

in those cases with the more pronounced epileptic symptoms, a success which points to a cause of epilepsy not often suspected, and to an adequate reason for the futility of the bromide treatment in cases arising from such cause. His paper, however, is disappointing in respect of the fact that we are kept completely in the dark as to the part the kidneys may play in the causation of cerebral oedema. Mr. Rawling has been too anxious to limit or circumscribe the entire source of the trouble to the cerebral area, though he mentions the absorptive capacity of the cerebral veins as being impaired by disease as well as by injury, and points out, though somewhat reluctantly, that toxic conditions of the cerebral fluid may be responsible for convulsive attacks. The basis of reasoning underlying statements of this kind should not have overlooked a possible defective activity of the eliminative powers of the kidneys, both as to water and to toxins, and so far from the primary cause, as Mr. Rawling suggests, being "(? temporary or permanent changes in the walls of the cerebral veins)," it would have been well, except in cases of heat-stroke or sudden injury, to have looked to the kidneys as much the more likely primary cause, leading to the disordered or diseased condition of the cerebral vessels as the secondary cause, with cerebral oedema as the ultimate result. Even in heat-stroke it is of the highest probability that the differences of resistance to this malady depend upon the healthy or unhealthy condition of the kidneys.

The scientific value of his paper would, therefore, have been immeasurably enhanced had he given the result of the systematic examination of the urine as to quantity, quality, and specific gravity. To have watched a case daily which he suspected to be one of cerebral oedema and to have ordered all the available narcotics, the effect of which was merely momentary and that of the slightest, suggests the thought that it would have been worth a trial to have prescribed some one or other of the available diuretics, and the effect might have been benefit of considerable duration provided the diuretic selected had been one of those which act without raising the blood pressure. In Mr. Rawling's cases the blood pressure rose to 140 or 150 mm. Hg, "no great rise" according to Mr. Rawling, but one would think such pressure distressingly high in a hot climate where the average blood pressure must necessarily be lower than normal. Hence it may not be unscientific to suppose that injections of pilocarpin with a view to its pressure lowering and diaphoretic effects or possibly a venesection, would have made all the difference between misery and comparative comfort to those patients who dreaded and refused operation.—I am, etc.,

Liverpool, May 25th.

WILLIAM BRAMWELL.

#### MAJOR-GENERAL SIR W. G. MACPHERSON, A.M.S.

SIR.—In connexion with the recent changes in the Army Medical Service in France, and the mention with appreciation of the distinguished services of the late Director-General Sir Arthur Sloggett, large numbers of the medical officers out here would have been gratified if the name of Sir William Macpherson had been coupled with him.

This latter officer has been constantly in touch with medical units, more particularly in the front areas, ever since he came to France; his genius for organization and keenness to improve the professional side of the work and untiring energy in every way will be sadly missed as time goes on.

The age limit has dealt a heavy blow to the B.E.F. medical service, which is the admiration of all, and for which little short of the lion's share has fallen to the lot of Sir William Macpherson.—I am, etc.,

June 18th.

TEMPORARY.

\* \* \* Major-General Sir W. G. Macpherson, K.C.M.G., C.B., who accompanied Sir Arthur Sloggett to France as Deputy Director-General Medical Services in 1914, has been appointed Deputy Director of Medical Services the Southern Command. This command covers a very extensive area, including the greater part of England south of the Thames and west of Portsmouth, as well as the counties of Warwick, Worcester, Gloucester, Oxford, and Buckingham.

PRON reports that he has observed good results from the use of adrenalin in patients suffering from dyspepsia with gastric atony. Discomfort, pain, and weight after meals disappear. He gives 8 or 9 drops of 1 in 1,000 solution.

## Obituary.

WE regret to record the death, on June 22nd, of Professor HENRY GEORGE PLIMMER, F.R.S., past president of the Royal Microscopical Society, pathologist to the Zoological Society, and the first holder of the recently-founded professorship of comparative pathology in the Imperial College of Science and Technology. He was born in 1857, and studied medicine at Guy's Hospital, obtaining the diploma of M.R.C.S. in 1882. After serving as prosector in anatomy at the Royal College of Surgeons, he held for some years the posts of pathologist, bacteriologist, and lecturer on pathology at St. Mary's Hospital. He was the author of many important publications in English and German on microscopical science and comparative pathology, and did valuable work on the Sleeping Sickness Committee of the Royal Society. Beyond his scientific work, Professor Plimmer was a man of many and varied accomplishments; he was well known in the musical world as a distinguished student and performer, and his personal charm and kindness of heart endeared him to a wide circle of friends.

DR. JEREMIAH READER, of Wakefield, who died on May 29th, was born in 1854, and spent his childhood and youth at Winifirth, in Dorset. He was educated at Sherborne School, and at Guy's Hospital, and qualified in 1877. During his school and hospital days he was a fine all-round athlete. At Guy's he was one of the pioneers in developing the athletic side of student life, but none of these activities in any way distracted him from the serious work of his profession. His first practice was in Marshfield, Gloucestershire, where he held the post of district medical officer for the Chipping Sodbury Union, and, with the exception of a short interval after the sale of this practice, he was a Poor Law medical officer up to the time of his death, having held the appointment in the Wakefield Union for many years. He married in 1880; his wife and three children survive him. His two sons are in the medical profession, and both volunteered for active service at the beginning of the war, receiving commissions in the R.A.M.C. early in 1915. Dr. Reader's death was due to influenza and pneumonia. He had been overworked for some years, and the war added many worries to an already arduous practice. He is greatly lamented by the poor of the city, and the workers, on whom he spent himself.

DR. MILLER SEMPLE, who died at his residence in Dennistoun, Glasgow, on June 9th, aged 55, received his medical education at the University of Glasgow, where he graduated M.B., C.M.Glasg. in 1884, and at Dublin and Vienna. He had held the offices of resident surgeon and resident physician to the Glasgow Royal Infirmary, and for a long period was surgeon to the Steel Company of Scotland at Blochairn. He took great interest in medical administrative work in Glasgow, and was a member of the Glasgow Burgh Insurance Committee as well as of the Glasgow Eastern Division of the British Medical Association. Dr. Semple leaves a widow, two sons, and a daughter.

NEWS has been received of the death, on May 19th, at Nakuru, British East Africa, of Dr. REGINALD WESTMORE SPENCE. He was the son of Ernest Spence, One Tree Corner, Guildford, Surrey, and was born in 1886. From Epsom College he went to Westminster Hospital, and obtained the diplomas of M.R.C.S.Eng. and L.R.C.P.Lond. in 1913, was appointed medical officer under the Colonial Office, and was medical officer in charge of the hospital at Nakuru.

SURGEON-MAJOR-GENERAL CHARLES HERVÉ GIRAUD, A.M.S. (retired), who died as a result of a street accident at Fulham on May 10th, was born at Sevenoaks in 1834, and received his medical education at St. George's Hospital. Qualifying M.R.C.S.Eng. in 1858, he joined the Army Medical Service, and served at first as assistant surgeon on the staff, but was soon appointed to the 31st Regiment of Foot (the Huntingdonshire Regiment), now merged into the East Surrey Regiment. He became