

all over a course of two and a half to three months' treatment. The maximum dose used is 11 or 12 c.c.m. Early in the course of treatment the injections are given on alternate days. Later, as the patient becomes free from parasites, the tissues seem to become more susceptible to the drug; and the intervals between doses are increased. No attempt should be made to push the drug at any stage.

3. Neither albuminuria, bronchopneumonia, cancrum oris, a slight cardiac lesion, nor dysentery, are contraindications to tartar emetic treatment. But in the presence of any complication the greatest care must be exercised in dosage and watching results. In a recent case a child of 12 was *in extremis* with what was apparently the terminal dysentery of the disease for eight days. Death was expected at any moment. The tartar emetic injections were continued, however, and the patient made an unexpected and complete recovery. He has put on 12 lb. in a month, and is now the picture of health. The condition of the heart and the degree of albuminuria need constant attention.

4. Subsidiary treatment is also essential. Any helminthic infection must be cleared. Iron and ammonium citrate and tincture of nux vomica are given as a general tonic throughout. Any attack of malaria is met by the intravenous injection of quinine acid hydrobromide.

The best testimony to the efficacy of the treatment of kala-azar by intravenous injections of tartar emetic is the present state of the disease in the province. Until recently it has always been an easy matter to obtain patients for treatment and experimental observation; one had only to ask one of several medical officers of different tea estates to send cases. Now the cases on the tea gardens are almost all under treatment by intravenous tartar emetic; medical officers are unable to find untreated cases to send to Shillong; villagers from villages outside the tea gardens are unwilling to come to hospital; and the greatest difficulty is being experienced in getting cases to Shillong for the study of the etiology and mode of spread of the disease.—I am, etc.,

R. KNOWLES,

Captain I.M.S., Director.

King Edward VII Memorial Pasteur Institute,  
Shillong, Assam, July 7th.

## Obituary.

PROFESSOR A. G. VERNON HARCOURT, F.R.S., died on August 23rd, in his 85th year. For the greater part of his life he was identified with Oxford, and early gave himself up to chemistry, being still an undergraduate when demonstrator to Brodie, the first professor of chemistry in Oxford. Vernon Harcourt was particularly concerned with the physical side of chemistry, a department in which at that time many incompatible opinions were held. He had a considerable share in establishing knowledge in it on a sound basis, particularly by showing, when working with William Esson, that the rate of chemical change is strictly proportional to the mass of the reacting substances. Of the applications to technical matters of his wide knowledge of chemistry and great dexterity in manipulations, the two which will be most remembered are his work with regard to the testing of gas while he was one of the three metropolitan gas referees, and the assistance he gave to the special Chloroform Committee of the British Medical Association. In conjunction with Professor Dunstan and Professor A. D. Waller he undertook certain physico-chemical researches, and in the report of the Committee described methods for testing the total amount of chloroform from any source not yielding other volatile compounds of chlorine, and for the estimation of chloroform in air and in blood. He devised a chloroform regulator, and also an inhaler for practical use, which in some one or other of its modifications has been very largely employed. He also wrote an article in the same report on the proportion of the chloroform administered which is retained by the patient; he concluded that the operative part of the chloroform retained seemed to be small since only a small fraction has been breathed out when consciousness returned; he suggested that it was possible that the greater part of the chloroform retained and passing for a short time into the blood is distributed throughout the body without contributing to the anaesthetic effect, and that though chloroform is accumulating in the body, only the small part, which may not increase, held in solution at any time in the blood acts upon the brain and other nerve centres.

THOMAS TORKINGTON BLEASE, who died on June 2nd, was born at Altrincham, Cheshire, on October 4th, 1835. He was the son of Thomas Blease, L.S.A., who was born in Altrincham in 1804, and practised there until his death in 1883. Father and son were together in practice for twenty-seven years, then Dr. T. T. Blease carried on the practice for twenty-one years, when he in his turn was joined by his only son, who survives him. Thomas Torkington Blease took the diplomas of M.R.C.S. and L.S.A. in 1856, after studying at the Manchester Royal Infirmary and the Pine Street School of Medicine, and in London. He at once commenced practice in Altrincham, and in 1858 founded the Altrincham Provident Dispensary, now the Provident Dispensary and Hospital. To this institution, of the success of which he was justly proud, he gave devoted service for more than forty years, after which he was appointed to the consulting staff. He was for over forty years medical officer to the Altrincham District of the Bucklow Union and to the Great Central Railway Mutual Provident Society; on his retirement in 1908 he was the recipient of an illuminated address from the members. He also held numerous appointments with other friendly societies. He most thoroughly approved of the principle of these efforts of the working classes to help themselves, and won the esteem of the members by the way in which he never spared himself in connexion with such work. He continued to hold these appointments until the commencement of the working of the Insurance Act, of which interference with the liberty of medical men he was a strong opponent; he fortunately lived to see the success which rewarded his own and his son's determination to have nothing to do with the panel system. Until comparatively recently he enjoyed extraordinarily good health; when over 70 no amount of night work seemed to make any difference to his ability to carry on during the day, and he was able—first in association with his father, then single handed, and later in association with his son—to conduct an extensive private practice. He was a Burgess of the Altrincham Court Leet (founded in 1290), and declined the office of mayor, and also was a member of the council of the Conservative Association, and a vice-president of the Conservative Working Men's Club.

WE regret to record the death of Dr. PATRICK SHEEHAN of Carlisle on July 23rd, in his sixty-first year. He settled in Carlisle about twenty-three years ago, and rapidly obtained a large working-class practice. When the Insurance Act came into operation he went on the panel, and had the largest panel in the city of Carlisle, amounting to over 4,000. He worked hard, never spared himself, but had an unfortunate breakdown about fifteen months ago, which completely incapacitated him. A fresh seizure occurred on July 21st, and ended fatally two days later. He left a widow and twelve children, with whom much sympathy is felt in their bereavement.

DR. FREDERICK KNIGHT, who died at his residence in Swansea on August 7th, received his medical education at University College, London. He took the diploma of M.R.C.S. in 1882, and graduated M.D.Lond. in 1885. He held the posts of resident obstetric officer at University College Hospital and resident medical officer at the General Lying-in Hospital, London. After settling at Swansea he became physician-accoucheur to the Swansea Hospital, as well as lecturer on midwifery under the Swansea Supervising Authority. Dr. Knight was a member of the Swansea Division of the British Medical Association. He married in 1890, and is survived by his widow and four children.

DR. GEORGE OSBORNE HUGHES, M.R.C.S., L.R.C.P., who had been in practice at Winnipeg since 1904, died on May 11th, at the age of 49, from typhoid fever. He was the son of the Rev. William Hughes, a well known Welsh scholar; Dr. G. O. Hughes was president of the Canadian St. David's Welsh Society. He was physician to the Children's Hospital, Winnipeg, and one of the founders of the *Western Canada Medical Journal*.

MAJOR NORMAN WALTER STEVENS, R.A.M.C., died of enteric fever in the Colaba Military Hospital, Bombay, on July 27th, aged 31. He was the second son of Mr. W. G. Stevens, solicitor, of Norwich, and was educated at