had been noticed. The middle third of the left thigh was enlarged by a fusiform swelling which was connected with the bone. It measured 6 in. long, and formed a very obvious prominence on the outer and front aspects of the limb. Behind, and more particularly internally, the swelling became ill-defined. There was a sharp demarcation between swelling and normal shaft below, but above the thickness of the soft parts made accurate palpation impossible. The skin over the swelling exhibited some prominent veins. The swelling was painless on palpation, hard, elastic, and of even consistency. The surface was smooth and no pulsation could be detected. No glands could be felt in the groin. There was no history of syphilis or tubercle.

On the evidence afforded by the history, a skiagram and the physical signs, a diagnosis of subperiosteal haematoma was made and confirmed by operation. A large quantity—over a pint—of blood-stained fluid, mixed with gelatinous clots, was evacuated, and a cavity exposed through which passed the shaft of the femur stripped of periosteum and eroded on its surface.

These two cases illustrate a late and early stage of the same lesion—subperiosteal haematoma. In the first case the haematoma was small, and the boy was not seen until a free deposition of bone had taken place. In the second case the haematoma was of large size, and the girl was operated on at a time when bone had only been deposited at the margins of the swelling where periosteum again joined the shaft. Similar cases have been recorded by Bowlby and by Makins and Godlee under the title "Myositis Ossificans Traumatica." Godlee concluded that the essential conditions were, first, an injury to the periosteum, and secondly, an effusion of blood. He deprecated, on these grounds, the use of the term "myositis," and regarded the condition as analogous to the cephalhaematomata of infants.

The evidence afforded by the cases detailed above strongly supports this view, and suggests that operative measures are indicated if the lesion be detected soon after the injury.

REFERENCE.

*Proceedings of the Royal Society of Medicine*, Surgical Section, April, 1911.

# Memoranda:

## MEDICAL, SURGICAL, OBSTETRICAL.

### X RAYS IN SCIATICA.

HOLDING the view that, however tempted one might feel to draw conclusions on the efficacy of a new method of treatment on a small number of cases, one should resist the temptation; yet, while thus waiting for further clinical material to establish a claim, when abstracts from the Continental medical press appear claiming priority in a new method of successful treatment of inveterate disease, one may be justified in speaking, as I recently had occasion to do.[1]

In the Epitome of Current Medical Literature of the BRITISH MEDICAL JOURNAL of October 7th, 1911, an abstract on the above subject opens as follows:

"Cure" is not too positive or definite a term to describe the results of *x*-ray treatment in sciatica, according to Babinski, Charpentier, and Delherm, who report four observations (*Arch. d'électr. méd.*, June 10th, 1911).

From the interesting details which follow it is clear that the four cases of sciatica were all of the most inveterate type, which had resisted every other kind of treatment, including such as those recommended by Dr. W. B. Watson in his instructive article on the diagnosis and treatment of sciatica, which appeared in the BRITISH MEDICAL JOURNAL of April 27th, 1912. The underlying pathological condition in these cases might be safely assumed to be one of varying degrees of dense neoplastic perineuritic adhesions, along particular parts of the tract of the sciatic nerve, the sequelae of previous subacute attacks. The indication for treatment is to set free the adhesions, by the induction of fibrolysis and resolution, to effect which the time-honoured resolvents and counter-irritants, including bee-stings, have had their day.

Four such cases came under my care in the same year as that of the authors' cases reported (1907), two being hospital patients and two in my private practice. One of the latter was referred to me somewhat reluctantly by a general practitioner of Cricklewood, as he admitted, from his superficial knowledge, he had many qualms regarding possible unforeseen evil effects of the *x* rays. Later I was the gratified recipient of a highly congratulatory letter from him. None of these cases have had any recurrence up to date. The tendo Achillis reflex was not elicited by me, though the importance of making this test must be appreciated when, as is shown in the cases of the authors cited, restoration of this function was attained in the course of cure.

There is no doubt that radio-therapy is paying the penalty of neglect and the careless manipulation of practitioners in the past, as well as of the ignorance of its limits, both for good and evil, by earlier users. It is hoped that in time this valuable method will find its legitimate place in the armamentarium of the physician, for such intractable chronic diseases; more so, as laying up in bed, splinting the limb, and the well-known irksome applications, can be entirely dispensed with.

London, W. H. D. MCCULLOCH.

[1] BRITISH MEDICAL JOURNAL, February 24th, 1912.

### MINERS' NYSTAGMUS.

IN the issue of the JOURNAL for May 18th, 1912, p. 1127, Dr. Edridge-Green suggests, as the cause of miners' nystagmus, "a necessity for movement of the eye in order to be able to see with the fovea."

In April, 1911, in a thesis for the degree of M.D. at the University of Edinburgh, I put forward a similar suggestion as an explanation of the way in which the darkness of the mine plays its part in the production of coal-miners' nystagmus. My thesis was an endeavour to bring into line the existing, but previously controversial, theories as to the etiology of this interesting malady, and also to break new ground with regard to a determining factor. Briefly summarized, my conclusions were as follows.

In order to maintain central fixation in all positions of the head—that is to say, in order to keep the retinal image of an object upon the fovea centralis—there must be absolutely perfect co-ordination between the six extrinsic ocular muscles. The actions of these muscles are so complicated and, as a general rule, their co-ordination is so perfect, that it is justifiable to assume the presence of a higher cerebral centre—a fixation centre—whose function it is to control automatically the delicate and highly complex impulses sent out to the various muscles by the oculomotor nuclei in order to maintain central fixation.

Miners' nystagmus is a perversion of the function of central fixation due to the conditions under which the coal miner works, but determined by a personal factor which, in the majority of instances, is an error of refraction. The three factors most concerned in producing the disturbance of central fixation evidenced in miners' nystagmus are:

1. Defective illumination in the pits.
2. Insufficient room in which to work, necessitating a cramped or stooping position.
3. Refractive errors on the part of the men.

How these factors, and possibly some others, such as poisoning of the nerve centres by fire-damp, increased atmospheric pressure acting through the vestibular nerve, etc., could work together in causing a perversion of ocular stability was discussed at some length, but here I shall first refer to factor No. 1 (defective illumination), because this has a direct bearing upon Dr. Edridge-Green's recent communication. I wrote as follows:

It is generally recognized by physiologists that the fovea centralis is not so sensitive to a minimal stimulus of white light as the rest of the macula lutea. Consequently, in the blackness of the mines, the miner instinctively moves his eyes so as to bring the feebly illuminated image of the object he wishes to see upon some part of the macula other than the fovea centralis. Now this movement, infinitesimal though it may be, is in itself a departure from central fixation which is very disconcerting to a centre that has been educated to keep the visual image fixed always upon the fovea centralis. In other words, the balance of the fixation centre is disturbed.

With regard to factor No. 2 (insufficient room in which to work)—in nearly all pits the miner spends most of his working day in a more or less stooping position, because the thickness of the seam does not permit him to stand

upright. Now, when a man in a stooping position desires to look straight in front he must really place his eyes in a position of elevation (relative to the orbital axes). The maintenance of the eyes in this position of unusual strain produces fatigue of some muscles and not of others, and this again has the effect of throwing the delicate mechanism of central fixation out of balance.

With regard to No. 3, it is well known that, of the miners working under almost identical conditions in a certain seam, only a certain percentage develop nystagmus. This suggests that there is a personal factor to be reckoned with that determines the onset of the disease, and in the investigation of this personal element much assistance can be obtained from a consideration of congenital nystagmus. Briefly, then, children are not born with the function of steady ocular fixation already developed; they have to acquire it by education of a special cerebral centre. If an infant comes into the world with very defective vision (caused, for instance, by corneal or lenticular opacities, or albinism) he goes through life with more or less well-marked nystagmus, for the simple reason that the brain never receives a sufficiently clear visual impression to stimulate the perfect education of this centre. For the same reason, children born with very high refractive errors may also be the subjects of nystagmus; in fact, I have personally investigated seven cases of juvenile nystagmus in which the only apparent cause for the non-development of steady fixation was a high error of refraction. It was a consideration of these cases that induced me to pay particular attention to the refraction in all cases of miners' nystagmus, with the remarkable result that, out of 200 cases of miners' nystagmus examined during the last three years, *I found errors of refraction in upwards of 90 per cent.* Mere coincidence is not a convincing explanation of such a large percentage; nor the suggestion that the Durham miner may be particularly prone to refractive error (though I am at present investigating the latter point). To me it is very fair evidence that refractive error plays its part in perverting the function of ocular fixation in the adult, just as we have seen that it can interfere with the development of this function in the child. In the case of the miner, working under, at best, conditions very disconcerting to his visual functions, the refractive error is the determining factor, the last straw, so to speak, of the burden which the fixation centre has to bear.

ALFRED C. NORMAN.

Durham County and Sunderland Eye Infirmary, Sunderland.

## ETIOLOGY OF BERI-BERI.

THE following may be of interest, not that it elucidates the origin of beri-beri, but tends to prove that food is or may be only a predisposing cause in this disease.

The native crew of a ship consisted of Calcutta Indians, twenty-nine deck crew and fifty-two engine-room. Both crews used the same barrel of flour, the same sack of rice, the same meat, vegetables, and water supply, and cooked in the same galley. No complaints were made as to the quality of the stores supplied.

The deck crew were not under medical treatment for the last two months of the voyage. During that time there were six definite cases of beri-beri among the engine-room crew, having the typical signs and symptoms, very rapid pulse, oedema of the legs, loss of knee-jerks, and great muscular weakness. The only difference between the two crews was that the deck crew lived in the upper peak of the forecastle, which was dry; the engine-room crew lived in the lower peak, which was often unavoidably wet. When I left the ship in January there were nine more suspected cases among the engine-room crew, the deck crew remaining untouched.

These cases seem to point to dampness playing a large, if not the largest, part in the causation of this neuritis or disease.

Codsall. H. G. BROWNING, M.B.Birm.

AT the elections to the Belgian Chamber of Representatives on June 2nd, thirteen members of the medical profession were returned. These are Drs. Capelle (Dinant), Heynen (Neufchateau), Terwagne (Antwerp), D'Hauwer (Audenaerde), Peersons (Saint-Nicolas), Peel (Courtrai), V. Delporte (Mons), Delbeeck (Roulers), Borginon (Brussels), Branquard (Soignies), Vandeperre (Antwerp), Lamborelle (Malines), and Van Sande (Termonde).

# Reports of Societies.

## THE ROYAL SOCIETY.

*Thursday, June 27th, 1912.*

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

### *The Intensity of Natural Selection in Man.*

PROFESSOR KARL PEARSON, F.R.S., said that the following statement had recently received much currency: A high infant death-rate in a given community implies in general a high death-rate in the next four years of life, while low death-rates at both age-periods are similarly associated. The evidence in support of the statement consisted solely in showing that a bad environment raised both infant and child death-rates. But the statement was not true, even when no correction was made for differential environment, in what was, perhaps, the most important data on the subject, the Registrar-General's ten-year life tables for England and Wales. In three out of four of these tables a rising infant death-rate was associated with a falling child death-rate, and when correction was made for environment there was a substantial *negative* correlation between infant and child death-rates. The point was one of very great importance, because the question of a selective death-rate is the question of whether natural selection —Darwinism—applies to man. The inquiry did not attempt to determine how far the rising infant death-rate was really the cause of the falling child death-rate; its aim was to show that there was no such general rule as that stated. If that rule were a demonstrable truth then it might confidently be asserted that Darwinism did not apply to civilized man. As a matter of fact, other methods of inquiry indicated that at least 60 to 70 cent. of the deaths in civilized human communities were selective—that is, due to the elimination of those with inferior constitutional powers of resistance.

### *On Negative After-images and Successive Contrast with Pure Spectral Colours.*

Mr. A. W. PORTER, F.R.S., and Dr. F. W. EDRIDGE-GREEN read a paper in which an investigation on this subject was reported. A definite portion of the retina was fatigued by steadily gazing at an isolated region included between two definite wave lengths in the Edridge-Green colour perception spectrometer. After the fatiguing light had been viewed for a period of about twenty seconds the eye was turned to a screen on which a spectrum was situated, so that the after-image formed a band running right across the spectrum on the screen and occupying its centre. Experiments were also made with the spectrum replaced by monochromatic bands and on the appearance of the sodium flame after fatigue to various colours. The first point which was evident was the very great importance of the intensity of the light which was used, especially in relation to the reacting light.

1. Very little effect was produced, except when the intensity of the reacting light was the same or less than that of the fatiguing light.
2. The effect was chiefly noticed on the less luminous portions of the spectrum; for instance, after fatigue for yellow there was very little effect in the yellow, but considerable effect in the violet.
3. The after-image is not surrounded by the primary colour.
4. The effect of fatiguing the eye with a monochromatic region produces a uniform grey band across this region, when both fatiguing and reacting lights are of the same intensity.
5. The after-image does not change colour on fading.
6. Violet was the most affected after fatigue for red.
7. An after-image is seen in the absence of all external light.
8. Except after fatigue by a very bright light—as, for instance, direct arc through coloured glass—yellow does not change to green after fatigue to red, or to red after fatigue to green. The same is found with the sodium flame, though the after-image was strongly marked on each side of it.
9. The after-image, even in the absence of all external light, is always darker than the surrounding visual field.
10. The complementary to the exciting light is never strengthened in the spectrum on the screen by the after-image.

These facts could not be explained on either the Hering or Young-Helmholtz theories. The explanation on the Edridge-Green theory of colour vision was the same as that given for other facts of simultaneous contrast.

"neither dangerous nor painful." In the interests both of medical truth and the civilized treatment of political prisoners it is Mr. McKenna's duty to publish immediately this anti-memorial and the names of the signatories thereto.

If Mr. McKenna's "most distinguished" but anonymous informants are correct, then they have proved the Home Secretary to have acted with the grossest injustice to some prisoners, and Mr. Ellis Griffith to have made false statements to the House of Commons. For the Home Secretary has released some prisoners and kept others in prison on the following medical grounds, as stated by Mr. Ellis Griffith in the House of Commons on June 26th: A certain number (exact figures not given in *Hansard*) were released by Mr. McKenna because forcible feeding would have been "dangerous to health," and others because after being fed once or twice "it would be a danger to health or life (*sic*), as the case might be, if the treatment were persisted in."

A prison treatment of which such statements are made is not the simple, harmless process Mr. McKenna's nameless advisers allege it to be. Moreover, the actual medical facts of the cases of those persons who have been forcibly fed by Mr. McKenna are being collected, and we shall soon be able to form a just opinion of a violent procedure which has no real relation to the asylum and hospital practice to which it is sometimes compared. In fact, the falsity of this hospital analogy is completely demonstrated by Mr. McKenna himself, for he has admitted that he has been obliged to discharge many of his own cases owing to their health and lives being endangered by his procedures, whereas, of course, lunatics or hospital cases are never so discharged, and certainly not because the artificial feeding administered to them endangers their lives.—We are, etc.,

AGNES SAVILL,
CHARLES MANSELL MOULLIN,
VICTOR HORSLEY,
Secretaries to the Medical Memorial.

July 10th.

### THE LIVERPOOL CITY ARMS.

SIR,—In the many excellent articles which have appeared preparatory to the meeting in Liverpool, mention, I think, has not been made of a matter which might possibly interest the student of natural history. I refer to the bird and its mouthful which appear in the City arms. These arms are heraldically described thus:

Argent, a cormorant sable, beaked and legged gules, holding in its beak a branch of sea-weed called laver, inverted, vert.

The cormorant (*Phalocrocorax carbo*) is a bird which formerly inhabited the estuaries of the Ribble and the Mersey. A stuffed specimen is in the Liverpool Town Hall. A variety, now extinct, was known as the "liver," and from the latter bird the town is supposed to have derived its name.

The device in the city shield is very ancient, for although the arms of Liverpool were duly granted in 1797, the bird with a sprig in its mouth is found on a corporation seal made in 1222.

The sprig in the bird's mouth is a bunch of laver (*Porphyra laciniata*), and is supposed to have been the material upon which the bird lived. Laver is a great luxury, and is met with occasionally at a city dinner. When we dine in Liverpool, will our colleagues in that city regale us with a morsel of the delicious vegetable which formed the *pabulum vitae* of the eponymous bird?—I am, etc.,

S. D. C.

July 5th.

# The Services.

### PRESENTATION TO LIEUTENANT-COLONEL DE ZOUCHE MARSHALL.

LIEUTENANT-COLONEL J. J. DE ZOUCHE MARSHALL, V.D., on his retirement from the command of the Surrey Medical Unit, which he raised in 1902 as the East Surrey Bearer Company, has been presented with a pair of silver entrée dishes bearing the following inscription: "Presented by the Officers, N.C.O.'s, and Men of the 3rd Home Counties Field Ambulance, R.A.M.C. (T.F.), to Lt.-Col. John J. de Zouche Marshall, V.D., on his relinquishing the command. June, 1912. Geo. A. Edsell, M.D. (Lt.-Col. Commanding), William Argent (Sergt.-Major)."

# Public Health AND POOR LAW MEDICAL SERVICES.

### DUTIES OF WORKHOUSE AND DISTRICT MEDICAL OFFICERS.

H.—It would appear that our correspondent is a workhouse medical officer, and also a district medical officer. These appointments are quite distinct, and must be paid for separately. With regard to the first, the duties of the medical officer do not extend outside the workhouse, and, as a certain number of children have been transferred to a home, his duties to that extent have been lightened; although it would appear that, owing to additions to the union, he now receives patients that previously could not come under his care. But it does not appear that there has really been any increase of his duties as workhouse medical officer. With regard to the second—the district medical officer—his duties are to attend to any of the outdoor poor in his district. If the home to which these children have been sent lies within his district, it is part of his duty to attend to any of them on receiving a proper order from the relieving officer. In not a few instances boards of guardians have in recent years appointed a special medical officer to attend to such homes, at a special salary; but this is not obligatory. In many cases, as a neighbourhood grows, the district medical officer finds that his work greatly increases, and he may properly ask for a revision of his salary. If the addition to our correspondent's duties caused by having to attend to this home is a considerable increase, he would be justified in asking for such a revision, but it is impossible from the details given to suggest what increment he should ask for.

# Universities and Colleges.

### UNIVERSITY OF OXFORD.

*A New Fellowship.*

NOTICE has been given by the authorities of Magdalen College that next Michaelmas term they will make an appointment to an Ordinary Fellowship after an examination having special reference to excellence in medical science.

The person to be elected must have passed all the examinations required by the University of Oxford for the degree of B.A., must be unmarried, and must not be in possession of any ecclesiastical benefice, or of any property, pension, or office tenable for life or during good behaviour, the annual value of which exceeds £300 per annum. The examination, which will begin on Tuesday, October 1st, at 10 a.m., in the College Hall, will include the following:

A. An English essay on a general subject. B. Papers in (1) General Physiology; (2) General Pathology; (3) one of the following special subdivisions of the above subjects—that is, (*a*) Physiological Chemistry, (*b*) the Special Physiology of excitable tissues, bodily movement, circulation, respiration, and secretion, (*c*) the Special Physiology of the nervous system and sense organs, (*d*) Bacteriology and its relation to Disease, (*e*) the Special Pathology of Disease, (*f*) Psychology.

Candidates may offer in addition Chemistry or General Biology, or Human Anatomy (including Embryology), or Histology; they will also be given the opportunity of showing their power of translating from scientific treatises in Latin, French, and German. There will be a viva voce examination of candidates at the discretion of the examiners, but practical work will not form any part of the examination, either in general or additional subjects. Candidates may further submit evidence of research work done by them in the form of papers already published or accepted for publication. All persons who wish to become candidates will be required to give notice *in writing* (1) of their intention to do so, (2) of the special division of Group B 3 which they propose to offer, (3) of their intention, should they wish to do so, to offer either Chemistry, or General Biology, or Human Anatomy, or Histology, to the President of Magdalen College, not later than Saturday, July 20th. All evidence they desire to submit of research work, which must be in the form of published papers or of typewritten copies of MSS. accepted for publication by some scientific journal, must be sent in to the President not later than Saturday, September 28th. All candidates will be required to call upon the President of Magdalen College on Monday, September 30th, between the hours of 6 and 7 p.m., bringing with them testimonials of their fitness to be elected to a Fellowship in the College as a place of "religion, learning, and education." The person elected will be expected to reside for three months during the first year after election, but this residence may be dispensed with for sufficient reason.

*Scholarships.*

The following awards have been made: The *Theodore Williams Scholarship in Anatomy* to Mr. W. B. Littlejohn, of New College; the *Theodore Williams Scholarship in Physiology* to Mr. Gerald K. Bowes, of Christ Church; the *Theodore Williams Scholarship in Pathology* to Mr. G. E. Beaumont, of University College.

## UNIVERSITY OF LONDON.

### LONDON HOSPITAL MEDICAL COLLEGE.

THE annual prize-giving ceremony in connexion with the London Hospital Medical College took place on July 1st, under the presidency of the Chairman of the College Board, Mr. W. Douro Hoare. The prizes were distributed by the Chancellor of the University of London, Lord Rosebery, who in the course of the proceedings delivered the address to which allusion was made in our issue for July 6th, p. 36. A report as to the progress of the school was made by its Dean, Dr. William Wright, who said that the average number of students had been more than maintained, while the academic distinctions gained by them at various examinations were above the average. The endowment fund of the College had risen to £7,500, and a grant of £4,300 in respect of the coming year had been received from the Board of Education; acceptance of this sum imposed great obligations and responsibilities, but these were fully appreciated. It had already enabled a number of small reforms to be made in the College, and he hoped the coming year would see more important changes, some of them marking a distinct step forward in medical education in this country. The Dental School had also fulfilled the highest expectations regarding it. It had been equipped on the most modern lines, and its success had been so pronounced that the question of its extension must soon be considered. A garden party in the hospital grounds followed the conclusion of the formal proceedings.

### OFFICERS' TRAINING CORPS.

The annual inspection of the contingent took place in Hyde Park on Saturday, June 29th, the inspecting officer being Major-General Cowans, Quartermaster-General to the Forces. The corps paraded at nearly full strength, the Medical Unit being over 200 strong, under Major W. P. Herringham, the Vice-Chancellor of the University. Major Capper was in command of the parade. The inspecting officer expressed himself well pleased with what he had seen; he pointed out that more officers were required for the Special Reserve of Officers, and hoped that during the coming year the number of cadets applying for commissions would be increased.

The annual dinner of the contingent was held on June 28th, at the Great Central Hotel, Major Capper being in the chair. The toast of "The Corps" was proposed by Sir Albert Rollit, and responded to by Majors Charles and Tooth; that of "The Guests" was proposed by Captain Harris, and responded to by Dr. Hill, the Secretary of the Imperial Universities Congress, and by Major Meicklejohn, V.C., of the War Office. Music was supplied by the excellent band of the contingent.

## UNIVERSITY OF EDINBURGH.

*Honorary Degrees.*

AMONG those who received the honorary degree of LL.D. at the graduation ceremony on July 5th were Sir James Porter, Director-General of the Medical Department of the Royal Navy, and Professor Cash, F.R.S., Aberdeen.

## UNIVERSITY OF ABERDEEN.

THE following were among the degrees and diplomas conferred at a meeting of the Senate on July 9th:

M.D.—†G. S. Melvin, *J. A. Beattie, *R. M. Chance, *A. J. Shinnie, *D. J. S. Stephen, D. M. Baillie, A. L. E. F. Coleman, H. G. Deans, A. Gray, G. Michie, W. R. C. Middleton, J. Mitchell, H. W. Smith, G. I. T. Stewart.

M.B., CH.B.—D. S. Badenoch, W. F. Beattie, M. M. Cruickshank, R. E. Dastur, Elizabeth M. Edwards, A. F. Fraser, W. J. S. Ingram, S. W. Lund, E. A. Pearson, A. C. M. Savege, J. Shaw, C. W. Weir, J. Wood.

D.P.H.—J. Brown, E. W. Wood-Mason, H. S. Milne, J. G. Muterer.

* "Commendation" for Thesis. † "Honours" for Thesis.

## UNIVERSITY OF DURHAM.

THE following candidates have been approved at the examination indicated:

THIRD M.B. (*all subjects*).—*C. Armstrong, I. G. Cummings, C. N. Gover, Mary L. Haigh, M. H. De J. Harper, C. Jacobs, R. R. Lishman, E. R. A. Merewether, F. Metcalfe, E. C. G. Parker, I. M. Pirrie, K. I. S. Smith, C. R. Smith, J. C. Spence. *Public Health, Medical Jurisprudence, Pathology, and Elementary Bacteriology*: E. Phillips.

* Second class honours.

## UNIVERSITY OF LIVERPOOL.

*Chair of Bacteriology.*

PROFESSOR JAMES MARTIN BEATTIE, M.D., at present Professor of Pathology and Dean of the Medical Faculty in the University of Sheffield, has been appointed Professor of Bacteriology. Professor Beattie has also been appointed by the City Council to the office of Bacteriologist for Liverpool, a post involving work similar to that which he has discharged for the last five years at Sheffield.

*Fellowships and Scholarships.*

*Holt Fellowship in Pathology.*—H. C. W. Nuttall.

*Holt Fellowship in Physiology.*—R. Kennon and Robert Gee.

*Fellowship in Anatomy.*—J. H. Rawlinson and Thelwall Thomas.

*Fellowship in Surgical Pathology.*—A. A. Rees.

A University scholarship in medicine has been awarded to Ethel Chadwick.

## UNIVERSITY OF LEEDS.

*Degrees.*

THE following were among the degrees conferred at a congregation on June 29th:

M.B., CH.B.—*G. P. Mellis, †L. Dunbar, J. Ferguson, and G. W. L. Kirk.

* First class honours. † Second class honours.

*Examinations.*

The following candidates have been approved at the examinations indicated:

SECOND M.B., CH.B. (*Part I*).—R. H. Chadwick, D. A. P. Clarke, A. S. Hebblethwaite, C. H. Seville. (*Part II*): Jane Bamford, H. Franklin, H. M. Holt, W. L. Ingham, C. E. Leake, J. Liberman, W. H. Lonen, J. Rosencwige, Jessie Smith, R. S. Topham, Augusta Umanski, and F. Walton.

FINAL M.B., CH.B. (*Part I*).—E. Hesterlow and W. D. A. King.

D.P.H. (*Parts I and II*).—D. F. Dobson. (*Part I only*): G. O. Chambers and A. Dick.

D.P.M. (*Parts I and II*).—J. M. Noyes and E. A. Waldron.

# Medico-Legal.

## COLLECTORS AND THE WORKMEN'S COMPENSATION ACT.

W., who recently made inquiry at a large insurance office with regard to the insurance of a locumtenent for compensation purposes, was asked by the company whether his collectors were insured. To this he replied in the negative, pointing out that, as his collectors were employed entirely on commission, he did not consider that he was liable. The company replied to the effect that it would be necessary to insure the collectors, as it did not insure part of a staff. Our correspondent asks for definite information on the point.

*** We cannot recall a case precisely on all-fours, but we agree with our correspondent that it is very doubtful whether, in the circumstances described, a collector can be said to be a workman. Assuming that a "collector" is a person paid by commission, the question is: Is a person who is paid by commission "employed" within the meaning of the Workmen's Compensation Act, so as to render the doctor liable if the collector meets with an accident? "Workman," within the meaning of the Workmen's Compensation Act, does not "include . . . an outworker . . . but it means any person who has entered into or works under a contract of service with an employer." The fact that a man looks to a certain person for payment of his wages was in an old case held to be *prima facie* evidence that the person is his master; and it has been held that the wages may, for this purpose, consist of payments by commission (R. *v.* Tite, 30 L.J.M.C. 142).

# Obituary.

## WILLIAM MURRELL, M.D., F.R.C.P.,

SENIOR PHYSICIAN TO THE WESTMINSTER HOSPITAL.

DR. WILLIAM MURRELL, who died on June 28th, had been suffering for many months from signs of heart failure, which necessitated complete rest in February. In the beginning of June, in view of his promotion to the post of Senior Physician to the Hospital—the climax of his professional career—he pluckily insisted upon making an attempt to resume his work, and for three weeks he struggled on. The effort, however, proved beyond his strength, and in all probability hastened his end.

William Murrell, who was born in 1853, was the son of Mr. W. K. Murrell, barrister. His medical education was received at University College, where, after obtaining the diplomas of L.S.A. in 1874 and M.R.C.S.Eng. in 1875, he held the usual resident posts. He was also for a time Resident Clinical Assistant at the Brompton Hospital. Later he was appointed to the staff of Paddington Green Children's Hospital, and for a time was Physician to the North-West London Hospital. In 1877 he became Medical Registrar to the Westminster Hospital for a couple of years, and in 1883 he became Assistant Physician, being promoted to the full staff in 1898. He became M.D. of Brussels in 1879, and F.R.C.P. London in 1883.

The branch of medicine to which he mainly devoted himself was that of pharmacology and therapeutics, in which he attained a wide reputation. He was examiner in materia medica to the Conjoint Board in England, and to the Universities of Edinburgh, Glasgow, and Aberdeen. He was the author of a *Manual on Pharmacology and Therapeutics*, and also edited the 4th edition of Fothergill's

*Handbook of Treatment*, published in 1897. His most popular work, however, was a little book entitled, *What to Do in Cases of Poisoning*, published originally in 1881, which reached its 11th edition during the present year. He also wrote upon massage, upon the treatment of chronic bronchitis, and on angina pectoris. His book upon forensic medicine and toxicology reached its 6th edition in 1903, and his work on materia medica was published in 1900. In view of his eminence in pharmacology he was elected Lauréat de l'Académie de Médecine de Paris, and Honorary Fellow of the Medico-Chirurgical College of Philadelphia.

His character was marked by shyness and a certain amount of reserve, and in consequence, perhaps, of this, his circle of intimate friends was limited. He was a bachelor, and lived a somewhat secluded life, finding his main occupation in his work. He took a keen interest in the welfare of the Westminster Hospital, and was an assiduous member of the Board of Governors. Even during his last illness he shared in the deliberations of his colleagues in many matters pertaining to the welfare of the hospital. He had long looked forward to becoming Senior Physician to the Hospital, and there is much that is tragic in his fatal illness at the time when his ambitions had just been realized.

## RICHARD PARAMORE, M.D.,

LONDON.

WE regret to record the sudden death in his sixty-fourth year, in the last week of June, of Dr. Richard Paramore, a general practitioner exceptionally well known among his colleagues in London, and the general public in the Euston district. He was born in Devonport in 1848, and after the completion of his general education was articled to the late Dr. Frederick Row, Surgeon to the Royal Albert Hospital, and Paramore thus gained a useful insight into the conduct of good class general practice, and also laid the foundations of surgical experience. He became a student at Guy's Hospital, and took the diplomas of L.S.A. in 1867, M.R.C.S. in 1872, and M.D.Brussels in 1884. He started practice in Hunter Street—a somewhat bold proceeding, as his age was then only 21—a step which was fully justified by the results. He was exceptionally able in the management of children, and little by little built up an excellent general practice, which he carried on, both at Hunter Street and his residence in Gordon Square, right up to the time of his death. He held several appointments, among them being that of medical officer to the post office, by whose authorities he was greatly esteemed.

Paramore's outlook, both on life and his special occupation, was broad, and he was a member of many professional organizations: The British Medical Association, the Royal Society of Medicine, the Medical Society of London, the Harveian Society, the West London Medico-Chirurgical Society, and the Society for the Study of Inebriety. He contributed occasionally to our columns, and was the author of books entitled *Hints on Health; Sleep;* and *The Influence of Social Habits on Health and Character.* He was a man of very marked individuality of character, and was an interesting companion, with a capacity for the apt quotation of poetry, and such readiness in expressing his ideas as might have led to his attaining distinction in any walk of life. On this point a correspondent writes:

> He was a fine speaker—in fact, he was an orator; and it was a delight to listen to him, especially when he had a good cause at heart. He was generous to a fault, and the world will be the poorer for his loss. No man was ever more eager to help his professional brethren, and his kindness and generosity to the deserving among his patients was immense.

As a specific instance of Dr. Paramore's readiness to devote his time, powers of persuasion, and his energy to the assistance of his friends, may be mentioned the part he played in raising the fund to reimburse the late Dr. W. T. Law for some part of the expense in which he was involved by an action brought against him. Dr. Paramore married in 1875, and is survived by his wife, four sons, and two daughters.

THE next examination of candidates for the Royal Naval Medical Service will be held in London on September 30th and following days. The number of appointments offered for competition will be fifteen. Forms of entry and other information can be obtained on application to the Medical Director-General, Admiralty, S.W.

# Medical News.

THE Continental Anglo-American Medical Society will give a luncheon at the Adelphi Hotel, Liverpool, on Thursday, July 25th, at 1.30 p.m. Members of the society intending to be present are requested to communicate with Dr. Leonard Robinson, 28, Rue de Ponthieu, Paris.

THE Irish Medical Schools' and Graduates' Association will give a luncheon at the Exchange Station Hotel, Liverpool, on Wednesday, July 24th, at 1.30 p.m. The president, Dr. H. Macnaughton Jones, will be in the chair. The honorary provincial secretary, Dr. Shepherd Boyd, 7, Springfield Avenue, Harrogate, asks that members intending to be present should notify him as soon as possible.

THE temperance breakfast usually held during the annual meeting of the British Medical Association will take place this year on Thursday, July 25th, at 8.15 a.m., in the Walker Art Gallery. Mr. Alexander Guthrie, J.P., a vice-president of the National Temperance League, will preside, and Dr. F. W. Mott, F.R.S., will deliver an address dealing with one of the aspects of the present attitude of the profession towards the use of alcohol. The proceedings will conclude in time for members to attend the meetings of the sections.

THE London Dermatological Society held its first annual dinner on July 1st, the guest of the evening being Lord Chesterfield. In replying to a toast to the society, proposed by Mr. McAdam Eccles, Dr. Morgan Dockrell, who was in the chair, said that the society, whose objects were educational, consultative, and social, had already proved of great use to many members of the medical profession, and had, he believed, a great future. It the course of the evening the Chesterfield medal was presented to Dr. Bartholomew.

THE number of the *Arena* for July will maintain the reputation of this new monthly for the excellence of its illustrations. The chief article is on Haileybury, which celebrates its jubilee as a public school this year; it has many pictures, and there is a fine photograph of the chapel on the cover. From an article on schools in Japan we learn that in the eight higher-grade secondary schools open to boys preparing for the universities, all maintained by the State, special facilities have recently been arranged for those intending to become medical students. The periodical, though directly addressed to old public school boys, will appeal also to parents who have boys of public school age.

THE time-table of the Oxford Ophthalmological Congress can now be obtained on application to Mr. Sydney Stephenson, 33, Welbeck Street, London, W. It will begin on Thursday next, July 18th, at 10 a.m.; members of the congress can stay at Keble College, the charge for board and lodging being 7s. 6d. a day, and there will be an unofficial dinner on Wednesday evening in Keble Hall. On the mornings of Thursday and Friday, there will be demonstrations in the department of physiology, where a museum has been formed. On Thursday evening there will be operations and demonstrations of cases at the Eye Hospital, and in the evening the Warden of Keble College will preside over the official dinner of the congress in Keble Hall. On Friday afternoon there will be a discussion on coal miner's nystagmus at the Eye Hospital, and on Saturday the members will make an excursion by river to Reading or Henley.

AT the annual meeting of the Stockport, Macclesfield, and East Cheshire Division of the British Medical Association, held at Macclesfield on June 26th, Dr. Hyde Marriott of Stockport, Chairman of the Division, presented to Dr. John Brierley Hughes, the Secretary of the Division, on behalf of its members, a beautiful silver rose bowl, in recognition of the valuable services he had rendered to the Division as secretary for the past five years, and more particularly as a slight acknowledgement of his devotion to and successful discharge of the onerous duties devolving upon him during the past year, especially in connexion with the Insurance Bill. Dr. Hyde Marriott spoke of the hearty response to the appeal by members of the Division and their willingness to show in a marked degree their high appreciation of Dr. Hughes and the able manner in which he had carried out the duties of secretary. Dr. Hughes, in thanking the members of the Division, said that he deeply appreciated all the kind things said of him, and although the work had at times been severe, he felt he had been amply repaid in the unanimity of the members of the Division, by their strong support to the principle of a "united policy" in regard to the Insurance Act.