

in the upright position by placing the leaded frame in the screen carrier of the epidiascope or chassis instead of the screen, and then clamping the carrier tight, the plate being kept steady by a renal air-bag, held in apposition by cords crossing it, to which were attached sand-bag weights. The method was not perfectly suited to the abdominal photography of bismuth meals. He found vibration the greatest trouble, and he suggested that if the manufacturers could produce a double tube with a device for sending the current at will through either of two anti-cathodes a few centimetres apart, the drawback of tube vibration would be eliminated. A simple plate-changer acting in about one-fifth of a second would also be a great boon, especially if it were portable and could readily be adjusted to any desired position. In this connexion he discussed the relative advantages of the fold-over plate-changer and the side-to-side "tunnel" plate-changer; used in America.

Viewing Apparatus.

The objection to stereoscopy on the ground of expense and trouble of special viewing apparatus was, he thought, due to the difficulty of dissociating eye convergence from accommodation. The only condition was that the observer should receive on the corresponding portions of each retina a clear visual impression from one of the stereoscopic pictures and one only. In his own stereographs the right eye must see the left-hand picture and the left eye the right-hand picture. In order to fulfil this condition the eyes must converge—that is, the observer must very slightly squint—but the accommodation must not be allowed to alter with convergence or the combined picture would be out of focus. To assist those who had not the knack of converging the eyes without altering the accommodation, he showed an aid to stereoscopy in the shape of a perforated card which could be held at arm's length, 6 ft. away from the two stereoscopic negatives or prints. The right eye being closed, the left eye framed the right-hand picture in the opening of the card, and then, with no change of position, the left eye was closed and the right eye similarly framed the left-hand picture. If both eyes were now directed to the opening in the card, the two pictures would be seen framed by that aperture, and combined into one stereoscopic image.

Stereoscopic radiography (Dr. Bailey said in conclusion) was more particularly of value in all those cases in which radiographs could not be taken in two directions at right angles to each other, and even if this were possible a stereoscopic instead of an ordinary image in the two directions would make diagnosis much easier. As to cost, the more accurate information which was made available by stereoscopic means led eventually to a saving in plates and in other respects. He predicted that, the value of the stereoscopic picture from the diagnostic point of view being so greatly superior to that of the simple radiograph, stereoscopy in time to come would be carried out in every case as a matter of course.

DISCUSSION ON RAY THERAPEUTICS IN MALIGNANT DISEASE.

A Correction.

THERE is an error in the report of the remarks made by Dr. Frank Fowler in this discussion (BRITISH MEDICAL JOURNAL, August 17th, page 376). Dr. Fowler said that he found his technique generally sufficient to prevent local recurrence, and not as reported.

To commemorate the great services of Dr. Magnan to the Saint Anne's Asylum, Paris, from the direction of which he has recently retired, the city of Paris has resolved that the block which has been under his direct charge since 1867 shall in future bear his name.

ANY one who has undertaken to act as guide to a motor car on a tour will know that, though he may have got on very well while on country roads, he has often been non-plussed to find the way through a town. The Automobile Association, realizing this, has commenced the preparation of a number of guide cards through towns in England. They are based upon the Ordnance survey, and, in addition to indicating the best roads through a town, show also other main roads apt to be encumbered by traffic, and therefore to be avoided by the motorist. Copies can be obtained by members from the head and branch offices of the association and from the patrols on duty outside the towns.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

THE TREATMENT OF SYPHILIS.

I HAVE read with much interest Dr. McNamara's note (page 310) on the treatment of syphilis with grey powder and mercury perchloride. I quite agree with him that grey powder combined with $\frac{1}{4}$ or 1 grain of pulv. ipecac. co. is a sovereign remedy for the treatment of specific disease in children, but when he goes on to state that perchloride is only a drug of secondary importance in syphilis of the adult, then I beg distinctly to join issue with him.

That the perchloride in the form of the official liq. hydrarg. perchlor., containing only $\frac{1}{8}$ grain in the drachm, is not an efficient remedy in the treatment of syphilis, is due to two causes: (1) The dose (3j of the official liquor, the one usually administered) is not large enough to produce any marked effect on an adult patient suffering from this disease; (2) the drug, if administered alone in efficient doses, very soon upsets the stomach, and then the syphilis rapidly gets worse, as the patient vomits his mercury and at the same time is debilitated by the loss of his food.

To prevent vomiting mercury perchloride should never be given alone, but always in combination with ammonium chloride and potassium chlorate. The solution which I use is of the strength of 1 grain to 3j of distilled water, and the prescription, which I have long used with splendid results for adult male patients, is as follows:

Rj. Liq. hydrarg. perchlor. concent. ...	...	...	...	...
Potassium chlorate ...	...	...	...	...
Ammonium chloride ...	...	...	...	...
Tinct. card. co. ...	...	...	...	...
Simple syrup ...	...	...	...	...
Aq. ...	...	...	...	ad 3viij

Sig. Tablespoonful in a little water thrice daily
30 minutes after food.

The dose is thus $\frac{1}{4}$ grain perchloride three times daily, and I have never seen this quantity upset the stomach. Female patients cannot, however, tolerate so much, and my usual practice is to give them just half that quantity ($\frac{1}{8}$ grain), which I have never found to disagree with them.

South Shields.

JOHN BAIN, M.D.

THE TREATMENT OF STYES.

IN reply to a query in this JOURNAL asking for suggestions as to treatment of the above condition, I beg to put forward the following scheme of treatment:

The general treatment consists in putting the patient under as good hygienic conditions as possible, including an abundant supply of fresh air both day and night, attention to diet, and a course of tonic treatment. For children I have found syr. ferri phosph. \mathfrak{m} xv in half an ounce of water quite satisfactory.

The local treatment depends largely on the state of the disease. If acute, hot boracic fomentations are very effective; they should be applied every four hours. An alternative to these dressings is the hot pad made by one layer of white lint and three of flannel covered on the outer (flannel) side with oiled silk. The whole pad is then wrung out with hot water and applied as an ordinary fomentation. If the case is somewhat advanced, the following method of procedure is indicated: (a) The eyelids are bathed every four hours with the lotion of boric acid gr. x, borax gr. v, glycerine \mathfrak{m} x, in an ounce of water, and all crusts and discharge are thoroughly removed. (b) The conjunctival sacs are irrigated with the same lotion every four hours, and guttae argyrol 5 per cent. afterwards dropped in the sacs three times a day. (c) The following ointment is applied three times a day to the eyelids: Hydrarg. oxid. flav. gr. ij, paraf. moll. ad 3j.

The special treatment consists in taking a specimen of the pus and having a vaccine prepared and injecting the patient at intervals. This line of treatment, I think, is clearly indicated when the condition has gone on for some considerable time, and resists all general and local treatment.

I have made no attempt to describe any alternative methods of treatment, but have confined myself to one definite scheme.

J. B. H. HOLROYD, M.R.C.S.Eng., L.R.C.P.Lond.,
Senior House-Surgeon, Birmingham and Midland Eye
Hospital, Birmingham.

College of Surgeons in 1903. He was House-Surgeon and Surgical Tutor to Professor Annandale in the Royal Infirmary, House-Surgeon to Mr. Stiles at the Royal Hospital for Sick Children, Senior Demonstrator of Anatomy in the New School of Medicine, Edinburgh. He was also elected President of the Royal Medical Society in 1903. He went to Derby about seven years ago as partner to Dr. Parry Jones. He became Surgeon to the Derbyshire Sick Children's Hospital. In intellectual capacity Dr. Shepherd was equalled by very few students of his own time, while in originality of mind he was pre-eminent. Well fitted to conduct original research, he did good work in the anatomical laboratory, though his published papers were few, that on cranio-cerebral topography, in collaboration with Professor R. J. A. Berry (BRITISH MEDICAL JOURNAL, 1904), being, perhaps, the best known. Dr. Shepherd was still in the early thirties when he died, leaving a young widow and two daughters, the younger being only one month old. To these and to his other relatives our sympathy is offered.

D. C. L. F.

WILLIAM CLAPTON, F.R.C.S.

THE death of Mr. William Clapton, F.R.C.S., took place at Canterbury on August 20th, at the age of 78. He was born at Stamford, a member of a large family, and his father had no thought of enabling him to enter the medical profession, as in the case of his elder brother; it was only by indomitable perseverance that he gained his desire. He was educated at Christ's Hospital—first at Hertford and then in London—and thus began his connexion with the City of London, which was to be his sphere of active work for many days to come; the somewhat Spartan régime of his school days enabled him to endure many a hardship in the accomplishment of his purpose. When his school days were over he was apprenticed by his father to an apothecary in London, and in recollections of those early days of drudgery he used to tell of the rhyme with which he would be taunted by the street boys:

O Salts and Senna, you would not do for me;
I'd rather go to Jericho than a doctor's boy I'd be.

He had not much spare time and very little spare cash, but he used often to employ his meal times in running for books to a library in order to improve his education, and had to buy his own candles in order to sit up to read them. Gibbon, Grote, and Adam Smith were authors whose works were devoured by young Clapton; memory was so retentive that he could repeat the whole of "Paradise Regained," as well as the whole of the Psalms in the Prayer Book version. Thus by pluck and perseverance he prepared himself for a professional career, and eventually entered St. Thomas's Hospital then situated at London Bridge.

Very soon after he had obtained the diploma of M.R.C.S. (1857) he began practice in the City of London, where he continued until his retirement some few years ago. For most of the time he was in Queen Street, E.C.; for many years he was medical officer of the British Equitable Assurance Company, and his shrewd advice was highly valued by the directorate of that company. He was long secretary of the City of London Medical Book Society, and identified himself with the general interests of the profession in the City. Besides this, he threw himself into the many activities associated with city life, and for ten years represented the Vintry ward on the Court of Common Council. He was a most sociable man and had a large circle of friends.

On his retirement from practice he settled at Canterbury in order that he might attend the Cathedral services. Although a very strict protestant, he was very fond of a good musical service, and it was a great delight to him to be close to the great cathedral. For some years he was churchwarden at St. Stephen's Church, Canterbury, as he had been previously at other churches. He took part in many kinds of social and philanthropic work at Canterbury, in which he was actively engaged until a few weeks before his death.

It is with regret that we have to record the death of Dr. JOHN THEODORE ABBOTT, of Tunbridge Wells, on August 4th, at the early age of 46. Dr. Abbott came of an

old Irish family which settled in co. Tipperary in the time of Cromwell. He was a son of the late Surgeon-Major Abbott, of the Army Medical Service, and was educated at Bedford and Trinity College, Dublin. He took the diplomas of L.R.C.P.I. and L.M. in 1887, and in 1899 became F.R.C.S.I. After a brief period in London, Dr. Abbott settled over twenty years ago in Tunbridge Wells, and speedily by his skill, kindness, and lovable personality built up a very extensive practice. He was never, however, very strong physically, and the tax of a heavy practice told upon him severely at times. For this reason he was compelled to resign his seat on the Tunbridge Wells Town Council and other public bodies in which he was interested. He was a keen surgeon, one of the earliest motorists in England, and an able member of the Council of the Irish Medical Graduates' Association. The news of his unexpectedly sudden death came as a great shock to the large circle of friends his kindly, unselfish, useful life had gathered around him. He leaves a widow and one son.

WE regret to record the death of Dr. HOWELL WHITE, of Corwen, Merionethshire, as the result of a riding accident. He was in his 61st year, and had resided in Corwen for about thirty-eight years. He received his medical education in Edinburgh, and graduated M.B., C.M. Edin. in 1877; he took the M.R.C.S. Eng. in the same year, and the D.P.H. Camb., 1891. He first went to Corwen as assistant to the late Dr. Jones, subsequently became his partner, and eventually succeeded him. He was Medical Officer of Health for Edeyrnion district, Certifying Factory Surgeon, and medical officer to the Post Office; he was also medical officer to many friendly societies. He showed himself very loyal to the policy of the British Medical Association in respect to the insurance scheme, was a guarantor to the Insurance Defence Fund, had signed the undertaking and supplementary pledge, and had signed also his resignation of his club appointments. Dr. White was very popular in the district, both with his patients and colleagues.

THE death of Dr. W. RICHARDSON RICE at the comparatively early age of 53 leaves a gap in the medical ranks at Coventry which will not be easily filled. Dr. Rice had a successful career at Trinity College, Dublin, acquiring there the degree of M.A., and subsequently those of M.B. and M.D. In 1889 Dr. Rice entered into partnership with Mr. Masser, of Longford, but this connexion did not last long, and he then settled in practice at Gosford Green, where he resided until the time of his lamented death. Having obtained a Poor Law appointment, and possessing in an exceptional degree the gift of public speaking, he soon became a prominent figure, both politically and medicopolitically, and he materially assisted in the attempt to bring the rules of the provident dispensary into line with the wishes of the majority of the profession. Dr. Rice was a successful lecturer and examiner for the St. John Ambulance Society, and, until the three years preceding his death, when ill health compelled his retirement, was prominent in his discussions of political and social questions. Dr. Rice married a granddaughter of the late Mr. William Pridmore, a well-known citizen of Coventry and Stoke, but leaves no family.

Universities and Colleges.

SOCIETY OF APOTHECARIES OF LONDON.

THE following candidates have been approved in the subjects indicated:

SURGERY.—*R. V. Martin, *P. M. Másiná, *J. G. Ogle, *J. E. Robertson-Ross, †O. W. D. Steel, *B. W. F. Wood.
MEDICINE.—*R. Jones, *R. V. Martin, *J. G. Ogle, *M. M. Patterson, *J. E. Robertson-Ross, *B. W. F. Wood.

* Sections I and II. † Section I.

FORENSIC MEDICINE.—R. Jones, J. E. Robertson-Ross, B. W. F. Wood.
MIDWIFERY.—P. M. Másiná, J. E. Robertson-Ross, R. A. Robinson, O. W. D. Steel, B. W. F. Wood.

The diploma of the Society has been granted to Messrs. R. V. Martin, P. M. Másiná, M. M. Patterson, J. E. Robertson-Ross, and B. W. F. Wood.

Medico-Legal.

INSURANCE ACT.

Prosecution of Employer.

Two other prosecutions of an employer for failing to comply with the provisions of the Insurance Act in regard to the contributions payable by him have been heard in the London District since the case reported last week. At Woolwich Police Court, on August 21st, Mr. A. T. Westbrook, baker and confectioner, of Eltham, was defended by the Insurance Act Protection Society, represented by Mr. Jellicoe, whose contentions were similar to those in the first case. The prosecution was conducted by Mr. Travers Humphreys. The magistrate held that no question of contract arose whether medical benefit had or had not been carried into effect. He imposed a penalty of £5, with five guineas costs, or fourteen days' imprisonment, on the first summons, and a fine of 20s., with 2s. costs, or seven days' imprisonment, on each of two other summonses. He consented to state a case.

The second case was heard at the North London Police Court on August 22nd, the defendant being Mr. William Slate, a builder of Islington, for whom Mr. Jellicoe appeared. There were in all eight summonses, and the magistrate on one summons imposed the full penalty of £10, with five guineas costs, or twenty-one days' imprisonment, and upon all the other seven summonses a fine of 1s., with 2s. costs; he also, under Section 69, ordered the defendant to pay the arrears—namely, 7d. a week in respect of each workman.

Mr. Hurlock, whose case was reported in the last number of the JOURNAL, has decided to appeal against the decision.

WORKMEN'S COMPENSATION ACT.

Accident or Heart Disease?

In a case recently heard at the Glasgow Sheriff's Court, it was alleged that a man had sustained injury to his heart owing to his using heavy hammers weighing from 7 to 21 lb. It came out in evidence that when engaged at his ordinary work he used these hammers, but on the day of his death he had merely been hammering some metal sheathings for a short time. Subsequently, while holding the metal with tongs for some time, he complained of a pain in his breast and then fell back. He died in hospital a few hours later. The Sheriff-Substitute, who sat with a medical assessor, in dismissing a claim for compensation, said: "It is hopeless to attribute the death in these circumstances to accident. It is almost certain that if the rupture had been due to accident death would have been instantaneous, due to a tear of an artery and an outburst of blood. Moreover, the unfortunate man was really resting at the time, and not engaged in heavy or any work. The medical assessor thinks death was due to disease, not accident, and I feel reluctantly bound to agree."

Medical News.

SIR JOSEPH FAYRER, Bart., M.D., F.R.C.S.E. (late R.A.M.C.), Superintendent of the Royal Infirmary of Edinburgh, has been made a Knight of Grace.

THE Argyll sleeve valve engine is about to be applied to marine work as well as to motor cycles.

DR. HERBERT JONES, M.O.H. for the Herefordshire Combined District, one of the fourteen medical members who retained their seats on the Advisory Committee, has now sent in his resignation.

THE Honorary Secretary to the medical staff of the Swansea General Hospital has informed the Board of Management that all the members of the honorary active medical staff, and all the members of the consulting staff with one exception, have signed the pledge issued by the British Medical Association with special reference to the treatment of insured persons in any voluntary medical charity.

THE National Brotherhood Council is about to publish in a volume the addresses on temperance delivered by various members of the British Medical Association during the annual meeting at Birmingham in July, 1911. Among the speakers were Sir T. S. Clouston, Sir Victor Horsley, Sir Alexander Simpson, and Professors Murdoch Cameron, Sims Woodhead, and Helliier. The volume will be entitled *Fifty Doctors Against Alcohol: a Call to National Defence*.

It has been arranged to open in November a preliminary school in connexion with the training school for midwives and monthly nurses at Queen Charlotte's Hospital, London. Candidates will have the opportunity of a month's preliminary training under the supervision of a sister in charge, and of attending lectures on elementary anatomy and physiology, and receiving instruction in sick-room cookery, and such details of practical

nursing as can be taught before actual attendance on patients and infants.

THE late Professor Lombroso offered every second year in connexion with the *Archiv. d'Anthropologia Criminale* a prize of Fr. 500 for the best work in connexion with criminal anthropology. His family have now offered to the Organization Committee of the Eighth International Congress of Criminal Anthropology a prize of Fr. 1,000 for the best work reported to the congress which is to be held in Budapest in the summer of 1914. The prize is open to persons of any nationality, and the work must have been done between 1911 and 1914. Further information can be obtained from Professor Dr. G. Aschaffenburg, Coln-Lindenthal, Stadtwaldgürtel 30.

It is recorded in a recent issue of *Paris Médical* that in the course of the restoration of the parish church of the village of Balbronn, in Alsace, the tomb of the noble and valiant Jean de Mittelhausen, who died in 1564, was opened. With him had been buried his artificial arm, made of steel, and still in a state of preservation sufficiently perfect to make it easy to appreciate the skill with which it was constructed. It consists of three parts with hinges corresponding to the elbow and wrist; the forearm could be moved through an angle of 90 degrees, and a toothed wheel and catch enabled it to be fixed in any intermediate position. By pressing on a button at the wrist the forearm was extended again. The hand is described as a mechanical marvel. The three phalanges of the four fingers were all movable, and were made to move on pressing a button in the palm. The thumb was made to move independently of the fingers. This ingenious example of the instrument maker's art has now been placed in the museum established in the old palace of the Rohans in Strassburg.

In a report to the British South Africa Company on sleeping sickness in Northern Rhodesia to February, 1912, Dr. May, the Principal Medical Officer, in discussing the human trypanosome of the Luangwa valley, states that there are three possibilities: (1) That it may be a modified *T. gambiense*; (2) that it may be a modified animal trypanosome; and (3) that it may be a new species. The fact that up to the present the disease has been encountered chiefly on or near the main traffic routes from endemic areas known to be infected by *T. gambiense* is, he believes, a point in favour of a close relationship between the two infections. The fact that there is a different intermediate host and certain differences in morphology and virulence can possibly be accounted for by the adaptation of the organism to its surroundings. In Dr. May's opinion, the more important work which it remains for the Commission to do comprises: (1) Further study of game and domestic animal trypanosomiasis; (2) plateau transmission work; (3) experiments as to the transmitting power of other blood-sucking insects—for example, ticks, floor maggots, mosquitos, tabanids, stomoxys, etc.; (4) the investigation of the identity of the trypanosome.

NEAR Dingwall, on August 26th, a young girl and a woman were killed, and another woman severely injured by a shock of electricity. The Dingwall supply of electricity is produced at Raven's Park, Achterneed, some six miles away, and the current is taken to Dingwall on an overhead copper wire, which passes through the farm of Fodderty. Behind the farm-house the wire runs on wooden standards, passing through a small belt of trees. About 9.30 a.m. on August 26th, owing to the storm, a branch of one of the adjacent trees fell on to the wire, causing a short circuit, following which the wire fused, broke, and fell to the ground, where one end of it lay in the grass, sending out showers of sparks. Minnie Ross, the 11-year-old daughter of Mr. Ross, foreman on the farm, was returning from the fields. No witnesses were about at the time, but it appears she must have gone off the road to see where the sparks were coming from. She had evidently placed her left foot on the wire, as her boot was burned quite through, and the flesh charred to the bone. Her right hand also must have come in contact with the wire, as it was badly charred. Mrs. Grant, who was summoned by a boy who had seen the girl fall, immediately ran to the girl, and had apparently gripped her round the shoulders and breast; she shared the same fate, though she does not seem to have touched the live wire, as no marks were visible. Mrs. Ross, the girl's mother, came next, and seized the wire to pull it clear, and she also got the current through her body. A man hearing screams came to the rescue, and seeing Mrs. Ross move, grasped her skirts and pulled her clear; she immediately turned on her side, and the natural colour gradually returned to her face, which, as in the case of the others, had turned a dark livid hue. Medical aid was summoned, but the girl and Mrs. Grant were dead.