

Indications.

Various authorities recommend perineal litholapaxy under some or all of the following conditions:

1. A large stone necessitating the use of a lithotrite which will not pass easily by the natural route.
2. A very hard stone, necessitating the passage of a similar instrument.
3. Stricture, in conjunction with a large or hard stone, or perhaps with any stone.
4. A difficult or narrow urethra.
5. Imperfect equipment—the absence of the smaller sizes of lithotrite.
6. Cases in which litholapaxy has been commenced in the ordinary way, but cannot be completed satisfactorily owing to swelling of the urethra and deposit of debris.

The Operation.

Perineal litholapaxy may be thus performed: the patient is placed in the lithotomy position, and the thighs held so that the parts are as symmetrical as possible. A curved staff with a median groove is introduced into the bladder and held as in lithotomy, but neither drawn up beneath the pubes nor depressed. The scrotum is allowed to hang down in the natural position, and neither the operator nor the assistant steadies the skin.

A very small incision or stab is now made with the point of a tenotomy knife or double-edged scalpel—in children about 1 in., in adults $1\frac{1}{2}$ in.—in front of the anus, through the median raphe in the direction of the staff; the groove is entered and the urethra incised for $\frac{1}{2}$ in. or more, and the knife withdrawn, slightly enlarging the superficial part of the incision as it emerges. The point of an ordinary director, which should not be too blunt, is inserted through the wound into the groove of the staff and passed into the bladder; the staff is withdrawn, and graduated female sounds or Hegar's dilators introduced up to the required size. Some operators do not pass the dilators so far as the bladder, but there is at all events no harm in doing so.

Dilatation is proceeded with slowly, and each instrument is left in position some little time; when the required aperture has been attained the director is withdrawn, leaving a circular gaping orifice into the urethra. The appropriate size of evacuating catheter is now passed, and the bladder injected, and the lithotrite should follow without difficulty.

If preferred, the director can be guided into the groove of the staff along the knife before the latter is withdrawn. Both cannula and lithotrite are entered point downwards, and carried into the bladder by the usual rotary movement. The operation is completed in the same way as an ordinary litholapaxy, and, as a rule, there is no difficulty in retaining fluid in the bladder; if leakage should occur at the margins of the wound, it is easy to compress them against the instrument.

In order to avoid a valvular aperture (which renders the introduction of instruments difficult) it is most important that the skin should not be displaced when making the incision. Also, it is better to enter the knife too far forward than too near the anus; in the latter case the instruments enter the urethra at an acute angle instead of vertically, and are much more likely to slip past the opening, and there is the added difficulty of working in a deeper wound. The chief danger of the operation lies in the lithotrite or cannula missing the urethral opening, and passing upwards between the bladder and the rectum; the possibility of a small median wound of the bulb, especially in children, need not give rise to anxiety, and so far as I am aware, no cases of troublesome hæmorrhage have been recorded.¹

Most of these points have been previously drawn attention to by Colonel Henderson, to whom I owe any knowledge of the operation. He remarks that it has never been contended that this method would replace lithotomy. There will always remain cases in which, owing to the need for drainage or excessive size of the stone, a perineal or suprapubic cystotomy will be required; but any one who gives Keith's operation a fair trial will find it, under certain conditions, of invaluable service. It appears probable that a restricted knowledge of the procedure, together with the impression in some cases that a cystotomy is involved, may account for its very local employment.

REFERENCES.

- ¹ Forbes Keith, *Lancet*, June 4th, 1892. ² Henderson, *Indian Medical Gazette*, August, 1900; Baker, *ibid.*, and *Lancet*, October 10th, 1896, and September 11th, 1897. ³ Freyer's *Modern Treatment of Stone*, second edition, p. 83. ⁴ *Indian Medical Gazette*, loc. cit. ⁵ See in this connexion Treves's *Surgical Applied Anatomy*, fourth edition, p. 385: "Wounds of the bulb in the middle line do not bleed readily as a rule."

MEMORANDA:

MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, Etc.

PASSAGE OF A RENAL CALCULUS THROUGH A LUMBAR SINUS.

J. M., aged 45, had suffered from stricture of urethra for twenty years, and was in the habit of passing a metal bougie himself.

In November, 1901, he had an attack of retention, but failed to give himself relief. Whilst straining he "felt something give way." On examination I found him with distended bladder, left epididymitis, and a purulent discharge from the urethral meatus. Catheterization revealed several false passages, and I drew off a large quantity of offensive alkaline urine. The cystitis was treated by lavage. Seven days later a periurethral abscess developed, and was opened under ether. A second abscess developed a fortnight later, and was similarly treated. Both healed rapidly after evacuation of contained fetid pus.

In February, 1902, the patient went to a convalescent home, but was sent back suffering from pleurisy, with effusion on right side. The effusion was clear; temperature varied from 99° F. in the morning to 103° F. in the evening. The urine was acid, and contained much albumen and pus.

In October, 1902, a large, painful swelling developed in right kidney region, and was opened in the flank. A large collection of intensely fetid pus escaped. The sinus so made continued open, though patient gradually improved and was able to return to his occupation as a tailor.

In December, 1903, a swelling the size of a hen's egg appeared under skin immediately below the sinus. The patient applied a linseed poultice and the following day found a stone lying on the poultice. The stone is reniform, measures 25 mm. by 15 mm. by 6 mm., and consists of uric acid.

The sinus now (January, 1904) is completely closed, and the patient is free from pain.

REMARKS.—The case is of interest as illustrating an unusual way of passing a renal calculus. The calculus was evidently located in one of the calices without giving rise to symptoms. The occurrence of pyelonephritis (secondary to cystitis) and perinephritic abscess provided a track by means of which the calculus was liberated and discharged direct through the abdominal wall.

Newcastle-on-Tyne.

W. E. ALDERSON,
M.D., M.S., B.Hy., D.P.H. Dunelm.

CASE OF BONE CYST OF THE NOSE.

THE number of recorded instances of cystic distension of the accessory air spaces of the nose are sufficiently few to make the following example of nasal bone cyst of interest.

The patient, a woman, aged 36, presented herself at the Glasgow Ear Hospital with a history of gradually-increasing difficulty of respiration through the left nostril, extending over a year. There was no abnormal nasal discharge or evidence of swelling externally, nor was there headache or pain such as is found in chronic suppuration of any of the accessory sinuses. Anterior rhinoscopy showed the following: Blocking almost the whole interior of the nostril, only a very small opening remaining in the inferior meatus, was an ovoid glistening body of a light pink colour. The probe could be passed externally between it and the outer wall of the middle meatus, but internally between it and the septum it could not be passed, as the two were in such close apposition. On probing the swelling a crackling sensation was elicited, and the mucous membrane covering it was quite smooth and thin as if tightly stretched, and it was evident we had to do with a growth having thin bony walls, and not one of polypoid degeneration of the mucosa. In fact it was clearly an enlargement of the middle turbinal, and from its size and the nature of its wall a distension of the air cell of this structure. I attempted to remove it by means of the snare, but during the manipulation the thin wall crumbled and it was impossible to get it away in one piece. However, by the aid of the snare and Grunwald's forceps the whole was removed. It was found to contain rather thick, sticky mucus, but no pus could be detected. The contents did not appear to be under pressure, and this is interesting. It may be that the compression upon it by the surrounding structures had set up a

process of absorption causing the disappearance of the more liquid portion of the contents. In nature it was probably of that variety known as mucocoele. As far as one could calculate, the dimensions were antero-posteriorly 1 in., vertically $\frac{3}{4}$ in., transversely $\frac{3}{4}$ in. A large cavity was left in the nostril, allowing the posterior and upper parts to be distinctly seen. No doubt the pressure of the cyst had caused atrophy of the other ethmoidal cells. There was nothing in the after-history of interest; no suppuration or other accident occurred to delay the process of healing.

Glasgow.

W. S. SYME, M.D.

IS ATMOSPHERIC PRESSURE A POSSIBLE DETERMINING CAUSE OF CEREBRAL HAEMORRHAGE?

I HAVE never seen the suggestion made in any textbook, but in my somewhat limited experience it would appear to me that atmospheric pressure plays a very important part in determining an attack of cerebral haemorrhage. On several occasions I have noticed that when I have had one case others have followed almost immediately. This I have found to occur especially when there has been a sudden rise in the barometer after a more or less continued depression. Doubtless with increased atmospheric pressure coming on suddenly to the extent of an inch or so of the barometer, as occasionally happens, the blood pressure is greatly increased, and in apoplectic subjects with disastrous results if the systemic condition is predisposed. I now so look on this as cause and effect that I warn such patients to watch for a sudden rise in the barometer and to take precautionary measures in the matter of diet, stimulants, and the use of suitable purgatives at such times.

Stoke-under-Ham.

R. HENSLEIGH WALTER, M.B.

TWINS, PLACENTA PRAEVIA, AND (?) CONCEALED ACCIDENTAL HAEMORRHAGE.

ON December 18th, 1903, I was called to an obstetric case by one of the hospital district nurses. The history, as given by the patient, 5-para, aged 34, showed her to be about eight months pregnant. Two months previously she fell from the steps of a car. This induced pains in her back and abdomen simulating those of labour, and associated with a feeling of abdominal distension, vomiting and weakness. She took to her bed for a week. About seven weeks afterwards, six days before the onset of labour, she sustained a second fall. On neither occasion was there any external haemorrhage. On vaginal examination the os was found to be fully dilated and the membranes unruptured. The presenting part was only just within reach, so high up that it was impossible to diagnose the presentation digitally. To the left, intervening and projecting between the presenting part of fetus and the uterus, placental tissue was felt. To the right of the presenting part of the fetus the lumen of the parturient canal was interrupted only by the liquor amnii and the limiting bag of membranes. Nothing definite was elucidated by abdominal examination. There had been some haemorrhage prior to the nurse's arrival, and the latter had seen a pint or so of blood. The patient was at once removed to hospital.

Chloroform was administered, and a hand having been introduced a placenta was found encroaching on the left lower uterine segment, and a fetus lying transversely with head to the left. Podalic version was done, a living child extracted, and its placenta removed. In performing version what appeared to be a second bag of membranes was felt. On reintroducing the hand a second fetus was felt and extracted feet first, with its placenta and membranes attached. It was in a macerated condition, with cranial bones much collapsed. *Post-partum* bimanually the superior half of the uterine wall felt abnormally thick and hard, and internally was much wrinkled both anteriorly and posteriorly. Nothing, however, was found to be detachable. An intrauterine douche of 1 per cent. lysol was given, and the patient watched. The inference drawn from this condition was that it might be due to an adherent organized clot resulting from a concealed haemorrhage caused by the fall two months prior to delivery, to which, doubtless, the death of the second fetus was due. The first fetus weighed at birth $4\frac{1}{2}$ lb. It died on December 20th, 1903. This case is of interest in that it is one of placenta praevia occurring in a twin pregnancy and, relying on the history furnished by the patient, complicated by concealed accidental haemorrhage from the normally placed placenta. The condition of the uterine wall immediately after delivery, previously mentioned, is worthy of notice. It may be said

that the uterus underwent normal involution up to the tenth day, when the patient was dismissed well. I am indebted to Dr. Robert Jardine for his kind permission to publish this case.

Glasgow Maternity Hospital. J. GOODWIN TOMKINSON, M.D.

ROUND WORMS SIMULATING ABDOMINAL TUMOURS.

THE following case is of interest for the reason that in a woman a large number of round worms had grouped together in three different parts of the small intestine simulating mobile abdominal tumours:

I was called to see a Hindu widow, aged 30 years, who was said to be suffering from some abdominal growths, with pain, vomiting, and emaciation. I was informed that she had suffered from the lumps for two years, and that they gave her great discomfort and caused flying pains. She also complained of severe backache. She had often noticed these lumps shifting their position. She had been subject to vomiting, irrespective of food, had no appetite, and had lost much flesh and weight.

On examining the abdomen, three distinct tumours, of the size of a hen's egg, were found situated, one just over the right ovarian region, another near the umbilicus just towards its left, and the third about an inch above the umbilicus in the middle line. They were round, rather firm and elastic, were freely moveable, and knotty to the feel.

The abdominal walls were very flaccid, and the tumours could be grasped and moved about quite freely. The handling of the lumps did not cause any pain or sickening sensation. The temperature, pulse, and respirations were normal, and there was never any trouble with menstruation.

The first tumour was situated just over the ovarian region, and felt quite like an ovarian cyst, but I could not account for the other two similar growths situated elsewhere. I was thinking about this when my attention was drawn to the complaint of intense thirst she was suffering from, and on examining her tongue enlarged papillae were found standing quite prominently on the tip and sides—characteristic of worms. This, together with vomiting, loss of appetite, and intense thirst, led me to suspect the presence of intestinal worms, and so I prescribed 6 gr. of santonin in two powders with a saline mixture.

Late in the night she had three or four large loose motions wherein she passed more than 60 round worms in groups. The same powders with the mixture were repeated next day, when she passed some more worms, about 25 in number.

On re-examining her nothing abnormal was found in the abdomen; all the three tumours had disappeared. She felt now quite comfortable, regained her appetite, has been free from pain, and has put on much flesh.

Mazagon, Bombay.

K. R. DALAL, L.M.S.

A CASE OF ACUTE OR PERNICIOUS BERI-BERI.

SOME time ago I was in medical charge of 1,200 Mohammedans travelling from Singapore to Jeddah on the Haj or sacred pilgrimage to Mecca. The pilgrims were gathered from the Dutch Archipelago and consisted of Malays with a few Arabs. When a week out from Penang my attention was drawn to a well-formed Javanese of 21 years of age, who was supported on his feet by two friends whose shoulders he clasped with his arms, for he could not stand alone.

There was paresis of the lower extremities, and when he attempted to walk he flung his legs about in an aimless and awkward fashion, lifting the feet loosely and bringing them down flatly. There did not appear to be any marked disturbance of sensation, but it was not easy to determine a finer degree of this even with the aid of the interpreter. There was no oedema or tingling or girdle sensation. The patient looked ill and showed extreme languor, though he tried to keep a smiling countenance and brave it out. He could scarcely sit up without help. The knee-jerks were exaggerated, the right slightly, the left distinctly so. Ankle-clonus was not elicited.

The pupils responded to light and in accommodation. The pulse and respiration were moderately increased in frequency and both were somewhat irregular; otherwise there was no defect in the internal organs. The temperature was 102° and persisted near this reading during the illness. The bladder and rectum were not involved and there were no trophic changes. He rapidly grew weaker and died quietly with symptoms of cardiac failure on the morning of the fourth day.

The patient's friends stated that he had not been ailing long before he was seen by me, but this history could not be relied upon for various reasons. He was, however, well enough a dozen days before to walk aboard, and he could easily avoid detection afterwards while sickening by remaining seated during the daily inspection of the ship. It is very probable that the privations of the journey from his native place to Singapore and twelve days in the hold of the steamer had amplified the virus of beri-beri already in his blood. The hatch, which was crowded with coolies and their baggage, had an average temperature of 92°.

With regard to the presence of fever, Sodré, the Brazilian authority, says that this is not uncommon, and that the increased patellar reflex is sometimes seen in the beginning of the illness.

Glasgow.

ARCHIBALD JUBB, M.D.

THE EFFECTS OF BAKING POWDER.

ON September 21st, 1903, I was called to see a woman, aged 69, whom I found vomiting up quantities of blood and also passing blood by the bowel; there was slight tenderness of the abdomen, a very weak pulse of 72, and temperature of 96.2°. I was informed by her that she had felt bilious a fortnight before, and had been taking baking soda on this account ever since, at least six teaspoonfuls a day, and some days more than that. The mucous membrane seemed to be injured throughout the whole alimentary tract. I first administered ergot, both by the mouth and subcutaneously, and then morphine. These remedies made her feel a little easier by the following morning, but she still passed a little blood. I therefore gave a dose of adrenalin, which stopped the haemorrhage. On the third evening she became delirious and very violent, and I again injected morphine. On the days following until October 8th she remained very weak. There had been profuse diarrhoea before haemorrhage started, but afterwards the bowels were unmoved until October 8th, when I gave an enema of soap and water, which brought away a little black faeces. Patient was given an acid mixture on October 9th, and after that there were no more bad symptoms, and the patient made a good recovery. She had nothing but liquid food till the 17th.

I think this case is interesting on account of the large amount of baking soda taken (we have all heard of a little being taken for heartburn), and also on account of the symptoms which it caused. A profuse haemorrhage was the most marked.

A. A. HUMPHRYS, L.R.C.S., L.R.C.P. Edin.
Coupar Angus, N.B.

REPORTS

ON

MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS AND ASYLUMS OF THE BRITISH EMPIRE.

QUEEN'S HOSPITAL, BIRMINGHAM.

CEREBRAL ABSCESS FOLLOWING OTITIS MEDIA: OPERATION: RECOVERY.

(By WILLIAM BILLINGTON, M.B., M.S. Lond., F.R.C.S., Surgeon to Out-patients.)

ON November 24th, 1903, A. D., a carter, aged 27, attended the Queen's Hospital complaining of severe pains in the head and drowsiness. He was admitted into the medical wards under the care of Dr. Kauffmann.

History.—Ever since he was a boy the patient had had a chronic purulent discharge from both ears, and had been partially deaf. This caused him little inconvenience until three weeks ago, when he began to suffer from pains in the head, and sought advice at an ear and throat hospital. He was told that he had a polypus in the left ear; this was removed on November 5th. The pain in his head still continued, and his deafness became more marked. On November 18th he had a "fit" while at work, and on that day vomited several times. From then until admission on the 24th he remained at home in bed. There had been no more fits and no more vomiting, but for several days he had been semi-conscious and at times delirious.

State on Admission.—When admitted he was very drowsy and stupid, took a long time to understand a question, and answered slowly and imperfectly. He complained of pains in his head, and appeared to be very deaf. The face was flushed, the tongue dry, and the breath very foul. The pupils were equal and reacted sluggishly to light; there was no squint and no optic neuritis. There was a thick offensive discharge from both ears, but more marked on the left side. On pressure over

the left mastoid process the patient showed evidences of much tenderness. There was also slight tenderness over the right mastoid. No tenderness in the neck. There was no paralysis of face, arms, or legs; the knee-jerks were equal and diminished. The pulse was 72, regular and full; the temperature 98.6°. The abdominal and thoracic viscera appeared to be healthy.

Progress.—During the next three days the patient gradually got worse, and the signs of abnormal intracranial pressure increased. He became more deeply comatose, the breathing became stertorous, the pulse rate fell to 60, the pupils became unequal, the left being the smaller, and he could not be made to answer questions at all. On the evening of the 27th the patient rapidly became worse, and I was hurriedly sent for. He was then lying on his back, the face was flushed, the breathing stertorous and Cheyne-Stokes in type, the pulse 60 and full. The pupils were moderately dilated and equal; they reacted sluggishly to light. There was no evidence of paralysis anywhere, and the limbs were rigid. On firm pressure over the left mastoid patient contracted his facial muscles and put up his left hand. The presence of a cerebral abscess, probably on the left side, was diagnosed, and as the intracranial pressure was increasing I decided upon immediate operation.

Operation.—An hour later, when the operation was commenced, the patient's condition had changed markedly for the worse. He was then deeply comatose, with flaccid limbs and Cheyne-Stokes respiration. The left pupil was widely dilated and fixed, and he no longer reacted to pressure over the mastoid. The pulse was irregular and showed signs of failure, and he was evidently *in extremis*. Since it was clear that his condition was mainly due to an intracranial lesion, and the evidence in favour of an abscess above the tentorium, an opening was made at once over the temporo-sphenoidal lobe, about 1½ in. above and behind the external auditory meatus. The dura mater was tense, and at once bulged into the opening in the skull; it did not pulsate. A small incision was made into it, and a grooved director thrust into the brain. On the second attempt a few drops of extremely fetid pus escaped. A long pair of sinus forceps were then passed along the director, and the blades opened. About 2 oz. of yellowish, very offensive pus escaped, and the brain beneath the wound was at once noticed to pulsate. Finally, a rubber tube was passed into the abscess cavity, and brought out through the scalp flap, the wound washed, and the flap replaced by three or four sutures. No anaesthetic was given, and the abscess cavity was not irrigated.

After-progress.—It was noticed that the patient flinched for the first time when the final sutures were being put in, and on examining him after the operation the pupils were found to be equal, the breathing was more regular, and the pulse had improved. During the next thirty-six hours patient's condition gradually improved. His breathing was regular and his pupils equal. He did not speak, and resented attempts to rouse him or to examine his eyes. Once he became restless and took off his bandages. His temperature remained normal and there was a moderate discharge from the tube. On the second morning after the operation he regained full consciousness, and spoke rationally. He still complained of pain in his head, and it was noticed that he had a paresis of the right side of his face and of his right arm. The tongue was protruded in the middle line. On December 1st, four days after the operation, the tube was removed altogether from the abscess cavity. There had been very little discharge throughout.

Second Operation.—On December 4th patient was anaesthetised, the original scalp flap turned back and Stacke's operation was performed on the left ear. The mastoid antrum was found at a depth of three fifths of an inch and was full of very fetid pus. The ossicles were removed together with the remains of the tympanic membrane. The facial nerve was surrounded by a mass of granulations, and the wall between the Fallopian canal and the tympanum had disappeared. A careful search failed to reveal any opening in the tegmen tympani through which infection might have spread to the brain. All carious bone being removed, the antrum and tympanic cavity were freely opened into the external auditory canal, and an oval piece of the posterior aspect of the soft lining of the external auditory canal was cut away, leaving a wide hole through which it was possible to pack the cavity in the bone from the external meatus. The scalp was then loosely sutured in place, a small gauze drain being inserted at the lower angle of the wound. The first trephine opening was examined and the dura found to be covered by healthy granulations.

Result.—After this second operation the patient made a rapid and uneventful recovery. The paresis on the right side disappeared in about a week, the hearing improved considerably, and no more pain was complained of. The temperature throughout never rose above 100°. Sixteen days after this operation he left the hospital with the wound behind the ear firmly healed, and when seen a month later it was found that there was practically no discharge from the ear, a few healthy granulations were visible at the bottom of the external auditory canal, and the patient was able to return to work. His general intelligence was very good and his memory excellent, except that the two or three days preceding the first operation and the first two days following it were a blank.

REMARKS.—This case is interesting in several respects. It illustrates the danger of neglecting a chronic purulent discharge from the ears, and also shows what rapid recovery may follow the tapping of a cerebral abscess even when the patient is in a seemingly hopeless condition. Lastly it is instructive in that it shows how quickly a large cerebral abscess

have applied and extended this observation to other insectivora. It opens up a singularly interesting question in relation to blood formation. There were various communications on spermatogenesis and the relation of the interstitial cells of the testis to the genital apparatus (Bouin and Ancel).

There were, of course, numerous papers on the nervous system, among others a special demonstration by Cajal on the relation of nerve fibrils to nerve cells, and one by Van Gehuchten on the superior cerebellar peduncles. Regaud and Favre showed that the abdominal muscles of snakes contain a large number of easily-demonstrated muscle spindles which are known to be part of the sensory apparatus of voluntary muscle. Ductless glands like the suprarenal capsule and hypophysis cerebri (Launois) contain fatty particles which vary with the state of physiological activity of these organs.

Vigier showed some beautiful preparations to demonstrate how it is that the hair of the negro assumes its "curly" character. Apart from the curved form of the hair follicle, there is a special peg or outgrowth of the perifollicular connective tissue, which not only flattens the hair, but gives it a new direction.

One of the interesting papers on account of its far-reaching morphological interest was that of Suchard of the Collège de France. Few perhaps have cared to look into the wonderfully beautiful book of Rusconi—a large folio—on the lymphatic system. It well repays perusal at the present day. Suchard dealt with the lymphatics of the frog's lungs among the simplest of pulmonary sacs. Rusconi who injected these vessels showed them as a wideplexus under the pleura, as if their origin was superficial and subpleural. Their origin, however, is near the free border of the septa that project into the lung. When one of these septa is examined on the flat after injecting the blood vessels with a blue and the lymphatics with a red mass it is seen that there is a morphological analogy between the distribution of these vessels in the lung and those of the folds that exist in the mid-intestine of the frog. This is all the more interesting on account of the origin of the lung from the intestinal tract.

Some exquisitely beautiful preparations of striped muscle fibres, ciliated cells on the surface of the liver of the newt, and cells of the intestinal villi were shown by Prenant, some of them prepared by methods indicated by Gustav Mann.

Professor Tourneux, the President, gave a demonstration of the vasa aberrantia of the mole, and showed a singularly beautiful series of mitotic figures and chromosomes obtained from the mother cells of the pollen grains of the white lily.

Van der Stricht, of Ghent, gave a special demonstration on the structure of the ovum, a subject with which his name is already so intimately identified.

MEDICAL NEWS.

THE annual dinner of the West London Medico-Chirurgical Society will be held at the Trocadero Restaurant, Piccadilly Circus, W., on May 4th.

THE medical staff of the Post-Graduate College will give a *conversazione* at the West London Hospital on Wednesday, April 20th, at 8.30 p.m.

AN International Congress of School Hygiene was opened at Nuremberg on April 5th by Prince Ludwig Ferdinand of Bavaria. All the European States were represented; Japan also sent a delegate.

DR. JOHN STAFFORD, who was born in Manchester, Ontario County, March 15th, 1805, has just celebrated his 99th birthday at his home, 27, Byron Street, Rochester, N.Y. He received many calls from friends and neighbours during the day.

KING'S COLLEGE HOSPITAL.—Her Majesty the Queen has sent to the Sister-Matron of King's College Hospital £100 in banknotes in aid of the fund for the removal of the hospital to South London, accompanied by a letter expressing Her Majesty's best wishes for the success of the scheme.

RIVAL METHODS OF TREATING HIP DISLOCATION.—Dr. Adolf Lorenz of Vienna, who has already paid several visits to the United States, and Prof. Dr. A. Hoffa, of Berlin, have both accepted invitations to hold clinics at the Jefferson Medical College Hospital, Philadelphia, in June next year. The date of the first clinics have been arranged for Monday morning,

June 6th, the day before the first session of the American Medical Association. It is stated that Dr. Hoffa will operate on at least one patient previously treated unsuccessfully by the Lorenz method.

A TEMPERANCE restaurant, so-called, has been opened with some solemnity in Paris by the Director of the Assistance Publique. Alcoholic beverages are not entirely excluded, but will be served only at meals, and then not more than a quantity equal to rather less than half a pint.

THE Red Cross and various other societies in Russia have prepared 26 sanitary detachments with hospitals, providing altogether 5,000 beds, and some have already started for the seat of war. Reserve detachments, consisting of 1 surgeon, 4 students, and 6 male nurses, are being formed. The first hospital train left Moscow on February 15th; it consisted of 19 wagons, 14 for the transport of wounded, 4 for the staff, and 1 for the kitchen. The staff consisted of 3 surgeons, 5 sisters of charity, and 36 nurses. In addition, 200 surgeons of the reserve left St. Petersburg for the seat of war soon after the commencement of hostilities.

THE new wing of the Victoria Hospital for Children, Chelsea, has now been completed. The new building is of four floors and contains six wards of 16 beds each, and an isolation block providing accommodation for 16 more. A large operating theatre has also been constructed, an x ray department has been established, apparatus for sterilizing milk for patients and dressings for the theatre has been introduced. Outside each ward is a balcony for the use of those patients requiring fresh air treatment. The total cost of the new building, including the furnishing, added to the cost of reconstructing the old building for the purposes of administration and providing accommodation for resident medical officers and the extra nursing staff that will be required, is estimated at £40,000, of which £13,000 has yet to be raised.

STUDENTS AT FRENCH UNIVERSITIES.—The total number of students attending the French universities is 30,405, made up as follows: Paris 12,985, Aix-Marseille 1,080, Besançon 333, Bordeaux 2,320, Caen 752, Clermont 299, Dijon 880, Grenoble 705, Lille 1,164, Montpellier 1,707; Nancy 1,327, Poitiers 863, Rennes 1,190, Lyon 2,069, Toulouse 2,291. The Arts Faculty has 4,384 students, of whom 3,873 are French. It has 613 women students. Law has 10,972 students, and of these 4,382 belong to the University of Paris and 1,021 to Toulouse. In the Faculty of Science there are 4,765 students, of whom 1,546 attend the Paris Faculty, 552 that of Lyon, and 476 at Nancy. There is a total of 6,686 students of medicine, of whom 6,115 are French. They are distributed as follows: Paris 3,496, Lyon, 958, Bordeaux 654, Montpellier 552. There are 571 foreigners attending this Faculty, of whom 197 belong to Persia, 89 to Turkey, 63 to Bulgaria, and 57 to Roumania. To these must be added 202 French women students and 164 women students from abroad, together with 1,558 students who are taking the course of medicine and pharmacy. Besides these there are 3,014 students of pharmacy.

ACCORDING to *American Medicine*, the Utah State Board of Health has caused samples of various patent medicines to be bought from the shelves of druggists and submitted to the State chemist for examination. One alleged remedy, widely advertised as "Hyomei," a liquid preparation for catarrhal troubles, was found to be crude oil of eucalyptus diluted with oil of vaseline. The retail price printed on the label was 1 dollar. Kauffman's Sulphur Bitters was another "remedy" for about fifty different internal ailments. On the label was printed "No alcohol," but the State chemist found 23.4 per cent. of alcohol in the pint bottle, which sold for 1 dollar. Moreover, there was not even a trace of sulphur, and the alleged restorative had no curative properties that could be discovered. "Swamp Root" was a third "remedy" for all the ills the flesh is heir to—particularly in the line of renal troubles. The chemist found 9.6 per cent. of alcohol in the pint bottle, with a large percentage of sugar and juniper berry. "Paine's Celery Compound" was a fourth 1 dollar per pint "remedy." The analysis showed 20.9 per cent. of alcohol and a large amount of fusel oil, so that our contemporary considers it worse than "straight" whisky, which is a variety perhaps akin to that which has been called "twentyrod." But the gem of the collection were some Catarrhal Powders. In this the chemist found 2 per cent. of cocaine, with 90 per cent. of sugar preparations, and inert substances to hold the drug. The preparation is sold in small vials, each containing 1.5 gr. of cocaine.

inefficient women farmed out as a commercial speculation for the pecuniary advantage of a middleman.

The advocates of registration deny that the present want of organization and the absence of any definite test of professional efficiency is a guarantee of the possession by nurses of superior moral qualities, and they also contend that—however valuable personal qualities may be—it is through technical skill alone that a nurse is rendered valuable in cases of serious illness. The possession of the highest character and the best intentions would not enable an ignorant woman to arrest the hæmorrhage of a wounded artery or adjust a bandage carefully and skilfully. On the other hand, education and technical training tend to cultivate "observation, sympathy, cheerfulness, and self-control," and the highly skilled usually acquire that professional zeal or devotion to a patient's interests which is likely to be better directed and more effective than any amount of native, but unskilled, kindness and sympathy.

It is not suggested that there should be a "uniform training," but that a certain minimum standard of training should be laid down, anything less than which cannot be regarded as complete or sufficient.

Non-registered nurses will be free to work for hire, but will be forbidden to claim the title of "registered nurse;" and it is maintained that registration, by giving a definite status to the fully-trained nurse, and by enabling the public to discriminate between the quality of the services offered, will attract a good class of women into the profession, and will lead to a better subdivision of labour and to greater economy of nursing effort.

The State Register would in no way "lower the status of the best nurses," for, although every nurse on the Register would have reached a certain minimum standard of efficiency, those who undertook further courses of study, or obtained experience in different departments of nursing, would have these facts duly notified in the Register, and this would result in the creation of a higher order of nurses, to whom higher fees might be paid, and by whom the prizes of the profession would naturally tend to be filled.

The opposition to registration comes from certain hospital committees—the employers of nurses—and from some matrons in the service of these committees, who have ranged themselves on the side of their employers. It is unnecessary to point out that the interests of employer and employed are not always identical, and both need safeguarding. There is also considerable prejudice in the minds of hospital committees against any proposals which would establish a central Board, and thus diminish the independence of their nurse-training schools.

At present the training schools have absolute power to regulate the hours of work and the conditions of labour of their employes. In some hospitals the position of the probationer is inferior to that of the domestic servant, who at any rate is entitled to a month's notice. Neither have women who enter the training schools any guarantee at present that they will receive a thorough training in return for the three years' service to which in most cases they bind themselves on the understanding that they will receive an efficient training.

These training schools are at the present time a law to themselves. There is no minimum standard to which they must conform before they are entitled to rank as training schools, and, while some give due consideration to the interests of their pupils, others—as is only natural—consider their own convenience first.

As an efficient nursing service is a valuable "national asset," it is imperative that nurse-training schools should give proof of their qualifications before their recognition as education authorities. This is imperative in the interests of the nurses and of the public.

The list of signatories include seven matrons of hospitals in London, six matrons of metropolitan Poor-law infirmaries, seven matrons of provincial hospitals, six matrons of provincial infirmaries, and thirty-eight honorary officers, vice-presidents, and others of the Society for the State Registration of Nurses.

FAITH HEALING.—Dr. Dowie, of faith-healing fame, appears to have gone far and fared worse. Failing in his New York campaign he has met with no greater success in Australia to which he repaired. He was very unfavourably received even on his first arrival, and it is now stated by the *Daily Chronicle* and other papers that owing to his speeches and the public irritation caused thereby, the Mayor of Adelaide has prohibited any further use by him of the town hall. A cheque also, which the "Zionist prophet" lodged in order to secure the use of the Exhibition building, has been returned to him

ASSOCIATION NOTICES.

COUNCIL.

NOTICE OF MEETING.

A MEETING of the Council will be held in the Council Room of the Association, at 429, Strand (corner of Agar Street), London, on Wednesday, the 20th day of April next, at 2 o'clock in the afternoon.

ELECTION OF MEMBERS.

ANY candidate for election should forward his application upon a form, which will be furnished by the General Secretary of the Association, 429, Strand. Applications for membership should be sent to the General Secretary not less than thirty-five days prior to the date of a meeting of the Council.

GRANTS FOR SCIENTIFIC RESEARCH.

THE Council of the British Medical Association desires to remind members of the profession engaged in researches for the advancement of medicine and the allied sciences that it is prepared to receive applications for grants in aid of such research. Applications for sums to be granted, which must reach this office not later than 31st of May, must include details of the precise character and objects of the research which is proposed, and must be made on forms to be had of the General Secretary, at the office of the Association, 429, Strand, London.

Every recipient is expected to furnish to the Committee on or before 31st May following upon the allotment of the grant, a report (or, if the object of the grant be not then attained, an interim report to be renewed at the same date in each subsequent year until a final report can be furnished) containing: (a) A brief statement for the Report of the Scientific Grants Committee, showing the results arrived at, or the stage which the inquiry has reached; (b) a general statement of the expenditure incurred, accompanied, so far as is possible, with vouchers; (c) and references to any Transactions, Journals, or other publications in which the results of the research have been printed.

RESEARCH SCHOLARSHIPS.

The Council of the British Medical Association is prepared to receive applications for three Research Scholarships which become vacant, of the value each of £150 per annum, tenable for one year, and subject to renewal by the Council, provided the whole term of office has not exceeded three years.

The scholarships exist for the encouragement of research in Anatomy, Physiology, Pathology, Bacteriology, State Medicine, Clinical Medicine, and Clinical Surgery.

Applications for Scholarships must be made on forms to be had of the General Secretary, and returned on or before May 31st.

ERNEST HART RESEARCH SCHOLARSHIP.

The Council of the British Medical Association is also prepared to receive applications for the Ernest Hart Memorial Scholarship of the value of £200 per annum, tenable for one year, but subject to renewal by the Council for another year. The Scholarship is for the study of some subject in the department of State Medicine.

GUY ELLISTON, *General Secretary.*

429, Strand, March 25th, 1904.

BRANCH MEETINGS TO BE HELD.

BORDER COUNTIES BRANCH: WEST CUMBERLAND DIVISION.—The annual general meeting of this Division will be held at Whitehaven on May 17th. The Secretary will be pleased to receive communications from any member who wishes to read a paper or show cases or specimens.—T. G. MATTHEWS, 6, Scotch Street, Whitehaven, Honorary Secretary.

BIRMINGHAM BRANCH: WEST BROMWICH DIVISION.—A meeting of this Division will be held in the Board Room of the District Hospital, West Bromwich, on Wednesday, April 13th, at 4 p.m. Business:—General. Also the consideration of the following important questions: From Medico-Political Committee—Whether it is advisable that the medical witnesses engaged on each side in legal cases should meet in consultation. From Ethical Committee—The question of advertising of medical practitioners in connexion with hydropathic establishments. From the Council of the Association—Shall Medical Defence be undertaken by the Association? As a poll of the Division is asked for on the latter question, members who are unable to be present at the meeting should inform the Honorary Secretary as soon as possible: (1) if it is their wish that the Association should take up Medical Defence as suggested. (2) Whether they approve of the general principles and details of the scheme. (3) If

they are willing to join the Medical Defence department, they should sign form of agreement and return it to H. B. W. PLUMMER, 54, Birmingham Road, West Bromwich, Honorary Secretary.

EAST ANGLIAN BRANCH.—The spring meeting of this Branch will be held at the White Hart Hotel, Manningtree, on Thursday, April 14th. Programme of proceedings:—12.30 o'clock—Meeting of Council. 1 o'clock—Luncheon, 3s.; intimation should be made to Dr. Nicholson of intention to be present by Monday morning, April 11th. 2 o'clock—General meeting. Agenda: (1) Minutes of last meeting. (2) To consider and pass the Ethical Rules for this Branch (copy enclosed). (3) Resolution by Mr R. A. Ballance—"Requiring sponsors for nomination of new members." (4) General business. (5) W. Anton Lieven, M.D. (Aix-la-Chapelle), will read a paper on the Cure at Aix. (6) T. H. Morse, F.R.C.S. (Norwich), will read a paper on Twenty-one Cases of Extrauterine Fecundation treated by Operation, with special reference to Diagnosis and Removal before Rupture. (7) Sidney Bree, M.B. (Manningtree), will show a specimen of thyroid adenoma, with notes on case. (8) H. Muir Evans, M.D. (Lowestoft), will read a paper on a Rare Case of Jacksonian Epilepsy in a child of 2 years: Operation: Recovery. 4 to 5 o'clock—Afternoon tea, by kind invitation of Dr. and Mrs. Baxter. Surgical instruments and appliances will be shown by Messrs. Down Bros.—B. H. NICHOLSON (Colchester), H. A. BALLANCE (Norwich), J. GUTCH (Ipswich), Honorary Secretaries.

LANCASHIRE AND CHESHIRE BRANCH: SOUTH MANCHESTER DIVISION.—A meeting of this Division will be held in the Medical Society's Reading Room, Owens College, Manchester, on Thursday, April 14th, at 4.30 p.m. Dr. C. Glascock will preside. Business: (1) Whether it is advisable that medical witnesses engaged on each side in legal cases should meet in consultation. (2) The question of advertising of medical practitioners in connexion with hydropathic establishments. (3) Scheme of Medical Defence. (4) General.—F. H. COLLINS, M.D., Bridge House, Didsbury, Honorary Secretary.

SOUTH MIDLAND BRANCH: BEDFORD AND HERTFORDSHIRE DIVISION.—The annual meeting of this Division will be held at the County Hospital, Bedford, on Tuesday, May 3rd, at 3.30 p.m. Agenda:—Minutes of last annual meeting. Election of officers. Appointment of Ethical Committee. Matters referred to the Division by the Central Council: (1) Whether it is desirable that the medical witnesses engaged on each side in legal cases should meet in consultation. (2) The question of the advertising of medical practitioners in connexion with hydropathic establishments. The Executive Committee ventures to draw the attention of members of the Division to the recently-issued Year Book of the Association for the year 1904, and in particular to pp. 42 and 43, dealing with the work and constitution of the Divisions. The Committee would urge upon members the importance of attending the meetings of the Division and taking part in the work devolving upon the Division as the executive and influential units of the Association, to which matters of great moment to every medical man may at any time be referred (by individual members or by the Central Council of the Association), and upon the vitality of which the successful working of the Association as a whole now so largely depends. The attendance of members of the Division is earnestly requested.—S. J. ROSS, 28, Mill Street, Bedford, Honorary Secretary.

SOUTH-EASTERN BRANCH: FOLKESTONE DIVISION.—A meeting of this Division will be held at Hotel Wampach, Folkestone, on Friday, April 15th, at 7.15 p.m. Agenda:—Confirmation of minutes of last meeting. To consider matters deferred from last meeting: (a) Vaccination fees; (b) Medical Acts Amendment Bill, *vide* BRITISH MEDICAL JOURNAL, September 22nd, 1903; (c) representation on General Medical Council. Resolution for Representative Meeting: To consider a recommendation of the Ethical Committee that "The question of advertising of medical practitioners in connexion with hydropathic establishments be referred to the Divisions." To consider a recommendation of the Medico-Political Committee "Whether it is advisable that medical witnesses engaged on each side in legal cases should meet in consultation." To discuss the Medical Defence scheme as prepared by the Medical Defence Committee of the Association. (1) Whether it is the wish of the members that the Association should take up Medical Defence as suggested in the scheme; (2) whether the Division approves of the general principle and details of the scheme; (3) to poll the number of members who are willing to join a Medical Defence department in the event of such a department being formed. It is hoped that members will make an effort to attend, as there are several important matters referred to the Divisions. All members of the South-Eastern Branch are invited to attend the meetings and to introduce professional friends. Dinner at 8.30 p.m.; charge 5s.—PERCY V. DODD, 14, Manor Road, Folkestone, Honorary Secretary.

SOUTH WALES AND MONMOUTHSHIRE BRANCH: CARDIFF DIVISION.—A special meeting of the Division will be held in the rooms of the Cardiff Medical Society, Queen Street, on Thursday, April 14th, commencing at 3.30 precisely. The agenda will be as follows:—(1) Matters referred to the Divisions by the Central Council: (a) The scheme of Medical Defence as set forth in the circular enclosed with the notice of the meeting. Members are earnestly requested to take this opportunity of expressing their opinion on this important proposal by duly returning the form annexed to the circular to the Honorary Secretary at 12, Park Place, Cardiff, either before (if unable to attend) or after the meeting where the scheme will be discussed. (b) Whether it is advisable that the medical witnesses engaged on each side in legal cases should meet in consultation" (*vide* SUPPLEMENT to the BRITISH MEDICAL JOURNAL, March 15th, 1904). (c) "The question of the advertising of medical practitioners in connexion with hydropathic establishments" (*vide loc. cit.*). (2) Interim report of Committee on Proposed Training Centre for Midwives. (3) Resolution by Mr. T. Garrett Horder: "That steps be taken by the British Medical Association to secure direct representation of the profession in the House of Commons."—EWEN J. MACLEAN, M.D., 12, Park Place, Cardiff, Honorary Secretary.

SOUTHERN BRANCH: PORTSMOUTH DIVISION.—The next meeting of this Division will be held at 5, Pembroke Road, Portsmouth, on Tuesday, April 12th, at 3.30 p.m.—J. G. BLACKMAN, Poplar House, Kingston Crescent, Portsmouth, Honorary Secretary.

SPECIAL CORRESPONDENCE.

BERLIN.

The Imperial Family and Revaccination.—Tuberculosis in Prisons.—Popular Lectures on Tuberculosis.—Proposed Experimental Investigation of Syphilis in Borneo.—Cremation.

AMONG the innumerable absurd reports about the German Imperial family was one, actively circulated by antivaccinationists, declaring that the German Emperor's children had not been vaccinated. This report even found its way into the daily press, and was, of course, believed by those persons—and there are numbers of them in every country—who take for truth whatever is in print. To give denials to all the gossip that crops up daily would, of course, be a hopeless task, but in this case an important principle was involved, as non-vaccination means non-compliance with the law. Under these circumstances, a medical journal—the *Zeitschrift für ärztliche Fortbildung*—asked Dr. von Leuthold, the Emperor's Chief Body-physician, for leave to publish an authentic declaration on the subject, and received from him a statement, signed by Dr. Zunker, Body-physician to the Empress, to the effect that *all* the Emperor's children have been vaccinated and revaccinated in strict accordance with the German vaccination law.

Geheimrath Baer, an experienced prison medical officer and a well-known medical statistician, has published a pamphlet on tuberculosis in prisons, in which he pleads for temporary dismissal of tuberculous prisoners to suitable hospitals, or the establishment of separate prison buildings properly arranged, for the housing of tuberculous prisoners. Dr. Baer gives the following statistics: During the last fourteen years 56 per cent. of all deaths from natural causes in Prussian prisons were caused by consumption, and even in prisons fitted with the best modern hygienic improvements the percentage of deaths from consumption during the five years 1896-1901 remained as high as 38.3. Amongst the population at large the percentage of deaths from consumption was only 18.5 per cent. These figures speak for themselves. There is no doubt that in prisons—as they are at present—each tuberculous inmate is a danger to his surroundings. Now, no one can accuse the Prussian Government of slackness in its efforts for stamping out tuberculosis; in fact, it is really in the van of the modern movement, and therefore it is not surprising to learn that estimates for prison sanatoria are already being prepared, and will probably be included in next year's budget.

Popular courses of lectures on tuberculosis have been held in Berlin this early spring, and are to be repeated at intervals. They are arranged by the central committee for the erection of lung sanatoria, and are held in the lecture hall of the new permanent exhibition for the weal of workpeople. Photographs thrown on the screen, and the specimens of the tuberculosis museum belonging to the permanent exhibition are employed to illustrate the lectures. The first course was attended by officials of the Red Cross Society and of different sick clubs, and future courses are to be given for the benefit of school teachers, police officials, etc.

A scientific expedition of an entirely novel character is being planned, if funds can be found for it—an expedition connected with the successful inoculation of anthropomorphic apes with syphilis virus by Metchnikoff (Paris) and Lassar (Berlin). As these apes in our European climate invariably fall victims to tuberculosis, the plan has been formed to seek them in their own home, and to establish a laboratory in Borneo or Sumatra, and send out a bacteriologist, with a view to discovering an antitoxic serum against syphilis.

The cremation question has again been fully ventilated in a special Committee of the Prussian Diet. In the course of the debate a representative of the Health Department of the Home Office went into the hygienic side of the matter, and declared the spread of diseases by corpses in burial grounds to be impossible. Bacteriological examination had proved that the soil close below graves was as poor in bacteria as at other untouched parts, and the same was the case with water flowing from burial grounds. Then, he continued, there were serious objections against cremation from the forensic physician's point of view. Before permitting cremation the Prussian Government would have to make inquests universally obligatory. A representative of the Ministry of Justice added that since 1832 no fewer than fifteen murders had been discovered solely by the exhumation of corpses. Even if inquests became universal that would not solve the problem

Last, April 2nd, was 1,570, against 1,601, 1,624, and 1,585 on the three preceding Saturdays; 153 new cases were admitted during the week, against 192, 176, and 145 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, April 2nd, 919 births and 681 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 21.5, 23.0, and 22.3 per 1,000 in the three preceding weeks, further declined last week to 20.6 per 1,000, but was 1.9 per 1,000 above the mean rate during the same period in the seventy-six large English towns. Among these Scotch towns the death-rates ranged from 13.6 in Leith and 17.5 in Aberdeen to 22.4 in Greenock and 26.2 in Perth. The death-rate from the principal infectious diseases in these towns averaged 2.2 per 1,000, the highest rates being recorded in Dundee and Paisley. The 329 deaths registered in Glasgow included 5 from small-pox, 12 from measles, 3 from scarlet fever, 8 from whooping-cough, 3 from "fever," and 7 from diarrhoea. Four fatal cases of measles, 5 of whooping-cough, and 2 of diarrhoea were recorded in Dundee; 4 of measles and 2 of whooping-cough in Paisley; and 3 of whooping-cough in Edinburgh, 2 in Aberdeen, and 2 in Leith.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF OXFORD.

SECOND EXAMINATION FOR THE DEGREES OF B.M. AND B.CH.

THE Board of the Faculty of Medicine gives notice of the following changes in its Regulations (see Examination Statutes, pp. 190, 191).

The Regulations under the heads of Medicine, Surgery, Midwifery, and Pathology have been amended, and now stand as follows:—

V. Medicine.

The examination shall be held in the Principles and Practice of Medicine, and shall consist of the following parts:

1. A written paper of three hours.
2. Clinical work. This shall include: (a) A full clinical report upon a given case, together with a statement of the treatment and the writing of appropriate prescriptions; (b) an oral examination upon other cases selected by the examiners.
3. Practical examination in chemical and microscopical methods of diagnosis, such as the investigation of urine, identification of parasites, examination of blood, sputum, etc., and on the use of special instruments for diagnostic purposes.
4. A viva-voce examination.

VI. Surgery.

The examination shall be held in the Principles and Practice of Surgery. (Candidates will be expected to possess a general knowledge of the surgery of the eye and ear.)

- The examination shall consist of the following parts:
1. A written paper of three hours.
 2. Clinical work, partly in writing, partly oral.
 3. An examination in surgical anatomy, the methods of operations, questioning on the living or dead subject, and the use of surgical instruments and appliances.
 4. A viva-voce examination.

VII. Midwifery.

As at present, except that the words "(1) Paper work, (2) practical examination" have been replaced by the words, "(1) A written paper of three hours, (2) a practical and viva-voce examination."

In the viva-voce examination in Medicine, Surgery, and Midwifery, candidates shall be shown pathological specimens, and shall be examined upon such appearances as bear upon the clinical aspects of disease.

VIII. Pathology (Including General Pathology, Morbid Histology, and Bacteriology).

The examination shall consist of three parts:

1. A written paper of three hours.
2. A practical examination of three hours.
3. A viva-voce examination.

These regulations will come into force at once, and take effect at the examinations of Trinity Term, 1904.

UNIVERSITY OF LONDON.

MEETING OF THE SENATE.

Recognition of Teachers.—Mr. William Douglas Harmer and Mr. Robert Cozens Bailey were recognized as Teachers of Surgery and Dr. James Calvert as a Teacher of Medicine at St. Bartholomew's Hospital Medical School; Dr. Wilfrid James Hadley as a Teacher of Forensic Medicine at the London Hospital Medical College, Dr. Nathaniel Henry Alcock as a Teacher of Physiology at St. Mary's Hospital Medical School, and Mr. Arthur Hopewell-Smith as a Teacher of Dental Anatomy and Physiology at the Royal Dental Hospital.

Certificates for the M.B. and M.D. Degrees.—It was resolved: (1) That internal students registered in October, 1900, who passed the Final Examination for the M.B. degree in October, 1903, held in accordance with the regulations adopted for external students, after completing a continuous course of study for that examination as internal students, be granted diplomas as internal students. (2) That internal students registered in October, 1900, who passed the examination for the M.D. degree in December, 1903, held in accordance with the regulations adopted for external students, after completing a continuous course of study for that examination at a school of the University, be granted diplomas as internal students.

The Physiological Laboratory.—The Physiological Laboratory Committee presented a report upon the work done in the Laboratory during the past two years, in which they stated that eleven courses of eight lectures each had been delivered, and that arrangements had been made by the Senate with Mr. John Murray for the publication, under the authority of the University, of such of these courses as might from time to time be approved. The first volume published in this series was Dr. A. D. Waller's *On the Signs of Life*. The laboratory has been used for various researches by twenty "post-graduate" or otherwise qualified students, and twenty-three communications from persons working in it have been published in the *Proceedings of the Royal Society* and other scientific journals. The Senate approved the following names for addition to the

Panel of Lecturers in Physiology in connexion with the laboratory: N. H. Alcock, B.A., M.D., Lecturer on Physiology at St. Mary's Hospital School; C. J. Martin, M.B., U.Sc., F.R.S., Director of the British Institute of Preventive Medicine; F. W. Favy, M.D., LL.D., F.R.S., Consulting Physician to Guy's Hospital; A. E. Wright, M.D., Lecturer on Pathology and Bacteriology at St. Mary's Hospital Medical School.

Courses of Instruction in Advanced Physiology.—The following courses of instruction in Advanced Physiology to be given at Guy's Hospital Medical School were approved, and it was resolved that the Lecturers included in the scheme be temporarily recognised as Teachers of the University while delivering their respective courses: Physiological Department.—Lecturer: M. S. Pembrey, M.A., M.D., B.Ch.; Demonstrators: E. I. Spriggs, M.D., M.R.C.P.; D. Forsyth, M.D. Lectures and Demonstrations.—J. S. Haldane, M.A., M.D., F.R.S., Lecturer in Physiology, University of Oxford, M. S. Pembrey, M.A., M.D., B.Ch., Chemistry of Respiration; F. G. Hopkins, M.A., M.D., Lecturer in Physiology, University of Cambridge, Recent Work in the Chemistry of Proteids; W. A. Ramsden, M.A., M.D., Demonstrator of Physiology, University of Oxford, Ccagulations; A. P. Beddard, M.A., M.D., F.R.C.P., Assistant Physician, late Demonstrator of Physiology, Metabolism in Glycosuria; E. I. Spriggs, M.D., M.R.C.P., Digestion; A. E. Boycott, M.A., M.B., Gordon Lecturer, on the Nervous Impulse.

The times of these lectures will be so arranged that they do not clash with the Advanced Lectures on Physiology at the University of London, University College, and King's College. Permission to attend these lectures will be given to internal students of other schools of the University.

Practical Courses in Chemical Physiology, Experimental Physiology, and Histology will be given in each academic year. A special practical course upon the methods used in the determination of the respiratory exchange, the blood gases and nitrogenous metabolism will be given by Dr. Pembrey, Dr. Spriggs, and Dr. Beddard.

Degrees in Veterinary Science.—Courses of study and examinations, extending over four years, for degrees in veterinary science were approved.

Preliminary Scientific Examination.—It was resolved to print at the head of the botany and zoology papers constituting the papers in biology at the Preliminary Scientific Examination for Internal and External Students the following sentence: "Every candidate must show an acquaintance with both the botanical and the zoological divisions of biology."

School-leaving Certificate.—The Board entrusted by the Senate with the management of the school-leaving certificate examination and the inspection of schools has, at the desire of a number of schools, decided to hold a school-leaving certificate examination beginning on July 4th, in addition to that held in connexion with the ordinary Matriculation Examination, beginning on June 13th. Any school desiring to present pupils for the school-leaving certificate will be required to submit to the University a general statement of the complete course of instruction given in the school and also the curriculum of study pursued by the candidates. Further information and forms of entry may be obtained on application to the Principal, University of London, South Kensington, S.W. The entries must be made, for the June examination before May 1st, and for the July examination before June 1st.

Martin White Benefaction.—A course of ten lectures on Social Evolution in Oceania will be delivered by Dr. A. C. Haddon, M.A., Sc.D., F.R.S., University Lecturer in Ethnology at Cambridge, at University College, at 4.30 p.m., on the following Thursdays: April 21st and 28th, May 5th, 12th, 19th, and 26th, June 2nd, 9th, 16th, and 23rd, 1904. Admission to the lectures will be free by ticket. Tickets and detailed syllabuses may be obtained from the Secretary, University College, Gower Street, W.C.

Rogers Prize, 1905.—Under the will of the late Dr. Nathaniel Rogers the Senate offer a prize of £100, open for competition to all members of the medical profession in the United Kingdom, for an essay on Anaesthetics, their Physiological and Clinical Aspect. The examiners will attach importance to the results of original observation. Essays, by preference typewritten or printed, must be sent in not later than June 1st, 1905.

Mr. J. H. Parsons, M.B., B.S., of University College, London, has passed the D.Sc. examination for external students in the subject of Physiology.

UNIVERSITY OF EDINBURGH.

The following candidates have passed the First Professional Examination in the subjects undernoted:

Bolany.—J. Aitken, W. Bainbridge, A. Baldie, A. C. Barker, Christina H. Barr, W. Beggs, P. D. Cameron, G. Coats, G. C. Dalton, J. M. Deuchars, J. A. Duggan, F. P. Gibson, G. de C. Hugo, F. P. Hugo, H. Hutson, M. J. Johnston, A. W. Kendall, A. J. B. Leckie, G. H. Lowe, G. J. Luyt, B.A., R. M'Adoo, D. M'Carroll, A. K. Mac-lachlan, E. P. Maitland, N. Martin, W. M. Menzies, R. C. J. Meyer, B.A., J. E. Mitchell, F. L. Moore, C. C. Murray, A. A. W. Petrie, H. R. A. Philp, N. H. Prior, P. H. Salmond, E. D. Smith, W. A. Stewart, A. White, E. W. Wilbourne.

Zoology.—G. J. Adams, W. Bainbridge, A. C. Barker, F. V. N. Bruce, H. Burns, P. D. Cameron, J. T. Carson, G. Coats, J. M. Dalrymple, G. C. Dalton, F. Dillon, J. A. Duggan, W. G. Evans, J. P. Falvey, W. Fleming, W. T. Gardiner, K. N. Ghosh, A. B. Gordon, R. W. Housman, A. M. Hewat, St. G. M. L. Homan, A. E. Hockett, P. F. Hugo, W. P. S. Johnson, W. D. S. Johnston, R. O. Jollie, A. W. Kendall, H. R. Lawrence, A. R. Leggate, C. K. Lethem, C. L. Louw, H. B. Low, G. J. Luyt, D. M'Carroll, L. G. M'Cune, W. S. M'Cune, A. E. M'iver, J. C. Mackenzie, K. Mackenzie, D. Macnair, E. R. D. Macdonochie, W. J. Mayne, R. C. J. Meyer, T. S. Mitchell, I. A. Van Niekerk, R. J. E. Paterson, N. H. Prior, E. M. Reid, P. Roytowski, C. S. Sandeman, F. Shannon, J. T. Simson, E. W. Smerdon, E. E. Smith, W. A. Stewart, S. G. Tibbles, F. H. de Villiers, Dora M. Walker, F. K. te Water, W. H. te Water.

The following candidates have passed the Third Professional Examination for the degrees of M.B., Ch.B.:

T. Addis, F. Aitken, D. C. Alexander, J. C. D. Allan, A. C. Alport, A. G. Anderson, W. Anderson, G. S. Banks, D. M'F. Barker, J. M. Barkley, W. J. E. Bell, C. E. Blair, D. P. Blair, G. Blair, R. A. Blake, H. Brown, J. W. Cairns, T. F. Campbell, H. M. Cargin, Marjorie Duake Cohen, H. P. Cook, J. Craw, D. C. Crole, J. A. Cruickshank, A. B. Darling, T. Davidson, M.A., J. M. Dickson, H. A. Edwards, C. E. Elliott, F. E. Field, C. N. Finn, N. C. Forsyth, R. S. Frew, W. G. Fröhlich, Jessie H. Gellatly, W. Gemmill, Eleanor A. Gorrie, J. M. Grant, J. Green, C. Rose [Greenfield (with distinction)],

J. C. Grieve, J. A. Gunn, M.A., B.Sc.; G. Hadden, J. D. Harmer, Ada A. Hatchard, A. S. Hendrie, W. M. Hewitson, J. S. Hogg, J. R. Holgate, J. Ings, T. S. Jackson, J. P. S. Jamieson, J. H. H. Joubert, G. F. Joy, S. Kark, Ethel Landon, J. M. Lauder, J. Lindsay (E. Preston St.), W. L. Locke, J. MacDonald, P. M' Ewan, M.A. (with distinction), T. A. MacGibbon, J. D. McKelvie, K. W. Mackenzie, M. Mackinnon, A. C. M' Master, S. M' Naughton, C. M' Neal, M.A., N. N. G. C. M' Vean, S. E. Martin, E. S. Masstah, A. Matheson, D. M. Matheson, M.A.; A. I. Miller, O. M. Miryless, C. E. S. Mitchell, J. S. Mitchell, H. B. Morris, D. L. Morrison, R. E. Murray, A. W. Neill, G. P. Norman, A. J. R. O'Brien, A. C. Ollivier, D. H. Paul, H. E. Rawlence, C. Reece, A. E. C. Rees, B.A.; A. O. P. Reynolds, W. E. Reynolds, W. G. Robertson, M.A.; W. L. Robertson, J. Z. H. Rousseau, B.A. (with distinction); A. Sandison, W. M. Scott (with distinction), W. J. B. Selkirk, D. W. Sibbald, E. S. Simpson, O. Smith (with distinction), S. A. Smith, T. R. Smith, A. G. V. van Someren, A. B. Spence, J. R. Tannahill, J. A. R. Thompson, R. B. Thomson, Nettie B. Turnbull, E. Valenzia, A. N. J. Vizarat, Frances M. Wakefield, R. C. Walker, H. E. A. Washbourn, H. C. Weber, J. D. Wells, W. H. Welsh, P. P. Wernicke, Elsie B. Wilkie, H. C. Wilson, J. Young. The following candidates have passed in Pathology in the Third Professional Examination: G. Britto, N. S. Carmichael, F. W. Cragg, E. G. Deverell, M. G. Dill, H. F. Fenton, L. Gardner, E. G. Girdwood, H. S. A. Hogg, R. E. Moyes, E. B. Munro, R. H. Nolan, C. R. O'Brien, A. M. Pirvie, B.Sc., D. E. C. Pottinger, D. G. Reid, H. M. Sanzier, E. M. Simmers, J. T. Young.

J. A. Grierson has passed the Second Professional Examination for degrees in Medicine (old regulations).

UNIVERSITY OF GLASGOW.

The following have passed the First Professional Examination for the Degrees of Bachelor of Medicine (M.B.) and Bachelor of Surgery (Ch.B.) in the subjects indicated (B. Botany; Z. Zoology; P. Physics; C. Chemistry):—

A. Aitchison (Z), J. A. Aitken (P), W. Allen (C), D. Anderson (Z), W. Anderson (B), P. Archibald (Z), J. C. Auchincloss (B), Z. F., W. Barr (Z), F. Beatch (B), C. Bennett (Z), C. R. I. Binning (B), J. Blakely (Z), J. L. Boyd (Z), W. Brown, M.A. (B), W. B. Brownlie (Z), C. D. Y. Buchanan (Z), M. Buchanan (Z), H. M. Calder (P), J. Cameron (Z), J. Carrick (Z), D. J. Clark (Z), J. H. J. Coats (B), J. Cook (Partick) (Z), J. Cruickshank (Z), C. Dawson (P), J. C. Dick (B), W. H. Duncan (B), J. K. Dunlop (P), C. A. Dunsmuir (Z), T. L. Fleming (B), T. Forsyth (B), W. L. Forsyth (Z), J. Fotheringham (Z), B. Gale (C), D. Gibson (Z), W. Gilmour (Z), H. MacV. Gossman (B), P. A. T. A. Gourlay (B), P. C. O. Graham (P), T. E. Gray (Z), W. C. Gunn (P), J. S. Harbison (B), Z. F. C., S. J. Henry (Z), C. J. H. Hislop (Z), P. W. A. Hislop (P), C. A. Hogg (P), B. Hutchison (Z), C. A. M. Kennedy (Z), C. T. J. Kirk (Z), J. Lang (Z), W. Leitch (B), P. C. D. M'Archie (B), P. C. P. C. M'Arthur, M.A. (B), F. C. Macaulay (Z), H. M'Callum (Z), P. E. B. Macfarlane (P), A. M. Macdonald (Z), A. MacDougall (B), P. J. B. Mackay (B), P. C. W. M'Kendrick (P), C. F. W. Mackintosh (B), P. W. C. Mackie (Z), W. E. M'Lealand (C), J. W. M'Leod (Z), J. W. M. M'Millan (Z), P. C. J. MacMillan (B), P. R. M'Naught (Z), D. I. M'Naughtan (B), P. C. A. M'Pherson (Z), P. W. A. L. Marriott (Z), F. N. Marsh (Z), C. H. Matthews (C), K. C. Middlemiss (Z), C. T. Miller (Z), E. M. K. Morison, M.A. (B), Z. C. H. Morton (C), J. Muir (Z), P. C. R. C. Muir (P), W. A. Muir (Z), P. C. A. C. Munro (Z), C. A. A. Murison (P), C. S. M. K. Murison (B), C. A. Naismith (Z), P. Noble (Z), A. R. Paterson (Z), C. A. Patrick (B), Z. R. M. F. Pickard (Z), I. Purdie (Z), M. Purvis (Z), C. E. Quigley (Z), P. R. Rae (Z), N. M. N. Rankin (B), Z. T. D. C. Ross (B), P. G. W. Scott (P), C. A. Semple (B), P. W. A. Sewell (Z), C. J. B. Sim (Z), P. W. Stevenson (P), C. L. Storey (C), H. C. Storrie (Z), P. C. D. Taylor (Z), W. Telfer (P), G. J. A. Thomson (B), P. C. J. S. Thomson (Z), C. E. M. N. Walker (Z), C. W. S. Waterhouse (P), T. F. Watson (B), T. C. D. Watt (C), C. F. Williamson (Z), P. D. M. G. Wilson (Z), C. H. M. Wilson (B), P. C. W. A. Wilson (B), C.

Women.—M. M. Buchan (P), M. B. S. Darroch (B), Z. M. Foley (P), C. M. G. Forrest (B), P. C. J. W. Jones (P), C. A. M'Corrie (B), J. A. Macrae (Z), F. Morrison (P), J. P. Rose (B), Z. W. M. Ross (P), J. C. Russell (P), J. H. Stewart (P).

The following have passed the Second Professional Examination for the Degrees of Bachelor of Medicine (M.B.) and Bachelor of Surgery (Ch.B.) in the subjects indicated (A. Anatomy; P. Physiology; M. Materia Medica and Therapeutics):—

G. V. Anderson (A), J. M. Anderson (M), A. H. Arnott (P), J. Bain, M.A. (A), T. Barbour, B.Sc. (A), C. Burns (P), W. A. Campbell (A), P. M. D. L. Carmichael (P), H. H. Christie (A), P. M. D. Clark (M), J. S. Clark, M.A. (A), J. Coutts (A), P. M. A. D. Cowan (A), T. L. Craig (A), A. M. Crawford (A), P. M. W. B. Cunningham (A), H. W. Dempster (P), A. C. Douglas (M), R. J. Driscoll (M), J. Dunbar (A), E. M. Eaton (A), P. T. H. Forrest (M), J. W. Georgeson (P), W. Gilbert (A), P. M. W. Guthrie (A), A. H. Gray (A), J. I. Greig, M.A. (M), R. N. Guthrie (A), P. M. J. Hammond (A), P. W. T. Hardie (A), K. M. C. Hill (A), L. Hislop (M), D. G. Hunter, M.A. (M), H. S. Hutchison (M), A. E. Jones (A), M. P. J. Kelly (A), J. Keys (A), J. D. Kidd (A), P. R. W. Leckie (A), A. Leggat (A), A. McCall (P), J. M. Cartney (M), D. Macdonald (A), P. M. J. M'Farlane (A), P. M. J. H. M'Kay (A), P. M. J. T. C. Mackenzie (P), W. F. Mackenzie (A), P. M. W. Macleod (A), N. S. Macnaughtan (A), A. C. M'Neil (A), P. C. J. C. Macquarie (A), P. M. W. H. Manson, M.A. (M), R. Marshall (A), R. May (A), J. W. Miller (A), P. M. W. Miller (A), P. Mitchell, M.A. (A), P. H. W. Moir (A), P. M. J. P. J. O'Hare (A), J. Oswald (P), J. H. Paul (A), A. G. Paxton (P), J. Reid (M), F. G. Robertson (A), P. M. J. C. Russell, M.A. (M), W. J. Rutherford (A), P. M. A. C. Sharp (A), J. Sharp (A), P. M. J. C. D. Simpson (P), M. R. A. Slater (A), W. Smellie (A), P. T. A. B. Smith (A), P. M. J. Stevenson (A), P. J. Stevenson (A), P. T. A. B. Stewart (A), D. L. A. Tate (A), P. M. J. C. Thomson (A), P. M. M. Turnbull (P), A. MacM. Watson (A), J. K. Welsh (A), P. M. D. J. Williams (M), G. H. Wilson (A), P. M. J. Youdelevitz (A), J. Young (Mount Vernon), A.

Women.—J. M. Andrew (A), P. M. J. K. R. M.

Lucas (A), A. Picken, M.A. (A), P. M. J. H. R. L. Reid (A), M. J. V. D. Reis (P), M. B. Taylor (P), M.

R. S. M'Kin, M.A., has passed the Second Professional Examination in Anatomy and Physiology for the degrees of M.B. and C.M. under the old regulations.

The following have passed the Third Professional Examination for the Degrees of Bachelor of Medicine (M.B.) and Bachelor of Surgery (Ch.B.) in the subjects indicated (P. Pathology; M. Medical Jurisprudence and Public Health):—

G. A. Allan (P), W. S. Allan (P), M. A. Allison (P), M. A. W. Anderson (M), J. H. Baird, B.A. (P), H. Barr (P), G. D. M. Beaton (P), J. M. H. Caldwell (M), T. M. Campbell, M.A. (P), C. G. A. Chislett (M), R. W. Dale, M.A. (P), M. E. S. Dewar, M.A. (P), M. W. Duffy, M.A. (P), M. J. S. Dunn, M.A. (P), E. J. Dyke (P), M. H. W. Dyke (P), J. Fairley (P), M. H. P. Fairlie (P), M. A. B. Ferguson (P), G. G. Garry (M), J. Gemmell (P), J. Glaister (P), A. B. Graham, B.Sc. (P), M. W. Grier (P), C. F. D. Hammond (M), J. D. Hart (P), F. Hauxwell (P), J. W. Hay (P), M. J. R. V. Howell (M), A. Hunter (M), J. Hunter (P), W. B. Jack (P), M. G. N. Kirkwood (P), W. L. Kirkwood (P), M. G. H. Loga (P), M. J. Lowe, M.A., B.Sc. (P), M. J. B. M'Cauley (P), T. M'Cosha (P), W. G. Macdonald, M.A. (P), M. D. M' Ewan (P), H. A. Macewen (P), M. J. D. Macfie (P), J. Macintyre (M), R. MacKinnon (P), R. MacLeod (P), M. T. D. M' Murrick (P), H. MacNaught (P), P. Maguire (P), W. Main (P), J. Moffatt (P), M. S. Moore (P), M. H. J. Miligan (M), D. R. Mitchell (P), J. D. Nisbet (M), J. Pearson (P), H. S. Ranken (P), C. D. Rankin (P), T. H. Rankin (P), T. T. Rankin (P), J. M. Renton (P), A. Robertson (P), W. Rolland (P), C. Ross (P), J. M. Ross (P), A. C. Russell (P), E. L. A. Sieger (M), W. H. Sieger (P), J. A. Somerville (M), T. Strain (P), W. A. Stuart (P), M. J. Taylor (P), T. Thom (P), W. L. Walker, M.A. (P), A. MacM. Watson (M), G. Young (P).

Women.—B. S. Alexander (M), J. T. Clark (P), M. T. Gallagher (P), M. E. M. M'Vail (P), C. R. Park (M), M. Spence (M).

VICTORIA UNIVERSITY OF MANCHESTER.

The following candidates have passed the Second Examination in the Faculty of Medicine in the subjects undernoted:

Anatomy and Physiology.—C. B. Davies, Owens; D. Dougal, Owens; P. Ferguson, Owens; Jane A. Fleming, Owens; C. L. Franklin, Owens; S. H. Gandhi, Owens; P. C. Garrett, Owens; E. F. S. Green, Owens; J. T. B. Hall, Owens; D. W. Hardy, Yorks; C. Hibbert, Owens; H. T. Lamb, Owens; W. O. McKane, Yorks; R. H. Mercer, Owens; R. Nightingale, Owens; G. F. Porter, Owens; C. H. S. Redmond, Owens; W. H. Ross, Owens; F. K. Smethurst, Owens; W. W. Stacey, Owens; H. G. Ward, Owens; J. S. Webster, Owens; A. W. T. Whitworth, Owens; W. Wilson, Owens.

Materia Medica and Pharmacy.—T. G. Burnett, Owens; J. K. Hartley, Owens.

The following candidates have passed the Final Examination in the Faculty of Medicine as under:

Part I.—F. de Cunha, Owens; H. S. Dixon, Owens; J. Dixon, Yorks; R. G. Dixon, Yorks; H. Fearnley, Yorks; R. L. Ferguson, Owens; A. Gough, Yorks; H. S. Harling, Yorks; R. Haslam, Owens; W. B. Hill, Yorks; J. J. Hummel, Yorks; A. J. Landman, Yorks; G. C. Mort, Owens; C. N. Smith, Yorks; H. Spurway, Owens; D. Wardleworth, Owens; F. Whalley, Yorks; F. W. B. Young, Yorks.

Part II.—P. W. Ashmore, Yorks; J. Battersby, Owens; J. W. Hartley, Owens; F. W. Hayes, Yorks; S. L. Heald, Yorks; W. G. Kinton, Owens; W. Y. Martin, Owens; S. Murray, Owens; S. H. Ryan, Owens; B. Suggitt, Yorks.

ST. ANDREWS UNIVERSITY.

HONORARY DEGREES.

At the annual ceremonial of graduation, held on March 29th, the degree of LL.D. was conferred (*honoris causa*) on Sir Charles Gage Brown, K.C.M.G., M.D.

ROYAL COLLEGE OF SURGEONS OF EDINBURGH.

Fellowship Examination.—The following gentlemen, having passed the necessary examinations, have been admitted Fellows of the College: J. E. H. Bennet, M.B., C.M., A. W. S. Christie, M.B., Ch.B., O. Gilmore, L.R.C.S.E., H. E. A. Jackson, M.R.C.S.Eng., L.R.C.P.Lond., A. D. E. Kennard, M.R.C.S.Eng., L.R.C.P.Lond., W. Lloyd, L.R.C.S.E., M. B. Scott, M.R.C.S.Eng., L.R.C.P.Lond., and H. M. Traquair, M.B., Ch.B., Dr. D. J. Cunningham, Professor of Anatomy in the University of Edinburgh, was also elected a Fellow of the College without examination.

Bathgate Memorial Prize.—The medal and sets of books forming this prize, presented to the College by Colonel William Bathgate in memory of his late father, William M'Phune Bathgate, Fellow of the College, has been awarded to Miss Helen Meldrum M'Millan, 1, Flugal Place, Edinburgh, for the highest marks obtained in competitive examination in materia medica and therapeutics.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

The New Provost of Trinity College.—At a meeting of the President, Vice-President, and Council, held on Thursday, March 24th, the following resolution was passed unanimously: "That the President, Vice-President, and Council express their gratification at the appointment, for the first time, of a medical man to the office of Provost of Trinity College, and congratulate Dr. Anthony Traill on his appointment to that distinguished position."

The following is the Prize List for the Winter Session 1903-4.

Descriptive Anatomy.—Junior: D. P. Clement, first prize (£2) and medal; G. S. Levis, second prize (£1) and certificate. Senior: D. Adams, first prize (£2) and medal; P. G. M. Elvery, second prize (£1) and certificate.

Practical Anatomy.—First Year: G. S. Levis, first prize (£2) and medal; D. P. Clement, second prize (£1) and certificate. Second Year: P. G. M. Elvery, first prize (£2) and medal; T. A. Buchanan, second prize (£1) and certificate.

Practice of Medicine.—R. Bury, first prize (£2) and medal; P. D. Sullivan, second prize (£1) and certificate.

Surgery.—J. S. Dunne, first prize (£2) and medal; R. Bury and Lyburn, equal second prize (£1) and certificate.

Midwifery.—J. S. Dunne, first prize (£2) and medal; P. D. Sullivan, second prize (£1) and certificate.

Physiology.—D. Adams, first prize (£2) and medal; T. Sheehy, second prize (£1) and certificate.
Chemistry.—D. P. Clement, first prize (£2) and medal; A. E. S. Martin, second prize (£1) and certificate.
Pathology.—L. Lucas, first prize (£2) and medal; P. D. Sullivan, second prize (£1) and certificate.
Physics.—A. E. S. Martin, first prize (£2) and medal; W. G. Ridgway, second prize (£1) and certificate.

MEDICAL VACANCIES AND APPOINTMENTS.

VACANCIES.

This list of vacancies is compiled from our advertisement columns, where full particulars will be found. To ensure notice in this column advertisements must be received not later than the first post on Wednesday morning.

WURY INFIRMARY.—Senior House-Surgeon; resident. Salary, £110 per annum.
DUBLIN: RICHMOND, WHITWORTH, AND HARDWICKE HOSPITALS.—Anaesthetist.
EAST LONDON HOSPITAL FOR CHILDREN, Shadwell.—Assistant Physician.
GREAT YARMOUTH HOSPITAL.—House-Surgeon, resident. Salary, £90 per annum.
LEEDS: HOSPITAL FOR WOMEN AND CHILDREN.—Resident House-Surgeon. Salary at the rate of £80 per annum.
LINCOLN INFIRMARY.—Clinical Assistant; resident. Honorarium, £16 10s. for six months.
MAIDSTONE: WEST KENT GENERAL HOSPITAL.—House-Surgeon, resident. Salary, £120 per annum.
MARGATE: ROYAL SEA-BATHING HOSPITAL.—Resident Surgeon to act as a Junior and then Senior. Salary at the rate of £80 and £120 per annum respectively.
MARGARET STREET HOSPITAL FOR CONSUMPTION, ETC., W.—Assistant Physician.
MIDDLESEX HOSPITAL.—First, Second, and third Assistants to the Director of the Cancer Research Laboratories. Salaries, £200, £150, and £100 per annum respectively.
PLAISTOW ST. MARY'S HOSPITAL FOR SICK CHILDREN.—Assistant Medical Officer. Salary at the rate of £90 per annum.
PRESTON ROYAL INFIRMARY.—Assistant House-Surgeon, resident. Salary, £60 per annum.
ROYAL FREE HOSPITAL, Gray's Inn Road, W.C.—(1) Resident House-Physician. (2) Resident House-Physician. (3) House-Physician. (4) Casualty House Surgeon.
SOCIETY OF APOTHECARIES, Blackfriars, E.C.—Examiner in Surgery.
ST. BARTHOLOMEW'S HOSPITAL.—Assistant Physician.

APPOINTMENTS.

BARNES, C. J., L.S.A., District Medical Officer of the Chippenham Union.
BROWN, H. Reynolds, M.D., C.M. Edin., Medical Officer for the All Saints District of Maldon, and Public Vaccinator for the Purleigh District of the Maldon Union.
CONWAY, J. P., L.R.C.P. and S. Edin., L.F.P.S. Glasg., Medical Officer for No. 3 District of the Greenock Union.
GREFFITH, W. S., M.B., C.M. Edin., Certifying Factory Surgeon for the Milford Haven District, Pembroke.
HARVEY, J. H., M.R.C.S., L.R.C.P., District Medical Officer of the Weymouth Union.
HIGGINS, L. W., M.B., C.M. Edin., District Medical Officer of the Uxbridge Union.
JEFFRIES, James, L.R.C.P. and S. Edin., L.F.P.S. Glasg., Certifying Factory Surgeon for the Kegworth District, Leicestershire.
LINTON, Edward, L.R.C.P. and S. Edin., L.F.P.S. Glasg., Government Medical Officer and Vaccinator at Wellington, N.S.W., vice C. D. H. Rygate, M.R.C.S., L.R.C.P.
MUSCRO, Allen, M.B. Syd., Government Medical Officer and Vaccinator at Emmaville, N.S.W., vice Dr. F. O. Shaw, resigned.
NORMAN, L. S., M.B., C.M. Edin., District Medical Officer of the South Shields Union.
SEVILL, C. F., M.B. Lond., District Medical Officer of the Hunslet Union.
STUMBLE, H. W., M.B. Ch.B. Edin., Certifying Factory Surgeon for the Ambie District, Northumberland.
THOMAS, John Lewis, M.R.C.S. Eng., L.S.A., Medical Officer of Health to the Brynmawr Urban District Council, vice D. Nyhan, L.R.C.P. and S. Edin., L.F.P.S. Glasg., deceased.
WALKER, J. R. Hall, M.D., C.M. Edin., Medical Officer to the Workhouse of the Risbridge Union at Kington.
WILLIAMS, D. J., M.R.C.S., L.R.C.P. Lond., Chief Resident Medical Officer at the Kingston Asylum, Jamaica.
WORSLEY, E. Le Geyt, M.R.C.S., L.R.C.P. Lond., L.S.A., Deputy Medical Officer, H.M. Prison, Manchester.
YOUNG, C. W. F., M.D. Lond., D.P.H. Camb., Medical Officer for the Middlesex County Council.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 5s. 6d., which sum should be forwarded in post-office orders or stamps with the notice not later than Wednesday morning, in order to ensure insertion in the current issue.

BIRTHS.

ATKINS.—On April 3rd, Easter Sunday, at 13, Booth Street, Handsworth, Birmingham, the wife of J. F. Atkins, M.B., Ch.B., M.R.C.S. Eng., L.R.C.P. Lond., of a son.
BARTON.—On March 30th, at 17, Redcliffe Gardens, South Kensington, the wife of Charles N. Barton, L.R.C.P. Lond., M.R.C.S. Eng., L.S.A. Lond., of a daughter. Colonial papers please copy.
BLICK.—On February 19th, the wife of Graham Blick, M.R.C.S., J.P., Broome, Western Australia, of a daughter.
LOCKYER.—Mrs. Lockyer, wife of Cuthbert Lockyer, M.D., B.S., M.R.C.P., F.R.C.S., of 117A, Harley Street, of a son.
ROBERTS.—On Wednesday, March 26th, at South Eaton Place, S.W., the wife of Edward A. Roberts, M.D., of a daughter.

MARRIAGES.

BLAIRIE-ALEXANDER.—At Union Church, Hong Kong, on the 5th inst., by the Rev. C. H. Hickling, assisted by the Rev. J. Campbell Gibson, D.D., Swatow, the Rev. George Blairie, M.A., B.P. Mission, Chaochow, to Tina McCulloch Alexander, Esq., Ch.B., B.P. Mission, Swatow, youngest daughter of the late John Alexander, Esq., Free Church Office, Edinburgh.
WILSON-BISSET.—At Christ Church, Morningside, Edinburgh, on April 5th, by the Rev. C. M. Black, M.A., James Wilson, M.B., Ch.B. Aberd., Felling-on-Tyne, eldest son of the Rev. James Wilson, B.D., Gardentown, Banff, N.B., to Kate, youngest daughter of the late William Bisset, Aberdeen.
WOOD-BROOKER.—On March 26th, at St. George's Church, Bloomsbury, by the Rev. R. B. Tolinton, M.A., Thomas Jason Wood, M.D., M.R.C.S., L.R.C.P., Surgeon, Bradford Royal Infirmary, to Edith Isabel, second daughter of the late James W. Brooker, Esq., of Sevenoaks, Kent.

DEATH.

ARWISON.—On April 4th, at Allendale Town, Northumberland, George Arwison, M.R.C.S., etc., aged 73 years.

DIARY FOR NEXT WEEK.

MONDAY.

Medical Society of London, 11, Chandos Street, Cavendish Square, W. 8.30 p.m.—Clinical cases.

TUESDAY.

Royal Medical and Chirurgical Society, 50, Hanover Square, W. 8.30 p.m.—Dr. Holland Cotton will show (for discussion) a case of supposed Cancer of the Rectum, for which colotomy was performed. Dr. W. Aldren Turner: The Mental Condition in Epilepsy in relation to Prognosis. Mr. A. W. Mayo Robson: Peptic Ulcer of the Jejunum.

Royal College of Physicians of London, 5 p.m.—Dr. George Oliver: On Recent Studies on the Tissue Lymph Circulation (Oliver-Sharpey Lecture I).

WEDNESDAY.

Dermatological Society of London, 11, Chandos Street, Cavendish Square, W. 5.15 p.m.—Demonstration of Cases of Interest.
South-West London Medical Society, Bellingbroke Hospital, Wandsworth Common, S.W. 8.45 p.m.—Clinical evening.

THURSDAY.

Royal College of Physicians of London, 5 p.m.—Dr. George Oliver: On Recent studies on the Tissue Lymph Circulation (Oliver-Sharpey Lecture II).

FRIDAY.

Society for the Study of Disease in Children, 11, Chandos Street, Cavendish Square, W. 5.30 p.m.—Cases will be shown by Drs. H. Ashby, Hawthorne, James Taylor, Morrison, Anderson Smith, and Farquhar Buzzard, and Messrs. Sydney Stephenson and Pernet. Papers by Mr. Leonard Bidwell, Dr. George Carpenter, and Mr. R. O. Dun.

LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

COMMUNICATIONS respecting Editorial matters should be addressed to the Editor, 2, Agar Street, Strand, W.C. London; those concerning business matters, advertisements, non-delivery of the JOURNAL, etc., should be addressed to the Manager, at the Office, 429, Strand, W.C. London.

ORIGINAL ARTICLES and LETTERS forwarded for publication are understood to be offered to the BRITISH MEDICAL JOURNAL alone, unless the contrary be stated.

AUTHORS desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL are requested to communicate with the Manager, 429, Strand, W.C., on receipt of proof.

CORRESPONDENTS who wish notice to be taken of their communications should authenticate them with their names—of course not necessarily for publication.

CORRESPONDENTS not answered are requested to look at the Notices to Correspondents of the following week.

MANUSCRIPTS FORWARDED TO THE OFFICE OF THIS JOURNAL CANNOT UNDER ANY CIRCUMSTANCES BE RETURNED.

In order to avoid delay, it is particularly requested that ALL letters on the editorial business of the JOURNAL be addressed to the Editor at the Office of the JOURNAL, and not at his private house.

TELEGRAPHIC ADDRESS.—The telegraphic address of the EDITOR of the BRITISH MEDICAL JOURNAL is *Artibology, London*. The telegraphic address of the MANAGER of the BRITISH MEDICAL JOURNAL is *Artibology, London*.

TELEPHONE (National):—
 EDITOR, 2631, Gerrard. GENERAL SECRETARY AND MANAGER, 2630, Gerrard.

QUERIES.

JUNIS asks for recent literature on sea-sickness on long ocean voyages, containing up-to-date theories as to causation and methods of treatment, particularly in the case of delicate females.

PRESERVATION OF RUBBER INSTRUMENTS.

INELASTIC asks for advice for the preservation of rubber instruments, such as black rubber douche tubing, icebags, rubber parts of gas (nitrous oxide) apparatus. He finds that in time the rubber loses its elasticity, becomes brittle, cracks, and perishes; soaking in warm water restores the rubber a little, but in time this fails.

ANSWERS.

THE ACCUMULATION OF CERUMEN.

IN answer to a query from "M.D." (BRITISH MEDICAL JOURNAL, March 26th, p. 762) G. P. writes that in the course of thirty years he has frequently met with this trouble, which he attributes to subacute otitis. There is more or less pain during its removal by syringing and a raw surface is left. Instillation of glycerine or of a solution of sodium carbonate softens the wax. But for habitual use by the patient almond oil should be employed, the ears being gently syringed twice a week at night with the smallest-sized urethral syringe, and precautions taken against catching cold in the ears. An occasional blister behind the ear is useful, especially if any pain is present.

FRENKEL'S TREATMENT OF ATAXIA.

L.R.C.P. asks for the address of a sanatorium at home or abroad at which Frenkel's treatment of tabetic ataxia is carried out.

* * We do not know of any place in England where this method of treatment is habitually pursued, but it is one for which arrangements could readily be made anywhere. The treatment can be obtained at Heiden, in Switzerland, where Frenkel started it; similar methods are in use at Oeynhausen in Germany, and, we believe, at Lamalou in France.

TREATMENT OF OBSTINATE SCABIES.

DR. ARTHUR EMLYN (Brae, Shetland), who states that scabies is very common among Shetlanders, writes as follows in answer to a question by "F. Q.": I have found 12al 4 fl.oz., glycerine 2 fl.oz., water 2 fl.oz., cure when all other means had failed. The lotion should be rubbed well into the skin night and morning. Every night the patient should have a good hot wash all over, using plenty of soap. Every third day the sheets, pillowcases, nightdresses, towels, underclothes, stockings, everything that touches the skin, should be changed. Even the gloves worn should be cotton or woollen, which can be put into boiling water once a week. All kid gloves at present in patient's possession should be burned. Women should wear long-sleeved spencers or combinations, otherwise they are apt to reinfest their arms from their blouse sleeves.