

For those absolutely destitute the Poor-law infirmaries are open, but a woman in this neighbourhood (with paralysis from disease of the spinal cord and neglected bedsores) who applied the other day to the board of guardians here for admission into their infirmary as a paying patient, was told that the guardians had no power to admit her because she was not absolutely destitute. Presuming that this is the law, I should be glad if someone would explain the reason on which it is founded.

The admission of incurable though paying patients into Poor-law infirmaries could hardly be suspected of a tendency to encourage improvidence, and need not increase the rates except to an imperceptible degree where the nursing arrangements were already inadequate.—I am, etc.,

Barnsley, Feb. 17th.

MICHAEL T. SADLER.

#### THE EFFECTS OF UNILATERAL CASTRATION ON THE PROSTATE.

SIR,—I should like to ask through your columns for information from surgeons in Great Britain as to the effect of unilateral castration upon the total bulk of the prostate. The existing evidence is scanty, but seems to point clearly to one-sided atrophy of the prostate as a common result of the removal of one testicle. Some experiments which I am now making on dogs corroborate this view, as does the observed condition of the prostate in monorchids. If it is found that the diminution in size extends to the other lobe, or if the shrinking of one lobe will in any large proportion of cases remove or lessen the mechanical obstruction to urination, it is obvious that the good effects of a simple and safe operation might at once be extended to a much larger number of patients and at an earlier and more favourable stage of the disease.

I now have several cases under observation, and hope by further experiment to throw more light on the subject, but conclusive clinical evidence must already be in existence, and I write in the hope that it will be sought for by those surgeons who have removed one testicle for disease or injury and whose patients are accessible for examination.—I am, etc.,

Philadelphia, Pa., Feb. 5th.

J. WILLIAM WHITE.

#### CEREBRO-SPINAL FLUID.

SIR,—I shall be greatly obliged if any of my professional colleagues who may have the opportunity of obtaining cerebro-spinal fluid in any quantity would forward it to me, since we much need some for an investigation which is in progress in this laboratory.—I am, etc.,

E. A. SCHÄFER,

Jodrell Professor of Physiology,  
Physiological Laboratory, University College,  
London, Feb. 26th.

#### A UNIVERSAL LANGUAGE FOR USE AMONG MEDICAL MEN.

SIR,—I would suggest that those who desire to see the general use of some one language for contributions to medical literature would probably advance their object in a practical way by forming themselves into an international society, somewhat upon the model of the New Sydenham Society, the object of which shall be the publication of translations of important medical papers and monographs in the selected language. The balance of advantages seems decidedly in favour of Latin.—I am, etc.,

February 26th.

C. C. C.

## OBITUARY.

HENRY WIDENHAM MAUNSELL, M.A., M.D., T.C.D., M.R.C.S.

DR. H. W. MAUNSELL, who died on February 21st from bronchitis following influenza, after a week's illness, was born in Dublin in 1847, his father being a solicitor in that city. He was educated at Trinity College, Dublin. In 1868, having obtained his diploma from the College of Surgeons the previous year, he accompanied his father and the rest of the family to Melbourne, and was very shortly afterwards ap-

pointed resident medical officer at the Melbourne Hospital. This post he resigned three years later on being appointed to a similar office at the Westland Hospital, Hokitika, New Zealand, with a salary of £500 a year. Here he was allowed to undertake private practice, and met with such great success that he was able to give up his appointment in less than a year. Not long after he had hæmoptysis in consequence of a fall, which laid him aside for six months. He then returned to Europe for some eighteen months, and took his M.D. degree at his old University in 1876. Returning to New Zealand he settled at Dunedin, and was soon after appointed honorary surgeon to the Dunedin Hospital, an office he held until 1891. From 1889 to 1892 he was Lecturer on Surgery in the University of Otago. Again failing in health from overwork he took a holiday, and spent some time in visiting the hospitals in this country and on the Continent, where his reputation as a surgeon was already considerable. He then relinquished the idea of returning to New Zealand, and about two years ago settled down to practise in South Kensington. He was an enthusiastic surgeon, and devoted his best powers to his work; he was also a very good artist, and his surgical lectures were beautifully illustrated from his own drawings. In private life he was a charming companion, and will be greatly mourned by his numerous friends both in this country and in the Colonies, where he was widely known. He leaves a wife and three daughters. The funeral service took place in London on Monday, February 25th, and his remains were cremated at Woking the following day.

Mr. Frederick Treves writes: Dr. Maunsell was a most able and enthusiastic surgeon, and devoted much time and much energy to the improvement of those branches of operative surgery in which he was most interested. He was a voluminous contributor to surgical literature. Some of his cases of operation are amongst the most brilliant of the surgery of the time, and as an instance may be quoted a case in which he removed with success a subcutaneous hydatid tumour.<sup>1</sup> He will be best known by his work in the department of intestinal surgery. His method of intestinal suture is probably the best of the many means of uniting divided bowel by suturing now in use. The procedure is most ingenious, and yet most simple. It was by the ingenuity of his surgical proposals that Dr. Maunsell commended himself to many. In not a few instances it may be urged that Dr. Maunsell's proposals went a little beyond the limits of practical surgery, but his many methods were at least characterised by that originality, shrewdness, and sincerity which were such notable features in the man himself.

WE regret to have to record the death of Dr. THOMAS THEOPHILUS HAMILTON, of Bury, Lancashire, at the age of 47, from pneumonia. Dr. Hamilton, who commenced the study of medicine at a somewhat late age, was a student of Queen's College, Belfast. He obtained the diploma of L.S.A. in 1883, and those of L.R.C.P. Edin., L.R.C.S. Edin., L.F.P.S. Glas. in the following year. In 1883 he was appointed assistant house-surgeon at the Bury Infirmary and subsequently he was appointed house-surgeon. Resigning that appointment two years later, he settled in practice at Bury, and was subsequently appointed physician to the Hospital for Incurables at Walmersley. He was devotedly attached to his profession, and his untimely death is mourned by a large circle of friends and patients. In 1889 he married Miss Bloomer, at that time lady superintendent of the Walmersley Hospital for Incurables, who survives him.

## NAVAL AND MILITARY MEDICAL SERVICES.

### THE NAVY.

STAFF-SURGEON FRANCIS MOORE has been allowed to withdraw from Her Majesty's Naval Service, with a gratuity. He was appointed Surgeon August 28th, 1882, and Staff-Surgeon twelve years thereafter.

The following appointments have been made at the Admiralty: HAMILTON MEIKLE, Surgeon, to the *Rainbow*, March 8th; ALBERT O. BOBARDT, Surgeon, to the *Dart*, February 21st; WALTER BOWDEN, D.S.O., Surgeon, to the Royal Marines, Portsmouth, March 7th; THOMAS THORNE Staff-Surgeon, to the *Rainbow*, March 5th.

Deputy-Inspector-General ROBERT CREIGHTON died at Derryree House, Lisnaskea, co. Fermanagh, on February 21st. His commissions were

<sup>1</sup> *New Zealand Med. Journ.*, April, 1889.