

indiction; but, as I have more than once pointed out in these columns, tourists do not limit their explorations to the neighbourhood of their hotel, and it behoves them to keep themselves informed of the doings of the *service des eaux*, ignorance of which might cost them dear. I would counsel them to inquire on this point at a good English druggist's before they visit a strange district in Paris.

An Artificial Windpipe.

M. Péan presented to his colleagues of the Academy of Medicine on the 1st inst. a woman whose thyroid gland he had removed in 1890 for simple hypertrophy. The tumour, unfortunately, reappeared soon afterwards in a malignant form, and its ablation sixteen months ago necessitated the removal of the cricoid cartilage and the five upper rings of the trachea. Recovery has since been maintained, but the extent of the tracheo-laryngeal wound has not allowed of the recovery of phonation. An artificial windpipe, constructed by M. Kraus, is now worn by the patient, who can speak sufficiently distinctly to make herself understood.

The Cause of the Mal de Montagne experimentally determined.

M. Regnard¹ reminds us that it is proposed to bore a tunnel or chimney extending from the base to the summit of the Jungfrau. In this chimney, whose height will be 4000 metres, it is intended to instal a lift destined to convey passengers to the top of the mountain; but sinister warnings of the dreaded *mal de montagne*, which, it is said, will surely make the tourist repent his temerity, have brought the project to a standstill. Struck by the fact that this malaise affects mountain climbers at an elevation of about 3000 metres, while aeronauts only suffer when they have reached double that height, M. Regnard concludes that the difference is explained by the factor, muscular fatigue, which is present in the first and absent in the second case. In order to solve the problem he places under a bell jar two guinea-pigs equally developed, of whom one has to work a wheel (the climber) while the other is at rest (the aeronaut.) The air of the bell jar is then progressively exhausted so as to reproduce the atmospheric conditions obtaining at different heights. At a pressure equivalent to 3000 metres the climbing guinea-pig showed signs of distress, and at 4800 metres he renounced the struggle and remained lying on his back. The aeronautic guinea-pig, on the other hand, appeared quite comfortable up to an elevation of 6000 metres, and his condition became serious only at a height of 8000 metres. This experiment appears to prove that, although some of the symptoms of the *mal de montagne* are doubtless due to the rarefaction of the air, the chief determining cause is fatigue and the resulting exaggerated consumption of oxygen. M. Regnard opines that tourists who venture on the Jungfrau lift expedition will reach the top in good condition. Should this prognostication be true it constitutes one more proof of the usefulness to speculators of the much maligned experiments conducted in the physiological laboratory. Rabid anti-vivisectionists cannot now, however, logically avail themselves of the above-mentioned mode of transit to the top of the Jungfrau.

May 8th.

NEW ZEALAND.

(FROM OUR OWN CORRESPONDENT.)

Otago Medical School.

At a meeting of the Senate of the New Zealand University, held on March 8th, the committee recommended the following medical examiners for the November examination, 1894, and the April examination, 1895:—Pathology: Drs. W. S. Roberts and Albert Martin. Surgery: Drs. W. Brown and W. E. Collins. Medicine: Drs. Colquhoun and W. Fell. Midwifery and Diseases of Women: Drs. Batchelor and B. Moorhouse. The committee have had under their consideration the report which I have already referred to in these columns as adopted by the Wellington branch of the New Zealand Medical Association, in which it is stated "that the time has not yet arrived when medical degrees may with advantage be granted in the colony." In reply to this the Senate's committee have reported that there is no evidence to show that the views expressed by the Wellington branch are entertained by the profession generally in the colony. The committee go on to report that "large improvements have recently taken place in the hospital and that a system

of nursing has been established which brings the administration of the wards to a point of efficiency which leaves little to be desired." A new operating theatre has been built, and altogether the sum of about £8000 has been expended on improvements generally. There has been a daily average of fully 100 patients in the hospital, and 300 operations have been performed, fully 200 of which have been of a major nature. In the out-patient department 1500 new cases were treated. It appears further that the Benevolent Asylum, with over 200 inmates and a lying-in ward, and Seacliff Asylum, with over 500 inmates, are available for clinical purposes. The committee go on to state that a great deal of evidence as to the adequacy of the material available for the purposes of a school of medicine has been brought under their notice. The statements of gentlemen who have taken their degrees in this university and then proceeded to Great Britain are to the effect that their course of instruction here enabled them to obtain the corresponding qualifications granted by the Royal Colleges of Surgeons and Physicians of England, the examinations in London being of the same standard and conducted for the most part in the same manner. At the present time 5 per cent. of the profession in New Zealand have obtained their qualifications in the first instance from this university, and a good proportion of these have been enabled to go home and apply themselves for a time more advantageously to special branches of study, and, as far as the committee could learn, are occupying no secondary position in the ranks of the profession. The graduates are considered to have a preferential claim to hospital appointments and thus a further means of acquiring a fuller knowledge of their profession is obtained. The Hon. W. Rolleston, in moving the adoption of the report, stated "that the committee had taken a great deal of evidence and pains in investigating the statements made by the Wellington branch of the Medical Association." He was quite willing to believe, with regard to those gentlemen, that their zeal for the honour of their profession was not equalled by their knowledge of the facts of the case, and he thought the Senate must be prepared to give them credit for good motives in what they stated, but he must say that their case had entirely broken down. He looked upon the Otago School of Medicine not as an Otago institution but as a colonial institution, and as the centre in New Zealand of this branch of higher education. Sir Robert Stout, in seconding the adoption of the report, severely criticised the representations made by the Wellington branch of the Medical Association, and in doing so remarked: "Let our young people visit other places to expand their minds and gain wider experience, but we must arrange so that for all things necessary we are independent of outside help. If we are to have a national life in New Zealand we must train our sons and daughters to do everything necessary for that national life." The motion for the adoption of the report was then put and carried. I maintain that this report does not finally settle this most important question, and as the mail leaves the question is being further discussed at the annual meeting of the New Zealand Medical Association held this year at Napier.

Obituary.

CHARLES GIBSON, M.D. ST AND., M.D. DUBH,
M.R.C.S. ENG., L.S.A.

DR. CHARLES GIBSON, one of the oldest practitioners in the north of England, died at his residence in Newcastle on Saturday, April 21st, aged seventy-four. He was apprenticed to Mr. Carr, a medical practitioner at Newcastle, in 1835, and three years later entered as a student at the Newcastle Infirmary and at the Newcastle School of Medicine and Surgery. In 1842 he obtained the diploma of the Royal College of Surgeons of England, and graduated M.D. at St. Andrews University in the year 1851. For three years he held the post of lecturer in anatomical demonstrations and dissections in the Newcastle School of Medicine, and on the formation of the new medical college, of which he was a founder, was appointed lecturer on midwifery and diseases of women and children; the University of Durham recognising his services to this college by conferring upon him the degree of M.D. in 1859. The deceased gentleman took a prominent part in the establishment of the Newcastle Hospital for Women and

¹ Soc. de Biologie, April 28th.