

13 lithographic representations of the fundus accompany this article. 5. Some Unusual Ocular Manifestations of Gonorrhœa, by W. Campbell Posey, M.D., of Philadelphia. 6. A Report of Two Cases of Parinaud's Conjunctivitis, by Frederic Krauss of Philadelphia. 7. The Ocular Symptoms in a Case of Tumour of the Pituitary Body, by Howard F. Hansell, M.D., of Philadelphia. 8. Conjugate Palsy of the Upward and Downward Movements of the Eyes, by C. E. G. Shannon, M.D., of Philadelphia. 9. A Modified Paquelin Cautey for Ophthalmic Use, by Edward B. Coburn, M.D., New York. In addition, this number contains abstracts from English and continental journals.

Annals of Otolaryngology, Rhinology, and Laryngology, March, 1907.—There are 19 original articles in this issue of a valuable periodical—the last, we may mention, to reach our hands despite the date which appears upon it. The most important article is by Zwaardemaker on the Determination of Aural Acuity by Means of the Whisper Test. It is a very interesting article but loses much of its value to the English-speaking aural surgeon owing to the fact that the tests are made out in French, German, and Dutch. Nevertheless, it is extremely valuable and it is to be hoped that it may lead to similar groups of words being evolved in the English language. Another article which must attract a certain amount of attention is by W. S. Anderson on the importance of correcting pathological conditions of the nose and throat in patients who have incipient tuberculosis. As this article deals with a contentious question, involving the whole principle as to whether it is advisable or not that operations should be performed which are not necessary for the life of the patient if the patient be suffering from tuberculosis, it requires more than the final paragraph, in which the writer states that "the value of these operations is not proven," to show that this is a correct decision in cases of this description.

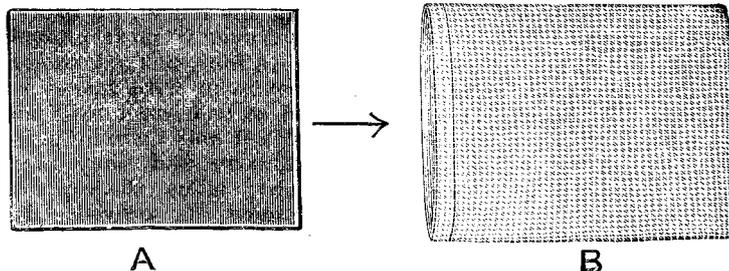
Annals of Tropical Medicine and Parasitology. Vol. I., No. 2. Illustrated. Pp. 119. Price 7s. 6d. (Issued by the Liverpool School of Tropical Medicine.)—Two of the most interesting contributions contained in this number of the "Annals of Tropical Medicine and Parasitology" are on Trypanosome Transmission Experiments by the late J. Everett Dutton, M.B. Vict., J. L. Todd, B.A., M.D., C.M. McGill, and J. W. B. Hanington, M.D. McGill, and Concerning the Treatment of Experimental Trypanosomiasis, by Professor Benjamin Moore, M.A., D.Sc., M. Nierenstein, Ph.D., and J. L. Todd, B.A., M.D., C.M. McGill. The former contains the description of a number of experiments and observations which suggest very strongly that sleeping sickness must be conveyed in some other manner besides the bites of flies. The experiments showed that it is only with the greatest difficulty and in particular circumstances that infection can be brought about by the bites of infected tsetse flies. Furthermore, in places where sleeping sickness has in recent years spread very considerably, so that a large percentage of the population is infected, the tsetse fly is comparatively rare. From their experiments and observations the authors conclude: 1. Mammalian trypanosomes may be mechanically transmitted by the bites of blood-sucking arthropoda. 2. A cycle of development of the trypanosomes exists in which occur spherical parasites formed by the throwing off of blepharoplast, undulating membrane, and flagellum. These forms exist in both the vertebrate and invertebrate host; conjugation probably plays no part in the production of this form. A possibly distinct cycle is represented by the spherical parasites, consisting almost entirely of nucleus, which result from the disintegration of trypanosomes. 3. There is reason to suspect that a sexual cycle may also occur, it may be in either or in both hosts. 4. The rapid spread of sleeping sickness cannot be fully explained by (1) alone;

the cycles of development mentioned in (2) and (3) probably play a very important part in the transmission of the disease. In the second article above referred to the results obtained in the treatment of trypanosomiasis in various animals are very remarkable. The treatment with atoxyl first suggested by Thomas and Breinl was used. This was followed by treatment with perchloride of mercury. Both drugs were given subcutaneously. The authors point out that the solution of atoxyl (5 per cent. in sterile water) deteriorated rapidly, particularly when exposed to light. The deteriorated solution is highly toxic in its effects. The experiments show that in rats infected with *Trypanosoma brucei* and treated with atoxyl alone, the trypanosomes, after disappearing from the peripheral circulation, reappeared in from 16 to 25 days. Of 113 rats treated, only three remained alive at the time the paper went to press. In 25 rats the perchloride of mercury was used after the trypanosomes had disappeared from the peripheral blood under the action of atoxyl. Of these 13 were still living (after from 56 to 181 days), while all the controls which received at the same time the same quantity of atoxyl alone were long since dead. In several cases, however, among the 25 the treatment was not commenced until the animals were almost moribund and so these might probably be neglected. Others, again, probably died from the effects of the drugs. These results are most encouraging and it seems eminently probable that when this treatment is used upon cases of sleeping sickness it will be found satisfactory. An automatic oiler for the destruction and prevention of mosquito larvæ in cesspools and other collections of water is described by E. H. Ross and H. C. Ross. The apparatus is of the simplest nature and could be made in any part of the world without difficulty. It saves a large amount of the waste necessarily involved by using paraffin in the ordinary manner, and as its action continues over many months it also saves a vast amount of labour. The cost of each oiler is about sixpence. A contribution on the Anatomy of the Proboscis of Biting Flies, Part II., Stomyx (Stable Flies), by J. W. W. Stephens, M.D. Cantab., and R. Newstead, A.L.S., F.E.S., is of considerable interest. The accounts of the mouth parts of stomyx hitherto available have been incomplete and inaccurate, and now that it is known that parasitic infection is so often brought about by the bites of arthropods it is desirable that accurate accounts of their anatomy should be available. The value of the contribution is considerably enhanced by numerous admirable illustrations. Another contribution deals with Cattle Trypanosomiasis in the Congo Free State.

New Inventions.

AN IMPROVED LAPAROTOMY PAD.

THE accompanying illustration shows an improved form of pad which I have designed to take the place of the flat sponges used to prevent exposure of, or injury to, the abdominal viscera during laparotomy. It consists of a flat sheet



of moderately thin rubber, A, inclosed in a bag, B, which is made of four layers of sterile gauze and left open at one end to allow of the introduction of the rubber sheet. During the

course of an operation if the pad becomes soiled it can be removed from the abdomen and the rubber sheet inserted in a fresh sterilised covering, a number of which are kept ready at hand. In suturing the abdominal wall it very effectually protects the intestine and omentum from becoming caught in the sutures and can, owing to its elasticity, be easily removed through as small an opening as a marine sponge. The advantages claimed for it are: 1. The ease with which it is rendered aseptic. All that is necessary before using is to boil the rubber and as many bags as may be required in the steriliser. They can then be used as they are or placed in lotion previously according to the method of the operator, contrasting favourably with the tedious and difficult cleansing of marine sponges. 2. It overcomes the difficulty often experienced in using plain gauze or gauze-covered wool pads of their becoming wrapped up and entangled in the omentum and coils of intestine, nor does it leave behind small particles of wool to interfere with healing. 3. It is unaffected by ordinary antiseptics. 4. By reason of its elasticity and moderate rigidity it effectually prevents the intestine from obscuring the field of vision, especially in deep operations in the pelvis or in the region of the gall-bladder. The rubber sheets are made in different sizes, each with a number of covers; the size I find most convenient for general use is 7 inches by 8 inches. The pads completed may be obtained from Messrs. Mayer and Meltzer who have carried out my suggestion in a neat and efficient manner.

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"THE WATCH-POCKET" ASEPTIC HYPODERMIC SYRINGE.

Messrs. Allen and Hanburys have submitted to us an all-metal hypodermic syringe which has some new features that should recommend it to the medical profession. The plunger is of metal, with engraved minim graduations; the top and bottom mounts are fitted with bayonet catches instead of screw threads, thus insuring easy sterilisation, things which go to make up a simple and trustworthy instrument, but which other inventors have equally made use of. The really novel device is in connexion with the needles, six of which are contained in a sterilised glass tube which fits inside the hollow metal plunger; the head of this part is made broad so as to allow of the syringe standing upright on it whilst a "hypodermic tablet" is dissolving in the barrel. The instrument is inclosed in a neat plated metal cylindrical case three inches long, with a ring to affix to a chain. Its price is 10s. 6d. with six needles; spare tubes containing six sterile needles are sold for 1s. 6d. per tube, or with platinum iridium needles for 7s. 6d. per tube.

MEDICINE AND THE LAW.

"The Usual Medical Attendant."

INSURANCE offices are entitled to the opportunity of consulting with the medical man who has been last in attendance on the insured. No doubt the most perfect *bona fides* is to be observed in life insurances as in other contracts; and should the referee make a wilfully untrue statement or collude with the party making the proposal, he may, although not personally interested in the contract, render himself liable to an action if loss should ensue; for if a man will wickedly assert that which he knows to be false and thereby draws his neighbour into a heavy loss, even though it be under the specious pretence of serving his friend, he makes himself liable for the damage, and that even if no fraud was intended by him. A statement false in fact, but not known to be so by the party making it, or not made with intent to deceive, but, on the contrary, believed to be correct, will not render him liable in an action, although it may have induced the insurers to undertake the insurance and they may have suffered pecuniary loss thereby, since to support an action of deceit the scienter must be proved. In *Wheulton v. Hardisty* (5 Jur. N.S. 14) the court decided that "in cases where the representations of the referees are made the basis of the policy the answers of the referees are binding upon the insured, so as to make the falsehood of their representations an answer to an action on the policy,

but in the present case, considering that the parties insuring were only required to state their belief as to the matter under discussion and that the life and referees were really acting in fraud, both of the plaintiffs and the defendants, and that they were not at all in the capacity of persons negotiating the contract, we can see no pretence for making them the agents of the parties insuring, so as to render their fraud that of the plaintiffs. The insurer and the insured being equally ignorant of material facts to influence their contract, if the insurer asks for information and the insured does his best to put the insurer in a situation to obtain the information and to form his own opinion whether the information is sincere, can it be permitted that when the insurer, without any blame being attributed to the insured, has allowed himself to be deceived he shall be able to say to the insured, 'you warranted all the information I received to be true, and having received your premiums for many years, now the life drops, I tell you that I was incautious and the policy I gave you a nullity'?" All insurance offices are naturally desirous to consult with the medical man who has been last in attendance on the life to be insured; and when the reference was made to a person who had been the ordinary medical adviser, but no mention was made of the person attending at the time of the insurance the policy was vacated. At the same time a reference to a person who, immediately before the time at which the policy is effected, has been casually consulted for trifling maladies, will not satisfy the requisition for a reference to the usual medical attendant, although the person who had formerly attended may have retired from practice at the time. "Who is your usual medical attendant?" involves a question of considerable importance. "Now," said Lord Abinger, in *Hackman v. Fernie* (3 M. & W. 505), "let it be considered for a moment what is the grammatical sense of the question. It is in the present tense. Suppose a person goes to effect a policy on his life who had no medical attendant in the last year; if the answer to the question were, 'I have no such medical attendant,' must not that question of necessity be followed by another question, which is, 'Who was your former medical attendant?' The terms and nature of the question show that it was designed to extract from the person who is the medical attendant, best able to give an account of her constitution at that time; and if she has no medical attendant in the precise grammatical sense of the question, it appears to me that she is bound to mention who is the medical attendant who could give that information." Also, "the word 'usual,'" said the same authority, "implies having attended more than once." In *Everitt v. Desborough* (5 Bing. 503) the plaintiff, wishing to insure the life of a man named House, referred the agent of the company to him for the necessary information for filling up the declaration, and he stated: "I have never had occasion for a doctor: sometimes I have taken Harvey's quack pills, but Mr. V. knows as much of me as any man." The agent therefore drew up the proposal, which was signed by the plaintiff, stating that Mr. V. was the usual medical attendant. It was proved on the trial that Mr. V. had not attended House for nearly 20 years, but that he had been occasionally attended after fits of intemperance, in which he was wont to indulge, by a quack doctor named Harvey. Of this the plaintiff was unaware. The court decided that it was no matter whether Mr. Harvey was a good medical attendant or not, he was the person actually attending him; that the circumstance that the plaintiff was ignorant of the error did not affect the question, but that the policy was void. Hence, it seems that it is not necessary that the usual medical attendant should be a regularly qualified practitioner; the person who acts in that capacity, whether qualified or not, is the person to give the required information.

NORTH-EAST LONDON POST-GRADUATE COLLEGE.
PRINCE OF WALES'S GENERAL HOSPITAL, TOTTENHAM, N.—
A vacation course will be held at the hospital during the coming September, commencing on the 9th of that month, the arrangements for which have been adapted to the requirements of those engaged in active practice. They include daily clinics in the wards, demonstrations in the out-patient departments, classes on clinical methods, other practical clinical demonstrations, and clinical lectures with lantern demonstrations. The fee for the course, which will last a fortnight, is 1 guinea. Further particulars may be obtained from the Dean at the hospital.