

removed by the extension and coalescence of the leucodermic patches, and that thereafter the skin was unaffected by the sun. Crocker quotes Ehrmann as stating that in one case brown spots occurred in the leucodermic patches, as in the case above described, but does not ascribe any cause.

There is little doubt that with continued exposure to the sun the whole area in this case would become pigmented, the exact opposite of what usually obtains in such cases. From the reddish blush of the skin in this case there is little doubt that the increased pigmentation is inflammatory, probably due to the actinic rays of the sun, and very closely allied to ordinary sunburn.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

ECTOPIC PREGNANCY TWICE IN THE SAME PATIENT IN SIX MONTHS, NECESSITATING TWO SEPARATE LAPAROTOMIES.

THE patient was sent to me by Dr. J. McLaren of Tottenham. She is 27 years of age, and has been married four years. Three years ago she was confined with a 7 months child, which lived three days. Six weeks after this confinement the menstrual discharge made its reappearance, and thereafter it recurred regularly every month until April, 1911. On May 18th, after an amenorrhoeic cycle of seven weeks, she was suddenly seized with severe pain in the lower abdomen, and at the same time a haemorrhagic discharge made its appearance vaginally.

From May 18th until June 12th, when I performed the first laparotomy, there had been continuously a haemorrhagic discharge from the vagina and there had been three separate attacks of pain. The physical signs then noted were the following: On palpating the abdomen there was felt in the hypogastrium a small swelling, but the abdomen generally was so tender that satisfactory palpation was impossible. The cervix, which was somewhat nearer the anterior vaginal wall than usual, was lower than normal. The body of the uterus—not enlarged—was felt in front bimanually. In Douglas's pouch was felt a boggy swelling, which extended into the left pelvis and appeared to be of about the size of a cocoanut.

At the operation the omentum with much small bowel was adherent to a swelling in the left and posterior segments of the pelvis. On separating these adhesions dark blood immediately escaped. The left tube, which contained a quantity of blood clot, was removed with the left ovary. An embryo of about six or seven weeks was found, and villi were discovered in the ampullar end of the tube.

Menstruation began as usual on August 30th, and lasted for the usual number of days (four). She expected to menstruate on September 27th, but she missed this period, and almost at the same time complained of feeling sick in the morning. On October 25th she complained of slight pain in the lower abdomen and almost at the same time she remarked that she had a haemorrhagic discharge. She continued to lose freely for five days, and altogether for ten days. During the first five days there was abdominal pain, but this was never severe. It was never at any time like the pain experienced on the previous occasion. She was sent to see me on November 15th, 1911, merely because she complained of tenderness of the abdomen, and although there had been no vaginal discharge since November 4th she had become apprehensive that something was wrong.

The physical signs noted on November 15th were the following: There was nothing detected on palpating the abdomen except slight tenderness in the right iliac region. The cervix uteri was centrally placed; it was not soft and the os was not patent. The body of the uterus was felt easily bimanually; it was not enlarged. Behind and to the right of the uterus was felt a small, tense, movable swelling, which was only very slightly tender. This swelling was of the size of a hen's egg.

At the second operation a large amount of small gut was adherent to the small swelling in the posterior and right segments of the pelvis. The haematoma burst immediately it was grasped. The right tube and ovary—the former with blood clot and the latter with a corpus luteum—were

ligatured and removed. The embryo on this occasion was about $\frac{3}{4}$ in. in length. The patient made a good convalescence, with no untoward symptom.

London, W.C.

JAMES OLIVER, M.D., F.R.S.Edin.

EPIDEMIC JAUNDICE.

THE cases mentioned in the BRITISH MEDICAL JOURNAL of November 18th, p. 1353, of catarrhal jaundice occurring in an epidemic form, are interesting to me, because it was only a few days ago I was called to see a boy 8 years old similarly affected. He complained of pain in the abdomen and slight vomiting, and there was also headache and malaise. His temperature was nearly 102°, his tongue was coated, and there were some very prominent bright red papillae visible, but his throat was all right. The conjunctivae were yellow and the urine discoloured. The skin was very hot, but not apparently tinged. There was pain and great tenderness in the epigastrium and hypochondria, chiefly the right. I do not think that the liver was enlarged, but he would scarcely allow me to examine him. There was not much tenderness below the umbilicus. He had had no rash, and his mother told me that the other three children (who were younger) had had their eyes jaundiced and also the urine, but that they had recovered.

He had been ill for some days, but was going on well until he went out, and then he rapidly got worse and the pain appeared in his abdomen, and that was the reason I was called to attend him. There was nothing that they had taken that could have caused it, and I said that it was a case of "epidemic jaundice." He was given a mixture containing strong doses of sodium bicarbonate, a little dilute hydrocyanic acid, and chloroform water, which was to be taken every four hours. He was to be kept on a fluid diet and in bed, and if the pain increased linseed meal poultices were to be applied, and I was to be informed if he got worse. I first saw him on Wednesday, November 8th, and I next visited him on Friday, November 10th.

I was told that a poultice had been applied on the afternoon of November 8th over the painful region, and that it had relieved him. He had now got up, the conjunctivae were clearing and also the urine, his temperature was normal and he felt well and he had practically recovered. He has continued to improve, and there has been no necessity to visit him.

The whole of the children in the house were affected. It is situated on the countryside and in a bleak position, and the weather was cold and wet. I am not aware of any other cases in the district, and I think it appropriate to communicate this because of the apparently comparative rarity of these epidemics.

Glandovey, Cardiganshire.

D. OWEN WILLIAMS, M.B.

PERIODICAL HAEMATEMESIS AND MENSTRUATION.

ON account of its rarity the following case may be of interest to readers of the BRITISH MEDICAL JOURNAL.

M. J., aged 29 years, has been under my care for over twelve months. Menstruation is quite regular and seems normal, but at each menstrual period she expectorates considerable quantities of blood. For twelve months both oral and uterine discharge has occurred regularly every twenty-eight days, and neither has occurred without the other during that time. The woman has always been allowed to go to bed in the Infirmary for a few days at each menstrual period, and the stages of the process have been repeatedly and carefully observed.

She becomes uncomfortable with a feeling of sickness, and this sensation is relieved when a mouthful of dark-coloured foul-smelling blood clot is brought up, by an effort akin to vomiting, without any straining. This occurs about ten to twelve times in the twenty-four hours, and continues about four days.

The woman seems healthy and expresses herself as quite well between the periods. Her history is not much to be relied on, but she has had one miscarriage.

One hears and reads of vicarious menstruation, but as the case I refer to does not agree with any one I have ever seen or heard of I should be glad to know if any similar case has been recorded.

DAVID FLECK, M.B., B.Ch.,

Medical Superintendent, Eastern Counties Reformatory,
East Harling, Norfolk.

There is precious little "biology"—and no embryology—in either your article or the two lectures reviewed.—I am, etc.,

Edinburgh, Dec. 12th.

J. BEARD.

Dr. Beard has misquoted the article which he criticizes, since the expression there used was not "complete organism," but "complex organism," a slight but not unimportant difference. Had it stood as quoted by Dr. Beard, however, his criticisms would still have been somewhat beside the point. Considering the matter from a general point of view, it would have been perfectly correct to say that the fertilized ovum gives rise to a complete organism, and that the blastomeres are at first similar in their potentialities to the ovum itself. That, at least, is what happens in all primitive types of development where the ovum, whether set free from the maternal tissues or not, goes through its embryonic development independently of maternal aid, as for instance, in sponges, coelenterates, echinoderms, annelids, amphioxus, etc., in thousands of cases well known to every zoologist or embryologist. The fact that in certain instances, to be found especially among the higher vertebrates and in other groups, such as arthropods, some of the cells produced by the cleavage of the ovum give rise at an early stage of the development to tissues and organs subservient to the needs of the embryo, and cast off when they are no longer required, is merely a case of an adaptation to special conditions which in no way invalidates the general statement. The second half of Dr. Beard's letter may be left to be commented upon by those who understand it.

PARASITISM.

SIR,—While I am unable to offer a perfect definition of a parasite, I feel some diffidence in criticizing that presented by Dr. H. C. Ross in the BRITISH MEDICAL JOURNAL for December 16th, page 1624; but it appears to me that his definition does not allow of any differentiation between *symbiosis* and *parasitism*—which are, at least in the vegetable kingdom, two essentially different phenomena.—I am, etc.,

Liverpool Dec. 19th.

J. A. WHELDON.

EGYPT THIS WINTER.

SIR,—Many people who are more or less invalids find it desirable to leave England during the winter months for some place where the climate is warmer and drier, and of these not a few naturally think of Egypt. I find that there is a more or less prevalent idea that there are reasons why *this year* Egypt should not be selected as a place of residence. So far as I can make out it is supposed that travellers run some risk (1) from the war between Italy and Turkey, and (2) from the possibility of cholera breaking out in Egypt. As regards the war, a few minutes' consideration will convince any reasonable person that Englishmen run no risk whatever. Egypt, in spite of foolish statements in some of the newspapers, has never been more tranquil than at present. The very slight disturbance in the lower quarters of Alexandria, which lasted for a few hours some weeks ago, though much exaggerated in one of the London newspapers, was not to be compared for one moment with the riots which occurred in many English towns a few months ago, and did not affect English residents or tourists at all. No other disturbance of any kind has occurred. The danger of any attack on life or property exists only in the minds of alarmists in England, and is not seriously contemplated in Egypt.

As regards cholera, the precautions taken at the Egyptian ports are so stringent that an outbreak of cholera is practically impossible. I am pleased to find, too, from personal experience that the precautions are not confined to the ports, but that the address of every traveller who has touched at an infected port is taken and notified to the sanitary officer of the district or town he goes to, so that should a sporadic case by any chance pass the frontier, it would be dealt with very quickly and, I believe, effectively. Some discomfort—that is, one or two days' detention on the steamer which has conveyed them—may be inflicted on tourists who have come from an infected port, but those coming from England by sea, not touching at an infected port, or those coming overland by

Marseilles, or by the excellent service via Trieste and Austrian Lloyd steamers, would suffer no inconvenience whatever.

I am so convinced that residence in Egypt is as safe this year as any other year that I have brought out a wife and family, and I write these lines to do what is possible to dissipate the rumours I have alluded to.—I am, etc.,

Helouan, Egypt, Dec. 10th.

R. ACKERLEY.

ACUTE POLIOMYELITIS IN CORNWALL.

SIR,—In replying to Dr. Hopper's letter in the JOURNAL of December 16th, p. 1629, I wish to point out that it is unfair to any town to pick out special months in which the zymotic death-rate happens to be high, and to say that therefore the sanitary state of that town must be bad; and especially when no mention is made of the particular zymotic disease which is accountable for any exceptionally high death-rate, nor of the fact that such disease is at the same time causing similar high zymotic death-rates, not only throughout Cornwall, but also throughout the whole of England.

It would be a very easy thing for me to pick out months when our zymotic death-rate is *nil*, but because of this I would not pretend to deceive any one into thinking that we were never again going to have such diseases.

Dr. Hopper says that I have not appreciated the import of his paper. If I have not done so to his liking I am sorry, but Dr. Hopper has not seen fit to reply to my questions, in spite of his offer to substantiate his statements. He is, no doubt, well advised in this, and prudent in covering his retreat under "no further correspondence," etc., for he must have known that he was rapidly approaching the danger zone.

I am much obliged to you for inserting my letters, and I regret having taken up so much of your valuable space; but I felt that important principles were involved in this matter, which apparently cannot now be further discussed.—I am, etc.,

Penryn, Dec. 19th.

JAMES BLANEY.

MISS FLORENCE NIGHTINGALE'S LETTERS.

SIR,—As executors of the will of the late Miss Florence Nightingale, we shall be glad to receive any letters written by Miss Nightingale, and any other materials relating to her which the owners may be willing to lend us for the purposes of a memoir.

We should respect the wishes of every friend and correspondent of hers who will kindly afford us information, and no letters will be published without the consent of the owners. Papers should be sent by registered post to the executors of the late Miss Florence Nightingale, 31, South End Road, Hampstead, London. N.W., who will be happy to give any further information.—Yours, etc.,

HENRY BONHAM CARTER.

S. SHORE NIGHTINGALE.

L. H. SHORE NIGHTINGALE.

A. H. CLOUGH.

London, W., Dec. 13th.

Universities and Colleges.

UNIVERSITY OF CAMBRIDGE.

THE following candidates have been approved at the examinations indicated:

FIRST M.B., B.C. (*Part I, Chemistry*).—B. P. Ayre, W. T. Beswick, W. H. Blackburn, C. V. Brambridge, W. S. Brown, F. T. Burkitt, G. E. Burton, A. E. Clark-Kennedy, L. Cunningham, I. de B. Daly, U. de B. Daly, J. C. Davies, H. B. Dodwell, C. G. Edwards, W. Fenwick, E. A. Fiddian, H. G. Galbraith, J. H. Gulliland, W. F. T. Haultain, A. D. Y. Horries, S. C. Ho, F. Moor, E. S. Orme, F. N. Sidebotham, R. O. Sternberg, B. H. Swift, E. B. Tait, G. S. Taylor, A. A. Thomas, A. R. Walker, G. H. Ward, W. T. Warwick, B. A., H. G. E. Williams, R. A. Woodhouse, R. S. Woods.

Part II, Physics.—B. P. Ayre, G. H. Bickley, J. F. J. Blanchard, C. E. Bond, C. V. Brainbridge, W. S. Brown, F. T. Burkitt, A. E. Clark-Kennedy, L. Cunningham, I. de B. Daly, U. de B. Daly, J. C. Davies, S. R. E. Davies, J. M. Downie, W. L. Emage, W. Fenwick, E. O. Goldsmith, R. W. Nichol, G. W. Pratt, F. G. Snaith, G. B. Tait, G. S. Taylor, R. E. Traill, A. C. Walker, A. R. Walker, W. T. Warwick, B. A., R. C. P. Whitcombe, H. G. E. Williams, R. A. Woodhouse, R. S. Woods.

Part III, Biology.—C. G. Ainsworth, B. A., C. E. Bond, W. S. Brown, L. Cunningham, U. de B. Daly, H. W. Featherstone, E. A. Fiddian, L. S. Gathergood, A. G. Gemmell, W. F. T. Haultain, N. S. Hewitt, R. W. Nichol, P. E. O'R. Phillips, F. N. Sidebotham, E. G. Snaith, B. H. Swift, R. R. Traill, W. T. Warwick, R. A. Woodhouse, R. S. Woods.

THIRD M.B. (*Pathology and Pharmacology*).—M. Avent, B.A., H. M. McC. Coombs, B.A., R. Gamlin, M.A., H. K. Griffith, B.A., A. N. Hodges, B.A., R. M. Miller, M.A., C. G. H. Moore, B.A., R. S. Morshead, B.A., G. M. Parker, B.A., C. H. G. Philp, B.A., V. T. P. Webster, B.A.

Degrees.

The following degrees have been conferred:

M.D.—I. D. H. Freshwater.

M.B.—C. Ede, K. I. Singh.

UNIVERSITY OF LIVERPOOL.

THE following candidates have been approved at the examinations indicated:

SECOND M.B., CH.B.—*Part A*: Ethel Chadwick, G. H. Darlington, A. N. Misbah, G. H. Pearson, L. B. Stott, A. W. Weston. *Part B*: F. A. Belam, C. W. Dixon, H. E. Marsden, R. Martlew, A. C. Mooney, R. E. Roberts.

FINAL M.B., CH.B.—*Part I*: Kate M. Cowe, D. Parkes, H. P. C. de Silva, T. O. Williams. *Part II*: D. Parkes.

The following candidates have been approved at the examination for the Diploma in Tropical Medicine:

F. F. Brown, D. J. Chand, J. M. Holmes, C. L. Ievers, E. K. Lomas, D. S. MacKnight, J. V. Mascarenhas, A. L. Oluwole, J. A. Taylor.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

AN ordinary Council was held on December 14th, Mr. Rickman J. Godlee, President, in the chair.

The Fellowship.

Diplomas of Fellowship were granted to thirty candidates, found qualified at the recent examination, and to one qualified in May, who had since attained the age of 25 years, namely:

Habibma Ismail Janmahomed, H. Robinson, T. W. Smith, A. J. Hull, Captain, R.A.M.C., A. C. Haslam, H. R. Jeremy, P. A. Reckless, H. L. Morgan, J. R. H. Turton, G. R. Girdlestone, A. T. McCaw, B. A. Lloyd, D. Ranken, L. Colledge, V. Townrow, B. G. Goodwin, Lieutenant, R.A.M.C., H. Lee, W. R. Parkinson, S. A. Vairakian, W. L. Pink, A. S. Moorhead, A. W. Bourne, H. Bullock, C. G. Aickin, J. H. Connolly, H. M. Johnston, A. F. MacIure, R. C. MacWatt, Lieutenant-Colonel, I.M.S., C. G. Shaw, T. W. Todd, Eleanor Davies-Colley.

The following candidates have passed the final examination but in point of age are not yet eligible for admission to the Fellowship:

R. C. Harkness, A. G. H. Lovell, and B. C. Maybury.

The L.D.S.

Diplomas of the Licence in Dental Surgery were granted to forty-four candidates found qualified at the recent examination.

University of Liverpool.

Mr. Edmund Owen was reappointed a member of the Court of the above University for a period of three years.

Meeting of Fellows and Members.

In regard to the third resolution passed at the meeting of Fellows and Members on November 16th, the Council decided not to take any action. The resolution in question was:

That this twenty-seventh annual meeting of Fellows and Members again affirms the desirability of admitting Members to direct representation on the Council, which as now constituted does not represent the whole Corporation; and that it does so in order that the constitution of the Council of the Royal College of Surgeons of England shall be in keeping with modern ideas of true representation.

In regard to the fourth resolution carried at the same meeting, the Council also decided to take no action. The resolution was:

That this meeting of Fellows and Members requests the Council to include in their next annual report a balance sheet showing fully and without reserve the assets and liabilities of the College on Midsummer Day, 1912.

Mr. Edward Cock.

An offer from Sir James F. Goodhart to present to the College a marble plaque of Mr. Edward Cock, President of the College in 1869, was accepted with thanks.

ROYAL COLLEGE OF SURGEONS IN EDINBURGH.

THE following candidates, having passed the requisite examinations, have been admitted to the Fellowship:

W. Beggs, H. S. Cormack, Lieutenant I.M.S., G. A. Davies, M. J. Jinadasa, J. H. Lawry, S. G. Luker, W. C. MacKnight, J. Mitchell, D. Munro, Captain I.M.S., J. C. S. Oxley, D. Richmond, H. M. Robertson, J. W. Robertson, E. C. T. Smith, C. Stiebel, and N. B. Taylor.

UNIVERSITY OF SHEFFIELD.

THE Council have made the following appointments: Dr. William Vincent, Superintendent of the South Yorkshire Asylum. Wadsley, to the lectureship in mental diseases, in place of Dr. Kay, resigned. Mr. W. W. King, M.B., Ch.B., F.R.C.S. Edin., to the post of tutor in clinical obstetrics and diseases of women, in place of Mr. E. H. Phillips, appointed lecturer in diseases of women.

Obituary.

E. F. TREVELYAN, M.D., F.R.C.P.,

PHYSICIAN TO THE LEEDS GENERAL INFIRMARY.

It is with feelings of deep regret that we have to record the death of Dr. E. F. Trevelyan of Leeds, after an illness of some months' duration, which from the first caused his medical friends to entertain grave apprehensions as to its ultimate result. A palliative operation was performed some weeks ago, with an encouraging improvement in his condition, so that it was hoped that the more serious operation for which this had paved the way might be the means of restoring him to health, but though he rallied well after this second operation, his strength gave way and he died on December 11th, at the comparatively early age of 52.

Dr. Trevelyan received his medical education at St. Bartholomew's Hospital, from which he graduated at the University of London, first as B.Sc. in 1885 and subsequently as M.B. and M.D., which last degree he obtained in 1887. He also took the Membership of the Royal College of Surgeons, and when his line of work was definitely determined towards practice as a consulting physician he obtained the Membership of the Royal College of Physicians, to the Fellowship of which he was promoted in 1901. Dr. Trevelyan came to Leeds in 1889, and held that post for some three years, at the end of which time, on starting practice, he was elected to the position of Honorary Physician to the Leeds Public Dispensary. With this institution he preserved his connexion till the time of his death, being senior physician since the resignation of Dr. Griffith some few years ago. In 1894, owing to the death of Dr. Jacob, there was a vacancy on the assistant staff of the infirmary, and to this position Dr. Trevelyan was elected without a contest. The death of Dr. Jacob caused a vacancy in the Chair of Pathology as well, for at that time the professor of pathology was not required to devote the whole of his time to the interests of his chair. Probably no man who was devoting his main energies to practice could have been found so well suited to carry on the duties of such a position as Dr. Trevelyan, for he was an exceedingly well-read man, a good linguist, a most assiduous and enthusiastic worker, and had already done a considerable amount of original work in pathology. The work he did for the university will always be remembered. It was only the pressure of his other work which, coupled with his strong feeling that the claims of pathology demanded the undivided attention of even the most zealous of workers, led him to resign and give the university the opportunity of securing the services of one who should devote himself entirely to the work of the chair. Shortly after this resignation, which occurred six years ago, he resumed his connexion with the university as Professor of Therapeutics, but his other spheres of activity did not permit him to retain this position for long.

In 1899 the Leeds Association for the Prevention and Cure of Tuberculosis began its work, and from the beginning Dr. Trevelyan was intimately associated with its development. Into all the details of the work, into the selection of a suitable site for the sanatorium, into the enlisting of the sympathies of the public as well as into the more strictly medical and scientific aspects of the work, he threw himself with unwearied and characteristic zeal and energy. His interest in tuberculous affections was by no means newborn at this period. He had from time to time published researches on the subject, and had devoted a considerable amount of attention to the tuberculous affections of the nervous system.

For some years Dr. Trevelyan was intimately associated with the work of the Leeds Institute of Science, Literature and Art, which was based on the old Mechanics' Institute, and at the time of his death he was Chairman of the Committee of Management. Some few years ago he was appointed to the magistracy of the city, and was a regular attendant on the bench.

Such is a brief outline of the work with which Dr. Trevelyan had been associated since he settled in Leeds. He was a man of sterling integrity of character, greatly beloved by those with whom he was

intimately associated, enthusiastic to a degree, and imbued with the true scientific spirit. His colleagues in the university and on the staffs of the various teaching institutions with which he was associated will cherish his memory, and bear in mind the excellent work he has done alongside of them; the students will long remember the kind and zealous teacher, with his good-natured disposition, cheerful countenance, and consideration for their difficulties; the profession at large will miss a reliable and painstaking consultant; the medical societies will call to mind his useful administrative work and the valuable scientific contributions he was in the habit of bringing before them; the general public loses one of its most useful citizens; and, finally, his great kindness of manner, his sympathy, and his gentleness with his poorer patients, will be an abiding example to those who have worked with him throughout many weary hours in the out-patient room.

At the weekly meeting of the board of the General Infirmary a resolution was proposed by the chairman, Mr. Charles Lupton, and seconded by Dr. Barrs, to the following effect:

The Board of the General Infirmary at Leeds desires to express its sense of the great loss which the infirmary and the city have sustained by the death of Dr. Trevelyan. During the eighteen years that he has been on the staff of the infirmary he has devoted himself to the interest of his patients, and has enjoyed the confidence and affection of his colleagues. He has also devoted much time to teaching and been a pioneer in various branches of research. The board would also like to commemorate its sense of the great debt which the city owes to Dr. Trevelyan for the interest and unstinted labour which he devoted to the treatment of patients suffering from tuberculosis.

The board desires to express its deep sympathy with Dr. Trevelyan's sisters in the great loss which they have sustained.

At the meeting on December 15th of the Leeds and West Riding Medico-Chirurgical Society, with the work of which he was so long and so intimately associated, his close personal friend Mr. Littlewood, as chairman, gave eloquent expression to the regard in which he was held by everyone.

Dr. Trevelyan, who was unmarried, is survived by two sisters, one of whom, Mrs. Hicks, is the wife of the Bishop of Lincoln.

He was buried at Lawnswood cemetery, on Thursday, the 14th of December, the earlier part of the service being taken at Holy Trinity Church, in the centre of the city, when a very large gathering of the public, and of his professional and personal friends assembled to pay their respect to the memory of one who was a favourite with all.

DR. GEORGE HUBERT MAPLETON died at his residence at Goudhurst, Kent, on December 10th, aged 53 years, from septic laryngitis, after a very short illness; he took to his bed on Friday and died on Sunday. Tracheotomy, which was performed very early on the morning of that day, gave him considerable relief, but he passed away in his sleep in the afternoon. He will be greatly regretted by many friends and patients, and not least amongst the poor. He was attended during his last illness by his neighbour, Dr. Harvey, in consultation with Dr. Adeney and Dr. Guthrie, of Tunbridge Wells. Dr. Mapleton was born in 1858 at Saxby, Leicestershire; his father, the Rev. Reginald John Mapleton, later became incumbent of St. Columba's Kilmartin, Argyllshire, and was afterwards appointed Dean of Argyll and The Isles. Dean Mapleton, a man of great literary ability and a noted archaeologist, was locally known as "The Bishop." Dr. G. H. Mapleton, after studying at Glenalmond, proceeded to Edinburgh University, where he graduated M.B. and C.M. in 1880, afterwards proceeding to Vienna for special medical study. He held the position of House-Physician at the Royal Infirmary of Edinburgh and of Glasgow. After a short period of medical service at sea he became Government Medical Officer at Montserrat and afterwards at St. Kitts, West Indies. At the latter place he was Police Surgeon and Assistant Surgeon to the Cunningham Hospital. After fourteen years of medical practice in the West Indies he settled in Goudhurst in 1896, and practised there until his death. He held almost all the public medical appointments, including that of Medical Officer and Public Vaccinator for the Goudhurst District. He leaves a widow, the eldest daughter of Dr. Burdett

Johnson, of Montserrat, three sons, and one daughter. Dr. Mapleton took a keen interest in his profession, and his abilities as surgeon and physician were much appreciated. He gave his best attention to many cases where there was little, if any, prospect of pecuniary recompense. He had two brothers in the Army Medical Service, one of whom was in charge of the Intombi camp for women and children during the siege of Ladysmith.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are: Dr. N. Nežoloff, Professor of Obstetrics and Gynaecology in the Medical Faculty of Warsaw; Dr. Adam Szulislowski, Extraordinary Professor of Ophthalmology in the Medical Faculty of Lemberg; Dr. Walter Wyman, Surgeon-General of the Public Health and Marine Hospital Service, aged 63; and Dr. Bernhard Fränkel, the distinguished laryngologist of Berlin, aged 74.

The Services.

ROYAL NAVAL MEDICAL SERVICE.

REGULATIONS FOR THE ENTRY OF SURGEONS FOR TEMPORARY SERVICE IN THE MEDICAL DEPARTMENT OF THE ROYAL NAVY.

The following Regulations have just been issued by the Board of Admiralty:

Surgeons who may be temporarily employed in the Royal Navy in time of war or emergency to meet the requirements of the service will be appointed under the following regulations:

Qualifications.

To be registered under the Medical Act as qualified to practise medicine and surgery in Great Britain and Ireland.

To produce certificates of good character.

To be reported physically fit after medical examination.

Age not to exceed 40 years.

Pay and Allowances.

Full Pay.		Half Pay.	
A Day.	A Year.	A Day.	A Year.
22s. 0d.	£401 10s. 0d.	10s. 0d.	£182 10s. 0d.

NOTE.—Half pay is for sickness and extra leave only.

To be granted thirty days' advance of pay on joining a ship after appointment.

To receive the same allowances as are payable to permanent officers of their rank.

Lodging money at the rate of £50 a year is usually allowed when employed on shore without quarters in the United Kingdom, and £24 a year in lieu of rations. In cases, however, of temporary employment on shore, the lodging and provision allowances will be at the rate of 3s. 6d. and 1s. 6d. per day respectively.

If quarters are provided in a medical establishment, an allowance is granted in lieu of provisions, for self and servant, and for fuel and lights at the rate of £39 a year in the United Kingdom, and £108 a year abroad.

Uniform.

Each surgeon to provide himself as follows

1. Frock coat, waistcoat, and trousers.
2. Undress coat.
3. Uniform cap.
4. Mess jacket and waistcoat.
5. Sword and undress belt.

All as specified in the uniform regulations.

To cover the above each officer accepted for service will receive an equipment allowance of £20, payable on the officer being called up for active service.

The following instruments must be provided by the surgeon.

- A pocket case of instruments.
- A stethoscope.
- Three clinical thermometers.

Messing.

Surgeons will be allowed, when attached to ships in commission, the ordinary ship's rations; but will have to pay about 2s. a day towards the maintenance of their mess as ward-room officers.

Public Health

AND

POOR LAW MEDICAL SERVICES.

THE CENSUS.

BEFORE the parliamentary session closed it was stated on behalf of the Local Government Board that the revised population figures, distinguishing the separate civil parishes for the whole country, would be published in two volumes, showing respectively the constituent parishes of each administrative area, and of each Poor Law and registration area. It was hoped that the volumes would be issued about the middle of next year.

The following table was also supplied, showing estimates of the numbers living at the single ages, 21 and 25 years, for England and Wales as a whole and separately. As the age constitution of the population at the recent Census was not yet known, it had been assumed that the age constitution of the population in 1901 still prevailed. Previous to 1901 the age constitution of the population had been changing in the direction of greater mean age, and there was no evidence that this change had ceased. In view of this fact, and of the recent decline in the birth-rate, it was quite possible that the results of the recent Census, when they became known, would differ materially from the estimates shown in the table. Similar figures for Scotland and Ireland could not be given.

Estimated Age and Sex Populations at Census, 1911.

(Based upon Unrevised Sex Populations as enumerated in 1911 combined with Age Proportions as in 1901.)

	Males.	Females.
England and Wales—		
Aged 21–22 years*	341,000	356,000
Aged 25–26 years	318,000	343,000
England (including Monmouthshire)—		
Aged 21 and upwards	8,931,000	10,036,000
Aged 25 and upwards	7,708,000	8,652,000
Wales (excluding Monmouthshire)—		
Aged 21 and upwards	557,000	550,000
Aged 25 and upwards	482,000	475,000

* The figures at these ages cannot be given for England and Wales separately.

Medical News.

DR. BERNARD HUDSON has been appointed His Majesty's Consul at Davos in succession to the late Dr. W. R. Huggard.

THE Royal Dental Hospital, Leicester Square, has received a donation of £200 from the Goldsmiths' Company.

THE library of the Royal Society of Medicine will be closed from Saturday, December 23rd, to Wednesday, December 27th, both days inclusive.

A REUTER'S telegram states that Dr. Kinghorn, who is at present in North-Western Rhodesia, has transmitted the *Trypanosoma rhodesiense* by means of *Glossina morsitans*.

THE following are among the newly-elected Fellows of the Royal Sanitary Institute: Fleet Surgeon W. E. Home, Sir Victor Horsley, F.R.S., Dr. John Wright Mason, M.O.H. Hull, Dr. E. Moody Smith, M.O.H. York, Dr. T. H. A. Valintine, Chief Health Officer, Wellington, N.Z., and Dr. W. H. Willcox.

A JAPANESE-CHINESE School of Medicine has recently been opened at Mukden. It has accommodation for one hundred students. The education given is free, and the teachers consist of sixteen Japanese and Chinese doctors.

IT is understood that a bequest made a good many years ago by Mr. Robert Irvine is about to take effect, and that a sum of £30,000 will shortly be available for the purpose of founding a Professorship of Bacteriology in the University of Edinburgh.

THE Anchor Line has arranged for two of its steamers to sail from Liverpool to Gibraltar, Egypt, and India, one of them, the *Castania*, starting on January 2nd; and the other, the *Elysia*, starting on January 22nd. These vessels, apart from their size, are well equipped, and the fares are moderate.

THE Friday evening discourses at the Royal Institution of Great Britain will be resumed on January 19th, when Professor Sir James Dewar will speak on "heat problems." On February 2nd Dr. James Mackenzie Davidson will give an address on the vital effects of radium and other

rays; and on March 15th Mr. Frederick Soddy, F.R.S., will speak on the origin of radium.

A PAMPHLET issued by the Cunard Steamship Company describes in detail some very attractive Mediterranean cruises that have been arranged for Americans and English people. The two seemingly best suited to the needs of the latter leave Liverpool on February 10th and 21st respectively, the boats employed being the *Carpattia* and the *Saxonia*. Each ship will visit all the larger seaport towns on the Mediterranean shore, and any passenger specially attracted by any one of them can apparently remain behind and complete the voyage by one of the ships of the latter series of cruises.

THE National Association for the Prevention of Consumption has established a bureau for the collection of information relating to pulmonary tuberculosis from every point of view in all countries, and is engaged in forming a library. It appeals to medical officers of health, school medical officers, and to medical superintendents or secretaries of hospitals, sanatoriums, tuberculosis dispensaries, and open-air schools to send regularly copies of reports or other documents bearing on consumption; books, pamphlets, and reprints from physicians and social workers in general will also be gladly received by the Honorary Secretary at 20, Hanover Square, London, W. It is intended that the information obtained by the bureau shall be made available not only to members of the medical profession, but to the public at large.

THE current issue of *Nursing Notes* contains an interesting account of the Incorporated Society of Trained Masseuses, the policy of which seems to have developed—though on previously existing lines—since last we had occasion to study its regulations. It is continuing to hold the examinations for men belonging to the Royal Army Medical Corps, which it instituted at the suggestion of the War Office a few years ago, and is now also granting certificates for proficiency in Swedish exercises. The candidates, however, in addition to being already holders of the massage certificate of the society, must afford proof of due training in the subject at an approved school, and obtain not less than 50 per cent. of the maximum marks at an examination in Swedish exercises, and also in anatomy, physiology, and the theory of movement and its remedial employment. In regard to training, it is stated that the council, being the only public body which examines and grants certificates in massage and remedial exercises, considers itself bound to maintain a catholic attitude towards all schools and teachers. The examiners are drawn from different schools, and candidates sent up by any school or teacher are admitted to examination provided they fulfil the general conditions relating to it and produce evidence that a satisfactory amount of instruction has been received by them. In addition, the place of their instruction is withheld from the examiners until the practical examinations have been completed, in order to ensure that efficient massage of every type shall receive due recognition. With the object of maintaining an independent and broad-minded attitude towards all teachers alike, the council consistently refuses to appoint "official" trainers, or to "recognize" the work of any trainer or school as embodying its ideals of massage. For the convenience of candidates, however, who apply to the society for assistance in obtaining the instruction they require, the council publishes a short list of teachers whom it knows to be persons of long experience, and with whose skill in affording instruction it is acquainted by the results of examinations. An increasing number of schools and private teachers, it appears, are approaching the society when beginning courses of instruction and submitting their proposed syllabus of work to approval, and this fact the council regards as satisfactory evidence that its attitude towards teachers is becoming generally understood. Holders of the certificate of the society are liable to have their certificates cancelled if found guilty of unprofessional conduct—such conduct, we gather, being primarily constituted by any breach of the agreement which every candidate has to sign before admission to the examination. This is to the effect that, if granted the certificate, she will undertake the massage of no patient unless the case remains under the charge of a registered medical practitioner, and that when such case is a male above the age of childhood she will act in accordance with the special rules of the society relating to such patients; she also promises that she will not advertise in any way whatever, except through the medium of a recognized medical paper, and that she will not sell goods to any person in her capacity as a masseuse.