

Disease of the anterior part of the eyeball is usually due to some noxa, circulating in the blood stream, that acts directly on the tissues. It may be the virus of specific disease, infective material from any part of the body, metabolic or chemical toxins, but it is a noxa that is diffused generally. Certain factors may operate to determine a secondary infection or precipitation and its locality: such as trauma—surgical or accidental—local secretion, affinity, local overwork, and possibly the influence of the sympathetic nervous system.² In sympathetic ophthalmia the disease in the first or injured eye is probably in most cases autogenous, with trauma as its determining factor. On the other hand, ordinary herpes is a peripheral manifestation of a central nervous disturbance.

Messrs. Orr and Rows, in their paper³ dealing with the infection of the nervous system via the lymphatics of the peripheral nerves, showed that where there is an infective focus there is usually an infected lymph stream ascending from it to the central nervous system—a current that lies in the perineural sheaths. In a recent paper by Marinesco⁴ there is a record of experimental research on the virus of herpes febrilis. This virus was inoculated into the corneo-scleral margin of a rabbit's eye; it produced kerato-conjunctivitis and, later, serious general symptoms. After death it was found that the virus had left a track of its passage to the brain. There was lymphocytic infiltration in the choroid, ciliary nerves, ciliary ganglion, Gasserian ganglion, and on into the brain. The retina, sclerotic, optic nerve, the motor root of the ciliary ganglion, and the common oculo-motor nerves were all practically left intact. This is the path of an invisible or filter-passing virus. Sympathetic ophthalmia is by some writers also thought to be due to a filter-passing virus, but one that makes its way into the blood stream, survives the hostile defensive agencies there, and then, owing to some peculiar affinity, settles in the uninjured eye.

In tetanus and diphtheria the virus enters the nerve terminals at the infecting focus in the skin, tissues, or mucous membrane, and ascends in the perineural lymph spaces, so reaching the corresponding basal nucleus or root ganglion. In a case of localized tetanus due to the presence of a piece of metal near the brachial plexus it was the shoulder muscles of the same side that manifested tonic spasms. In another case a wounded foot was associated with tonic spasms of the corresponding thigh muscles and later with those of the other thigh. In diphtheria the palate frequently becomes paralysed. In these cases the conclusion is that the manifestations are limited by or "correspond to the nerve supply." Here the invading infective material is not diffused generally or mainly, but is confined: it is compartmental or segmental. Perhaps there are here the elements of a pathological arc—that is, the receptor, the nerve cell, and the effector segment.

The fifth nerve is the sensory or afferent nerve for the eyeballs, eyelids, nose, sinuses, gums, teeth, tonsils, skin of forehead, and face. The three divisions converge to and enter the Gasserian ganglion. This ganglion receiving many ascending streams may thereby have its functions influenced by various noxae and possibly in various ways. An interesting and suggestive syndrome is seen in a case presenting trigeminal neuralgia, herpes ophthalmicus, and paralysis of the sixth nerve, and in another presenting the same manifestations with the addition of uveitis and anaesthesia of the skin or cornea. The neuralgia and the anaesthesia indicate involvement of the Gasserian ganglion, but the paralysis of the sixth nerve indicates that the central lesion has extended to the sixth nucleus. Irritation of the fifth nerve may produce a variety of manifestations, that of the sixth nerve is probably limited. Occasionally in these cases we also get vesicles on the cornea, and the pain that they cause reminds us that the locality selected is one that has a rich supply of afferent nerves. The vesicles on the forehead and cornea and the uveitis are all due to the same primary noxa. How are these peripheral manifestations produced? Are we to believe that they are due to a noxa manifesting merely contemporaneous chemical affinity for central and for various peripheral structures; that the central and peripheral lesions are isolated and independent; or are we to believe that efferent or antidromic impulses pass

along afferent nerves, impulses capable of producing—as Dr. Ivy McKenzie maintains—dilatation of capillaries and inflammation? These peripheral manifestations are one-sided, and are limited in area by nerve distribution. Further, they are associated with neuralgia, anaesthesia, and paralysis, conditions that are dependent on the central lesion.

I recently saw two patients with the sequelae of encephalitis lethargica. These patients were under the care of Dr. John Rowan, but I have his permission to refer to them. Both had paralysis of nearly all the eye muscles on one side with ptosis and dilatation of the pupil. One had small bullae on the cornea, and the other keratitis with ulceration of the cornea and later inflammation of the eyeball. Here again there is a central lesion, paralysis of muscles, and peripheral conditions resembling herpes.

Ordinary bullous keratitis may be associated with anaesthesia of the cornea and conjunctiva, an association that suggests a central or nerve origin, probably a neuro-toxic condition. In herpes ophthalmicus we occasionally get symptoms of sympathetic irritation in the other eye: still sympathetic ophthalmia remains a somewhat unique disease, associated with a unique arrangement of the optic nerves. The whole neuro-optical apparatus possesses much structural and functional unity.

Experiment⁵ has demonstrated that when aseptic particles of a choroid, taken from a human case of sympathetic ophthalmia, were implanted into the eye of a monkey, paths of infection were afterwards found leading along the sheath of the optic nerve, "or first along the anterior ciliary vessels out of the eyeball, then along the external eye muscles, and again backwards to the vaginal tissues," or to the optic nerve high up. All the affected animals showed changes in the coverings of the optic nerves, and three out of four developed meningitis. In this way, even if the optic nerve had been cut (Fuchs), the noxa could still pass up the optic nerve and reach both sides of the brain.

If there is an efferent influence, then, in herpes ophthalmicus it travels by the frontal and nasal branches of the ophthalmic division, and in sympathetic ophthalmia perhaps by the nasal branch to the ciliary ganglion or perhaps by some other channel. These various allied conditions suggest a mechanism that is largely limited by nerve distribution. The direct action of a diffused noxa calls for general treatment, and when a central or neuro-toxic element is present this also calls for treatment, sometimes even more so than the local eye condition. We have still occasionally to remind ourselves that the eye is an item in a commonwealth and not an isolated entity calling only for individual consideration.

REFERENCES.

- ¹ Wilson: *Glasgow Medical Journal*, April, 1918. ² Orr and Sturrock: *BRITISH MEDICAL JOURNAL*, June 3rd, 1922, p. 877. ³ Orr and Rows: *Brain*, Vol. XXXVI, Parts III and IV, 1914. ⁴ Marinesco: *Annals de l'Institut Pasteur*, Aout, 1923. ⁵ Deutschmann, F.: *Ophthalmoscope*, January, 1911, p. 864.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

A COMPLICATED CASE OF FRACTURE AT THE
BASE OF THE SKULL.

THE following case, which presents some unusual features, was treated by me recently at the Beckett Hospital and Dispensary, Barnsley, Yorkshire.

A well developed man, aged about 30, was thrown from his bicycle during a collision. On admission he was bleeding slightly from the right ear; there were no marks of external violence; he was very drowsy, but could easily be awakened and could answer questions. A diagnosis of fractured base and concussion was made. On the following day he was completely unconscious; there was slight inequality of the pupils with a right-sided hemiplegia, and on careful examination a faint bruise could be seen over the right mastoid process. The temperature was now 100° F.

Operation.—On the right side of the skull a flap corresponding roughly to the outline of the squamous portion of the temporal bone was turned down. A fracture was now observed passing across the mastoid process and apparently extending across the middle cranial fossa. A trephine opening was made just over the external auditory meatus, and enlarged with forceps. The dura mater was dark blue in colour, bulged through the aperture, and

was without pulsation. A cruciform incision was made in the dura mater, and several large blood clots with a quantity of softened brain matter escaped. The scalp was then sutured, the wound being closed without drainage. The patient had completely regained consciousness at the end of twenty-four hours after the operation.

I have to acknowledge the skilled assistance of Dr. E. Orsmond during the operation.

Poona, India.

J. DESMOND O'NEILL, M.B., I.M.S.

OVARIAN CYST COMPLICATING A SIX AND A HALF MONTHS' PREGNANCY.

THE case here recorded is of interest partly on account of the longer duration of pregnancy than usual, and partly because the strangulation of the cyst pedicle gave rise to practically no symptoms, there being no pain and only a slight rise of temperature to give warning of the event.

A woman, aged 18, was admitted to the Government Hospital, Apia, Samoa, on June 26th, 1924. She was six months pregnant and had noticed a tumour on the right side of the abdomen, in addition to the uterus. The day before admission she had acute abdominal pain and thought she was about to miscarry. She had noticed the tumour for over two months, and also that it enlarged more rapidly than the uterus. She had no pain until just before admission and the bladder had given no trouble, though the bowels were somewhat constipated. She had one child (18 months old), the delivery having been normal.

The pregnant uterus occupied the lower half of the abdomen, there being a decided list to the left, with a prominence extending upward towards the splenic area. A tense fluctuating swelling occupied the right side of the abdomen, arising apparently from below and behind the right upper margin of the uterus and extending up to and bulging the right lower ribs. This tumour was quite distinct from the uterus and was dull on percussion, with a marked fluid thrill. Vaginal examination revealed a soft patulous os, but no sign of commencing labour. Nothing was to be felt in the right fornix, which was higher than the left, the gravid uterus being palpable through the latter. By June 28th all pain had ceased, but began again on July 2nd, and early on July 3rd a live 6½ months foetus was spontaneously delivered; it survived for about half an hour. The puerperium was normal until July 5th, when the temperature rose to 100.4° F.; it fell below normal on July 6th.

On July 7th abdominal section was performed, and a large dark brown cyst was found extending right up to the liver, which was displaced upwards and backwards. The cyst was adherent in places to the liver, omentum, and parietal peritoneum, the latter being inflamed all over and covered with serum and recent fibrin tags. The pedicle was strangulated, being twisted two and a half times on itself, and arose from the position of the right ovary. The cyst contained port-wine coloured fluid. The temperature rose after the operation, reaching 103.4° F. on July 10th; it then fell to normal and remained so. There was a decided flow of bright-coloured lochia for three days after the operation.

JOHN S. ARMSTRONG, M.B., Ch.B.Ed.,
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MULTIPLE ABNORMALITIES IN THE INGUINAL CANAL AND TUNICA VAGINALIS.

SEVERAL years ago a man on active service in France complained of a "strain in the right groin." No definite diagnosis was made by the regimental medical officer. Since then, on several occasions, he has experienced a sudden drawing up of the testicle accompanied by pain. After a recent attack of this kind, unattended by nausea or vomiting, the right testicle and cord were found to be swollen, tender, and drawn up to the external ring. In a hot bath, after gentle downward stroking, the testicle and cord regained their normal position, but further examination revealed the presence of a thickened cord and bubonocoele.

At the ensuing operation the following abnormalities were found. The upper end of the tunica vaginalis lay on the anterior surface of the external oblique muscle and over the external ring. The cord was completely twisted five times on itself. After it had been untwisted a large pampiniform plexus of veins was disclosed which hung like a septum into the tunica vaginalis. When this plexus had been removed, together with the surplus tunica vaginalis, a hernial sac was opened at the upper end of the inguinal canal and was found to contain a mobile caecum, with the appendix adherent to the wall of the sac. These various conditions were dealt with in the classical manner.

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Buenos Aires.

Reports of Societies.

COCAINE ADDICTION.

AT a meeting of the Society for the Study of Inebriety on October 14th, Sir WILLIAM WILLCOX presiding, a discussion on cocaine addiction was opened by Professor W. E. Dixon, M.D., F.R.S., Reader in Pharmacology in the University of Cambridge.

Professor DIXON said that coca leaves had been used from time immemorial by the Indians in the west of South America as a stimulant and narcotic, and the habit survived to the present day, especially in Peru. It was asserted that natives who chewed the coca leaf were able to perform long and rapid journeys with less fatigue and without feeling the pangs of hunger. On two occasions in the past the speaker had had injected into himself, intramuscularly, by way of experiment, about 1½ grains of cocaine. The effects gave no pleasure at the time, and left none as a memory, but each injection produced a frontal headache, some little excitement, increased reflexes, dilated pupils, and pronounced insomnia. His experience in this respect did not differ greatly from that of many others. It might well be that cocaine did not represent the whole action of fresh coca leaves. It was probable that coca-chewing allayed the pangs of hunger, which were in some way associated with the alimentary canal, by depressing afferent nerve-endings.

The action of cocaine upon the nervous system corresponded with the stimulation of the whole cerebral cortex. After its injection into animals the cortex was more readily excited by electrical currents, whilst when injected into normal animals convulsions were produced which could, however, be prevented by first severing the crura. Moreover, there was a relationship between the amount necessary to produce convulsions and the degree of development of the cerebral hemispheres. Thus the dose of cocaine, per kilo of body weight, required to produce convulsions in the rabbit was 0.18, in the bird 0.06, in the dog 0.08, and in the ape 0.018 grains. It was not necessary to offer detailed evidence to prove that the symptoms in man were due to true stimulation. Other drugs were known to exert a somewhat similar action, but they were, happily, now no longer used to produce artificial exultation. Liveliness and exultation were sometimes seen after the injection of atropine, but the latter would never become a drug of addiction because of its extremely unpleasant actions otherwise. The same was true of caffeine, the stimulation from which was mild and prolonged.

With regard to cocaine poisoning, a quarter of a grain produced very little effect on an ordinary person, whilst 1½ grains was generally, though not always, well tolerated. The total dose varied from 8 to 23 grains, and there was probably not a case on record where cocaine had been used as a murder drug. However, cocaine, like other drugs which especially excited the central nervous system, was uncertain in its central action and varied greatly in different individuals; but when death resulted it was, he believed, always brought about by shock caused by sudden paralysis of the central nervous system. Mild stimulation of the latter, whether by direct or reflex stimulation, was followed by all the symptoms of cerebral hyper-activity, but if the stimulus exceeded a certain degree the exactly opposite effects were produced. He did not think that had been properly appreciated as the cause of collapse and death which sometimes followed the accidental but sudden absorption of cocaine in a susceptible person. In every case of death in man from the use of cocaine or other local anaesthetic the symptoms were strikingly similar to those produced in animals. The history of mishaps under local anaesthetics always showed that the poisonous action followed almost immediately after injection. If one-tenth of a grain of cocaine was injected into the hind limb of a rabbit death occurred in a few minutes, but if a tourniquet was placed round the leg after injection and kept there for half an hour toxic symptoms were either very slight or did not occur at all. Adrenaline was used in solutions for the

of the *Times*. Coleridge, Wordsworth, Walter Scott, Southey, Tom Moore, and Byron all entrusted the publication of their poems to this firm, although Byron soon transferred his works to John Murray. Macaulay, Lecky, and, indeed, a majority of the great writers of the nineteenth century, had their books published by Longmans, including some of the best known writers of fiction, such as Rider Haggard and the author of *Dr. Jekyll and Mr. Hyde*, and essayists such as Andrew Lang. Mr. Harold Cox reminds us that *Gray's Anatomy* was and is published at the sign of The Ship, but he omits to mention *Quain's Anatomy* or any of the important medical works which bore Longmans' name on their title-pages. One of these is *Quain's Dictionary of Medicine*, and at the present time four pages of their catalogue are filled by the titles of medical and surgical works, although the business of medical publication is now largely in other hands. The present firm may claim an antiquity beyond 1724, for in 1890 the business of the then house of Rivington's, which dated from the very early years of the eighteenth century, was transferred to it, with all its associations, and including that valuable and ancient periodical, the *Annual Register*.

THE HARVEIAN FESTIVAL.

THE Harveian Festival of the Royal College of Physicians of London consists of a short series of quiet and friendly ceremonies on St. Luke's Day, of which the centre and chief is the Harveian Oration, which was delivered this year by the Regius Professor of Medicine in the University of Oxford. The oration has a history of over two centuries and a half, and we must admire the grace and ingenuity with which orator after orator has succeeded in finding a new subject, or a new aspect of an old subject. Sir Archibald Garrod succeeded once more, for though we have heard much of the debt of medicine to science, we have seldom been reminded of the debt of science to medicine. The oration and dinner were attended this year by the distinguished French physician Professor Calmette, who was presented with the Weber-Parkes Medal; Dr. Achard, Permanent Secretary of the Académie de Médecine of Paris, by which British representatives were so cordially entertained at the celebration of Jenner and Sydenham; and Professor Chauffard, who returned thanks for his colleagues at the Harveian dinner. Other guests at the dinner were Lord Sumner, who responded to the toast of the guests; the Dean of Christ Church; Sir Arthur Stanley, G.B.E.; Dr. G. L. Gulland, Professor of Medicine in the University of Edinburgh, and Dr. T. K. Monro, his colleague of Glasgow; Sir John Bland-Sutton, President of the Royal College of Surgeons of England; Dr. E. W. Ainley Walker, Dean of the Medical School of Oxford University; and Sir Leonard Rogers, Moxon Medallist.

THE SADLIER SERMON.

AFTER a lapse of many years the annual Sadlier sermon was delivered in the presence of the Lord Mayor of London on St. Luke's Day, October 18th, in the Church of St. Mary-le-Bow, by the rector, Canon S. G. Ponsonby. Dr. William Croone, a Fellow of the Royal College of Physicians, originally designed a plan for two annual lectures to be delivered, one before the College of Physicians, the other before the Royal Society, together with a sermon to be preached at St. Mary-le-Bow. After his death in 1684 it was discovered that his will contained no provision whatever for the endowment of these lectures. His widow, a daughter of Alderman Lorimer of the City of London, who subsequently married Sir Edwin Sadlier, Bt., fulfilled Dr. Croone's intention by devoting a portion of her estate for the provision of the annual lecture, now called the "Croonian Lecture," and the sermon. In the course of last year the Charity Commissioners approved a scheme confirming the provisions of the will, and empowering the

trustees to make grants to augment the income of other lectureships in connexion with the Royal College of Physicians. The proceedings at the service on October 18th included a lesson taken from Ecclesiasticus xxxviii, commencing with the words: "Honour a physician with the honour due unto him for the uses which ye may have of him." Canon Ponsonby opened with an account of the origin of the Sadlier sermon, and next described the character and attainments of St. Luke as recorded in the New Testament and in documents of the early Christian era. He then passed to the consideration of Thomas Linacre, founder of the Royal College of Physicians, and celebrated as scholar, physician, and divine. His Latin translation of Galen was said by Erasmus to be even more elegant than the original Greek. The preacher described the arms granted to the College in 1546, with the representation of a sick man stretching out his arms towards an arm coming from above, and in conclusion referred to the marked and increasing recognition of the power of mind over matter that had characterized the last fifty years. He added that there was no question of substituting spiritual healing for medical ministrations, though perhaps there had been some confusion of thought on the part of those who did not understand that physicians had always attributed their success to the spiritual power working through them. They had always conveyed hope and healing to the sick and comfort and consolation to the dying as well as material medical treatment.

THE first social evening of the session of the Royal Society of Medicine was held on October 16th. The new president, Sir StClair Thomson, received the guests in the library, where refreshments were provided and interesting exhibits were on view. Dr. W. T. Grenfell, C.M.G., of Labrador, deeply interested the large audience with a detailed account of his work.

THE Mitchell Lecture before the Royal College of Physicians of London will be given by Sir StClair Thomson at the College on November 6th at 5 p.m. The subject of the lecture is tuberculosis of the larynx and its significance to the physician.

THE GENERAL ELECTION.

NOMINATIONS for the forthcoming general parliamentary election took place on Saturday, October 18th, when the following medical candidates were duly nominated:

- The Right Hon. C. Addison (Lab.), Hammersmith South.
- Dr. Ethel Bentham (Lab.), Islington East.
- Sir George Berry (C.), Scottish Universities.
- Sir John Rose Bradford (C.) } University of London.
- Dr. F. G. Bushnell (Lab.) }
- Dr. E. G. Graham Little (Ind.) }
- *Dr. W. A. Chapple (L.), Dumfries.
- Dr. Stella Churchill (Lab.), Hackney North.
- Dr. R. Dunstan (Communist), Birmingham West.
- *Dr. Walter E. Elliot (C.), Glasgow, Kelvingrove.
- *Dr. F. E. Fremantle (C.), St. Albans.
- Dr. O. Gleeson (L.), Portsmouth North.
- *Dr. L. Haden Guest (Lab.), Southwark North.
- *Mr. Somerville Hastings (Lab.), Reading.
- Sir Henry Jackson (C.), Wandsworth Central.
- Sir Richard Luce (C.), Derby.
- Dr. J. J. Lynch (Ind. Lab.), Walsall.
- Dr. I. H. MacIver (Lab.), Argyll.
- Dr. R. O. Moon (L.), Oxford.
- Dr. H. B. Morgan (Lab.), Camberwell North-West.
- Dr. Joseph Robinson (Lab.), Stretford.
- Dr. A. Salter (Lab.), Bermondsey West.
- Dr. Laura Sandeman (C.), Aberdeen North.
- *Dr. G. E. Spero (L.), Stoke Newington.
- Dr. T. Watts (C.), Manchester, Withington.
- *Dr. J. H. Williams (Lab.), Llanelly.
- *Lieut.-Colonel T. S. Beauchamp Williams (Lab.), Lambeth, Kennington.

Candidates who sat in the recent Parliament are indicated by an asterisk.

Professor Thomas Sinclair (C.), the representative of Queen's University, Belfast, in the last Parliament, has been returned unopposed.

institutions and paying other statutory visits to patients, but also in the preparation of reports, memoirs, and other literary work on behalf of the Board; in all this he was most painstaking, was never satisfied until he had looked up all available references, and what he wrote was always lucid and scholarly. He also accomplished a great deal of useful work as a voluntary member of various committees, extraneous to his official duties, but in aid of the better understanding of mental disorders and the advancement of their treatment: mention, for instance, may be made of the active share he took in the work of the Committee of the Medico-Psychological Association in connexion with Lord Justice Atkin's Committee upon Criminal Responsibility, before which, later on, Mr. Trevor, in conjunction with one of his medical colleagues, gave evidence. He also gave evidence before the Royal Commission on the Care of the Feeble-minded in 1908; and, upon the passing of the Mental Deficiency Act and the constitution in 1913 of the Board of Control, he threw himself heartily into the thus widened sphere of action of the Commissioners.

He was emphatically a powerful link between the professions of law and medicine. An ardent admirer of the latter, he was acutely interested in the broader aspects of medical problems, especially such as those which came up for discussion at the Board, or at meetings of the Medico-Psychological Association and of the Medico-Legal Society, at which he frequently attended. These he delighted to have explained to him by his medical colleagues and by the members of the medical staffs at mental hospitals, with so many of whom his duties brought him much in contact; and, endowed with breadth of vision and a ready grasp of essentials, he was a tower of strength in promoting progress. The link between the two professions—inherent, indeed, in the constitution of the Commission ever since its inception in 1845—which he was ever desirous to see strengthened, was perhaps specially exemplified in him by, first, his constant reference to the exact words of the statute, and then his habitual endeavour, short of their actual infringement, to mould administrative action so as to conform, as far as practicable, to medical aspirations. In this connexion his bent of mind, humane and progressive, was conspicuous in his persistent efforts to secure legislation to facilitate the prompt treatment of mental disorder in its incipient and early stages. Up to within a few days of his death he had been preparing with much zest evidence for the Royal Commission on Lunacy Administration and the Early Treatment of Mental Disorder; and at their first meeting a moving tribute to his memory was paid by the chairman. Mindful of his active interest in their work and his manifest wish to co-operate more actively than the fulfilment of his official duties perhaps demanded, the Medico-Psychological Association in 1910 elected him as an honorary member—a distinction but sparingly conferred, only once previously upon anyone other than a medical man.

C. H. B.

BOLTON GLANVILL CORNEY, I.S.O., M.R.C.S.

MR. BOLTON G. CORNEY, distinguished in the Colonial Service, died on September 24th at his residence, Nevern Square, West Kensington, at the age of 74, after having suffered for a long period from distressing cardiac complications. He was the son of Mr. Bolton Corney, well known in literary circles in London sixty years ago. Educated at a private school in Barnes, he always desired to lead a seafaring life, especially among semi-civilized islanders; then concluding that his wish might be best attained by going out to the South Sea Islands as a doctor, he studied at St. Thomas's Hospital and received the diploma of M.R.C.S. in 1874. He became well acquainted with many of the groups of islands in the Pacific, and finally settled in the Fijis, being among the doctors whose labours on behalf of the natives, under the headship of Sir Philip Gordon, were eulogized in the article on those islands in the *Times* of October 10th. He wrote some instructive papers in association with his line of work, on the mysterious Easter Island, and on the epidemics of the insular nations in the Pacific Ocean. As chief medical officer of the Colonial Government of Fiji, and president, for a time, of the Board of Health, Mr. Corney was

enabled to superintend and issue reports on the native population, especially as to the question of their threatened extinction, and on his return to England he was made honorary secretary for Polynesia, in the Epidemiological Section of the Royal Society of Medicine. Mr. Corney should be remembered for a highly instructive series of surgical instruments of the most primitive character which he presented a few years ago to the museum of the Royal College of Surgeons of England, which have been arranged and catalogued in the instrument room in that institution. These instruments are no longer to be found in Fiji, as, thanks to Mr. Corney and his associates, natives educated on European lines have replaced the medicine men who gave these strange instruments to the donor, explaining the uses to which they were applied.

We regret to record the death of Dr. JAMES ALBERT GIBSON, M.B.E., of Carisbrooke, on October 12th, at the age of 59. Dr. Gibson was educated at Edinburgh, and at King's College and University College, London. He graduated M.B., C.M. Edin. in 1889, and proceeded M.D. in 1897. In 1906 he obtained the diploma of public health R.C.P.S.I. For the last fifteen years he had been medical officer of health for the rural district of the Isle of Wight and the urban district of East Cowes, and held for some time the appointment of county schools medical officer. He had been medical superintendent of the Joint Isolation Hospital since it was built, and was the county director for the island for the British Red Cross Society. He was chairman of the Isle of Wight Division of the Southern Branch of the British Medical Association, and an ex-secretary and ex-president of the Southern Branch of the Society of Medical Officers of Health. During the war he served as specialist sanitary officer to the Portsmouth garrison from 1914 to 1919, and was honorary medical officer in charge of the Seely Red Cross Hospital from 1914 to 1917. He contributed various articles on public health matters to *Public Health*. He leaves a widow and one daughter. The large attendance at the funeral service included the representative of Princess Beatrice, President of the Isle of Wight Branch of the British Red Cross Society, the Mayor of Newport, and representatives of the British Medical Association, the British Legion, the rural district council, and voluntary aid detachments.

Universities and Colleges.

UNIVERSITY OF OXFORD.

At a congregation held on October 16th the degree of Bachelor of Medicine (B.M.) was conferred on J. W. Alden.

UNIVERSITY OF CAMBRIDGE.

At a congregation held on October 18th the following medical degrees were conferred:

M.D.—H. T. H. Butt, F. B. Hobbs.
M.Ch.—A. E. Roche.
M.B., B.Ch.—B. B. Jareja, P. D. Griffiths, T. A. Butcher.
M.B.—J. C. N. Harris.
B.Ch.—C. J. P. Grosvenor.

UNIVERSITY OF GLASGOW.

The following degrees were conferred on October 20th:

M.D.—(With Honours) G. A. Allan. (With Commendation) A. Climie. (Ordinary Degree) J. A. Doctor, A. H. Hall, W. L. Templeton.
The degrees of M.B., B.Ch. were conferred upon the 152 successful candidates whose names were published in our last issue, page 744.
The Brunton Memorial Prize of £10 for the most distinguished graduate in medicine of the year has been awarded to Gavin McCallum, and Elinor Drinkwater Jackson has gained the West of Scotland R.A.M.C. Memorial Prize awarded to the candidate who obtained the highest aggregate marks in the final examinations held during 1924.

UNIVERSITY OF DUBLIN.

SCHOOL OF PHYSIC, TRINITY COLLEGE.

The following candidates have been approved at the examinations indicated:

FINAL M.B., PART I.—*Materia Medica and Therapeutics, Medical Jurisprudence and Hygiene, Pathology and Bacteriology*: S. F. Heatley, Margaret H. Donaldson, Nancie N. Lowther, S. Smyth, W. P. Culbertson, W. Magowan, J. C. Boyle, E. E. Satchwell, H. A. Brittain, R. Kahn, G. A. Walmsley, W. Sinclair, D. Bluet, Mabel E. Brittain, Aileen Fair, Jane D. Fulton, W. R. G. Gallagher, G. V. A. Griffith, E. H. Hall, V. G. Horan, E. E. Malone, H. Nelson, A. E. A. O'Byrne, Frances E. O'Connor, P. F. Palmer, Grace J. Rankin, Siella C. Ross, W. Russell, J. C. T. Sanctuary, L. B. Somerville Large, H. Trant, R. T. P. Tweedy, E. J. Walsh, C. F. M. Wilson.

D.P.H., PART I.—*Chemistry, Bacteriology, Physics, and Meteorology*: K. J. Bhavnani, J. M. Gray, W. T. Hogan. PART II.—*Sanitary Engineering, Practical Sanitary Report, Hygiene and Epidemiology, Vital Statistics and Sanitary Law*: E. Parker, K. J. Bhavnani. DIPLOMA IN GYNAECOLOGY AND OBSTETRICS.—C. C. Coghlan.

* Passed on high marks.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

AFTER the delivery of the Harveian Oration by Sir Archibald Garrod (printed in full at p. 747), the President, Sir Humphry Rolleston, Bt., presented the Weber-Parkes Prize and Medal to Professor Leon Calmette, formerly of Lisle, now Subdirector of the Pasteur Institute, for his researches on tuberculosis. The President referred to him as the foremost authority on this subject, at the same time alluding to his researches into other aspects of bacteriology. He then presented the Moxon Gold Medal to Sir Leonard Rogers, F.R.S., for his distinguished researches in clinical medicine. He mentioned that there were few tropical diseases in regard to which he had not laid us under his debt by his investigation. He mentioned especially dysentery, kala-azar, cholera, and leprosy, and wished him success in his present researches into the treatment of tuberculosis.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

Annual Meeting of Fellows and Members.

THE annual meeting of Fellows and Members will be held at the College in Lincoln's Inn Fields on Thursday, November 20th, at 3 p.m., when the Council's report will be laid before the meeting. Fellows and Members can obtain copies of the report on application to the Secretary. Motions to be brought forward at the meeting must be signed by the mover and received by the Secretary not later than November 10th.

ROYAL COLLEGE OF SURGEONS OF EDINBURGH.

AT the meeting of the Royal College of Surgeons of Edinburgh held on October 15th Sir Harold J. Stiles, LL.D., was re-elected President for the ensuing year, Sir David Wallace, C.M.G., D.L., Vice-President, and Mr. Alexander Miles, F.R.C.S.E., Secretary and Treasurer.

Mr. Pirie Watson, F.R.C.S.E., was approved as a Lecturer in Surgery at the Extra-mural School.

The following 23 successful candidates, out of 54 entered, having passed the requisite examinations, have been admitted Fellows:

F. G. Bell, A. P. Bertwistle, E. S. Clayton, A. J. Dodhi, J. A. Douglas, A. M. Elliott, Captain A. S. Fry, I.M.S., C. A. S. P. Jayanayake, L. M. McKillop, I. Maisels, T. McW. Milar, J. Miller, H. MacD. Monro, H. Mortimer, Surgeon Captain J. R. Muir, R.N., S. L. Navaratnam, F. H. B. Norrie, T. G. R. Panikkar, J. W. Kiddoch, R. H. Rose-Innes, H. C. Suri, W. P. Tew, D. St. J. Wigle.

ROYAL COLLEGE OF PHYSICIANS OF IRELAND.

AT the annual meeting of the President and Fellows of the Royal College of Physicians of Ireland, held on St. Luke's Day, October 18th, the following officers were elected: *President*: Sir William J. Thompson. *Vice-President*: Dr. W. A. Winter. *Censors*: Drs. W. A. Winter, Gibbon Fitzgibbon, G. E. Nesbitt, and R. J. Rowlette. *Representative on the General Medical Council*: Sir John Moore.

Mrs. Mary Ellice Thorn Hearn, M.D., and Major J. Drummond Sands, I.M.S., were elected Fellows of the College.

CONJOINT BOARD IN SCOTLAND.

THE following candidates have been approved at the examinations indicated:

D.P.H.—G. M. Currie, J. L. Connacher, J. Yule, R. Lockhart, T. M. Hunter, Margaret W. Kemp, Margaret M. U. Martin, R. Armstrong, A. Hamilton, A. King, Mary N. Hendry, Alice McGlashan, Annabella McGarrity, T. S. McKean, Anne M. Forrest, May Marshall, J. R. Dear, A. Penman, Annie G. Learmonth, Elizabeth M. Lindsay, E. V. Fritchard, I. M. D. Grieve, F. B. Mackenzie, Jenny C. King, Winifred Wight, Isobel C. Macdonald, Elizabeth McV. J. Currie, R. J. Matthews, Sheila Hunter, A. M. Grierson, F. W. Gavin, G. W. Simpson, Phyllis M. H. Lunn, G. S. K. Iyer, Jean V. Kirkwood, R. H. Dunlop, Margaret D. Cairns, Catherine McL. Buchanan, W. H. Carter, Christina Grant, Daisy B. McBride, C. C. I. Slorach, Isabella P. Crosbie, J. C. Macartney. *Part I*: M. J. Beth, Marjorie H. Mitchell, I. M. Burdon, G. J. Bastible, A. H. Campbell, Annie V. Taylor, P. L. McKinlay. *Part II*: Mary M. Jack, W. A. Horne, Violet Oswald.

FINAL EXAMINATION.—*Medicine*: E. A. M. McKinney, D. Isaacs, H. D. J. Lazarus, P. J. Badenhorst, A. M. Filer, W. A. D. Oliver. *Surgery*: J. F. Hedley, J. M. Rutherford, R. W. C. Thambiah, E. G. Douglas, P. J. Badenhorst. *Misurgery*: J. F. Hedley, E. G. Douglas, A. Van der V. Florence M. Smith, Irma E. L. Mackenzie, I. Chesarkie, Marian E. Owen-Morris, R. W. C. Thambiah, E. G. Douglas, J. P. T. Mills, A. M. Filer, N. T. Yusuf, J. Horsham, W. M. R. Rossie, H. A. Newton, W. A. D. Oliver. *Medical Jurisprudence*: P. L. Low, D. Ross, C. E. Millen, A. Vasude, J. L. Malone, A. Wilson, F. D. R. Wylie, K. B. Bali, J. L. Clark, G. J. Bell, H. B. Warner, H. J. Marcelin, J. Sullivan, A. G. Farquharson, P. King, J. W. McVicker, Mary A. McGill, J. K. Steel, G. M. Johnson, A. B. C. Doray, W. Allan, J. E. Kennedy.

The following, having passed the Final Examination, were admitted L.R.C.P.E., L.R.C.S.E., L.R.F.P. and S.G.:

N. Ampalavanar, E. S. Brohier, C. J. B. Cave, T. Y. Chia, F. El-Ahmadi, A. S. P. Fernando, E. C. Gilles, P. Groarke, R. H. Holt, T. Hughes, J. K. Hunter, H. H. James, B. S. Jayawardene, J. W. Keighy, T. F. Kelly, C. McCulloch, L. MacLean, R. N. Martin, D. S. Middleton, T. J. Muir, M. Perera, K. Poothatambay, F. P. Rust, W. Rutherford, D. Stewart, J. P. Subramaniam, G. H. Tarras, V. B. van Dort, W. G. S. Pepper, V. P. Thiyagaraja, J. A. McCann.

Medico-Legal.

R. v. HADWEN.

A RULE nisi was granted by the Lord Chief Justice, and Avory and Salter, JJ., in the King's Bench Division of the High Court of Justice, sitting on October 17th, calling on Dr. W. R. Hadwen of Gloucester (who, on October 2nd, was committed for trial to the Gloucester City Assizes on a charge of manslaughter) to show cause why the trial of his case should not be removed to the Old Bailey. Dr. Hadwen was also committed for trial on a coroner's indictment.

The court was moved by Mr. St. John Micklethwait, at the instance of the Director of Public Prosecutions, who said that the ground of the application was that it was not possible to obtain a fair trial in Gloucester, and, in support of this statement, he read an affidavit by the Deputy Chief Constable for Gloucestershire, which said that at an inquest on Nellie Christabel Burnham, on September 12th, the coroner's jury returned a verdict of manslaughter against Dr. Hadwen—it was believed by a majority of nine to three. The foreman, after the verdict was given, was alleged to have said to Dr. Hadwen: "I am sorry; of course, you know I did not agree." Dr. Hadwen was well known in Gloucester as a medical man, and also as a public man. The people of Gloucester were taking great interest in the case, and as many as 200 people assembled at the entrance to the police court and showed considerable feeling, Dr. Hadwen being cheered, and the crowd singing "For he's a jolly good fellow." The crowd showed hostility to the witnesses for the prosecution, including Dr. Ellis, and all this had been reported in the public press. During the small-pox epidemic in Gloucester the inhabitants of Gloucester were practically divided into two camps. The present prosecution had revived the old controversy, and was the subject of constant conversation and the exhibition of partisanship among the citizens. As the grand and petty jurors for the coming City Assize would be drawn exclusively from Gloucester City, the deponent was of opinion that a fair and impartial trial could not at present be held in Gloucester.

Sir E. Marshall-Hall, K.C., on October 22nd showed cause, and pointed out that he only knew of two cases reported in which the prosecution had asked for the removal of a case from assize to the Central Criminal Court, and only in one of those cases was the rule made absolute.

The rule was discharged.

The Services.

NAVAL MEDICAL COMPASSIONATE FUND.

AT the quarterly meeting of the directors of the Naval Medical Compassionate Fund, held on October 7th, Surgeon Vice-Admiral Joseph Chambers, C.B., C.M.G., R.N., Medical Director-General of the Navy, in the chair, the sum of £69 was distributed among the several applicants.

Medical News.

THE Semon Lecture, which is given under the auspices of the University of London, will be delivered this year by Dr. Guisez of Paris, at the house of the Royal Society of Medicine, 1, Wimpole Street, W., at 3 p.m., on Thursday, November 6th, and not at 5 p.m., as previously stated. The subject of the lecture will be malignant disease of the oesophagus.

A NEW course of post-graduate lectures arranged by the Faculty of Medicine of the University of Sheffield commences on Tuesday next, October 28th, at 3.30 p.m., and will be continued on subsequent Tuesdays and Fridays up till December 19th. A course of six lectures on the history of medicine, by Mr. George Wilkinson, F.R.C.S., will be given in the University during the winter session; the first, on Friday, October 31st, at 4 p.m., is entitled "The Mediaeval Practitioner—Chaucer's 'Doctor of Physik'."

THE fifth and sixth lectures of the series of post-graduate lectures on cancer will be delivered at 1, Wimpole Street, at 5.30 p.m., on October 29th, by Mr. Sampson Handley, on cancer of the breast, and on October 31st, by Mr. R. H. Jocelyn Swan, on malignant growths of the kidney. On October 27th, at the Hampstead General Hospital, two weeks' intensive course commences, including clinics, operations, and demonstrations in the mornings and afternoons, and lectures at 4 p.m. A combined course in diseases of children has been arranged, from October 27th to November 15th, by the Paddington Green Children's Hospital, the Victoria Hospital, and the Children's Clinic. A course in venereal disease will be held at the London Lock Hospital, Dean Street, from November 3rd to 29th. From November 3rd to 28th a course in dermatology will be held at St. John's Hospital for Diseases of the Skin. A fortnight's course in proctology has been arranged at St. Mark's Hospital from November 10th to 22nd. Syllabuses of the courses may be obtained from the Secretary of the Fellowship of Medicine at 1, Wimpole Street, W.1.

DR. ROBERT BRIDGES, the Poet Laureate, attained his eightieth birthday on Thursday, October 23rd. Dr. Bridges graduated M.B. at Oxford in 1874, and was elected a Fellow of the Royal College of Physicians in 1900. All members of the medical profession will wish to associate themselves with the congratulations and good wishes conveyed to him by his friends and admirers.

THE annual dinner of Fellows and members of sections of the Royal Society of Medicine will be held on Wednesday, November 26th, at 8 p.m., at the Hotel Victoria, Northumberland Avenue, London, S.W.

A SERIES of eight lectures organized by the People's League of Health is being delivered at 11, Chandos Street, Cavendish Square, on "The mind and what we ought to know about it," on Mondays, at 6 p.m. Tickets for the series may be obtained from the office of the League, 12, Stratford Place, W.1.

THE fifteenth international post-graduate course at Vienna will be held from November 24th to December 6th, and will deal with children's diseases. The subjects to be treated include tuberculosis, various nervous diseases, exanthemata and erythemata, diabetes, and orthopaedics. During the last three days there will be the usual class work. Medical practitioners wishing to attend should communicate in writing with the secretary of the course, Dr. Kronfeld, Porzellangasse 22, Vienna IX; the fee is 500,000 kronen. The sixteenth international course will be held from February 9th to 21st, 1925, and will deal with diseases of the digestive organs. A detailed programme will be issued shortly.

THE annual dinner of the Cambridge Graduates' Club of St. Bartholomew's Hospital will be held on Wednesday, November 19th, at 7.30 p.m., in the Grand Hall of the Hotel Victoria, with Dr. J. H. Drysdale in the chair.

THE University of Bristol Association of Alumni (London branch) will hold its annual dinner on Friday, November 7th, at 7.45 p.m., at Pagani's Restaurant, Great Portland Street. Viscount Haldane will preside. Members of the University and past members of its associated colleges are invited to apply for tickets (price 8s. 6d., exclusive of wines) to the honorary secretary, Dr. Elizabeth Casson, Holloway Sanatorium, Virginia Water.

THE Aberdeen University Club, London, will hold its biannual dinner (which on this occasion celebrates the George MacDonald Centenary) on Thursday, November 6th, at 7.30 p.m., at Gatti's Restaurant, Strand. Dr. Milligan, 11, Upper Brook Street, W.1, will be pleased to hear from graduates, past or present, wishing to attend or to join the club.

THE extensions to the Alton Cottage Hospital provided by the generosity of Mr. and Mrs. F. B. Summers of Froyle, Hants, in memory of their two children, at a cost of £18,000, were formally opened on October 18th by Canon Causton in the absence of Major-General the Right Hon. J. E. B. Seely. The additions provide for sixteen extra beds, quarters for the medical and nursing staffs, operating theatre, two private wards, a separate block for x-ray treatment, and an out-patients' department. A power house has been installed for lighting and heating purposes, and rubber flooring has been laid throughout. The hospital was founded by Canon Causton's father.

IN succession to the late Mr. A. H. Trevor, the Hon. Herbert Crawshaw Bailey, Barrister-at-Law, has been appointed as Commissioner of the Board of Control.

THE National Social Hygiene Conference for 1924 will be held in Cincinnati from November 19th to 22nd. This conference marks the tenth anniversary of the founding of the American Social Hygiene Association, and it will be held under the joint auspices of that association and the Cincinnati Social Hygiene Society.

THE Minister of Health is about to make Regulations for the purpose of preventing infection from the employment in and about farms, dairies, etc., of persons suffering from pulmonary tuberculosis. Copies of the draft Regulations which have been prepared for this purpose can be purchased under the description "Draft dated 17th October, 1924, of the Public Health (Prevention of Tuberculosis) Regulations, 1924," from H.M. Stationery Office, Adastral House, Kingsway, W.C.2, either directly or through any bookseller (price 1d.). Any representations on the subject should be addressed to the Secretary to the Ministry at an early date.

MR. V. WARREN LOW, C.B., F.R.C.S., was the guest of the Surgical Instrument Manufacturers' Association at the annual dinner, at the Holborn Restaurant, on October 10th. In acknowledging the toast of the guests, he complimented British manufacturers upon the very high standard of excellence reached by them in the surgical instruments they produced. He considered that British manufacturers had not only kept abreast of the times, but had presented to the world types, characteristics, and qualities which defied imitation.

THE issue of the *Paris Médical* dated October 4th is devoted to neurology, and contains the annual review of this subject for 1924 by J. Camus. Other articles in this issue deal with the modern treatment of meningitis, writer's cramp, and the differential diagnosis of medullary compression and sclerosis.

MORE than fifty medical practitioners from eleven European countries took part in a tour of the principal Italian spas, organized by the Italian State Tourist Office, between September 18th and October 3rd. Ten different spas were visited in a special first-class train, and the various points of general and clinical interest were demonstrated by the resident medical specialists. Receptions and entertainments were arranged in Milan, Rome, and Naples. A second tour will be organized next year to include some of the more important Italian climatic stations in addition to the spas. Further information may be obtained from the London office of the Italian State Railways and Tourist Department, 12, Waterloo Place, S.W.

THE final report of the Departmental Committee on the use of preservatives and colouring matters in food has been published as we go to press. The Committee was appointed in July, 1923, by the Minister of Health, and its interim report on formaldehyde in meat was reviewed in our issue of August 16th, 1924 (p. 289). The final report (which will be noticed in some detail in an early issue) recommends that with two exceptions preservatives, in the sense defined by the Committee, should be prohibited in all articles of food and drink offered or exposed for sale, whether manufactured in this country or imported. The exceptions are: (1) *Sulphur dioxide* in sausages (up to 3 grains per pound), in jam (up to 0.3 grain per pound), in dried fruit (up to 7 grains per pound), in preserved whole fruit or fruit pulp (up to 5 grains per pound), in beer and cider (up to 5 grains per gallon), in alcoholic and non-alcoholic wines, cordials, and fruit juices (up to 3 grains per pint); and (2) *Benzoic acid* in coffee extracts (up to 3 grains per pound); in non-alcoholic wines, cordials, and fruit juices, as an alternative to sulphur dioxide (up to 5 grains per pint); in sweetened mineral waters and brewed ginger beer (up to 1 grain per pint). The Committee recommends that the use of preservatives, so far as they are permitted, should be conditional on the nature and quantity present in the article of food being declared in a manner prescribed by the Minister of Health. It recommends also that the employment of copper sulphate to colour or preserve the colour of peas and other vegetables should be prohibited, and that the Minister of Health should issue a schedule of colouring matters whose use is non-injurious to health.

Letters, Notes, and Answers.

CORRESPONDENTS who wish notice to be taken of their communications should authenticate them with their names—not necessarily for publication.

THE telephone number of the BRITISH MEDICAL ASSOCIATION and BRITISH MEDICAL JOURNAL is Gerrard 2630 (Internal Exchange). The telegraphic addresses are:

EDITOR of the BRITISH MEDICAL JOURNAL, *Aitiology Westrand, London.*

FINANCIAL SECRETARY AND BUSINESS MANAGER (Advertisements, etc.), *Articulate Westrand, London.*

MEDICAL SECRETARY, *Mediscera Westrand, London.*

The address of the Irish Office of the British Medical Association is 16, South Frederick Street, Dublin (telegrams: *Bacillus, Dublin*; telephone: 4737, Dublin), and of the Scottish Office, 6, Rutland Square, Edinburgh (telegrams: *Associate, Edinburgh*; telephone: 4361, Central).

QUERIES AND ANSWERS.

INCOME TAX.

Book Debts.

"R. G. C." bought a death vacancy, but not the book debts, as from May 1st, 1922. How should the first year's profits be calculated as regards gross receipts?

* * Strictly the gross receipts should be the total of the value of fees chargeable for work done in the year to April 30th, 1923, whether actually received or not. It is obvious that this amount is difficult to calculate, as it involves detailed estimates for probable bad debts, and consequently some adaptation of the "cash receipts" total is being sought for to serve the purpose. If "R. G. C." had taken over the debts the matter would have been simplified, as he could have included with the receipts for work done by him those for past years; but as he did not take