

membranes. In infancy bronchitis and gastro-enteritis are frequent and severe, quite apart from infectious diseases, while after the second year severe bronchitis is a comparative rarity except in association with them, and severe gastro-enteritis, as a chronic condition, absolutely uncommon. It is probably correct to say, therefore, that catarrhal lesions of whatever origin are the real pioneers of tuberculosis in early life at all events, and that the power of measles and whooping-cough to determine the disease is limited by the gravity of the catarrhal lesions they produce.

PRIMARY ABDOMINAL TUBERCULOSIS.

There is a great divergence in the figures recorded by various observers as to the frequency of this variety of tuberculosis, even in this country. For instance, three observers in London record percentages ranging from 15 (Batten) to 23.4 (Still); and Price Jones, dealing with smaller figures, gives a percentage of 28.5. Considering that Still and Batten based their conclusions on cases inspected at the same hospital—Great Ormond Street—it can only be assumed that evidence of primary incidence in the abdomen satisfactory to the former was rejected by the latter. I have attempted accuracy of fact at the expense of numbers (and therefore at the expense of accuracy of inference) and submit my own experience in a series of 138 complete autopsies made at the East London Hospital for Children. A systematic search was made in all cases for evidence of tuberculosis, active or obsolete, in the bronchial and mesenteric glands, and all cases where reasonable doubt existed as to the priority of lesions have been classed as "doubtful." It may therefore be safely said that the frequency of primary abdominal infection in the series in question is not over-estimated, though it may fall short of the truth.

Among the 138 bodies there existed signs of tuberculosis—active or obsolete—in 43. The primary lesions were distributed as follows:

Primary in bronchial glands or lung	... 22 or 51.0 per cent.
Primary in intestines or mesenteric glands	9 or 20.9 "
Primary in petrous bone	... 1
Doubtful	... 11 or 25.0 "

The figures are, of course, far too small for large assumptions, but it seems fair to say that primary abdominal infection is not the rarity it is often considered.

CONCLUSIONS.

1. That among the children of the poor in London tuberculosis is absolutely most fatal during the first two years of life, but, relatively to all other causes of death, becomes progressively more fatal until the fourth year.
2. That there is no specific relationship between measles and whooping-cough on the one hand, and tuberculosis on the other.
3. That catarrhal lesions of mucous membranes are the paramount predisposing causes of tuberculosis in early life, and that measles and whooping-cough are potent in this regard only through the catarrhs accompanying them.
4. That about 50 per cent. of children dying of tuberculosis in childhood have had neither measles nor whooping-cough.
5. That while the infection of tuberculosis in childhood is mostly airborne, primary infection of the abdomen is by no means a rarity.

MEMORANDA:

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

A CASE OF ILEO-COLITIS IN A CHILD SIMULATING ACUTE INTUSSUSCEPTION.

On the morning of August 15th, 1904, I was called into the country to see a little girl of 5 years who the evening before whilst at play had been seized with sudden pain in the abdomen, with sickness. She had continued vomiting during the night, and had passed several loose motions, at first faecal in character, and later consisting of pure blood, or blood and mucus; there was much straining; the temperature was 103° F. and the pulse 130; the tongue was coated, but moist; the abdomen was slightly tender all over, but the tenderness was most marked in the right hypogastric, lumbar and inguinal regions. There was no dullness and little distension; the vomit consisted mainly of food and bile.

On August 16th, 1904, there was marked dullness in the three right regions and considerable tenderness, but no swelling; the motions continued to consist of pure blood and

blood and mucus, and sometimes mixed with the smallest amount of excrement. Rectal examination revealed tenderness in the right inguinal region.

On August 17th, 1904, the temperature became subnormal, and the child was slightly collapsed. The sickness had stopped, but the motions still consisted of blood and blood and mucus.

On August 17th and onwards the motions became more faecal, although mixed with blood, until they at last became normal; the dullness cleared from the right half of the abdomen, and the child quickly recovered. The case was at first sight suggestive of acute appendicitis; but later on the appearance of stools of pure blood and blood and mucus, along with the marked dullness in the regions on the right side of abdomen led one to think of an acute intussusception or ileo-colitis. The ultimate progress of the case proved it to be the latter.

In the *Diseases of Children*, by Ashby and Wright, a somewhat similar case is reported, which was operated on for intussusception.

Knutsford, Cheshire. FORBES JAS. ALEXANDER, M.B., M.S.

SUBCUTANEOUS EMPHYSEMA IN A CASE OF SPASMODIC ASTHMA.

MR. E. M. B., aged 25, has suffered since early boyhood from periodical attacks of asthma. During the recent cold and foggy weather he attended a public dinner, and on the following day a severe attack began. On the second day of this attack he complained of a swelling of the front and sides of the neck, and on palpation I detected the crackling of subcutaneous emphysema. The emphysematous condition gradually extended up the face till it reached the lower part of the forehead, while the face and neck assumed a distinctly bloated appearance. The emphysema also extended down both arms as far as the wrists, covered the front of the thorax, and extended down the back as far as the upper border of the sacrum. The attack was severe. It was treated by injections of morphine and hourly 5-minim doses of the ethereal tincture of lobelia. The latter drug gave considerable relief, and the attack terminated by the free expectoration of intensely purulent sputa, containing numerous pyococci but no tubercle bacilli. The emphysema disappeared gradually after the dyspnoea had been relieved. The complication had not been observed in any of his former attacks. There are no symptoms or signs of phthisis, and the general health is good between the asthmatic seizures.

Bath.

C. J. WHITEBY, M.D.

THE TWISTING OF THE FUNIS.

I SEE Mr. N. B. Harman writes, in the *BRITISH MEDICAL JOURNAL* of January 7th, p. 15, "The production of the coiling of the vessels of the funis has been the subject of unavailing discussion amongst obstetricians for generations." Some time ago I convinced myself that this twisting is mainly due to the side upon which the mother sleeps. My method was this: Before the child was born I asked the mother upon which side (right or left) she slept at night, and wrote down her reply; when the child was born I also noted whether the cord was twisted "like a screw" or "unlike a screw." This was to avoid the confusing ambiguity of the phrase "twisted to the right." In the result, I find that of fifteen consecutive cases so recorded, eight mothers replied that they always "slept on the right side," and every one of their children had its cord twisted "unlike a screw." Three mothers replied that they slept on either side, not more on one side than the other; of their three children, two had their cords not twisted at all, and one had its cord slightly twisted unlike a screw. Four mothers said that they always slept on the left side, and their children each had its cord twisted "like a screw" except one, in which the record says it was twisted "to the right," and as this is specially underlined I believe it is meant to record a failure.

Any one can repeat this observation. The explanation seems to be that while the fetus is floating freely in plenty of fluid, the mother getting into bed lies on her back and then turns on to one side; thus the child's head first falls towards the back and then towards the side, thus starting a twist which is repeated each night. Otherwise expressed, if the mother revolves herself the floating babe does not revolve, and therefore gets its cord twisted. I have wondered if the child is not injured sometimes in this way.

Croydon.

T. ARCHIBALD DUKES.

SATINWOODS AND DERMATITIS.

IN the BRITISH MEDICAL JOURNAL of June 25th last, there was a very interesting paper by Mr. H. E. Jones, M.B., C.M., on Acute Dermatitis produced by Satinwood Irritation. As there are two kinds of satinwood in use in Great Britain, it seems desirable to point out which of these is the dangerous variety. They come from different parts of the tropics, and, although very much alike in appearance, do not seem to have any botanical affinity. The satinwood with which I am most familiar is derived from the deciduous tree *Chloroxylon swietenia*, which grows in Southern and Central India and in Ceylon. It has an astringent bark, which is prescribed by native physicians, and yields a yellow gum soluble in water; the mucilage has a peculiar odour, resembling that of fusel oil. The wood is close-grained, hard and yellowish-brown in colour, and when polished shows a rich satiny lustre. It contains a yellow pigment and a wood oil. It has been used from time immemorial in Southern India for making ploughs, oil mills, and carts, and more recently for cabinet work, coach-building, and making naves of gun-carriage wheels. In the earlier years of my Indian service I was for a time stationed near the western forests of Mysore, and while there devoted considerable attention to the useful trees, and published in 1862 a small *Manual of the Timber Trees of India*. While collecting materials for this brochure, much information was got from native carpenters, timber contractors, etc., but not one of these attributed any harmful properties to satinwood.

It may also be mentioned, that modern works on the timbers and other economic products of India make no allusion to noxious qualities existing in satinwood. It can therefore be confidently asserted that the East Indian timber is harmless, and as a matter of fact very little of it is now taken to Europe, as the other variety, which chiefly comes from Porto Rico and San Domingo, is more plentiful and cheaper. The botanical source of the latter is not accurately known, but it is supposed by some authorities to belong to the Ebenaceae, a statement which seems doubtful, as none of the members of that family appears to possess acrid or irritant qualities. In some species the bark of the Ebenaceae is astringent, and a few yield edible fruits, of which the persimmon is an example. Like the East Indian variety, the West Indian timber contains an oil, and it seems probable that this constituent of it is the offending element. Be this as it may, if further experience shows that West Indian satinwood is often hurtful to workmen, it would seem desirable to discard it and use the other variety, which is just as good for artistic purposes, and harmless to the artificer.

Barmore, N.B.

G. BIDIE, M.B., C.I.E., and K.H.S.,
Surgeon-General.INTRANASAL IRRITATION CAUSING
ACNE ROSACEA.

LOOKING over the articles in the many textbooks of skin diseases on the causation of acne rosacea (the condition popularly known as "grog blossoms" and "red nose"), I am struck by the absence of mention of nasal disease. The causes given are:

Disturbance of the digestive apparatus due to improper food or improperly-cooked food; excessive indulgence in alcoholic drinks, tea, coffee, tobacco, etc.; feeble circulation; functional or uterine disturbance; gout; exposure to sudden changes of temperature; cosmetics containing irritant substances, as in "make up" employed by actors and actresses.

During the past year I have had the good fortune to treat a number of cases of this disease with excellent results after intranasal operations. In the majority of my cases pressure on the septum by polypi and enlarged anterior ends of middle turbinates have been the cause; others suffered from hypertrophic rhinitis accompanied with a good deal of mucus, and the constant swallowing of this causes the indigestion complained of. There was no history of alcoholism, which many are inclined to believe to be the sole cause of the malady. In one case (an actor) the patient was told by a medical man that he would never obtain relief whilst he used cosmetics. Improvement not only in the condition of the nose but in the face generally is noticed in some cases within a week after the operation, more especially if the source of irritation has been completely removed. All my patients were under 40 years of age. The additional after-treatment consists in treating the possible etiologic factors mentioned.

WILLIAM LLOYD, F.R.C.S.,
Surgeon, Nose, Ear, and Throat Dispensary, St. Pancras
and Northern Dispensary, etc.

THE PROLONGED USE OF SIMPLE ENEMATA.

It is inadvisable to use warm evacuant enemata habitually, lest a torpid condition of the intestine ensue, and so ultimately the constipation becomes worse.¹

THE above admirable sentence—the only one I have been able to find to the purpose—seems worthy of emphasis and comment, and may easily save many medical men from discredit and many patients from distress.

In long and debilitating illnesses, where the patient is confined to bed—for example, in the last three or six months of phthisis—there is commonly a tendency to constipation, due mainly to atony of the gut. This symptom is often met by the use of simple enemata twice or three times a week. After a few weeks "no result" is a common report, and the enema is repeated, with the addition of a little castor oil or glycerine, a "fair result" being subsequently reported. At last—say in five or six weeks—the enemata fail to act altogether, and the patient and friends do not conceal their discontent and anxiety. The doctor may very possibly fail to treat the symptom quite to his own satisfaction, for by this time the obstruction has become serious, and the patient's strength is much reduced. My strong opinion is that Dr. Ringer's advice ought to be heeded.

When the enemata are first used, the lower bowel, new to such disturbance, is stimulated and responds with ready contraction; moreover, owing to the fact that there is great sympathy of one part with another along the whole of the alimentary canal, there is certainly some reasonable response from the gut far above the parts actually reached by the enema. Thus, during the earlier days of the administration of the enemata, not only is the faecal accumulation of the lower gut removed, but also the peristalsis of a further long stretch of gut moves the canal's contents forward. But very soon toleration is progressively established in the lower gut, and, sympathizing with the condition of the lower gut, the upper parts perform less and less peristalsis. Thus in a few weeks the enema ceases to stimulate, and scybalae, accumulating in the colon, form at last an effectual obstacle to defaecation. The medical attendant is now confronted with a weak patient, a tolerant rectum, and a colon plugged with scybalae. I have twice had to face such a situation. The first time—pursuing what I now consider to be a second-rate plan—I gave an ounce of castor oil by the mouth, ordering another half ounce if the bowels were not moved in twelve hours. The single dose removed the obstruction satisfactorily. But on the second occasion I used a first-rate plan, gentler, safer, and more scientific. I ordered an enema of 10 oz. of warm olive oil to be administered at nightfall and retained if possible till morning. The patient was too weak to retain it perfectly; but a mackintosh sheet was placed under the proper portion of the bed sheet, and enough was retained. A simple enema next morning brought away all the loosened obstruction; and I recommend the method with the greatest confidence. Both my patients were thenceforth free from enemata; an occasional saline aperient given by the mouth sufficed for the remaining few weeks of their lives.

Finally, I object to the use of enemata as habitual aperients. Broadly speaking, a simple enema is good for two purposes only: First, to remove from below a faecal plug that cannot easily be removed by pressure from above; secondly, to remove faeces quickly, where time is an important consideration—for instance, in cerebral haemorrhage. With these exceptions I consider that constipation should always be relieved medicinally by doses given orally. Once look upon the simple enema as a common aperient and you are on the way to form, gradually and cumulatively, in your bed-ridden patients, a scybalous obstruction. To prevent such an obstruction is better work than to cause and cure one.

CHARLES GASKELL HIGGINSON, L.R.C.P.

Birmingham.

¹ Ringer and Sainsbury's *Handbook of Therapeutics*, 13th edition, pp. 98-9. (Lewis)

THE Saxon Snell Prize, founded to encourage improvements in the construction or adaptation of sanitary appliances, is awarded by the Council of the Royal Sanitary Institute at intervals of three years, the funds being provided by a legacy bequeathed to the Institute for this purpose by the late Henry Saxon Snell, F.R.I.B.A. The first prize, which will consist of £50 and a medal of the Institute, is offered in the year 1905 for an essay on domestic sanitary appliances, with suggestions for their improvement.

MEDICAL NEWS.

THE Middlesex Hospital has received £500 from Mrs. Pearson, through Mr. A. Pearce Gould, for the purpose of continuing the work of research into the cause and cure of cancer.

LECTURES FOR SANITARY OFFICERS.—The thirty-ninth course of lectures and demonstrations held by the Royal Sanitary Institute will commence on Monday, February 13th. Full particulars can be obtained on application to the Secretary, 72, Margaret Street, London, W.

PRESENTATION.—Dr. T. J. Jefferson, J.P., of Market Weighton, was on December 20th, 1904, presented, before a large and representative gathering, with an illuminated address by the members of the Loyal Maxwell Lodge of Oddfellows (Market Weighton and Newbald) as a mark of respect and esteem, and an expression of the gratitude of the members for the kindness Dr. Jefferson has shown them during the forty years he has been medical officer of the society.

A MEETING, under the auspices of the Rural Midwives' Association, will be held, by kind permission of Mrs. Murray, at 50, Albemarle Street, W., on Wednesday, January 25th, at 2.30 o'clock, to consider the best means of carrying out the Midwives Act in rural districts. The questions of supervision, inspection, the best type of midwife, the financial aspect, and various difficulties will be fully discussed. Any one practically interested in the subject who desires invitations is requested to communicate with the Secretary, The Rural Midwives' Association, 47, Victoria Street, S.W.

INTERNATIONAL CONGRESS OF VETERINARY MEDICINE.—The eighth meeting of the International Congress of Veterinary Medicine is to be held this year at Buda-Pesth. It will comprise three sections: (1) Veterinary Sanitary Police; (2) Biology; (3) Pathology. Among the questions to be dealt with in the first of these are the prophylaxis of domestic animals against tuberculosis, and in particular the anti-tuberculous vaccination of bovine animals, and the prevention and extinction of rabies. In the Section of Biology the question of dairy hygiene and the prevention of milk contamination will be discussed. The milk question, especially in its bearing on the dissemination of tuberculosis, will also be debated in the Section of Pathology. Among other questions on the programme of this section are the relations of human to bovine, avian, canine, and other animal forms of tuberculosis; cancer in domestic animals, the tropical diseases of domestic animals, the part played by protozoa in diseases of animals; the toxic substances produced by the parasites of animals; the most recent experiments as to the transmission of diseases from animals to man.

TUBERCULIN.—In the *Pharmaceutical Journal* of December 24th, 1904, Mr. F. W. Gamble draws attention to some confusion between the different tuberculins of Koch which might lead to unfortunate results. The dose of the old tuberculin, now used almost exclusively for diagnostic purposes, is reckoned in cubic centimetres of the concentrated liquid, whilst that of the new tuberculin, or tuberculin T.R., is estimated in milligrams of solid substance. According to Mr. Gamble these different tuberculins have been confused in certain well-known publications, with the result that the properties of one are attributed to the other, and the directions for use might lead to the injection of ten or even one hundred times the required dose. Although the use of tuberculin, both for diagnostic purposes and in the treatment of tuberculosis, is not so general in this country as in some parts of the Continent, both varieties are sufficiently often employed to make such confusion as Mr. Gamble describes a matter of importance. We must refer inquirers to the columns of the *Pharmaceutical Journal* for the references given in support of Mr. Gamble's thesis, and if he is correct in his conclusions it is to be hoped that steps will be taken to correct any inaccuracies which might lead to undesirable effects.

THE SANITARY STATE OF CUBA.—Reports have for some time been current that yellow fever, which was suppressed in Cuba while the island was under American administration, was once more gaining a foothold, and this was attributed to laxity on the part of the Cuban Government in enforcing sanitary regulations. In view of these reports Senor

Quesada, the Cuban Minister at Washington, has issued a statement in which he says that there has been no epidemic of quarantinable diseases. He adds that yellow fever, small-pox, cholera, and the plague have not developed in Cuba since the proclamation of the Republic. Neither of the two cases of yellow fever which occurred at Punta de Sol in October and November has disseminated the disease. He states that the rate of mortality in the island has steadily decreased since the establishment of the Republic, and now compares favourably with the best results in the United States and in Europe. He admits that, owing to the financial disabilities of certain municipalities, caused by the recent war, and up to this year by the low prices obtained by Cuban staple products, they have been unable to do as much as they would like for water supply, street cleaning, pavements, and sewers, but he affirms that this has not caused yellow fever.

MEDICAL SICKNESS AND ACCIDENT SOCIETY.—The usual monthly meeting of the Executive Committee of the Medical Sickness, Annuity, and Life Assurance Society was held at 429, Strand, London, W.C., on December 30th, 1904, Dr. de Havilland Hall in the chair. The accounts presented showed a considerable increase in the number and amount of the sickness claims. The amount paid away during the winter months is greater than that disbursed in the warmer weather, but claims are now being received from members suffering from influenza, which are numerous, though of short duration. At the last general meeting it was resolved that all members of the Society who reach the age of 65 in sickness benefit should receive a cash bonus of 10 guineas in respect of every 1 guinea of weekly sickness benefit which they had secured. A statement was produced to the Committee showing that these bonuses had been paid to all the members so far entitled to them, nearly £1,000 having been disbursed in this manner. The usual amount of the bonus is £42, and to many of the recipients the cheque for this amount came as an agreeable surprise. It is paid to them at the time when, through their having attained the limit of age allowed by the rules, they are no longer entitled to draw sickness pay. Prospectuses and all particulars on application to Mr. F. Addiscott, Secretary, Medical Sickness and Accident Society, 33, Chancery Lane, London, W.C.

THE HONG KONG COLLEGE OF MEDICINE FOR CHINESE.—We have received a remarkable and—from the point of view of human progress—even inspiring document in the calendar of the Hong Kong College of Medicine for Chinese, in which is set forth how it was founded in 1887, largely through the efforts and enthusiasm of Sir Patrick Manson, Dr. James Cantlie (the earlier Deans of the College), the late Rev. Dr. Chalmers, and the late Dr. William Young. The College has its head quarters in the Alice Memorial Hospital, Hong Kong, and the affiliated Nethersole Hospital is also open to students for purposes of clinical instruction. The Rector, who is the President of the Governing Court of the College, is Hon. Francis H. May, C.M.G., Colonial Secretary, and its present Dean, the third in the succession, is Dr. Francis W. Clark. Up to 1904 87 students had been enrolled, of whom 28 had retired, 40 were engaged in study at various stages of the curriculum, and 19 had passed all the examinations, had been certified fit to practise their profession, and were granted the title of Licentiate in Medicine and Surgery (L.M.S.H.). The list of their names begins with Sun Yat Sen, Japan, and ends with Peter Quincey, Shanghai. The minimum period of study is five years, and all professional examinations are conducted by independent examiners appointed by the Senate, who, as a rule, have no other connexion with the College. Candidates are required, after having passed a matriculation examination, to have attended courses of instruction in all, or almost all, the recognized subjects for the home degrees, including tropical diseases and infective fevers. During 1905 four medical scholarships are open for competition among the members of the school. It is, we think, not too much to say, on the strength of such a record alone, and assuming for the nonce the prophetic rôle, that the so-called Yellow Peril, if such there be, is growing beautifully less.

BEQUESTS.—Miss Hannah Beswick, of Mossley, by her will bequeathed £1,000 to each of the following: Ashton-under-Lyne Infirmary, Manchester Royal Infirmary, Henshan's Blind Asylum and the Manchester Royal Eye Hospital. After paying some private legacies, the residue of the estate, which is expected to be considerable, is to be equally divided among the four institutions mentioned.

appointed Assistant Medical Officer in James Murray's Royal Asylum, Perth. This post he held until October, 1903, when he was appointed Junior Assistant Medical Officer of the Government Lunatic Asylum, Jamaica. Shortly after his appointment he was promoted to the Senior Assistantship early in 1904, his health gave way, and after a severe illness he died on November 1st.

MR. THOMAS HENDERSON POUNDS died at the age of 45, on December 27th, 1904, as the consequence of an accident which occurred six weeks previously whilst driving his motor-car. He was son of Staff Commander Pounds, R.N., and was born at Portsmouth, educated at Southsea, and subsequently entered Charing Cross Hospital. Having taken the diplomas of M.R.C.S., L.S.A., in 1881 he settled at Snodland, in Kent, where he was in practice for six years, during which period he, in 1884, took the diploma of F.R.C.S. In 1887 Mr. Pounds settled in Derby, where for a short time he was in partnership with Dr. Legge. He originated the Women's Hospital, and was appointed Surgeon there about fourteen years ago. Mr. Pounds was also one of the founders of the Derby Medical Society; he was its first Secretary, and filled the office of President in 1901-2. Being an enthusiastic motorist he was the first medical practitioner in Derby to use a car. His accident occurred while returning from a consultation, a dog getting entangled in his front wheel and locking his steering gear. He was respected highly by his fellow medical men and his patients, and many of the sick poor have cause to remember his numerous acts of kindness.

We regret to record the death of another of the junior members of the medical profession in Edinburgh. WILLIAM CARMICHAEL, M.B., C.M., Kinleith, 25, Braid Road, Edinburgh, died at Cedars Road, London, of pneumonia, on December 31st, 1904. Some weeks ago he had an attack of influenza. This, coming after the death of his brother, the illness of his wife, and a somewhat shortened holiday, told rather severely upon him. He went to the West of Scotland to recruit, but finding it too cold he moved southwards, contracted pneumonia in London, and died somewhat suddenly after two or three days' illness. He graduated in 1890, and was for six months a Resident Surgeon in the Royal Infirmary. Some time later he settled in one of the southern suburbs of Edinburgh, and by a pleasant and kindly manner he had acquired a very considerable practice. He leaves a widow, but no children.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF EDINBURGH.

THE annual report for 1904 has been issued:

Numbers of Students.

During the past year the total number of matriculated students (including 317 women) was 3,000, the highest number reached for eleven years. Of this number, there were enrolled 231 (including 7 women) in the Faculty of Science, and 1,480 (including 4 women) in the Faculty of Medicine. Of the students of medicine, 683, or over 46 per cent., belonged to Scotland; 352, or nearly 24 per cent., were from England and Wales; 113 from Ireland; 74 from India; 238, or over 16 per cent., from British colonies; and 20 from foreign countries. The number of women attending extra-academical lectures, with a view to graduation in medicine in the University, was 116.

Degrees Conferred.

The following degrees were conferred during 1904: Bachelor of Science (B.Sc.), 38 (including 1 woman); Doctor of Science (D.Sc.), 5; Bachelor of Medicine and Master in Surgery (M.B., C.M.), 4; Bachelor of Medicine and Bachelor of Surgery (M.B., Ch.B.), 161 (including 12 women); Doctor of Medicine (M.D.), 61. The General Council of the University now numbers 9,736. The special University certificate in diseases of tropical climates was conferred on 54 candidates (including 6 women).

Fellowships, etc.

The total annual value of the University fellowships, scholarships, bursaries, and prizes now amounts to about £18,270—namely, in the Faculty of Arts, £10,755; in the Faculty of Science, £1,545; and in the Faculty of Medicine, £3,330. A number of bursaries are in the gift of private patrons, but the great majority of the University bursaries, prizes, etc., are awarded by the Senatus after competitive examination. In addition to the above, a sum of upwards of £600, being the income of the Earl of Moray Endowment Fund, is annually available for the encouragement of original research.

Development and Expansion of the University.

In response to the appeal recently made to the public (by a committee of friends of the University desirous of aiding in its improvement and expansion) for subscriptions to provide for its further development, Sir Donald Currie, G.C.M.G., of Garth and Glenlyon, has made the munificent gift of £25,000. He has expressed a wish that the revenue from his money should be applied to the remuneration of a staff of lecturers such as the authorities of the University may find it advisable from time to time to appoint. The University Court, being desirous of permanently associating his name with the fund, have resolved to designate it "The Sir Donald

Currie Lectureship Endowment Fund." Other contributions to the extension scheme have also been intimated to the extent of £15,000, including a sum of £5,000 given by Sir John Jackson, LL.D., to the Tait Memorial Fund, for the encouragement of physical research. At the Martinmas term the University Court purchased from the Town Council the grounds of the City Hospital in Infirmary Street, with the buildings thereon, at the price of £15,000. Sir R. Rowand Anderson has been appointed architect, and has been instructed to adapt the buildings thus acquired, in the first instance, to the purposes of the Natural Philosophy and Engineering Departments, which it is intended to reorganize and equip so as to meet modern educational requirements.

The Carnegie Foundation.

Although the Carnegie Foundation has not as yet had an appreciable influence in increasing the number of students, it is noticeable that many who avail themselves of the section of the scheme which provides for the payment of class fees take out a larger number of classes than they would probably otherwise have done. Of those who have been appointed to Carnegie post-graduate fellowships and scholarships, and who have received grants in aid for research, a considerable proportion are graduates of the University of Edinburgh. In accordance with the scheme of allocation intimated in 1902, grants have been made in augmentation of the salaries of several of the University lecturers, and an annual grant of £1,000 is made to the library for the purchase of books.

New Lectureships, Etc.

In connexion with a scheme lately arranged with the War Office, for the selection and education of University candidates for commissions in the regular army, a lectureship in military subjects has been instituted in the University. The course of instruction, which is not confined to army candidates, extends over three winter sessions, and embraces military history and strategy, tactics and the history of tactics, military engineering and topography, military law, and organization. A graduate in arts or science who has duly performed the work of this course, and fulfilled certain requirements as to service with the volunteers and with a unit of the regular army, becomes eligible for a commission in the regular army. Captain H. M. Johnstone, Royal Engineers (retired) has been appointed to the lectureship, and has entered upon his duties. Dr. J. O. Aitken and Dr. C. B. Ker, Consulting Physician and Medical Superintendent respectively in the City Hospital, have been appointed University Lecturers on Infective Fevers; and a Lectureship in the Practical Application of Anaesthetics has been instituted, to which Mr. Thomas D. Luke, F.R.C.S.E., has been appointed.

Personal Changes.

The vacancy caused by the lamented death of Dr. A. P. Aitken, first holder of the Lectureship on Agricultural Chemistry, has been filled by the appointment of Mr. Leonard Dobbin, Ph.D.

Benefactions.

The University has to make grateful acknowledgement of numerous benefactions, in addition to those above noted. Among these may be mentioned: a bequest by the late Miss Annabella Kirkpatrick, of 39, Moray Place, Edinburgh, through the Association for the Better Endowment of the University, of a sum of over £1,800 for the foundation of a fellowship or scholarship in the University of Edinburgh; a donation of £210 for the purpose of original research, by Mr. Edward George Currie, of the Deanery, Battle, Sussex; and a further gift by the Rev. Professor Gwatkin, of Cambridge, of a collection of molluscan radulae for the microscope. The trustees of the late Mr. William M'Cunn, of Landour, Largs, have also intimated the institution of four "M'Cunn Medical Research Scholarships," each of £100 a year, open to all graduates in medicine of the four Scottish universities.

Additions to the Library.

The additions to the University Library numbered 1,793, being an increase of over 700 from the previous year.

Cataloguing of the Library.

The recataloguing of the Library has been continued during the past year under the superintendence of Dr. James Burgess, C.I.E., and is now practically completed, the alphabetical arrangement of the entries and insertion of cross-references being at present proceeded with. The number of volumes dealt with so far in the general library is nearly 200,000; but, in addition to these, several departmental libraries have been catalogued, especially the theological and the physiological libraries; as have also been the medical books in the reading-room of the new buildings. The cataloguing has brought to light a considerable number of incomplete works and the want of others, which, it is thought, a university library ought to possess, and the filling up of such gaps is being steadily kept in view, a grant made by the Carnegie Trustees for this purpose having placed the library authorities in a more favourable position for doing so than was formerly the case. The question as to the printing of the catalogue will have to be considered as soon as the alphabetical arrangement of the entries is complete. The printing of a short catalogue of some 25,000 books in the library for the use of students and readers generally is now proceeding, and will, it is hoped, be completed within the next year.

Structural Changes.

In the library a great improvement has been effected during the past year by the introduction of a system of steel shelving of the most modern and approved type. The rooms so far dealt with are those on the ground floor, with the exception of the reading-room and the Reid Room; and in those parts alone sufficient additional space has already been gained to accommodate newly-acquired books for many years to come. Before the new system is introduced into other parts of the library a long-felt want, it is hoped, will be supplied by the construction of a fireproof strong-room for the safe keeping of the numerous precious, or even irreplaceable, treasures of the library. The lady students have had a very useful adjunct added to their reading-room, namely, a well-lighted cloak and conversation room, which was opened by the Principal on behalf of the Library Committee. The opening of a new entrance to the Quadrangle of the University Old Buildings, has afforded much-needed facilities for students passing from the new to the old buildings.

Miscellaneous.

Among other matters of interest the following may be noted: The Lord Rector, the Right Hon. Sir R. B. Finlay, K.C., M.P., etc., delivered on January 21st his Rectorial address, his subject being International Arbi-

tration; several new schemes of instruction and graduation in various Faculties have been under consideration during the year; arrangements have now been made for the admission of women students in the Faculties of Arts and Science to study in the chemical laboratories.

UNIVERSITY OF LONDON. UNIVERSITY COLLEGE, LONDON.

Lectures on Advanced Physiology.—The course of ten lectures on Enzymes to be given by Dr. W. M. Bayliss, F.R.S., in the Physiological Theatre, University College, London, will commence on January 18th, at 5 p.m., and will be continued on succeeding Wednesdays at the same hour.

LONDON SCHOOL OF TROPICAL MEDICINE.

Of the thirty-seven students who attended the school for the session October-December, 1904, the following eighteen passed the examination at the end of the course: Drs. J. H. Cook, D. Alexander (Colonial Service), T. G. D. Cooper (Colonial Service), and D. H. Ainslie, with distinction; W. A. Densham, H. N. H. Joynt (Colonial Service), G. H. L. Fitzwilliams, P. Phillips (Colonial Service), J. Gillies, D. A. Ashton (Colonial Service), J. C. Carr, R. Dane (Colonial Service), J. W. Gromitt (Colonial Service), C. H. D. Ralph (Colonial Service), A. C. Lorena (Colonial Service), F. L. Norris (Colonial Service), and W. F. L. A. Holcroft (Colonial Service); Miss Kathleen Dawson.

ROYAL UNIVERSITY OF IRELAND.

Final M.B. Examination.

THE Royal University has issued the following new regulation in reference to the Final M.B. Examination:

1. In the spring and again in the autumn of each year two separate examinations will be held simultaneously—one for pass candidates only, the other for honour candidates only. When entering, each candidate must state at which of these examinations he selects to be examined. A candidate who has entered for the honour examination may be allowed to change to the pass examination on giving to the secretary a satisfactory reason for doing so at least one week before the commencement of the examination; but under no circumstances will a candidate who has entered for the pass be allowed to change to the honour.

2. Honour exhibitions will be awarded on the results of the honour examination only.

3. Candidates at the honour examination whose answering may not be such as to qualify them for honours, may nevertheless be adjudged to have passed the examination provided they exhibit in their answers knowledge equivalent to what is required from candidates who satisfy the examiners at the pass examination.

UNIVERSITY OF LEEDS.

FACULTY OF MEDICINE.

Dates of Examinations.

The time tables for the March and July examinations have been issued. The written examinations begin on March 20th and on July 10th, and the practical and oral in the case of each examination follow on the written.

Appointment of External Examiners.

The following appointments to external examinations were made by the Council:

Medicine.—G. Newton Pitt, M.D., F.R.C.P., Lecturer on Pathology, Guy's Hospital.

Surgery.—Albert Carless, M.B., M.S., F.R.C.S., King's College, London.

Pathology.—William Bulloch, M.D., London Hospital.

Midwifery and Gynaecology.—Peter Horrocks, M.D., F.R.C.P., Obstetric Physician, Guy's Hospital.

Mental Diseases.—G. Newton Pitt, M.D., F.R.C.P.

Medical Jurisprudence.—Sir Thomas Stevenson, M.D., F.R.C.P., Senior Scientific Analyst to the Home Office.

Public Health.—J. Lane Nottter, M.D., late Professor of Military Hygiene, Netley.

Materia Medica.—Francis Warner, M.D., F.R.C.P., F.R.C.S., Lecturer in the London Hospital Medical College.

Anatomy.—George Dancer Thane, Professor of Anatomy, University College, London.

Physiology.—J. S. Edkins, M.B., Lecturer, St. Bartholomew's Hospital.

These appointments have been made in accordance with the following regulation. External examiners are appointed at first for one year only, but they are eligible for re-election for a further period of two years. They are recommended by the Senate for election by the Council in any case in which the Board of the Faculty concerned shall present a recommendation, passed by the Board *nonne contradicente* in favour of the appointment of a particular examiner, but in other cases after an advertisement for such examiner shall have appeared in selected newspapers.

Pathological Department.

To meet the immediate requirements of the Pathological Department a sum of £294 has been placed by the Council at the disposal of Professor Grünbaum for the purchase of microscopes and apparatus.

The Chair of Materia Medica and Therapeutics.

Dr. Chadwick, who has held the Professorship of Materia Medica and Therapeutics since 1898, has tendered his resignation, and the Council referred the question of the "teaching and manner of dealing with the Chair, which includes the subjects of materia medica, practical pharmacy, pharmacology, and therapeutics," to the Board of the Faculty of Medicine.

The following report of the Board on this subject was approved by the Senate and adopted by the Council:

"In virtue of the increasing importance and extent of the subject, the Board of the Faculty of Medicine recommend the creation of a Chair of Pharmacology, the occupant of which shall give his whole time to the subject."

"The Board is also of opinion that a laboratory should be attached to the said Chair."

"Pending the creation of a Chair of Pharmacology, the Board recommend that the present Chair of Materia Medica and Therapeutics be not now filled; but that a lecturer with a seat on the Faculty and the Board be appointed for the intervening period on such terms and conditions as will enable the recommendations in the report to be carried into effect when practicable."

"The Board is of opinion that the appointment of a lecturer at the present time is the better course, for the following reasons:

"1. It will facilitate the appointment of a Professor of Pharmacology when the Council are able to make the appointment."

"2. It affords a means for the continuation of the instruction in therapeutics when the Chair of Pharmacology is created; and

"3. It thereby avoids the compulsory retirement of the lecturer appointed for the interregnum."

SOCIETY OF APOTHECARIES OF LONDON.

THE following candidates have passed the Primary Examination (Part I) in the subjects undernoted:

Biology.—A. J. V. Matthews, St. Mary's Hospital; V. P. Norman, London Hospital; H. H. Smith, Royal Free Hospital; J. B. Tackaberry, Middlesex Hospital.

Chemistry.—E. C. R. Fisher, Royal Free Hospital; J. B. Tackaberry, Middlesex Hospital.

Materia Medica and Pharmacy.—S. F. H. Everill, Birmingham.

The following candidates have passed the Primary Examination (Part II) in the subjects undernoted:

Anatomy.—R. Beesley, Manchester; T. P. Braim, Leeds; M. L. Ford, London Hospital; J. G. Lewis, King's College Hospital; C. C. Morrell, London Hospital; M. Rathbone, Royal Free Hospital; L. O. Stamp, Guy's Hospital; H. Stanger, Leeds.

Physiology.—M. L. Ford, London Hospital; C. C. Morrell, London Hospital; M. Rathbone, Royal Free Hospital; L. O. Stamp, Guy's Hospital; H. Stanger, Leeds; E. F. Waddington, Leeds.

HOSPITAL AND DISPENSARY MANAGEMENT.

WESTMINSTER GENERAL DISPENSARY.

THE building in which the Westminster General Dispensary has carried on its work since 1774 has recently been entirely renovated and brought up to date in its structural arrangements and fittings through the generosity of its treasurer, Mr. T. F. Blackwell, J.P., D.L., and that in a thorough manner. After entering the hall of the old Georgian house of which the premises consist, the surgical department is entered by a door on the right and the dispensary proper is on the left. The surgery has the appearance of a modern operation room with its concrete mosaic floor, its white painted walls, its tables with glass tops, its glass shelves, glass instrument cupboards, its sink with antislplasher taps, three-way foot tap and knee waste plug, and its electric light and portable standard lamps. The surgery is connected by a vestibule with the waiting room for surgical patients, which is also a model of cleanliness and light, and is comfortably warmed with radiators. The rooms devoted to medical cases, with the committee room, are on the first floor, being connected with the ground floor by a wide staircase characteristic of the period. The physician's room corresponds fairly closely with the surgery only that it is more obviously a consulting room. Partitioned off from it is a small dark room with electric light fittings. The waiting room is a duplicate of the surgical waiting room. On the floor above are the spacious rooms of the resident medical officer, the post being a yearly appointment, and on the floor above that are the quarters of the housekeeper. In its new home the dispensary must be reckoned as among the most modern of the metropolitan dispensaries, and in its fittings it can have but few rivals in their scientific and commodious, not to say elegant, character.

INDIA AND THE COLONIES.

INDIA.

Sanitary and Medical Reports of the Central Provinces for 1902.

WE have received four reports relating to sanitation hospitals and dispensaries, vaccination, and lunatic asylums in the Central Provinces, containing the statistics of the year 1902, with short comments. They have all been drawn up by Colonel M. D. Moriarty, I.M.S., Administrative Medical Officer and Sanitary Commissioner. It is hard to understand why the data were not combined in one volume, but there may be some administrative reason for compiling and issuing four reports in place of one. The year was healthy. The birth-rate was 48.29, the highest on record since 1881, and the death-rate 25.82, which is pronounced to be remarkably low. Notwithstanding the high birth-rate, infantile mortality was lower. Plague prevailed in several localities, causing 1,061 deaths. Antimalarial measures have been adopted in some municipal towns by way of experiment. The sale of quinine is being pushed. Arrangements have been made for the supply of Calmette's antivenene to dispensaries. No increase of lathyrism occurred. Evidence of sanitary activity, especially as regards villages, is apparent.