on his retiral from office.

Gift by Emeritus Professor John Chiene, C.B., of his private surgical museum, diagrams, and laboratory apparatus.

Gift by Dr. Henry Barnes, Carlisle, of a marble bust of William Harvey.

*Statistics.*

The number of members of the General Council on December 31st, 1909, was 10,886; on December 31st, 1910, it was 11,241.

The total number of matriculated students of medicine in six selected sessions was as follows:

1889-90	...	...	...	...	2,003
1897-98	...	...	...	...	1,405
1900-1	...	...	...	...	1,364
1907-8	...	...	...	...	1,487
1908-9	...	...	...	...	1,440
1909-10	...	...	...	...	1,377

*RECTORIAL ELECTION.*

After a rather violent election contest, the Earl of Minto was on Saturday, October 28th, chosen, by a majority of 222, Lord Rector of the University of Edinburgh.

*ROYAL COLLEGE OF PHYSICIANS OF LONDON.*

A COMMITTEE was held on Thursday, October 26th, Sir Thomas Barlow, Bart., K.C.V.O., President, being in the chair.

*Admission of Members.*

The following gentlemen, having passed the necessary examination, were admitted Members of the College:

Francis Graham Crookshank, M.D.Lond., L.R.C.P.; George Harold Cross, M.B.Oxon.; Elkin Percy Cumberbatch, M.B.Oxon.; Robert Skeoch Frew, M.D.Edin.; Horace Bryden Hill, M.B.Lond., L.R.C.P.; Edwin Walter Routley, M.D.Brux., L.R.C.P.; Percy Edward Walton Smith, M.B.Sydney; John Aldren Wright, M.D.Camb.

*Licences.*

Licences to practise physic were granted to 83 gentlemen who had passed the requisite examinations.

*Communications.*

The following communications were received:

1. From the Royal College of Surgeons of England, dated July 27th and October 13th, reporting proceedings of the Council of that College upon July 27th and October 12th last.

2. From the Dean of the Faculty of Medicine, Edinburgh University, dated July 27th, reporting that the Murchison Memorial Scholarship had been awarded to Mr. Walter Quarry Wood.

3. From the Librarian of the University of St. Andrews, dated September 28th, thanking the college for a gift of books.

*Announcements.*

The President announced: (1) That the nineteenth Jenks scholarship had been awarded to Mr. Arthur Lloyd Davies. (2) That Sir David Bruce, being unable to undertake to deliver the Croonian Lecture in 1913, Dr. Dixon Mann had been appointed to take his place.

*Reports.*

The President reported on the celebration of the 500th anniversary of the foundation of the University of St. Andrews, on which occasion he was the delegate of the college. The Registrar (Dr. J. A. Ormerod) read the excellent Latin address which he had written for presentation on the same occasion.

A report was received from Dr. J. StClair Thomson concerning the Third International Congress of Laryngology and Rhinology.

A report was received and adopted from the Committee of Management dated October 3rd. The report recommended that the County School, Carnarvon, and Repton School should be added to the list of institutions recognized by the Examining Board in England for instruction in chemistry and physics.

The audited accounts of the college for the year ending September 29th, 1911, and the quarterly report of the College Finance Committee were received and adopted.

*Committee of Management.*

Dr. J. A. Ormerod was re-elected a member of the Committee of Management.

*The Library.*

The Harveian Librarian (Dr. Norman Moore) presented a list of books and other publications which had been presented to the Library during the past quarter, and the thanks of the college were ordered to be returned to the donors.

## Letters, Notes, and Answers.

COMMUNICATIONS respecting Editorial matters should be addressed to the Editor, 429, Strand, London, W.C.; those concerning business matters, advertisements, non-delivery of the JOURNAL, etc., should be addressed to the Office, 429, Strand, London, W.C.

AUTHORS desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL are requested to communicate with the Office, 429, Strand, W.C., on receipt of proof.

ORIGINAL ARTICLES and LETTERS forwarded for publication are understood to be offered to the BRITISH MEDICAL JOURNAL alone unless the contrary be stated.

CORRESPONDENTS who wish notice to be taken of their communications should authenticate them with their names—of course not necessarily for publication.

CORRESPONDENTS not answered are requested to look at the Notices to Correspondents of the following week.

MANUSCRIPTS FORWARDED TO THE OFFICE OF THIS JOURNAL CANNOT UNDER ANY CIRCUMSTANCES BE RETURNED.

TELEGRAPHIC ADDRESS.—The telegraphic address of the EDITOR of the BRITISH MEDICAL JOURNAL is *Artitology, London*. The telegraphic address of the BRITISH MEDICAL JOURNAL is *Articulate, London*.

TELEPHONE (National):—

2631, Gerrard, EDITOR, BRITISH MEDICAL JOURNAL.

2630, Gerrard, BRITISH MEDICAL ASSOCIATION.

2634, Gerrard, MEDICAL SECRETARY.

*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.

E. J. D. asks for the best treatment, internal or external, for slight persistent psoriasis in a young lady; parents perfectly healthy.

DR. J. D. WILLIS (Nottingham), referring to the portraits of "Quacks" in the issue of May 27th, asks if any reader of the JOURNAL could put him in the way of obtaining portraits of other such celebrities.

### RECURRING URTICARIA.

COUNTRY PRACTITIONER would be glad to hear of any treatment for the following case: A boy aged 5 years suffers from recurring attacks of urticaria. For five days of the week he is quite free; on the evening of the fifth day his temperature begins to rise; on the sixth and seventh day his body is covered with an urticarial rash, with itching, etc.; temperature remains at about 102° F. during these two days, then after profuse perspiration the rash disappears and temperature becomes normal and remains so for the next five days, when the above symptoms are again repeated.

### NEURITIS.

AXIS CYLINDER asks: What is usually understood by the term "neuritis"? It seems to me to be somewhat loosely applied. Most people who have an ache or a pain in arm, leg, or elsewhere are told they are suffering from "neuritis," whereas, according to my lights, "neuritis" is a serious organic lesion associated with atrophy and paralysis of muscles, altered electrical reactions, etc.

\* \* The following definition is given by Dr. Judson S. Bury of Manchester in his article in Allbutt and Rolleston's *System of Medicine*, vol. vii, p. 415:

The name neuritis is usually understood to mean inflammation of a nerve; but, as pointed out by Dr. T. Buzzard, this is not its original interpretation. The adjective neuritis, the substantive *νόσος* being understood, signifies etymologically no more than disease affecting the nerve. It has indeed become customary, and even necessary, to include under the name neuritis not only what is ordinarily called inflammation, but also degeneration, atrophy, and other lesions of a nerve.

### INCOME TAX.

J. L. T. has been assessed to income tax for the year 1911-12 on £200, less £120 abatement. He took over his present practice in October, 1910, and his first year's receipts were £230, a few pounds being due to him on account of book debts. He sends an account of his expenses, which amount to £215, and wishes to know whether he can successfully appeal, as the surveyor of taxes has informed him that the assessment is on the average of the three years 1906, 1907, and 1908.

\* \* The surveyor's statement must be due to a clerical error. In any case our correspondent should give notice of appeal and claim to be dealt with under Rule IV of Nos. 1 and 2, Schedule D, a rule which applies to persons succeeding to taxable concerns but not making so large a profit as their predecessors. The expenses claimed are quite reasonable, but the £40 "deterioration of motor car" will probably not