

Sokodu, rather than to apply to it a name carrying a suggestion as to etiology which is not necessarily correct. Not only so, but the name "rat-bite disease" is not sufficiently exclusive; even the synonym "rat-bite fever" would be preferable so far as that goes. Other diseases can be conveyed by rat-bites, notably the septic conditions, and the tuberculides. Last year (1912) one of us had under treatment a boy who had an ulcerating cutaneous tuberculosis on the back of one of the fingers of his left hand. One day, some three months earlier in the year, he had been engaged with a number of companions in ratting along the bank of a small stream that received the sewage from several groups of country cottages. They disturbed a rat, and stoned it till it seemed to be dead. When picked up, however, it had sufficient vitality left to turn upon the hand of the boy who had seized it, inflicting a not very severe skin wound with its teeth. The wound healed slowly, and was not thought important, but after a little it broke down again, spreading superficially and ulcerating through the whole thickness of the cutis vera as a *lupus exedens*.

R. P., aged 33 years, after a day's work during which he had no feeling of being in other than his usual health, was seized about 7 p.m. with slight pain in the splenic region. Shortly thereafter he had a rigor, and about three hours later sweated profusely. This occurred during the first week of last July.

After eight days of fair health—that is, nine days after the first—he had a similar attack, and seven days afterwards, on July 20th, still another, during which he was seen by one of us. His clothing was then wringing with sweat, his tongue was furred, the pulse was 120, and the temperature 100.4° F., though as he had by this time reached the sweating stage he was probably defervescing, and it had doubtless been much higher. The next day he seemed quite well again, except that the tongue was still furred.

Five days later he again had an attack of the same sort, followed this time by a fairly severe urticarial eruption; a further attack occurred on July 26th, and another—the sixth—on August 2nd. Subsequently he had a few slight rigors and sweats, having nothing like the severity of the major attacks, and each one less than the one before; these occurred up to September 30th, on which date, however, he was looking very well and fit. Between these seizures he appeared in good health, and examination only revealed the presence of a very slight haemic murmur over the cardiac area. The urine contained no abnormal constituents.

It is interesting to note (although such a test is open to the possibility of great error) that when in our search for a diagnosis for his condition we showed him Hewlett and Rodman's account* of "a case of rat-bite disease," the patient, who is by no means an unintelligent man, at once recognized the condition there described as being similar to his own, except in so far as he had no recollection of having received a bite from any of the rodents in his rat-infested house, which is by the side of a sluggish stream and contains "any amount" of both rats and mice.

So far as treatment is concerned, he received quinine and latterly acetyl-salicylic acid, neither of which drugs probably exerted much effect in controlling the course of the disease, which lasted something over ten weeks and seemed to die away gradually of itself rather than to succumb to the treatment directed against it.

Here, then, is a case recognized by us as "rat-bite disease," recognized as such by the patient also, occurring in association with rats, but not in association with rat-bites. Is the diagnosis wrong, or merely the nomenclature?

* *Practitioner*, July, 1913, pp. 86-87. The case there reported is said to be the sixth to have been described in Britain. A possible seventh is recorded by Nicholson in the *Practitioner* for September, 1913, pp. 429-30.

UNDER the will of the late Mr. John Hogg the Royal Victoria Hospital, Belfast, receives a bequest of £5,000.

AT Bow Street Police Court on December 11th four summonses were heard against the Savoy Turkish Baths, Ltd., Jernyn Street, charging them with having applied a false trade description to goods—to wit, Droitwich Brine Baths. After legal arguments, and after expert evidence had been heard, the magistrate committed the defendants, who reserved their defence, for trial at the sessions, and counsel for the plaintiffs, the Corbett Estate Trustees, said that it was proposed to make an application to the King's Bench.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

DYSTOCIA DUE TO A FLEXED EVERTED ARM.

In a young primipara whose pelvis I knew to be normal, as I had measured it previously, the first stage of labour was quite normal, and when the os was fully dilated I ruptured the membranes, the head descending in the L.O.A. position. The patient was put under chloroform, and when the head was expected to have reached the perineum I made a vaginal examination. To my surprise, I found the head in the same position as it had been an hour previously. Forceps were applied, but no real advance was made; the head came down about 1½ in., but when the pain was over and I stopped pulling, the head went back again exactly as if there was a spring pulling it. It was evident that there was something obstructing the shoulders from entering the pelvis.

When the uterus was relaxed I manipulated the forceps so that the child was alternately slightly pushed up and down, and on continuing this for some time the obstruction was overcome, and finally I was able, with the help of the uterine contractions, to bring the head into the world. I then took hold of it with my hand and pulled, but could not get the shoulders out. Inserting a finger I found the left hand in close proximity to the left shoulder. I then took hold of the head in both hands and rotated so as to bring the arm across the front of the body. This being successfully accomplished there was no further difficulty.

In the normal condition, of course, the child descends with its arms folded on the chest, the forearm being flexed on the inverted arm; in this case the left forearm was flexed, but on the everted arm, so that the hand was caught up against the shoulder, and consequently the shoulders did not enter the pelvic brim. The exact course of events following application of forceps is interesting. Two explanations of the difficulty appear feasible: The hand being stopped by the pelvic brim, on pulling with forceps (1) either the shoulders actually descended a little and the arm became less flexed, and then when the pull was taken off the arm reverted to the flexed position, thus causing a kind of spring, or (2) the hand must have remained in its flexed state, and that shoulder not being able to move, the right shoulder alone came down when the pull was made, and on cessation of the pull went back taking the head with it. In either case my manipulation must have caused the right shoulder to have come down first, so that more room was made posteriorly and the left shoulder was enabled to come into the pelvis with the hand at its side.

The child was quite healthy and no injury was done to the arm. I think there I was fortunate, as there must be great risk of fracture in such a case. When the arm causes difficulty during labour it is usually due to its becoming dorsally displaced. In this case it is easy to see that if the arm had been abducted the hand would have been brought behind the head, which is one of the varieties of dorsal displacement.

T. GORDON STARKEY-SMITH, M.D. Lond.,
Late Obstetric House-Physician, St. Thomas's Hospital,
Hungerford.

THE TREATMENT OF SYPHILIS.

THE following case illustrates the power of salvarsan and mercury to abort syphilis, even when given, as in this case, early in the secondary stage.

Mr. X., aged 30, came to me on February 2nd, 1913, complaining of a pimple on the fraenum praeputii of eight days' duration. A chancre was found on the fraenum; it was not indurated, but appeared to be syphilitic and not a soft chancre. I sent him to have his Wassermann reaction taken, and ordered calomel powder to be applied locally. The Wassermann reaction was negative. I saw him again on February 25th, and, though the condition was the same, I thought there was a little induration. I saw him again on March 20th, when he was suffering from a typical specific throat, and a very faint roseolous rash on the chest; the chancre was still present, much smaller but very indurated, and there were hard, shotty glands in the groin. On March 21st he was

given an intravenous injection of salvarsan, 0.55 gram; on March 29th he was given an intramuscular injection of 8 cg. of Vigier's grey oil, a second injection of salvarsan, 0.55 gram, was given on April 20th, and then a weekly injection of grey oil for seven weeks.

He was then told to report himself in a month, but I did not see him till August 13th, when he stated that he had been perfectly well, and that since he had had the salvarsan he had felt better than he had done for months. The Wassermann reaction was negative, and I advised him to do nothing further for three months. He came to see me again on September 6th with symptoms of gonorrhoea of four days' duration. I treated him with irrigations, etc., and on September 20th noticed a hard, indurated patch $\frac{1}{2}$ in. down the urethra; this increased in size, and I diagnosed a chancre and sent him on September 30th to Dr. Eckenstein to see if he could find *Spirochaeta pallida* in the chancre. None were found, and only a few gonococci were demonstrated from the blood taken from the chancre. On October 10th he complained of sore throat, but there were no specific symptoms; he had a chronic granular pharyngitis and indurated tonsils. As the throat did not improve under local treatment, I advised him to see Dr. Andrew Wylie, who said there was a patch, probably specific, on the lingual tonsil. His blood was re-examined on October 24th, when the Wassermann reaction was positive. He has since been under treatment with salvarsan and mercury, and all the symptoms have cleared up.

REMARKS.

I think there can be no doubt that the patient was absolutely cured by the first course of treatment and contracted a second specific infection. I have now treated several hundred cases of syphilis by the combined method of two injections of salvarsan and eight to ten injections of Vigier's grey oil. Nearly all the cases treated in the primary and early secondary stages have been cured, by which I mean that the Wassermann reaction was negative and remained so, and the patients have had no further symptoms, though it is nearly three years since the first cases were so treated.

I desire to thank Dr. Eckenstein for doing the Wassermann tests for me in connexion with this case.

DUDLEY KENNARD, F.R.C.S. Ed.,
Honorary Surgeon, Westminster General Dispensary.

Reports

ON

MEDICAL AND SURGICAL PRACTICE IN HOSPITALS AND ASYLUMS.

JAMSETJEE JEEJEEBHAY HOSPITAL, BOMBAY.

TEN CONSECUTIVE CASES OF INTESTINAL OBSTRUCTION.*

(By Major T. S. NEVIS, F.R.C.S., I.M.S.)

THE following sequence of cases of intestinal obstruction under my care are interesting, as they illustrate a number of conditions which give rise to obstruction:

CASE I.

S. G., Hindu, male, aged 14, admitted to the medical wards December 25th, 1911, transferred to the surgical side January 4th, 1912, and operated on January 5th, 1912. During the five months prior to the admission he had suffered from recurring attacks of pain accompanied by vomiting and passage of loose stools with blood and mucus. He had observed a tumour in his abdomen which moved its position from time to time. The patient was very emaciated and weak. A sausage-shaped tumour 6 or 7 in. in length could be felt to the left of the umbilicus obliquely across the abdomen. The tumour was dull on percussion and could be moved laterally, but not from above downwards. Marked peristaltic movements were visible and the abdominal wall showed signs of old and recent branding. He complained of great pain while lying down, which was relieved on sitting up. An intussusception was felt per anum. On January 5th the abdomen was opened to the left of the umbilicus and the intussusception found and partially reduced by manipulation, but the patient's condition was so bad that the operation could not be continued, so a Paul's tube was introduced into the gut and an artificial anus made. The after-treatment consisted of continuous saline

rectal irrigation with 10 minims of adrenalin solution added to the pint of the saline. The patient recovered from the operation, but his general condition did not improve, though he passed motions freely through the artificial anus. He suffered from attacks of severe abdominal pain, for which morphine was given hypodermically. On February 7th, 1912, stovaine was injected by lumbar puncture and an incision was made through the right rectus, and the intussuscepted part removed by Jessett's method, that is, the intussusceptum was drawn out and removed through a longitudinal incision in the intussusciens, the cut edges of the entering and returning layers united by continuous suture and replaced in the lumen of the gut, the longitudinal incision was then closed and the abdominal wall sutured. The patient's condition during the operation was so serious that intravenous transfusion with saline solution plus adrenalin (10 minims) was necessary. The wound became infected from the colostomy, and superficial suppuration resulted, and though no peritoneal infection followed and motions were passed per anum, he gradually sank and died on February 15th.

CASE II.

G. R., Mohammedan, male, aged 28 years, was operated on for suppurative appendicitis on January 5th, 1912, when the appendix, which was surrounded by dense adhesions and a small quantity of pus, was removed. Discharged cured January 19th.

The patient was readmitted on January 20th, 1912, with abdominal pain and distension, vomiting, and constipation. The abdomen was opened and numerous adhesions were divided, and the patient recovered and remained well till January 30th, 1912, when he was again seized with acute abdominal pain accompanied by distension. Unfortunately I was not sent for but an injection of morphine given, after which he slept for more than twelve hours. I saw him eighteen hours after the onset of pain and operated immediately. On opening the abdomen some bloody fluid escaped; a volvulus of the small intestine was found, and 9 ft. of gangrenous gut having been resected, continuity was restored by lateral anastomosis. The patient died eight hours after operation.

CASE III.

E. F., native Christian, male, aged 25 years, was admitted January 5th, 1912, with chronic intestinal obstruction due to a large ileo-caecal intussusception of long standing. The patient being in a very bad condition no attempt was made to reduce the intussusception, but short circuit was performed by lateral anastomosis between the ileum and the colon. The patient never rallied, and died the following morning.

CASE IV.

A., a female Mohammedan, aged 32 years, admitted for chronic intestinal obstruction, due to tuberculous adhesions and bands; was operated on February 4th, 1912. Though relieved of her symptoms and passing motions up to the day of her death, she gradually sank and died, February 9th, 1912.

CASE V.

A. B. P., a female Parsi, aged 52 years, admitted April 13th, 1912, for abdominal distension of fifteen days' duration and pain which was intensified on passage of motions, flatus, or urine. For the last five years she had had recurring attacks of colicky pain accompanied by vomiting, and blood and mucus were passed in the stools. She was in great pain and her abdomen was much distended. Ballooning of the rectum was present, but no growth could be felt. The abdomen was opened to the right of the middle line, and nodules of cancer were detected in the peritoneum, and a growth was found in the rectum adherent to the uterine fundus. The wound was closed and inguinal colostomy performed. The patient's condition gradually improved and she left the hospital May 2nd, 1912, feeling well and passing motions freely through the artificial anus.

CASE VI.

M. S. A., Mohammedan, male, aged 25 years, was admitted July 21st, 1912; about two months previous to the onset of the present illness the patient had been stabbed in the abdomen below the left costal margin. The intestines, which protruded, were not wounded, but there was profuse haemorrhage from an artery in the mesentery, which was ligatured, the intestines returned, and the abdominal wall stitched up. As the wound suppurated the patient remained in hospital for five weeks. On readmission his abdomen was greatly distended and painful, and he had not passed a motion for three days. Pulse 120, and respirations 32. An incision was made to the left of the middle line through the rectus sheath. A large number of adhesions and bands were found between the coils of the small intestines, which were all separated, and the raw surfaces smeared with sterile olive oil, nearly half a pint was introduced into the peritoneal cavity. The patient was discharged cured August 10th, 1912.

CASE VII.

F. C., European, male, aged 7 years. About two months prior to admission, a lawn-roller had passed over his abdomen. He vomited, showed signs of collapse, and was removed to St. George's Hospital, Bombay, where he remained for a week, and was discharged apparently cured. Two or three days later abdominal pain, accompanied by profuse perspiration and vomiting, recurred, and he was again admitted into St. George's Hospital, where he remained six or seven days. I saw him on July 28th, and recommended operation. He was admitted into the Jamsetjee Jeejeebhoy Hospital, but as there was some

* The cases were reported at a recent meeting of the Bombay Branch of the British Medical Association.

coupled with the loss of his wife about a year ago, at the end of a very distressing illness, no doubt served to undermine his strength, and thus account in some measure for the fact that a man who throughout his career was conspicuous for the possession of great mental and physical vitality, should have succumbed so rapidly to an attack of pneumonia.

As a student Dr. Macartney was a well-known football player, as also a very fair cricketer, and he remained to the end a strong supporter of these and other forms of outdoor exercise. He was also a first-class game shot, and the winner of many clay-pigeon shooting and other like trophies. He did a good deal of work for the St. John Ambulance Association as a lecturer and examiner, and had attained high rank as a Freemason. As a private individual he enjoyed great and well-deserved popularity among all classes of society, for he was not only a loyal man to his friends, but an excellent companion—never at a loss for a story, and able to tell it with effect. He possessed, in short, the cheery, vivacious temperament often to be found in the best class of Irishman. The facts that his friends clubbed together to present him with a motor car when his election to the office of coroner was announced some eight years ago, and that he had filled the high office of President of the Gloucestershire Branch of the British Medical Association, bear eloquent testimony to the position which he occupied in the affection and esteem both of laymen and professional colleagues in his neighbourhood.

Dr. Macartney, as has been mentioned, was predeceased by his wife, but is survived by a daughter. He was buried in Cinderford on December 9th, his funeral being accompanied by full Masonic honours.

WE regret to have to announce the death of Dr. J. O'DONOVAN, J.P., of Kingstown, who enjoyed an extensive practice in the south of County Dublin, and was for many years known for his charitable interest in the poor of the district. He manifested in a peculiarly fitting manner his humanitarian instincts when he erected as a memorial to his son, Dr. R. O'Donovan, Superintendent Medical Officer to the Kingstown Urban Council, a shelter for cabmen in the Royal Marino Road. Dr. O'Donovan suffered from heart disease last summer, and went for treatment to England, but on his return in the autumn he was much worse. Since then he had been confined to bed. His demise is mourned by a wide circle of friends and admirers.

COLONEL JOHN HENRY NEWMAN, Bengal Medical Service, retired list, died at Coolatta, Killinardish, County Cork, on November 30th. He was born on November 9th, 1844, educated at Queen's College, Cork, took the degrees of M.B. and M.Ch. in the Queen's University of Ireland, and entered the Indian Medical Service as assistant surgeon on September 30th, 1867. He became surgeon on July 1st, 1873; surgeon-major on September 30th, 1879; brigade-surgeon-lieutenant-colonel on June 1st, 1892; and colonel on March 29th, 1895. He was granted a good-service pension on April 1st, 1900, and retired on July 14th, 1900. Most of his service was spent in political medical employment under the Indian Foreign Office. In 1879 he was appointed medical officer of the Mhairwarra Battalion, now the 44th Merwara Infantry, with which post was combined the civil surgeoncy of Ajmir. In 1884 and 1889 he officiated as Agency Surgeon, Rajputana, and administrative medical officer of the Rajputana States, and was confirmed in that post in 1892. From July to November, 1893, he acted as Inspector-General of Civil Hospitals in Bengal. On promotion to colonel he was posted in a similar capacity to the Central Provinces in March, 1895; in November, 1897, was transferred to Bengal; and in April, 1898, chose to return to military duty as administrative medical officer of the Punjab Frontier Force. He served in the Abyssinian war of 1878, and in the second Afghan war in 1878-9, taking part in the two expeditions in the Bazar Valley, and received the medals for these two campaigns.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are: Dr. Alessandro Cugini, professor

of forensic medicine in the University of Parma; Dr. Deboeck, professor of forensic medicine and psychiatry in the University of Brussels; Dr. Gendre, an ophthalmologist of Toulouse; Dr. Jesse S. Myer, of St. Louis, author of *The Life and Letters of William Beaumont*, and of clinical papers dealing largely with the physiology and pathology of the digestive system, aged 40; and Dr. Fedor Schuchardt, professor of psychiatry in the University of Rostock, aged 65.

Universities and Colleges.

UNIVERSITY OF EDINBURGH.

THE following candidates have been approved at the examinations indicated:

M.D. (Clinical Examination).—H. F. W. Adams, R. Aitken, R. M. Allan, T. M. Anderson, G. L. Brunton, F. D. Cairns, G. J. Carr, J. Cathcart, F. O. Clarke, H. Evans, T. R. Evans, W. N. W. Kennedy, W. Macdonald, W. F. McLean, J. S. Manson, A. E. Moore, D. M. Morison, T. P. Noble, S. D. Reid, A. A. Rutherford, W. M. W. Shepherd, A. N. Smith, G. Walker, A. Watson, G. A. Wyon.

FINAL M.B., CH.B. (Forensic Medicine).—R. C. Aitchison, M. Barseghian (Basil), J. G. Bell, T. H. S. Bell, P. N. Berry, E. J. Blair, D. G. Boddie, R. S. Brunton, W. A. Coats, J. Dale, J. W. Darling, Georgina E. Davidson, C. L. Dold, W. B. H. Dundee, G. D. Fairley, E. G. M. Gilchrist, A. S. Glynn, D. C. Graham, G. D. Hamilton, F. W. Hird, M. P. Inglis, H. Jackson, L. F. E. Jeffcoat, R. W. R. Jones, L. Lappin, C. W. Lewis, G. Lillico, J. Loftus, E. W. Louw, G. A. G. Macdonald, W. H. M'Granahan, E. L. Mackenzie, D. J. Max, G. T. Mowat, R. Power, A. M. Razakhan, R. C. Rogers, A. R. Ross, M. A. I. Sayeed, A. C. Shaw, J. C. Sinclair, J. H. Smith, L. J. Spence, P. A. Strasheim, R. J. Tait, J. S. Taylor, A. R. Thomson, J. Z. Truter, C. H. Wan, W. G. Weston, E. L. White, J. A. C. Williams, G. S. Williamson, E. W. N. Wooler, J. A. Young, J. B. Young. (Public Health).—M. Barseghian (B.), J. G. Bell, P. N. Berry, E. J. Blair, R. S. Brunton, F. C. Chandler, W. A. Coats, Georgina E. Davidson, C. L. Dold, E. G. M. Gilchrist, A. S. Glynn, D. C. Graham, G. R. Grant, Agnes R. M. Greig, W. W. Hallchurch, F. W. Hird, H. Jackson, F. N. Johns, L. Lappin, C. W. Lewis, J. Loftus, E. W. Louw, G. A. G. Macdonald, W. H. M'Granahan, E. L. Mackenzie, D. J. Max, B. Mendelsohn, E. M. Molesworth, G. T. Mowat, W. Murdoch, R. Power, R. C. Rogers, A. R. Ross, H. P. Rudolf, B. Shires, P. A. Strasheim, R. J. Tait, A. S. Taylor, A. R. Thomson, J. Z. Truter, P. G. Tucky, C. H. Wan, W. G. Weston, J. A. C. Williams, G. S. Williamson, E. W. N. Wooler, J. A. Young.

FINAL (All Subjects).—E. Allan, G. A. M. Anderson, S. Arnott, Vora N. Bolotine, G. A. Borthwick, H. Boyle, W. T. Brown, J. W. K. Bruce, J. V. Buchanan, W. S. H. Campbell, J. W. Cannon, P. A. B. Clark, J. B. Cook, G. Cromie, J. B. Cunningham, M. F. W. Davidson, W. Duguid, W. B. H. Dundee, H. V. Dunn, J. M. Elliott, A. Eprile, D. Gilmour, C. Gordon, G. R. Grant, D. A. R. Haddon, Julia V. Henslow, H. C. Hinwood, J. H. G. Hunter, R. C. Irvine, Jamal-ud-din, F. N. Johns, R. W. H. Jones, Margaretta J. Keers, D. Kerr, J. L. C. Lagois, W. A. Lethem, E. Llewellyn, J. McCraig, J. S. McIntosh, B. R. Mackenzie, H. A. Macmillan, Rosanna H. Macmillan, G. M'Neil, D. M'Vicker, J. T. H. Madill, A. C. Mann, J. R. Menzies, S. I. Mitra, S. C. Mitra, J. B. Mitton, H. M. Moir, S. R. Moll, A. J. M'C. Morrison, A. H. Murch, B. P. B. Naidu, R. H. H. Newton, K. P. Panikkar, A. E. S. P. Pattison, M. Plum, E. G. C. Price, J. K. Reid, M. J. D. Roche, J. A. N. Scott, E. A. Seagar, J. Searc, J. H. Smith, V. R. Smith, R. A. Stark, R. J. Tait, J. S. Tomb, J. Z. Truter, M. B. Walker, J. H. Ward, J. H. D. Watson, W. N. Watson, W. G. Wyllie.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

AN Ordinary Council was held on December 11th, when Sir Rickman J. Godlee, Bart., President, was in the chair.

The Annual Congregation of the American College of Surgeons.

The President reported his attendance at Chicago on November 13th on the occasion of the first Annual Congregation of the American College of Surgeons; and also that he had visited Toronto, where the degree of LL.D. was conferred upon him.

The late Mr. Sydney Jones.

A resolution was adopted expressing the sympathy of the Council with the family of the late Mr. Sydney Jones, a past member of the Council, and its appreciation of his services to the College.

Grant of Diplomas.

Diplomas of Fellowship were granted to the following twenty-eight candidates found qualified at the recent examination:

R. M. Rowe, P. J. Franklin, T. H. C. Benians, G. H. Chisnall, T. B. Davies, M. Bates, C. W. Archer, E. H. Rainey, J. L. Ritchie, F. H. Diggle, J. S. Jobson, S. E. V. Brown, A. L. Moreton, C. T. Neve, R. A. Ramsay, E. G. Schlesinger, N. Duggan, W. A. Sneath, S. B. Radley, F. G. Bell, N. C. Lake, J. T. Morrison, E. Rayner, J. S. Bookless, A. Gibson, J. Gow, R. C. MacQueen, and J. C. Stewart.

Diplomas of the Licence in Dental Surgery were granted to fifty-four candidates found qualified for the Licence.

Court of Examiners.

Mr. W. G. Spencer was re-elected a member of the Court of Examiners.

Royal Commission on Venereal Diseases.

In response to a request from Lord Sydenham, Chairman of the Royal Commission on Venereal Diseases, the Council selected to give evidence before the Commission Mr. D'Arcy Power, Surgeon to St. Bartholomew's Hospital; Mr. F. R. Crosse, President of the Ophthalmological Society of the United Kingdom; and Mr. S. G. Shattock, Pathological Curator of the Museum of the College.

Annual Meeting of Fellows and Members.

The Council adopted a reply to the following effect to the resolutions passed at the annual meeting of Fellows and Members on November 20th, 1913 (BRITISH MEDICAL JOURNAL, November 29th, p. 1462):

With regard to the first resolution affirming the desirability of admitting Members to direct representation on the Council of the College, and the second resolution requesting the Council to include in its annual report a balance sheet showing fully and without reserve the assets and liabilities of the College on Midsummer Day, 1913, the Council replied that it did not think it was called upon to reconsider its decisions respecting these subjects. With regard to the third resolution, expressing dissatisfaction with the administration of the College finances as carried out by the Council, the Council expressed the opinion that the satisfactory financial position of the College at the present time is sufficiently evident to any Fellow or Member who studies the published accounts.

APOTHECARIES' HALL, DUBLIN.

On the evening of November 29th Alderman McWalter, M.D., the Governor of the Apothecaries' Hall, Dublin, entertained a large number of guests at dinner at the Hotel Metropole. Among those visitors who spoke were the Presidents of the Royal College of Surgeons, of the University College, and of the Incorporated Law Society. The Recorder of Dublin, speaking in reply to the toast of the City of Dublin, said that he considered that the bad housing conditions of the poorer classes was responsible for a large proportion of the crime that came before him in his official position. The after-dinner speeches were varied by several pleasing musical items.

Medico-Legal.

"UNDER THE INFLUENCE OF DRINK."

AN inquest in Southwark on December 8th on the bodies of two young men who had been killed in the street ended in a verdict of manslaughter against the driver of a motor lorry which knocked them down, the jury adding that he was driving at an excessive speed and was "under the influence of drink."

All the witnesses agreed that the accident was due to the driver passing a stationary tramway car at an excessive speed. The constable who arrested the accused said that he had had more than twenty-seven years' experience in the police force, and he was sure that the driver was "under the influence of drink." He seemed like a man who did not care whether he met with an accident or anything else. He was absolutely unconcerned. He agreed the driver had rendered every assistance in extricating the two injured men from under his lorry, and that it was true that as he himself had an accident he must have been suffering from shock, but nevertheless adhered to his belief that that the accused was under the influence of drink. A second police constable who took part in the arrest described the man simply as "drunk."

Evidence was also given by the divisional surgeon, Dr. Athol R. Moore, who said that after he had examined the arrested man he wrote the following certificate: "I have examined this man and find him to be under the influence of alcohol. He is not in a fit state to be in charge of a motor vehicle. Fit to be detained." In reply to questions from the coroner, Dr. Waldo, as to what distinction the witness drew between the terms "drunk" and "under the influence of drink," Dr. Moore replied that he was of opinion that if a motor driver had had sufficient drink to take the keen edge off his wits he was not in a condition to drive a motor vehicle. Asked if he considered the driver was drunk, he replied that he did not consider that he was sober. Whether the term "drunk" should be applied to him depended upon how the meaning of the word "drunk" was to be defined. The Medico-Legal Society had been endeavouring to define its meaning, but it had not yet formulated a satisfactory definition, and probably no one ever would. The accused was not drunk in the popular sense of the term, but he had had sufficient alcohol to take the edge off his wits. It was possibly true that he had developed shock by the following morning, but at the time the witness saw him, the shock—if he was suffering from shock at all—was masked by the effect of alcohol.

COLONEL GORGAS, M.D., Chief Sanitary Officer of the Panama Canal, has been elected a honorary Fellow of the Royal Sanitary Institute; and Colonel Guy Carleton Jones, M.D., Director-General of the Medical Service of the Militia of Canada, and Dr. William Robertson, M.O.H., Leith, have been elected Fellows.

Medical News.

WE are asked by the Secretary to state that the London Post-Graduate Association, 20, Hanover Square, London, W., is to be wound up on December 31st.

THE Royal College of Surgeons of England, including the Museum and Library, will be closed from the evening of Wednesday, December 24th, until the following Monday morning.

THE White Star line have arranged for two vessels of their fleet, the *Laurentic* and the *Megantic*, to make a series of cruises from New York to the West Indies and the Panama Canal during the winter and spring of 1914. The *Laurentic* is due to leave New York for a cruise of twenty-eight days on January 31st and March 4th, and the *Megantic* on February 11th and March 14th. The *Laurentic* concludes the series with a sixteen days' cruise from April 4th.

THE After-care Association, which is so serviceable in the rehabilitation into ordinary life and employment of poor persons discharged recovered from asylums for the insane, quietly does much useful work in finding suitable employment for, and otherwise aiding, those whose mental illness has interrupted their industrial careers. Two important meetings have lately been held in support of its funds, the first at Rubery Hill Asylum, Birmingham, in which city a branch was started in the early part of this year, and has already done much good work. The second meeting was at Bootham Park Hospital, York, which resulted in the addition of many new subscribers to the York branch. Both meetings were addressed by Mr. Thornhill Roxby, the energetic Secretary of the Association, the headquarters of which are at the Church House, Dean's Yard, Westminster. This association is the only one of the kind in Great Britain, and last year 391 cases were dealt with by the Council.

A MEETING of about forty members of the newly formed group of school medical officers of the Society of Medical Officers of Health was held at the Royal Sanitary Institute on December 6th, and was presided over by Dr. Robert Hughes, the school medical officer of Stoke-on-Trent. It was decided to form subgroups corresponding to the branches of the society. After some discussion as to the best means of securing adequate remuneration for school medical officers of all grades it was decided to communicate to the British Medical Association and the Society of Medical Officers of Health the opinion of the group that the minimum salary of a whole-time senior or responsible medical officer engaged in school medical inspection should be at the rate of £500 per annum, and in large towns proportionately higher; and that the minimum salary of whole-time junior officers should be £350 per annum, rising by annual increments of £25 to at least £500. The next meeting of the group is to be held at the Royal Sanitary Institute on January 3rd, 1914.

THE annual meeting of the Hospital Almoner's Council was held on December 10th at the Central Buildings, Westminster, with Sir Malcolm Morris, Vice-President, in the chair. The Secretary stated that fifteen candidates for almoners' posts were in course of training; he referred to the appointment of an in-patient almoner at Great Ormond Street Hospital for Sick Children, and drew attention to the numerous appointments of assistant almoners, as evidence of appreciation of the system on the part of those hospitals which had adopted it. In moving the adoption of the annual report, Sir Malcolm Morris said that, after forty-eight years' experience of hospitals, he was convinced that there was no more important work being done in London than that of the almoners in supplementing the medical treatment provided by the hospitals. Unless the work of hospitals was linked up with that of charities outside their walls patients could not benefit fully by the treatment they received. He referred to the necessity of careful training for the work as provided by the Council.

THE schoolroom blackboard seems to have been subjected to a fair amount of criticism at the International Congress on School Hygiene, held at Buffalo in August last, judging by Dr. James Kerr's account of the proceedings, given at the meeting of the Illuminating Engineering Society on November 18th. It is, of course, from the point of view of illumination that the blackboard is challenged. In America, instead of having the boards at the end of the

class-room, behind the teacher, it is the custom to place them on the right-hand side of the children, opposite the window. It is found, according to some detailed measurements which were presented to the Congress, that the boards, when in this position, actually diminish the lighting on the desks by an average of 15 per cent., while white boards increase the illumination almost by the same amount. Even slighter changes than this are important when the general illumination is poor. Apparently the European practice of stationing the blackboards at the end of the room makes only a negligible difference to the desk illumination. Apart from this aspect of the question, however, the difficulty of lighting the blackboard efficiently, and of preventing glare from its shiny surface, is putting educationalists on the alert for some substitute. One Viennese delegate at the Congress urged the value of rolls of white paper on an easel, and others suggested green or brown boards in place of the universal black. If blackboards are retained care should be taken at least to tilt them so as to get the regular reflection away from the children's faces, and thus to make this convenient teaching instrument less of an eye torture than it was in the schooldays of many of us.

THE University of the Philippines which was founded under the authority of the United States by an Act of the Philippine Legislature in January, 1911, includes faculties of arts, of medicine and surgery, agriculture, veterinary science, engineering, law, and a school of fine arts, each possessing an educational college. The entire teaching staff of the University consists of 12 full professors, 8 professorial lecturers, 20 associate professors, 18 assistant professors, 57 instructors, 10 lecturers on law, 21 lecturers on special subjects, and 7 assistants. The Philippine Medical School was founded in 1905, before the University was established. Seven professors, 12 associate professors, 6 assistant professors, 14 instructors, with 2 temporary instructors, 16 special and 6 assistants, belong to the Medical College. A five years' course is required. Clinical facilities are afforded by the Philippine General Hospital, which has 200 beds, with a free dispensary; the Bilibid Prison Hospital; the Hospital for Infectious Diseases of San Lazaro, which includes departments for incurable tuberculosis, small-pox, diphtheria, plague, cholera, and other dangerous communicable diseases. Then there is the San Juan del Monte Tuberculosis Sanatorium; the "Gota de Leche" (*Goutte de lait*), for undeveloped and abnormal children; and the municipal and tuberculosis free dispensaries of Manila. In the course of last year more than 80,000 patients passed through the clinics. There is ample laboratory accommodation, with facilities for individual work by students in animal experimentation, and a sufficient supply of all the ordinary laboratory animals to meet the requirements of the courses, as well as for purposes of investigation. There are also a Graduate School of Tropical Medicine and Public Health, in which courses of instruction are given throughout the year. The school gives the degrees of Tropical Medicine (D.T.M.) and Doctor of Public Health (D.P.H.).

PROFESSOR OPPENHEIM of Berlin has reported 2 cases of cerebellar tumour treated by operation (*Berl. klin. Woch.*, November 3rd). The surgeon in both cases was Professor Borchardt of the Virchow Krankenhaus. The first was a case of tumour involving the vermis and right cerebellar hemisphere, and the operation was performed under local anaesthesia in three stages, owing to the collapse which threatened to supervene at any moment. It was only at the third sitting, which lasted for two hours, that the tumour was successfully dissected and removed from its bed. It proved to be a fibro-sarcoma. Before the operation was completed dyspnoea began to set in and continued throughout that night, with periods of complete apnoea, and Cheyne-Stokes respiration, with prolonged rattling in the trachea. Artificial respiration was continually required until the patient turned the corner and resumed the automatic function. The pulse remained good throughout and convalescence was very rapid, so that three months after the operation scarcely any symptoms of his original malady were present. The other case was that of a tumour in a child of 7, which involved the left cerebellar hemisphere, and required two operative stages under general anaesthesia. The child was completely ataxic and amaurotic at that time, but a year after the operation could count fingers at 2 ft. and was able to walk three hours without undue fatigue. The recovery of the smallest degree of vision once papillitis has advanced to a stage in which complete blindness has ensued, is most exceptional, so that this particular case deserves a position among the triumphs of surgery.

Letters, Notes, and Answers.

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.

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

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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.

VERITAS desires to know the date and treatise in which the term "thyroid insufficiency" was first used.

RADIUM EMANATIONS.

THE fee charged by the Radium Institute, 16, Ridinghouse Street, London, W., for treatment with radium emanation solution is three guineas a week, and it is stated that a course of at least six weeks is essential if any benefit is to be expected. A correspondent wishes to know whether a reliable emanation solution can be obtained for a smaller sum elsewhere.

ANSWERS.

M. W. B. writes to advise "St. Kitts" to consider the question of gall stones, and treat accordingly.

TREATMENT OF TERTIARY SYPHILIS.

DR. J. BARKER SMITH (Herne Hill, S.E.) advises "Country Practitioner" to try the effects of nascent iodine on the lines lately tried for tuberculosis. Ten grains or less of potassium iodide in peppermint water every morning for a week, immediately after breakfast: follow in four and eight hours by well diluted chlorine water. Take a dry bottle, put into it a drachm of powdered potassium chlorate, pour on the chlorate twenty drops of strong hydrochloric acid and evolve the chlorine, entangle it by shaking with water, and make up with water to six ounces. A tablespoonful in water or lemon water should be taken four and eight hours after the iodide. Again, by permanganate solution or hydrogen peroxide applied locally the effects should be intensified. I have met with success, so that I have suitable labels printed. I am convinced that nascent iodine is effective, and in one case of partial paralysis in a verified case of tertiary syphilis without a history, results surprised me. In this case the blood acidity was increased (verified by Joulie's method), and the urine, as noticed by the patient, was wonderfully cleared up.

LETTERS, NOTES, ETC.

THE EXECUTIONER SURGEON.

DR. FREDERIC WOOD JONES (London) writes: It has been a great disappointment to me to note that, as an organ of the medical profession, you have taken up what can only be termed a flippant attitude towards a subject which, though raised in this instance in the lay press, has before now engaged the attention of medical men. How the suggestion that the regulation of the means of putting our fellow creatures to death should be ordered by the scientific inquiry of medical men, could be regarded as a "silly joke," or as "offensive," neither I nor any thinking person can see. That it should be regulated by a person ignorant of anatomical and physiological science is the abuse, and no earnest suggestion for the alteration of this state of affairs should be stigmatized as "silly" or "offensive." Medical men have devoted thought and time to this question; experiments have been done, and sober suggestions have been made, and yet, though animals are slaughtered with all the humanity that science can suggest, our fellow unfortunates are still hanged with mediaeval pageant, and by methods that are crude, cruel, and unscientific.

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