

Results of Excision of the Rectum.

Operations for cancer of the rectum are on the whole less favourable than those on the colon. Contrasting the two I should say in excision of the rectum we have more haemorrhage and shock, usually a more difficult operation, less freedom in removal, a larger and more serious wound to heal, and a more malignant type of cancer to deal with. On the whole the results of excision of the rectum are good, but there are reasons why we should expect a slightly higher primary death-rate, and a greater probability of recurrence than in the case of colectomy.

The table shows that during the last ten years I have excised the rectum for cancer in 28 private patients. Two deaths occurred, one the double route operation in a male, the other a high resection in a female. Neither were good subjects, and I should now probably exclude them both, doing a colotomy instead. Of the 28, thirteen are still living at 1, 1, 2, 2½, 3, 3½, 3½, 5, 6, 6, 7½, 9, and 10 years respectively. Of the remaining 15, twelve died from recurrence after an average duration of life of thirteen months. One died from other cause without recurrence, and two, as stated, died from the operation.

Excision of Rectum.

All cases operated on in private practice, 1901 to 1911—28 cases, all cancer; 15 males, 13 females.

Mortality.—Two deaths (1 double route, male; 1 high resection, female).

Age.—Under 50, 2; 50–60, 13; 60–70, 12; 70–80, 1.

Life after Operation.—Living, 13: 1, 1, 2, 2½, 3, 3½, 3½, 5, 6, 6, 7½, 9, and 10 years. Died from recurrence, 12. Average duration, 13 months. Died from other cause, 1. Died from operation, 2.

Gentlemen, I offer these results of personal experience with much deference to my fellow surgeons, of whom so many have enjoyed better opportunities and are better fitted to benefit by them than I am. Doubtless some of my views will not meet with your approval, but I hope that here and there some fact or opinion may be found which will prove helpful to others, and this hope is my only justification in submitting to you these experiences in operations on the large bowel.

REFERENCE.

1 *Liverpool Medico-Chirurgical Journal*, 1895.

Memoranda:**MEDICAL, SURGICAL, OBSTETRICAL.****AMYL NITRITE IN CARDIAC DISPLACEMENT.**

Mr. A. McK., aged 41, consulted me some weeks ago because of severe attacks of dyspnoea which recurred every two days. He was feeble, and able for very little exertion. The history was that two years ago he had a fluid pleurisy. For this he was tapped behind, with a negative result, and again in the nipple line on the left side, where his doctor drew off 5 oz. of fluid. As a result of the adhesions the heart was anchored much outside its usual position, the apex beat being 2½ in. outside the nipple line. I advised amyl nitrite for the anginal attacks. He used a 5-minim capsule during the next attack. I saw him two days later, and the result has been far greater than I anticipated; in his own words, he felt "as if the heart were being pulled right out." When I examined his heart I found the apex beat just inside the nipple line. For two years he had been unable to stoop, he now was able to bend down and pick a pin from the floor. Before his treatment he had these anginal attacks every two days or so; he has had none since. In my opinion, the amyl nitrite so allowed the heart to act that it broke away from its false moorings. Now under tincture of strophanthus it is fast coming back to its original condition.

J. G. McNAUGHTON, M.D. Edin., M.R.C.P. Edin.

Kelowna, British Columbia.

RIGHT OVARIAN DERMOID.

Mrs. X. stated she was suffering from "abscess of the womb" of about ten months' duration. Twelve months previous to the onset of her present symptoms Caesarean section had been performed in a provincial hospital.

There was a foul-smelling yellowish discharge from the vagina. A tumour about the size of an apple was hanging by a pedicle about 1 in. thick from the posterior fornix to the right of the middle line, and surrounding the pedicle at its exit was what felt like a cervix, but owing to the rigidity of the abdominal muscles a thorough examination could

not be made. On the posterior aspect of the tumour was a small, hard, sharp mass, the mere touching of which caused the patient exquisite pain.

The patient was admitted, and under a general anaesthetic Professor Cameron found the uterus super-involved and lying above the tumour at the level of the upper border of the symphysis in a position of retroversion. The hard mass on the posterior aspect of the tumour consisted of several teeth and a quantity of hair. With the écoureur the pedicle with tumour was removed. What appeared to be cervix surrounding the pedicle was granulation tissue. The patient was dismissed well ten days after the operation.

The dermoid had apparently worked its way through the pouch of Douglas on the right side.

I have to thank Professor Cameron for permission to publish this interesting case.

JAMES H. MARTIN, M.D.,

Dispensary Gynaecologist, Western Infirmary, Glasgow;
Assistant Gynaecologist, Glasgow Maternity and
Women's Hospital.

PERFORATION OF THE TYMPANUM AFTER SYRINGING.

A WOMAN, aged 29, consulted her family physician, telling him she felt "run down." On rising that morning she was aware of a peculiar sensation in the left ear, but there was no pain and she did not feel deaf. The feeling was as if something was in the ear. Two weeks previously she had suffered from sore throat, which was now better.

The doctor syringed her ear. Afterwards she walked about town for some two and a half hours. On her way home in a tramcar she was seized with severe pain in the ear. A yellow watery discharge made its appearance, and the ear became very deaf. That night the pain prevented sleep, and some blood escaped from the ear.

I saw her after this. The pain in the ear had ceased, but a profuse muco-purulent discharge was coming from the canal. Covering the region of the drum there was a white sodden mass of dead epithelium, which was easily removed with the help of a little hydrogen peroxide. It came away in the form of a plug, exposing a large perforation involving the whole of the drum with the exception of Shrapnell's membrane. The handle of the malleus was absent, and the external auditory meatus was narrowed by inflammatory swelling.

With appropriate treatment the inflammation and discharge subsided, but the hearing has remained markedly defective. The patient maintains that the pain, perforation, and subsequent deafness were caused by the force used in syringing.

I communicated with the patient's doctor, who was surprised to hear the sequel to his case. He told me he examined the ear and found the canal a little red and swollen. He saw something which looked like a "crust" lying in the canal.

It is interesting to note that two months previously the patient was under my care, suffering from deafness in the right ear, which was due to an old-standing dry perforation dating from acute otitis media in childhood. At this time the drum of the left ear was frequently examined, and also the hearing, both appearing quite normal.

The explanation, in my opinion, is as follows: In certain cases perforation of the tympanic membrane takes place in a most remarkably insidious manner. The following case illustrates this:

A woman, aged 21, was under my care suffering from discharge from the right ear through an old perforation. The left tympanic membrane appeared in all respects normal. Quite suddenly a discharge appeared from the left meatus, and examination showed a fairly extensive perforation below the handle of the malleus. The drum exhibited only the faintest trace of redness, localized to the handle of the malleus. There was no pain or any other symptom except discharge.

I think the former case was undoubtedly of this character. The perforation was probably already present when her doctor syringed the ear. The "crust" which he saw was probably a pent-up discharge. Forcible syringing, especially if all discharge and cholesteatomatous matter was not removed, would account for an acute condition being set up in the middle ear. The case was probably of a tuberculous nature, although I could find no evidence of tuberculosis.

The case shows the necessity of a thorough examination of an ear before syringing, and of careful examination afterwards, in order to be sure that all discharges have been removed.

E. DRYBROUGH-SMITH, M.D., Ch.B.,

Late Clinical Assistant, the Ear, Throat, and Nose
Department, Royal Infirmary, Edinburgh.

The following memorial of Dr. Booth's work in connexion with the Red Cross is contributed by Dr. W. H. Graham Aspland, F.R.C.S.E.:

"Having returned from China but two or three days, I cannot express the great shock I felt on reading the fact of the death of Dr. Robert Booth, of Hankow, and, as Vice-President of North China Medical Association, I would like to pay tribute to his memory here in England, such as, I am sure, will be paid by every medical missionary in China. It seems but a few days since I shook hands with him when we separated after our Red Cross work in Hankow and Wuchang. On that occasion it fell to my lot to reply to a toast given by the Central China Red Cross Society to myself, as representing the Northern Branch, and to all time no mention can be made of Red Cross work in China without associating with it the name of Robert T. Booth. We cannot imagine what would have been the results had he not been the life, spirit, and impulse of that work. I can see him now, rushing from one centre to another on his old bicycle, which had but one pedal—the other being a pedal rod only—arranging with merchants and others for empty warehouses and buildings to be converted into hospitals. When I remember that four hospitals had to be opened in one day in order to accommodate the wounded arriving in hundreds, only those who work in China can understand the work devolving upon Booth and his chief, MacWillie. Beyond organization he had his own hospital full, and yet he was always the man to fill the gap when one was made. I venture to assert that no man in Central China will be more missed, and I am equally certain none was more loved and revered. I can imagine the horror and grief which will fill the hearts of all medical missionaries on the Central River when they hear the terrible news of his death. He was Irish and not Scot, but none the less a 'grand man.' Booth was an ideal 'medical missionary.' Medically, nothing but the best would satisfy him. His hospital and dispensaries were not run on loose, slipshod lines, merely making medicine the bait to catch converts; he was up to the latest standards in his own attainments, and his hospital was in keeping with them. His abhorrence was a medical missionary who in fulfilling the missionary side of the work allowed the medical to become rusty and out of date. . . ."

WILLIAM JEFFREY, M.D.,

JEDBURGH.

ON July 16th Dr. William Jeffrey, of Jedburgh, passed away at the age of 71, after a strenuous life of forty-seven years as a country practitioner. He was one of the last of an outstanding group of doctors on the Scottish Border who all worthily upheld the dignity and worth of medicine in that classic land. He was the son of a Border doctor, and he was a notable man through all that countryside. Able, active, kindly, shrewd and handsome, he looked and was a gentleman in all his ways. He had also a deep but silent sense of religion and reverence in his nature. He was well read in his profession, as he was in general literature, and his interests were wide. He helped to found a Cottage Hospital at Jedburgh. He could discuss a knotty point in science or morals, as well as the latest discoveries in his profession, and he dearly liked to come into Edinburgh to meet his old medical teachers and friends. He could hold his own with any of them and give as much instruction as he got. He was welcome everywhere—in the cottage and the hall—his keen personality and hearty manner making him very attractive. His life was a happy and busy one, not free from hardships and risks. He would think little of riding twenty miles to see a shepherd's wife among the Cheviots, and back again to catch a train for an Edinburgh professional dinner or a musical concert. His ruddy, cheerful face was a fine contrast to most of our city doctors. Like all country practitioners, he knew human nature well in all its weaknesses, sorrows, and strength. He was a social man in a high degree, and a loyal friend. His ability, width of medical knowledge, and experience gave him confidence in doing his varied medical work, and gained the unbounded trust of his many patients, for his practice was a very large one. The modern specialist in medicine and surgery may well look up to such a general practitioner, whose range of work is so much wider than his own, and who has con-

stantly to meet professional emergencies unknown to him.

So long as we have country doctors like Jeffrey, who have "honour, love, obedience, troops of friends," the future of our profession is safe. He carried out the great traditions of the Edinburgh medical school, when its teachers included Simpson, Syme, Goodsir, Hughes Bennett, and Christison.

Dr. Jeffrey took the degree of M.D. in Edinburgh in 1863, after a distinguished career as a student. He was house-physician to Dr. Warburton Begbie and Dr. Matthews Duncan in the Royal Infirmary of Edinburgh, where the late Professor Rutherford, another Border man, was his fellow resident, and a prosector with Sir William Turner. He leaves a widow, one daughter and two sons—Dr. John Jeffrey, F.R.C.S.E., who succeeds him in his practice, and Dr. George Jeffrey, M.R.C.P.E., both of them men of distinction.

E. D. RITCHIE, M.B., B.C.

WE regret to announce the death of Dr. E. D. Ritchie, which occurred at his residence, Chandler's Ford, Hants, on July 6th. For eight months he had borne with the greatest fortitude an incurable internal malady. He watched his own case with the attention he would give to his own patients.

Dr. Ritchie was born at Brighton, September 16th, 1859, and was the youngest son of the late William Ritchie, Advocate-General of Bengal, and Legal Member of the Council of the Governor-General of India. He was educated at Twyford and Winchester, and when he left the latter for Cambridge he was Prefect and Captain of the School Four. He entered Trinity College, Cambridge, in 1878, and rowed in the First Trinity first boat in the following year. He was equally distinguished in sports and in the schools. He gained an Exhibition in Natural Science, and obtained a First Class in the Natural Science Tripos in 1881. He was twice chosen to compete with Oxford for throwing the hammer, and won the event for Cambridge in 1882. In 1883 he entered at St. Thomas's Hospital, and speedily came to the front among the men of his year. He held the posts of both House-Surgeon and House-Physician. He was admitted a member of the Royal College of Surgeons of England in 1885, and graduated M.B., B.C., at Cambridge in the following year. There is no doubt he might have made headway and a name for himself if he had elected to remain in London, but he felt a call to the country, and he settled in 1888 at Yorktown, near Camberley, Surrey. In 1891 he married Miss Lilian Dora Middleton, youngest daughter of the late Rev. F. M. Middleton, R.D., then Vicar of Camberley. After his marriage he moved to the neighbouring village of Blackwater, Hants, where he remained till 1897, when he settled at Chandler's Ford, where he practised until his fatal illness. He was a true gentleman, and never swerved from the straight path of ethics. He had musical tastes, and was fond of hunting. Dr. Ritchie was appreciated as the Honorary Secretary of the Diocesan Choral Association, and encouraged singing amongst the young as preventive of nasal and respiratory affections. As a Chairman of the Winchester Division he won the respect and regard of the members, for in debate he always spoke to the point. He was a strong supporter of the cardinal points of the British Medical Association regarding the Insurance Act. He was laid to rest on July 17th, the funeral being attended by a number of his professional brethren, friends, and patients. Conspicuous among the many wreaths was one from the Winchester Division. The last months of Dr. Ritchie were materially alleviated by the untiring skill and devotion of Mr. H. J. Godwin, Surgeon to the Hants County Hospital and Secretary to the Winchester Division.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Dr. H. Waitz, surgeon in charge of the Red Cross Hospital at Hamburg, and author of works on nursing, etc., in the sixty-second year of his age; Dr. M. J. Petrunkewitch, medical superintendent of the Twer Government Hospital, and a member of the first Duma; Dr. S. W. Schidlowski, professor in the Army Medical

Academy, St. Petersburg, aged 64; Dr. Jerome H. Waterman, a well-known orthopaedic surgeon of New York, aged 41; Dr. Leon Oppenheimer, the well-known gynaecologist of Wurzburg, aged 71; Dr. J. Brandt, sometime professor of surgery in the Medical Faculty of Klausenburg; Dr. Paul Villemin, son of the investigator who established the infectivity of tuberculosis, surgeon to the Paris hospitals, author of a work on infections, traumatism, and diatheses, and other contributions to medical literature, aged 51; Professor Ernst Schulze, of Zürich, a very distinguished investigator in the domain of biochemistry, aged 72; Dr. J. Chatin, Professor of Histology in the Paris Faculté des Sciences, and Member of the Académie de Médecine; Dr. Moritz Seidel, Professor of Pharmacology in the University of Jena, aged 75; and Dr. Emilian Kaufmann, Professor of Ear and Nose Diseases in the Czech University of Prague.

Universities and Colleges.

UNIVERSITY OF LONDON.

THE following candidates have been approved at the examinations indicated:

SECOND M.B. (*Part II.*)—B. P. Allinson, D. Aucutt, K. R. Batra, K. Biggs, A. L. Blunt, O. D. Brownfield, J. Capell, F. Chadwick, P. C. P. Cloake, B.Sc., C. Cooke, J. N. Deacon, C. R. Denny, J. Y. Dent, E. G. Dingley, C. H. Edwards, H. Ellis, J. Fanstone, R. H. Fleming, B.Sc., Annie M. Forster, H. R. Friedlander, G. E. P. Gibbons, E. A. Gray, D. T. Harris, E. E. Herga, S. H. Hodges, R. N. Hunter, C. E. Jenkins, K. Lewis, E. G. Johnson, J. Jones, W. A. E. Karunaratne, K. W. Law, C. G. Linder, D. G. F. Moore, J. B. Mudge, Kathleen H. Parkinson, O. Parry, Jones, H. R. Partridge, A. H. Pemberton, L. G. Phillips, L. E. Pimm, K. N. Purkis, C. S. L. Roberts, Violet I. Russell, P. Sai, E. A. L. Sanson, S. K. Sanyal, W. G. Shakespeare, Edith A. Shaw, G. J. C. Smyth, Elsie Stansfeld, L. F. Strugnell, T. C. Summers, L. H. Terry, J. O. Thomas, G. N. Welsford, J. D. Wilkinson, C. M. Williams, L. H. W. Williams, H. W. S. Wright.

M.D., BRANCH I (*Medicine*).—S. H. Booth, B.S., H. C. R. Darling, B.S., H. S. Furness, B.S., Rose F. Jordan, B.S., T. S. Lukis, B.S. (University Medal), E. G. Perodeau, B.S., C. E. Shattock, B.S., N. Tattersall, B.S., H. A. Treadgold, B.S., H. O. West, B.S., S. Wyard, B.S.

M.D., BRANCH III (*Mental Diseases and Psychology*).—B. Hart, G. E. Peachell, B.S.

M.D., BRANCH IV (*Midwifery and Diseases of Women*).—H. L. Barker, B.S., R. L. E. Downer, B.S., H. B. Foster, G. B. Harland, B.S., G. Maxted, B.S. (University Medal).

M.D., BRANCH V. (*State Medicine*).—W. A. Daley, B.S., B.Sc., W. Scarisbrick, B.S., B.Sc.

M. D., BRANCH VI (*Tropical Medicine*).—Ardeshir K. Contractor, B.S.,
F. C. McCombie, Dossibai R. C. Patell, B.S., R. O. Sibley.

QUEEN'S UNIVERSITY OF BELFAST.

THE following candidates have been approved at the examinations indicated:

First M.B. (Chemistry).—J. Adams, C. Barton, Marion Crawford, J. H. Davison, J. Fegan, J. M. A. Gorman, R. Hall, Arabella C. Kirker, J. G. M. Leyden, J. J. Marner, P. J. Murnane, H. J. O'Prey, W. H. Pedlow, C. A. Whitfield, J. Wilson.

First M.B. (*Physics*).—J. Adams, S. T. Alexander, C. Barton, J. H. Davidson, Dorothy I. Dobbin, J. Fegan, Arabella C. Kirker, J. G. M. Leyden, J. J. Manner, T. J. Manner, P. J. Murnane, C. A. Whitfield, J. Wilson.

FIRST M.B. (*Zoology*).—G. V. Allen, C. Barton, W. Bryars, A. G. Campbell, G. Chesney, N. W. Clarke, C. D. Crawford, Marion Crawford, A. C. Dickey, Grace Marion English, F. Ewart, E. Freeman, H. E. Hall, R. Hall, J. A. Harbison, J. H. B. Hogg, Arabella C. Kirker, J. G. M. Leyden, W. M'Brice, R. N. B. M'Cord, N. M'Cullagh, J. P. M'Ginley, B. W. M'Kinney, M. M'Menamin, F. M'Sorley, P. J. M'Sorley, H. E. Magee, J. J. Marner, T. J. Marner, D. Mitchell, F. P. Montgomery, Elizabeth M. Moore, P. J. Murnane, W. Napier, J. O'Kane, M. F. O'Kane, Annie M. Orr, Charlotte Pedlow, W. H. Pedlow, Margaret S. Purce, R. J. Rea, J. A. Ritchie, W. Sanderson, J. Scott, Mary G. Thompson, E. S. G. K. Vance, J. H. Vance, D. R. Wheeler, C. A. Whitfield, F. H. Whyte, J. Wilson, F. P. Woods.

FIRST M.B. (Botany).—J. Adams, H. Reed, F. Allen, W. C. Adams, J. Bryars, A. G. Campbell, G. Chesney, N. W. Clarke, C. D. Crawford, E. G. Davison, A. C. Dickey, J. Dunlop, Grace M. English, E. Freeman, A. Gaston, H. E. Hall, J. A. Harbison, J. H. B. Hogg, S. M'Clure Kirk, Arabella C. Kirker, R. N. B. M'Cord, N. M'Callagh, J. P. M'Ginley, M. M'Menamin, F. M'Sorley, P. J. M'Sorley, E. Magee, J. J. Marner, T. J. Marner, R. G. Meyer, D. Mitchell, Elizabeth M. Moore, W. Napier, J. O'Kane, Charlotte Pedlow, W. H. Pedlow, Margaret S. Purce, R. J. Rea, W. Sanderson, Mary G. Thompson, E. S. G. K. Vance, J. H. Vance, D. R.

Wheeler, C. A. Whitfield, F. H. Whyte, J. Wilson, F. P. Woods,
SECOND M.B.—J. B. Alexander, E. G. B. Calvin, P. Clarke, T. W. E.
Elliott, Mary A. Gallagher, H. D. Graves, S. J. Hutchinsonson,
P. Kane, Mary M. Keirns, T. M'Clurkin, R. G. M'Elnay, J. C. M.
Millan, H. F. M'Nally, Sylvia Marsh, J. F. Meenan, T. Milling,
S. Morgan, J. N. Montgomery, A. Porter, J. A. E. Silcock,
W. A. Thompson, Elizabeth S. Walker, D. K. Waterson.
Passed in Anatomy: A. W. Bourke, W. Russell. *Passed in
Physiology:* J. Cullenan.

THIRD M.B. (*All Subjects*).—N. Beattie, W. M'Meekin Chesney, J. Duffin, A. Fullerton, D. Gaston, Margaret Gorman, W. S. B. Hay, J. F. D. Hunter, W. J. Lascelles, B. Lyons, C. M'Neill M'Cormack, W. M. H. M'Cullagh, F. M'Kibbin, R. N. M'Kinstry, E. B. C. Mays, J. J. Murray, M. G. Paul, G. R. B. Purce, G. W.

Rea, Elizabeth M. Robb, J. Tate, O. Wilson, W. R. E. Wilson, P. P. Wright. *Passed in Pathology, Medical Jurisprudence, and Hygiene*: R. G. Blair, H. A. Gillespie, T. Grimson, G. E. Hull, W. M' Dermott, J. I. Murnane. *Passed in Pathology and Materia Medica*: F. L. P. G. Bennett, E. U. M'William. *Passed in Medical Jurisprudence and Hygiene*: R. Condy, F. J. Devlin, W. W. Dickson, E. Doherty, E. C. T. Emerson, G. Gordon, W. H. Hardy, D. Jamison, T. B. M'Kee, R. C. M'Millan, E. A. Mallon, J. C. Robb, J. S. Savage, F. A. L. Shields, F. G. Smyth, J. K. Stewart, R. F. Walker, J. Warwick, J. C. Wilson. *Passed in Materia Medica*: H. P. Hill, V. Magee.

FINAL M.B., B.Ch., B.A.O.—D. R. Acheson, J. H. Beverland, Sarah E. Calwell, T. H. Davison, T. B. R. Foster, T. F. S. Fulton, C. L. Gausson, J. M. Gibson, N. B. Graham, N. C. Graham, J. Hill, T. H. Houston, J. T. Kyle, J. Lyons, R. J. McConnell, R. M'Cuilcho, *H. P. Malcolm, *R. Marshall, H. H. Mulholland, W. M. Walker, J. R. White, W. O. Wilson.

* First class honours. † Second class honours.

M.D.—*By Examination*: R. J. Lyttle, *J. M. M'Cloy, J. J. A. G. MacMurtry. *By Thesis*: J. A. Brown, J. Dodd, †V. G. L. Fielden, W. Hanna, †R. Heard, D. J. Jackson, A. Kidd, T. J. S. Moffet, J. W. A. Wilson.

* With commendation. † Recommended for gold medal.

D.P.H.—G. S. Glass, L. C. Johnston, W. W. D. Thomson, R. M. Trotter, B. A. West.

Awards.

In connexion with these examinations the following awards have been made:

FIRST M.B.—First Scholarship, £35, W. Bryars, R. N. B. M'Cord, equal. Second Scholarship, £20, A. C. Dickey, D. Mitchell, equal. Isabella Tod Memorial Scholarship, M. Georgina Thompson.

SECOND M.B.—First Scholarship, £40, and Juliet Symington Gold Medal in Anatomy, E. G. B. Calvert. Second Scholarship, £30, J. C. M'Millan. Third and Fourth Scholarships (divided), £11 13s. 4d. each, S. J. Hutchinson, T. Milling, Elizabeth S. Walker, equal.

THIRD M.B.—First Scholarship, £40, A. Fullerton. Second Scholarship, £30, E. B. C. Mayrs. Third Scholarship, £20, W. S. B. Hay. Fourth Scholarship, £15, G. R. B. Purce.

FOURTH M.B.—Special Scholarship of £20 and Scholarship in Surgery, £30, H. P. Malcolm. Scholarship in Medicine, £10, R. Marshall. Scholarship in Midwifery, £30, J. H. Beverland.

Medical News.

THE total number of students of medicine in the German Universities during the current session is 13,409, as against 11,927 in the summer session of 1911.

SIR FRANCIS RICHARD CRUISE, M.D., left personal estate in the United Kingdom valued at £23,358. He left his collection of books relating to the life and works of Thomas à Kempis to be preserved in the library of the Jesuit Order at Upper Gardiner Street, Dublin.

THE late Alderman Thomas Houghton Waters, M.D., "father" of the medical profession in Liverpool, left estate of the gross value of £24,070, of which £23,788 is net personalty. He left £100 each to the Liverpool Medical Institution and the British Medical Benevolent Fund.

IN his report for the three weeks ending June 15th the Medical Officer for the City of London again draws attention to the unsatisfactory conditions in which frozen pork is imported from China. The carcasses present evidence of merely superficial inspection and of careless butchery. The trachea, oesophagus, and even the rectum are sometimes left *in situ*, and no serious examination of the glands about the neck is made; nor are incisions in the cervical region sketched open before the carcasses are frozen. Hence, when a carcass is seen to have been imperfectly examined it must first be thawed out in this country, a course which is prejudicial to it whatever its original suitability for food may have been.

THE Marquis of Crewe, who is president of the Summer School of Town Planning which is to be held at Hampstead Garden Suburb, will give the inaugural address in the Institute Hall on Saturday, August 3rd. The Summer School is being held under the auspices of the London University Extension Board, and the course lasts a fortnight, from the 3rd to the 17th of August. The lectures and demonstrations are intended to be of special value to municipal engineers, architects, and surveyors, but most of the lectures will be of interest to others who are concerned with town planning from the more general aspect of civic and economic progress. Applications to attend the course, or single lectures or excursions, should be addressed to the Honorary Secretary, Summer School of Town Planning, Hampstead Garden Suburb, N.W.

A STRIKING proof of the increased interest on the part of the general public in the important question of sanitary housing is to be found at the Latin-British Exhibition held at the White City, Shepherd's Bush, where the Gidea Park Company, Limited, are exhibiting a six-roomed

specimen cottage, modelled on exactly the same lines as those on the well-known Gidea Park Estate in Essex. This pretty little model, which is furnished throughout in a most artistic fashion by Messrs. Oetzmann, of Hampstead Road, W., has been planned on the most approved principles of modern hygiene, and is a triumph of ingenuity in regard to the saving of time, labour, and expense in the home. Without sacrificing anything of the quaint beauty of the old-world furniture and architecture, the designers have availed themselves to the full of the most recent household appliances, and have thus successfully solved the problem of building a house that is at once beautiful, convenient, and healthy. It may interest our readers to learn that a similar cottage can be built at Gidea Park for the sum of 900 guineas, whilst Messrs. Oetzmann undertake to furnish it down to the smallest details for little more than a quarter of that sum.

FIFTEEN Chinese students, all professing Christians, recently had the degree of Doctor of Medicine conferred upon them by the Union Medical College, Peking. Mr. Liang Shih-yi, who was sent by the President of the Republic as his representative, read a message, in which the President said past history showed that improvement in health depended upon medical science. As the world became more civilized, sanitary measures were improved and medical science spread its influence throughout the world. The college had the worthy object of working for the happiness of this nation, and was sending forth trained doctors to contribute their share towards helping the people to be a healthy nation. As President he would lead the whole nation to acknowledge with gratitude the great work done by the college. This is the second occasion on which students in the college have received their degrees. The principal of the college is Dr. E. J. Stuckey, who was sent out by the London Missionary Society for this work.

THE sixth Pan-American Congress will hold its meeting at Lima in August (3rd to 10th) in connexion with the Latin-American Medical Congress and the Congress of Hygiene, under the patronage of the President of the Republic of Peru. The work of the congress will be divided among eight sections—(1) anatomy and physiology; (2) bacteriology and parasitology; (3) medicine, including (a) clinical medicine, therapeutics and symptomatology, (b) children's diseases, (c) mental and nervous diseases, criminology and legal medicine, (d) tropical medicine and epidemiology; (4) surgery, including (a) clinical surgery, paediatric surgery, (b) eye, ear, nose and throat, (c) venereal and urinary diseases, dermatology, (d) obstetrics and gynaecology; (5) hygiene, including (a) military and naval hygiene, (b) tuberculosis, (c) health of children, (d) alimentation, (e) city and rural, professional and school hygiene, (f) social and statistical demography, sanitary legislation, (g) sanitary technology; (6) physics, chemistry, natural history, pharmacology; (7) veterinary medicine; (8) odontology.

THE annual report of the Medical Officer of Health for the Shanghai Municipality states that the foreign population in October, 1910, was 13,536, and the native population at the same date 488,005; the foreign death-rate was 20.2 per 1,000, and the native 17.5 per 1,000. The principal causes of deaths among the foreign population were small-pox, typhoid fever, scarlet fever, tuberculosis, dysentery, and beri-beri. Among the native population small-pox and tuberculosis accounted for a large number of deaths. There were 304 fatal cases of small-pox, but the Chinese are beginning to appreciate the benefits of vaccination as opposed to inoculation, which they have practised for hundreds of years; 4,608 vaccinations were done during the year. The lessening of the native death-rate from tuberculosis is attributed rather to deaths being hidden or intentionally returned from other causes, owing to dislike of disinfection, than to any marked sanitary amelioration. Something has been done by widely distributing the tuberculosis prevention notice, by a public crier reciting the same to crowds gathered by a bell, and by careful investigation of all cases notified, so as to ensure disinfection of the infected sputum. Plague-infected rats were first discovered in 1908; a complete plague survey of the Settlement was maintained throughout the years 1909 and 1910. Of 19,559 rats found dead during 1910 and brought to the laboratory for examination, 249 were plague-infected. Six fatal cases of plague in man were reported. Over 20,000 specimens were examined in the public health laboratory, and a large number of analyses were made. Two horses are kept for the production of diphtheria antitoxin, and a large amount of Haffkine's plague prophylactic has been made to meet local needs.

Letters, Notes, and Answers.

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

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.

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

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.

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.

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

INCOME TAX AND THE INSURANCE ACT.

A. B. has a salary of £150, with board and lodging, and, in addition, receives a few pounds in the way of fees. He does not wish to come under the Insurance Act, and would prefer, if possible, to pay income tax on a small sum.

* * Our correspondent does not come within the scope either of the income tax or of the Insurance Act. For the purposes of the latter the person employed must receive remuneration "at a rate not exceeding in value £160 a year"; these words clearly require that the value of the board and lodging shall be taken into account, and the remuneration in the present case is therefore clearly over £160 a year. For the purposes of the income tax, however, no account is taken of the rules of board and lodging, and our correspondent is therefore exempt, as having an income under £160 when computed according to the provisions of the income tax.

ANSWERS.

VENETIAN FEVER.

MAJOR R. KENNEDY, R.A.M.C., writes in reply to "M." (BRITISH MEDICAL JOURNAL, July 6th, p. 52): The symptoms suggest Malta fever. Blood should be tested for reaction to *M. melitensis*.

LETTERS, NOTES, ETC.

ABNORMAL DEVELOPMENT OF A PURELY-BRED ENGLISH FEMALE CHILD, AGED 4 YEARS.

DR. J. THOMSON CLARK (London, S.E.) writes: The following note of a case may be of interest:—A.B., female, aged 4 years 1 month, height 112 cm., weight 25 kg., muscular, plump, and intelligent. Breasts: Pendulous, with abundant glandular tissue, firm and elastic to touch; areolae well developed, pigmented, fully 1 in. in diameter, and showing "Montgomery's" tubercles. Menstruates every month, duration usually three days; colour, smell, etc., in every way similar to periods in adult female; no pain; has to wear diapers. Periods have appeared regularly since birth. Genitals well developed, much "down" on pubes, and several long hairs. No axillary hair. Teeth temporary and normal. Otherwise a rosy-cheeked, perfectly normal child.

SCALE OF CHARGES FOR ADVERTISEMENTS IN THE BRITISH MEDICAL JOURNAL.

	£	s.	d.
Eight lines and under	0 4 0
Each additional line	0 0 6
A whole column	2 13 4
A page	8 0 0

An average line contains six words.

All remittances by Post Office Orders must be made payable to the British Medical Association at the General Post Office, London. No responsibility will be accepted for any such remittance not so safeguarded.

Advertisements should be delivered, addressed to the Manager, 429, Strand, London, not later than the first post on Wednesday morning preceding publication, and, if not paid for at the time, should be accompanied by a reference.

NOTE.—It is against the rules of the Post Office to receive *postes restantes* letters addressed either in initials or numbers.