

nature cancer is neither germinal nor somatic, for trypsin, the architect of the soma, does not in life destroy the soma or sexual individual or its sexual products, whilst its action is direct and utterly ruinous upon trophoblast or asexual generation.

REFERENCES.

¹ *Lancet*, June 21st, 1902. ² The Cancer Problem, *Lancet*, February 4th, 1905. ³ See G. B. Howes's Belfast address, Section D, Brit. Assoc. Adv. Sci., 1902.

MEMORANDA:

MEDICAL, SURGICAL, OBSTETRICAL.

FOOD POISONING AND COMA.

A CASE very similar to that reported by Dr. Kennard¹ came under my notice a few years ago. A lady had given a luncheon party, the viands for which had been prepared by a confectioner. None of the persons who partook of the lunch were ill after it. At supper the same night the lady had some of the viands left from lunch. She was a very moderate and fastidious eater, but may perhaps have supped more heartily than usual. When her husband went to bed he found her comatose. In great alarm he telephoned for her doctor, and on his return to her bedside found her writhing and heaving in a strange manner, but still comatose. Suddenly her writhings and heavings culminated in most violent vomiting, so violent that some of the vomit flew out of the open window, about 4 ft. distant. As soon as the vomiting ceased she returned completely to her senses, and suffered no further ill-effects. What was the *rationale* of the coma? It seems that it can scarcely be attributable to any presence of ptomaine or other poison in the blood, but must have been due to the mere presence of indigestible food in the stomach. Was it an exaggeration of the drowsiness we are all apt to experience after a full meal? Sleep pushed to excess is coma.

London, W.

CHAS. MERCIER.

IMPACTION OF A HAT-PIN IN THE MALE URETHRA.

THE cases reported by Dr. C. Hamilton Whiteford (p. 20) and Mr. W. F. Brook (p. 80) recall to me a similar one that I located about twelve years ago, when Senior House-surgeon to the Royal Portsmouth Hospital. The patient, a young man about 25 years of age, introduced the pin to try to overcome a spasmodic retention of urine. Before admission to the hospital an attempt had been made, under an anaesthetic, to remove the pin with a pair of forceps, failure resulting from the pin point penetrating the urethral wall, as soon as any traction was made. On admission the penis was partly erect, and the head of the pin could be felt well back in the perineum, while the point was about an inch below the corona. Removal was easily effected without an anaesthetic by the simple expedient of passing the reverse end of a metal catheter, which had no eyelets on its side, down the urethra far enough to cover the point of the pin. No difficulty was then experienced in pushing the pin upwards by means of the head in the perineum. I should think that the case of a clinical thermometer might be used with equal success. The pin measured just 6 in. in length.

Bedford Park, W.

T. H. BISHOP, M.D., C.M.

THE two cases recorded in the current and penultimate numbers of the BRITISH MEDICAL JOURNAL recall to my mind one that came under my notice at the Exeter City Workhouse six months ago. A man, 55 years of age, was in the habit of passing a large hat-pin into his urethra with the object of removing some supposed obstruction. This time the pin slipped in beyond his reach. On seeing him a few minutes later I found that the point of the pin was from 3 to 4 lines from the meatus, and was free in the canal. I could not get a firm hold of it with a pair of bow dressing forceps. On making the patient lie down, and placing the thumb just below the head of the pin in the perineum, the point was brought within the grasp of the forceps, and the pin drawn out. A little force had to be used in extracting the head from the meatus, which caused a little bleeding. No anaesthetic was necessary, and no further trouble ensued. The little

¹ BRITISH MEDICAL JOURNAL, January 13th, p. 80.

manceuvre of getting the patient to lie down and carrying the penis over towards the abdomen advanced the point of the pin towards the meatus, and facilitated extraction.

Exeter.

JOSEPH A. W. PEREIRA, M.D.

HILL DIARRHOEA.

THE discussion on hill diarrhoea and sprue at the Tropical Section of the British Medical Association's meeting at Leicester, reported in the BRITISH MEDICAL JOURNAL of November 11th, 1905, is of much interest to medical men in India, and no doubt Mr. Cantlie's meat juice treatment will receive wider trial than it has yet had. Dr. Andrew Duncan's opinion as to the cause of the disease, agreeing with that expressed some years ago by Colonel Dyson, will not, I think, receive much support. In Darjeeling mica has been practically banished from the water supply, yet hill diarrhoea is still often met with. One understands also that it occurs in hill stations where mica is not a constituent of the water. Moreover, the water drinkers in Darjeeling, women and children, rarely suffer from the disease. In the nearly two years I was civil surgeon of Darjeeling and in charge also of large European schools, I scarcely ever saw the disease in women or children, though treating numerous cases in men. All must agree with Colonel Dyson that "officers on coming up from the plains at once take more exercise and so get more thirsty," not more thirsty, however, than after exercise in the hot plains. He might have added they get more hungry too. The drink taken, however, rarely contains any mica. The sequence of events usually is that men arrive from the hot plains with digestions impaired by the intense heat and poor food obtainable. They at once eat heartily and take severe exercise, often showing indiscretion in not wearing warm enough clothing, or in not changing at once when hot and perspiring after playing squash or polo. In this way their digestions are overtaxed and their livers become congested; diarrhoea naturally follows. If properly dieted and clothed, etc., the diarrhoea stops, but if recurring chills are not avoided, or if the patient's health has been seriously undermined in the plains, the diarrhoea continues and sprue may develop. Sending the patient a few thousand feet down usually stops the diarrhoea, but not always.

Attributing hill diarrhoea to mica seems to me likely to lead to the observance of unnecessary precautions and to the neglect of very necessary ones.

F. P. MAYNARD, M.B., F.R.C.S.,

Calcutta, Nov. 30th, 1905.

Major, I.M.S.

EXTREME BLADDER OVER-DISTENSION.

ON September 9th, 1905, I was called to see a man aged 80 suffering from retention of urine. From his relatives I learned that up to a month ago he could pass his water readily, but that since then only a few drops had come away daily. I found him in bed propped up with pillows. He could speak sensibly, and showed no signs of coma or delirium. Pulse 90, temperature 100° F., respirations 30. Tongue covered with a brown fur; breath bad. Twitchings of the left thumb. Both legs very oedematous. He complained of much pain over the abdomen and of great thirst. There were signs of congestion at the bases of both lungs.

On examination of the abdomen a tumour was felt extending from the pubes to the xiphi-sternum. The abdominal walls were extremely tense, and the skin showed signs of cracking. The flanks were resonant on percussion. As a catheter could not be passed he was aspirated above the pubes, and 260 oz. of urine were drawn off. The urine was clear except towards the end of the operation. The patient lived four days, and a catheter was passed daily. A partial *post-mortem* examination was performed and the following conditions were noted: The bladder was found to occupy the abdominal cavity up to midway between the umbilicus and xiphi-sternum. It was firmly adherent to the abdominal wall and the surrounding viscera, and could not be separated without tearing of its walls. The walls were very thin. The ureter and pelvis of the kidneys were greatly dilated. There were no deposits or calculi in the bladder. The middle lobe of the prostate was found much enlarged and projecting over the vesical opening of the urethra. The size of the bladder, as also

the quantity of urine—260 oz.—drawn off at one time was remarkable. So, too, was the fact that the urine showed no evidence of septicity and that the patient did not die sooner of uraemia.

Victoria West, C.C. D. J. HUGO HAMMAN, M.B., Ch.B.

REPORTS

ON

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

ROYAL NAVY HOSPITAL SHIP *MAINE*.

A CASE OF DOUBLE ANEURYSM OF THE THORACIC AORTA.

(By Fleet Surgeon D. McNABB.)

[Forwarded by the DIRECTOR-GENERAL.]

R. C., aged 36, was admitted to the Hospital ship *Maine* on October 3rd, 1905, for passage to England, suffering from Mediterranean fever, and also presenting symptoms of aortic regurgitation.

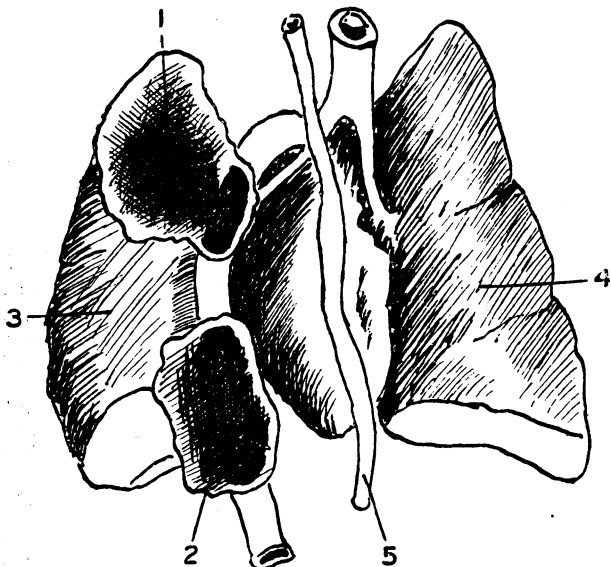
State on Admission.—He complained of vague pains in the left lumbar region, none in the chest, and he was inclined to sit up in bed owing to the discomfort when lying down. He said he could not turn round on his side owing to the pains in his body. Examination of the chest showed both lungs clear in front. The heart sounds were distant, but no murmur could be detected either at the apex or in the aortic area. Owing to bad weather experienced on leaving port a very detailed examination, particularly from the point of view of auscultation, was impossible.

Progress.—At 1.55 a.m. on October 5th patient coughed up about 8 oz. of bright red blood, his breathing became laboured, his pulse failed, and he died at 2.20 a.m.

A *post-mortem* examination was carried out at 11 a.m. on October 5th, and the following notes taken:

Heart.—Pericardium not inflamed, and contained about 4 oz. of light straw-coloured fluid. The organ was pallid, and showed no signs of hypertrophy. Valves normal.

Lungs.—Both were adherent to the parietes. The left pleural cavity was full of dark clotted blood. On the right side were a few tough adhesions but no extravasation. On removing the parts two large aneurysms were found to occupy the greater part of the descending thoracic aorta, there being a space of about 2 in. of more or less healthy arterial wall between them.



1. Upper aneurysm burst into left lung. 2. Lower aneurysm opened in detaching aorta. 3. Left lung. 4. Right lung. 5. Oesophagus. (Sketch made from parts after removal.)

Remarks.—The upper and smaller aneurysm, which had destroyed the upper half of the upper lobe of the left lung, and from which its walls were indistinguishable, was about the size of an orange, and had eroded the bodies of the third, fourth, fifth, and sixth dorsal vertebrae. The lower sac was somewhat larger, and, from the state of the contained clot much older than the upper one, and had eroded the tenth, eleventh, and twelfth dorsal vertebrae. The walls were intimately blended with surrounding

structures, and were consequently somewhat destroyed in ascertaining the condition, but there appeared to be no extension into the abdomen. This lower aneurysm was intact when the chest was opened, and the bursting of the upper one was the immediate cause of death.

These notes are from those supplied by Surgeon J. McDonald, R.N., under whose care the man was.

A sketch of condition as seen after removal of parts is attached.

British Medical Association.

CLINICAL AND SCIENTIFIC PROCEEDINGS.

BIRMINGHAM BRANCH.

Sir THOMAS CHAVASSE, M.D., President, in the Chair.

Birmingham, Thursday, January 11th.

Osteo-enchondroma of Wrist.—Mr. MORRISON showed a woman who had a large growth on the wrist, which he took to be an osteo-enchondroma suitable for removal.

Abdominal Conditions simulating Acute Intestinal Obstruction.—Mr. HEATON read a paper entitled "Clinical Observations on Some Acute Abdominal Conditions which resemble in their Symptoms Acute Intestinal Obstruction," of which the following is an abstract: Symptoms of acute obstruction simulated by a variety of abdominal disorders—colic, acute peritonitis, appendicitis, tuberculous peritonitis, haemorrhagic pancreatitis, embolism and thrombosis of the mesenteric vessels, rotated ovarian cyst, acute torsion of an undescended testicle, rupture of ectopic gestation sac. Remarks on some of these conditions, with illustrative cases.—The paper was discussed by the PRESIDENT and Messrs. MORRISON and LEEDHAM-GREEN, and Mr. HEATON replied.

The Vesical Sphincter.—Mr. LEEDHAM-GREEN read a paper on the Vesical Sphincter and the Mechanism of the Closure of the Urinary Bladder. He briefly reviewed our knowledge concerning the constrictor muscles in connexion with the bladder and urethra, and the opinions held as to the part these muscles played in maintaining the closure of the bladder. He criticized the theory, put forward by Finger, that the internal vesical sphincter was too weak a muscle to withstand the pressure of the urine and prevent its escape from the distended bladder, and that, as that organ filled, the pressure of the urine gradually caused the elasticity of the neck of the bladder and the vesical sphincter to yield, thus allowing the fluid to enter the posterior portion of the prostatic urethra, and so form a bladder-neck. Mr. Leedham-Green exhibited a number of radiographs of the pelvis of certain persons, taken after the bladders had been distended with a suspension of bismuth, clearly showing that, whether it was fully distended or not, the outline of the organ was oval and not pear-shaped, and the urethra was sharply cut off from the bladder, without the suggestion of a "bladder-neck," as described by Finger.—The paper was discussed by the PRESIDENT and Drs. MELSON and WHITE, and Mr. LEEDHAM-GREEN replied.

REPORTS OF SOCIETIES.

CLINICAL SOCIETY OF LONDON.

H. H. CLUTTON, M.A., M.C., F.R.C.S., President, in the Chair.

Friday, January 12th, 1906.

TRANSVERSE VERSUS INGUINAL COLOTOMY.

Mr. L. MCGAVIN read a paper in which he remarked that the operations designed for the relief of ulceration and permanent obstruction of the large bowel left patient and surgeon nothing better than a "Hobson's choice." The feeling commonly expressed that death was preferable to colotomy had too long retarded the progress of surgery in this direction. Doubtless colotomy had at one time been too readily resorted to. Much might be done in apparently hopeless cases by palliative treatment; such a case, under the author's care, was reported. In cases genuinely requiring colotomy the operator had choice of three routes

MEDICAL NEWS.

At a meeting of the Medical Society of London on Monday next, at 8.30 p.m., gynaecological papers will be read.

A MEETING of the Committee of the International Association of Scientific Academies will be held at Vienna on May 30th, 1906.

THE Cross of Commander in the Greek Royal Order of the Redeemer has been conferred on Dr. Adam Politzer, the distinguished professor of otology in the University of Vienna.

THE lectures at the Children's Hospital, Great Ormond Street, will be resumed on Thursday, January 25th, when Mr. T. H. Kellock will give a lecture on abscesses in connexion with spinal caries.

MR. JONATHAN HUTCHINSON, F.R.S., will give the Hunterian Lecture before the Hunterian Society at the London Institution, Finsbury Circus, on Wednesday next, at 8.30 p.m., the subject being Reminiscences of the Hunterian Society.

MR. T. FISHER UNWIN gives notice that he has removed his publishing office from Paternoster Square to 1, Adelphi Terrace, W.C., stating that the centre of the London book-producing world is now to be found somewhere near Charing Cross.

THE annual meeting of the British Electro-Therapeutic Society will be held at 11, Chandos Street, London, W., on Friday, January 26th, when the President, Dr. Donald Baynes, will deliver an address and there will be an exhibition of new appliances.

ACCORDING to the *Law Journal*, the number of legal candidates at the General Election in England, Wales, and Scotland was 160, but about one-third were barristers who have never been more than nominally members of the Bar. Among the candidates were more than 50 K.C.s and over 30 solicitors. The number of medical candidates in England, Wales, and Scotland was, we believe, 20.

MEDICINE IN ART.—An Exposition of the History of Medicine in Art will take place at Berlin on the occasion of the opening of the Kaiserin Friedrich-Haus from the end of February to the middle of April. The Exhibition will comprise original paintings, copper plates, book plates, statues, medals, old illustrated books and manuscripts, relating to medicine and its profession, Roman and other ancient surgical instruments found in Germany, etc. The Exhibition will be under the direction of Dr. Hollander of Berlin (3 Kleiststrasse), to whom communications on the subject should be addressed.

HYGIENIC EXPOSITION AT VIENNA.—An exposition of inventions, appliances, and other objects connected with hygiene, personal and public, will take place under the patronage of the Archduke Leopold Salvator in Vienna in March and April, 1906. Among the members of the Honorary Committee are Professor von Esmarch, of Kiel; Professors von Leyden and Rubner, of Berlin; Professors Freiherr von Eiselberg, Schauta, von Stoffella, Benedikt, and von Wagner, of Vienna; Dr. Neumayer, Deputy Burgomaster, Staff-Surgeon-General Professor Kratschmer, and Professor Schattenfroh, President of the Vienna Institute of Hygiene.

NATIVE HOSPITALS IN BASUTOLAND.—The annual Colonial Office report on Basutoland records a bad agricultural year owing to the destruction of the wheat crop by drought, while the rains also came too late for the maize and millet. Nevertheless it appears to have been an unusually healthy season, epidemic disease being practically non-existent. The Government hospital at Maseru treated 376 in-patients during the twelve months, and over 6,000 out-patients, in addition to the performing of 10,095 vaccinations. When the hospital was first opened there was considerable doubt whether the Basutos would avail themselves of its advantages, but the experiences of the past year show that double the present number of beds could often be filled, and the principal medical officer makes application for the enlargement of the hospital and the appointment of a house-surgeon. The native hospitals at the other four stations, though doing excellent work and affording treatment to over 10,000 patients during the year, are still of the most primitive description, and the Commissioner now recommends a grant for the erection of an efficient and well-equipped hospital in the Leribe district. It is stated that the number of lunatics and lepers is

increasing, or, at all events, that such cases are now more frequently brought to official notice, and it is imperative that the question of their custody and treatment should be definitely settled before very long.

SOCIETY FOR RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN.—A quarterly Court of Directors of the above Society was held on Wednesday, January 10th, at 11, Chandos Street, Cavendish Square, Sir Thomas Smith, Bart., Vice-President, in the chair. Sixteen members were present. One new member was elected, and one resignation accepted. The secretary reported that he had paid the sum of £603 to the annuitants of the charity as a Christmas present. The sum of £1,376 was voted to be distributed, as half-yearly grants, among the fifty-four widows and nineteen orphans in receipt of grants. Seven letters had been received during the past quarter from widows asking for relief, but this had to be refused owing to the fact that their late husbands had not been members of the Society. Full particulars of the Society, and proposed forms for membership, may be obtained from the Secretary at the offices of the Society. Membership is restricted to registered medical practitioners who at the time of their election are living within a radius of twenty miles from Charing Cross.

SPERMACETI FOR OPERATIONS ON THIN-WALLED CYSTS.—Sixteen years ago the first edition of Professor Pozzi's widely-known *Traité de Gynécologie* appeared. In the paragraphs on the diagnosis, pathology, and treatment of the common labial cyst, developed from the vulvo-vaginal gland, the author dwelt on the difficulties encountered by the surgeon who endeavoured to dissect out the thin cyst wall entire. Laceration of the cyst almost invariably occurred—an accident which increased the operator's difficulty in attaining his aim, whilst the disadvantages of leaving behind a portion of cyst wall are evident. Pozzi advocated a practice which he found very satisfactory for ensuring the total extirpation of the tumour. The cyst is first tapped with a hydrocele trocar, emptied, and washed out with hot water, so as to clear out all traces of its glairy contents. Then spermaceti, recently melted in a water bath, is injected into the cavity of the cyst. When the cyst is fairly distended, ice is placed on the adjacent integuments. At the end of a few minutes the tumour forms a hard mass, which, under local anaesthesia by cold and cocaine, can be readily dissected out entire. Pozzi has of late modified this method ("Kyste séreux de la glande de Bartholin extirpé par le procédé de la solidification préalable," *Annales de Gynéc. et d'Obstét.*, December, 1905, p. 754). He finds that it is more satisfactory to inject the spermaceti heated to 40° C. (104° F.) on the night before operation. It is quite liquid at 104° F., and will solidify satisfactorily inside the cyst, where the temperature is a few degrees lower. By the next day the cyst forms a hard ball, easily extirpated entire.

BRITISH GYNAECOLOGICAL SOCIETY.—The annual dinner of the British Gynaecological Society was held on January 17th at the Café Monico, London, with Dr. W. Alexander of Liverpool in the chair. After the usual loyal toasts had been duly honoured, Dr. T. W. Eden proposed "The British Gynaecological Society," and observed that gynaecology had passed from the chrysalis stage of a doubtful branch of medicine into the butterfly stage of a well-acknowledged branch of surgery. The Chairman, in responding to the toast, claimed that the Society during its existence of twenty-one years had advanced the study of gynaecology. He referred with pride to the fact that its Fellows numbered nearly 500 and announced that they were willing to join with the Obstetrical Society in the amalgamation scheme under which it was proposed to join all the medical societies in London into one Royal Academy of Medicine. The toast of "The Services" was proposed by Dr. H. MacNaughton Jones and acknowledged by Surgeon-General Keogh, Director-General of the Army Medical Department, who, in the course of his remarks, said that he thought the profession did not recognize what an important influence it exerted upon the fighting capacity of the army or upon the success of campaigns. He dwelt on the fact that the medical profession has a definite relation to war, and pointed out that a campaign without a medical department was bound to end in failure. The army had on its force a large number of women, and the best efforts were made to supply the most skilled expert advice possible for them. One of the provisions under the new arrangements included the training of a certain number of gynaecologists, and the hospitals at Aldershot proved that the results had been all that could be desired. Mr. Bowreman Jessett submitted the toast of "The Visitors," to which Dr. F. J. Smith, President of the Hunterian Society, and Mr. Reginald Harrison responded.

be returned before Friday, 2nd February. The count will take place on the third, and probably finish on the same day.

It is right to warn voters that they should read the directions on the voting paper and strictly adhere to them. The initials of the voter must be put opposite the name of the person for whom he votes.

Inattention to the rules means the loss of the vote. This has been seen in all elections, and it is surprising to find that so many blunder in a very simple procedure.

REPRESENTATION OF EAST BELFAST.

Dr. J. D. Williamson, J.P., City Councillor, Belfast and Helen's Bay, has been waited upon by a deputation, who asked him to contest East Belfast in the parliamentary election against Mr. Wolff, the present representative. Dr. Williamson, however, refused, giving as his reason that nothing should be done to imperil the Unionist cause.

THE STAFF OF THE BELFAST POOR-LAW INFIRMARY.

At the weekly meeting of the Belfast Board of Guardians on January 9th, the Infirmary Committee report was moved by Dr. Ritchie and seconded by Dr. MacIntosh. It recommended the appointment of two visiting medical officers instead of one, as successors to the late Dr. Lynass; it is felt that the strain of the work, especially the surgical work, must have hastened Dr. Lynass's end; and one of the new men was to be purely surgical. The report and recommendation were based on the advice of the present medical officers and the medical men on the Board; over 1,700 patients have to be attended by four medical men, one of whom is an ophthalmic surgeon. After some discussion, however, it was decided not to increase the number of visiting medical officers.

QUEEN'S COLLEGE, BELFAST. *Better Equipment Fund.*

A meeting of the Executive Committee of the fund was held in the College on January 12th, with Sir Otto Jaffé in the chair. It was decided to vest the funds in seven trustees for the benefit of the College, who shall act under the instructions of the Allocation Committee. The Investment Committee reported that they had invested over £20,000 in approved trustee stock. An Allocation Committee was then formed, and it was resolved to ask the College Council to draw up a complete scheme showing the precise object to which the income of the fund should be devoted, and that this scheme should be considered by the Committee.

India.

A NEW MEDICAL COLLEGE FOR THE UNITED PROVINCES. For many years past there have been no additions to the four medical colleges of India at which a complete medical training for university degrees and qualifications is given by a highly-qualified staff of professors, specially-selected Indian Medical Service officers. The present colleges are situated at the three Presidency towns of Calcutta, Bombay and Madras, and at Lahore, the capital of the Punjab, but it has recently been proposed to start a separate medical college for the United Provinces of Agra and Oudh, and to place it at Lucknow, the capital of Oudh, where so many wealthy native land-owners reside. Under the fostering care of the Lieutenant-Governor, Sir James La Touche, and of the Inspector-General of Civil Hospitals, Colonel R. D. Murray, I.M.S., rapid progress has been made in collecting money for this purpose, no less than ten lakhs of rupees (£70,000) having already been subscribed, while enthusiastic meetings in support of the scheme are being held all over the province. This very ready response on the part of the people is very gratifying and in marked contrast to the hopelessness of obtaining subscriptions for hospitals from the rich natives of Calcutta, in which town the vast proportion of money collected for even native hospitals is obtained from the European inhabitants. As a result the foundation stone of the new hospital for the medical college was laid by the Prince of Wales, a site having been chosen near the old Machehi Bhawan fort and the Victoria Park, on the borders of the native city, yet

not far from the civil lines where the European officials reside. Much time and labour will be required to bring this great scheme to maturity, but a most promising start has been made, and this populous and enlightened province may be trusted to carry it through with credit to itself and to European medicine.

THE HEALTH OFFICERSHIP OF CALCUTTA.

Eight years ago, on the retirement of Professor Simpson from the Health Officership of Calcutta, Dr. Neild Cook was appointed in his place, having previously held a similar post for several years in Madras. After five years' service his appointment was renewed for three years more, and during the whole of this long period he has done excellent work in a post of great difficulty. Yet at a recent meeting of the Municipal Commissioners, at which only about one-third of the total number of members was present, it was decided by a large majority to give Dr. Cook six months' notice, and to advertise the appointment, on the ostensible ground that he was not the man to carry out the proposed reorganization of the health department consequent on the plague officers being once more placed under the Corporation instead of directly under the Local Government. Yet, strange to say, no charges of incompetence have been brought forward to justify the dismissal of the health officer, while it is proverbially unwise to swap horses while crossing a stream, as the municipal authorities propose to do. Much sympathy is felt for Dr. Cook, who is thus cast adrift after over fifteen years' public-health work in large Presidency towns of India without even the opportunity of ascertaining the reasons for the treatment allotted to him or the chance of defending himself. The intention of the Municipal Commissioners with regard to filling up the post are not yet known, but, under the circumstances just mentioned, it is extremely unlikely that they will be able to get any well-qualified health officer to come out from England to take up such a thorny and uncertain post, although under different circumstances Bombay recently obtained an excellent man from England. An officer from the plague department, who has twice acted for a month or so in the post, is likely to be a candidate for it, but it is also considered possible that the Government may intervene and appoint a service officer, making his position independent of the votes of the Municipal Commissioners. Whether a highly-qualified service man can be induced to give up his prospects in the ordinary line of the service for the onerous position of Health Officer of Calcutta remains to be seen.

CONTRACT MEDICAL PRACTICE.

NOTICE AS TO DISTRICTS IN WHICH DISPUTES EXIST.

A notice as to places in which disputes exist between members of the medical profession and various organizations for providing contract practice will be found among the advertisements, and medical men who may be thinking of applying for appointments in connexion with clubs or other forms of contract practice are requested to refer to the advertisement on page 56

PRIZES OFFERED BY THE ACADEMIE DES SCIENCES.—Among the prizes offered by the Paris Académie des Sciences for the period 1907-1911 are several for work in the domain of medicine and surgery. Of these may be mentioned the Monthyon prize of £100, which is awarded annually to the author of books or discoveries considered to be most useful to the art of healing; the Barbier prize (£80) awarded annually to the author of a valuable discovery—surgical, medical, pharmaceutical, or botanical—having relation to the healing art; the Bellion prize awarded annually to scientific workers "who shall have written works or made discoveries beneficial to the health of man or useful for the amelioration of the human race"; and the Bréant prize (£4,000) for the discovery of a cure for Asiatic cholera or of the causes of the disease. The interest of the capital will be given to any one who shall be judged to have advanced the knowledge in regard to cholera or any other epidemic disease.

prescription containing cocaine shall be dispensed more than once, and each shall have written plainly on it the name and the address of the patient to be filed by the druggist, who shall not give a copy to the patient. This section is not to apply to wholesale sales in original packages by any dealer or manufacturer or wholesale dealer to a retail druggist, or licensed medical practitioner or dentist, provided that a label in English is attached to the package describing the proportion of cocaine contained. The punishment for the violation of this law is a fine of from £10 to £20, and imprisonment in the county gaol of not less than thirty nor more than ninety days. Further, the offender's licence will be revoked. The attorney for the county shall prosecute on any complaints of this character, and be authorized to examine the books for the purpose of tracing the sales of any of the articles mentioned.

AN AUSTRIAN ORDINANCE AS TO SURGICAL OPERATIONS.

THE Austrian Minister of the Interior has recently issued an ordinance that the names of all medical practitioners and other persons giving any kind of active assistance at surgical operations must be recorded in the reports of the cases. The occasion for this order is a case of death which resulted from the leaving of the compress in the pelvis of a patient who was operated upon in a private surgical home in Vienna. The trial which followed failed to disclose on whom the actual responsibility for the accident lay. In addition to the records of cases treated in private homes that have now to be kept, it will in future be required that in all cases of operation the names not only of the operator and his immediate assistants, but those of all other medical practitioners who take any part in the operation, so that their respective functions shall be clearly indicated. If persons not members of the medical profession have acted in any way as assistants their names must also be recorded.

ASSISTANT'S DOORPLATE.

ATHENRY writes to point out what he considers a discrepancy between the opinion expressed in the *BRITISH MEDICAL JOURNAL* on June 10th, 1905 (p. 1308), and that given in our answer to him last week, in which we stated that an assistant's name might be placed on a doorplate provided he is a registered practitioner.

“We do not see that there is any discrepancy in the answer given last June; no opinion was expressed as to the propriety of the name appearing; it was merely stated that it was not customary, which is doubtless also quite true.”

THE TITLE OF “ACCOUCHEUR.”

T. W. B. asks, in reference to our recent statement, that the term accoucheur is not so frequently seen now on the doctor's door-plate as it was forty years ago, is not this omission unwise at the present day, if the qualified doctor desires to hold his own against the newly qualified midwife? Is there any reasonable objection to our adding the word “accoucheur” to the brass plate or “physician accoucheur” as in past times?

“We merely stated what we believe to be a fact, but there is no reasonable objection to registered medical practitioners taking that title if they please.”

THE TITLE OF “DOCTOR.”

M.D. BRUX. writes: In your reply to “Athenry” you state that holders of the L.R.C.P.I. and L.R.C.S.I. diplomas have no “right” to the prefix “Dr.” Notwithstanding this it seems to be the invariable custom in Ireland for all practitioners, excepting some consulting surgeons, to so style themselves. Many of them emphasize the prefix by having it spelt out in full. Some consulting surgeons in Dublin use the word “Surgeon” as a prefix, but one never sees a humble “Mr.” on an Irish practitioner's doorplate.

“Our correspondent may correctly state the common custom in Ireland, but we were speaking of “right” in the sense of special claim as compared with that of other medical diplomas. There is no legal objection to the use of the title by a registered medical practitioner.”

DR. F. W. COLLINGWOOD also takes exception to the same answer, and complains of the attitude of the Ethical Committee upon this question; he states that the Attorney-General of Ireland has given an opinion in favour of the right to use this title by the diplomates of the Royal College of Physicians of Ireland.

“We would point out that the Ethical Committee has merely followed the decision given by the Representative Meeting at Oxford, which we take to be the rule of the Association upon this question until it is reversed, although the draft Medical Acts Amendment Bill proposes to confer the right to use the title upon every registered practitioner.”

PUBLIC HEALTH

AND

POOR-LAW MEDICAL SERVICES.

DISTRICT MEDICAL OFFICERS' CLAIM FOR PENSION. RETIRED, to whose previous communication in reference to a pension we replied at page 57 of the *BRITISH MEDICAL JOURNAL* of January 6th, writes again, now stating that he never subscribed to the superannuation fund established under the Act of 1896, but he considers that under the old regulations he could claim a pension. He wishes to know whether, under these circumstances, the local Board of Guardians can refuse to grant the pension.

“It is optional on the part of the guardians to grant any pension under the old regulations. If they decide to do so their action must be confirmed by the Local Government Board.”

PAROCHIAL MEDICAL OFFICERS IN SCOTLAND. ABOUT TO BE DISMISSED.—Parish councils in Scotland can dismiss medical officers “with or without cause” being given, and the Local Government Board has no power to interfere. The length of notice follows the usual rule in law—if the salary is paid monthly, a month's notice; if paid quarterly, three months' notice. Medical officers do not appear to have any other claim. The Bill promoted by the Scottish Poor-law Medical Officers' Association, and supported by the British Medical Association, would remedy this grievance; it has been persistently blocked, but will, we understand, be introduced again, when perhaps in a new Parliament it may have better fortunes.

UNIVERSITIES AND COLLEGES.

CAMBRIDGE UNIVERSITY.

THE following have been examined and approved for the degree of M.C.: C. B. Goulden, M.A., non-coll.; A. G. Wilson, B.A., Cai.

UNIVERSITY OF EDINBURGH. ANNUAL REPORT FOR 1905.

Numbers of Students.

DURING the past year the total number of matriculated students (including 385 women) was 3,165, being 165 above the number for 1904, and the highest number reached for twelve years. Of this number, 982 (including 336 women) were enrolled in the Faculty of Arts, 290 (including 9 women) in the Faculty of Science, and 1,500 (including 25 women) in the Faculty of Medicine. Of the students of medicine, 677, or 45 per cent., belonged to Scotland; 336, or over 22 per cent., were from England and Wales; 119 from Ireland; 70 from India; 272, or over 18 per cent., from British Colonies; and 27 from foreign countries. These figures are interesting as showing a larger proportion of non-Scottish students of medicine than there has been of late years. Besides these matriculated students, 89 non-matriculated students have paid the 5s. entrance fee. The number of women attending extra-academical lectures with a view to graduation in medicine in the University was 89.

Degrees Conferred.

The following degrees were conferred during 1905: Master of Arts (M.A.), 153; Bachelor of Science (B.Sc.), 31; Doctor of Science (D.Sc.), 7; Bachelor of Medicine and Master in Surgery (M.B., Ch.B.), 192 (including 9 women); Doctor of Medicine (M.D.), 76 (including 2 women); Master of Surgery (Ch.M.), 1. The Special University Certificate in Diseases of Tropical Climates was conferred on 77 candidates (including 6 women). In addition to the customary conferment of honorary degrees at the ordinary graduation ceremonies, a special ceremonial took place on July 22nd, when the honorary degree of LL.D. was conferred upon his Excellency M. Paul Cambon, the French Ambassador, and upon nine eminent foreign and colonial surgeons, who were present in connexion with the celebration by the Royal College of Surgeons of Edinburgh of its fourth centenary.

The General Council.

The General Council of the University now consists of 9,870 graduates.

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, £3,630. 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.

The Carnegie Foundation.

Although the Carnegie Foundation has, so far, had but little appreciable influence in increasing the number of students, it continues to be 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 for the supply of apparatus to certain departments; while an annual grant of £1,000 is made to the library for the purchase of books, and a considerable sum has been paid in 1905 towards the cost of the new engineering building.

New Buildings.

Substantial progress has been made during the year with the scheme for the improvement and expansion of the university, and the engineering department has now moved into the new buildings in High School Yards. The university has also secured ground for the erection on an adjoining site of new buildings for the Natural Philosophy Department, and building operations will be begun early in the year.

New Lectureships, etc.

Dr. F. H. Marshall, Carnegie Fellow, has recently been appointed Lecturer on the Physiology of Reproduction, and early in the year is to give a short course upon this subject. A diploma in Tropical Medicine and Tropical Hygiene (D.T.M. and H.) has been instituted, and in connexion therewith Dr. J. H. Ashworth has been appointed to give a course of instruction on disease-carrying insects and venomous animals, and a course on Tropical Hygiene will shortly be given in the Public Health Department by the Professor and Dr. J. Buchanan Young. A new advanced course of twenty-five lectures in chemistry has also been authorized and will be given next summer session. Extended provision has also been made for the teaching of clinical surgery by the assignment to Professor Chiene of definite duties in that department.

Changes in the Teaching Staff.

In July last Professor A. R. Simpson, in his address as promoter at the graduation ceremonial, took leave of the University. Appointed in 1870 as Professor of Midwifery, in succession to his illustrious uncle, he has during the long period of thirty-five years worthily maintained the traditions of the Chair. Sir John Halliday Croom was in October last elected by the Curators of Patronage to fill the vacancy. The office of Dean of Faculty of Medicine, held by Professor Simpson for a period of about five years, has been filled by the appointment of Professor D. J. Cunningham.

Mr. W. Cramer, Ph.D., has become Lecturer in Chemical Physiology, in succession to Dr. John Malcolm, now Professor of Physiology in Otago University. Dr. George Mackay has succeeded Dr. G. A. Berry as University Lecturer on Diseases of the Eye.

Benefactions.

Among these may be noted a gift by Professor Crum Brown of over 2,000 specimens of pure chemical substances.

The Library.

Additions to the University library for 1905 numbered 6,077, being a small decrease from the previous year. They included gifts from the Japanese Government, Tokyo; the Liverpool School of Tropical Medicine, Cambridge University, and various American learned societies. The cataloguing of the library 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 about 210,000; but in addition to these several departmental libraries have been catalogued, notably the physiological and other 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 Committee 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. Perhaps some generous donor may ere long be found willing to associate his name with this important work. 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 present session. Ample space having been provided for new books for years to come by the introduction of a system of steel shelving on the ground floor of the library, the most urgent structural need now is a fireproof strong-room, and it is expected that the University authorities may soon be able to provide this indispensable item of library equipment.

The Students' Representative Council.

This important member of the body politic of the University

celebrated its "majority" by a dinner and other interesting and successful functions in January last.

Edinburgh University Union.

Great progress has been made during the year with the completion of the extension of the University Union. It is expected that the whole of the buildings will be completed for occupation in October, 1906. The additional accommodation thereby provided consists of a large library, a reading and writing room available for use as a smaller hall, several new committee rooms, cloak rooms, etc.; the enlargement of the entrance hall, a large new kitchen and other service accommodation, etc., together with two five-courts. Funds are still urgently needed, not only to meet the expenditure now being incurred, but to clear off existing debt, etc., the total amount still required being about £15,000, and the Committee of Management are trusting largely to friends of the Union and of the University to help them in eventually raising the whole of this sum, so that the completed Union may be ultimately free of debt.

UNIVERSITY OF LONDON.

CONVOCATION.

A GENERAL meeting of Convocation was held at the University on Friday, January 12th. Sir E. H. BUSK, M.A., LL.B., Chairman, presided.

The Report of the Standing Committee.

The report was presented by Dr. R. M. WALMSLEY, D.Sc., and adopted by the meeting.

University College Hospital.

The proposed statutes for the constitution and management of the hospital had been considered by the Standing Committee, who proposed certain recommendations for adoption by the meeting. These were moved by Dr. S. RUSSELL WELLS and Dr. R. MAGUIRE. Two of the proposals were negatived, and the two following adopted after slight alteration and lengthy discussion:

- That the North London or University College Hospital or medical school attached thereto be forbidden to grant any special privileges to students from University College, or to give to such students any scholarships, prizes, or rewards which are not open on the same terms to all other medical students of the University.
- That the University should claim on behalf of University College all funds which have been devoted to all or any of the faculties other than that of medicine and such proportion of those funds devoted to medicine as is fairly attributable to the preliminary and intermediate medical studies.

University College School.

Dr. R. M. WALMSLEY moved several resolutions which had been proposed by the Standing Committee for inclusion in the statutes to be framed for the constitution and management of the school. Two of the proposals were rejected; but eleven were adopted with slight amendments by Convocation.

Proposed Union Society.

The report of the Standing Committee recommended that the name of the Society should be The University of London Union Society; that its objects should be to hold debates, and maintain a library and reading and writing rooms; that the President, Vice-President, and Junior Treasurer should be undergraduates, each serving for one term (the year consisting of three terms), and that the Senior Treasurer and the Secretary should be graduates, each serving for one year and re-eligible; that the Society should be managed by a Committee; that all graduates and undergraduates of the University (men or women) should be eligible for membership on payment of 5s. a year or of a life composition fee, and on being duly proposed to the Committee of Management; that the debates should be held once a week at the Society's rooms, or for the present at the University or at the Colleges in turn, as might be arranged; and that no theological question should be discussed.

Dr. T. LAMBERT MEARS, LL.D., Deputy-Chairman of Convocation, proposed:

- That a Special Committee of Convocation be appointed to serve as a temporary Board, with power to organize the University of London Union Society on the lines suggested in the report, and to do all such things as may be necessary to hand it over as a duly constituted Society to the Government, which shall be appointed by the members of the Union.

This was duly seconded, and carried unanimously, and the Special Committee was appointed.

University of London Athletic Sports.

The members of the late Subcommittee on University Boat and Athletics were appointed a Special Committee to carry out certain objects, and, in particular, to organize, during the coming summer, University of London Athletic Sports.

Promotion of Higher Learning and Research.

The meeting was, on the motion of Dr. RUSSELL WELLS, adjourned to a date in February to be fixed by the Chairman, for the consideration of recommendations of the Standing Committee respecting the increased encouragement of higher learning and the establishment of research laboratories in

the University in various branches of science, similar to the Physiological Laboratory which was established three years ago.

LONDON HOSPITAL MEDICAL COLLEGE.

A course of lectures on the physical chemistry of colloids, with special reference to immunity, will be given by Mr. J. A. Craw, one of the British Medical Association research scholars; the subject which he undertook to investigate was the physical chemistry of agglutination and toxin-antitoxin reaction. The course will consist of ten lectures, which will be delivered on Friday afternoons at 4.30 p.m., commencing on January 19th. The lectures will be given at the London Hospital Medical College, Mile End, E. (nearest station St. Mary's, Whitechapel, Metropolitan Railway), and are open to any member of a London school of medicine.

UNIVERSITY OF SHEFFIELD.

THE CHAIR OF PATHOLOGY.

THE Council of the University have appointed Dr. Louis Cobbett Professor of Pathology in the University.

Dr. Cobbett received his medical education at Trinity College, Cambridge, and afterwards at St. Thomas's Hospital, London. He is a graduate in Arts and Medicine of Cambridge University, and a Fellow of the Royal College of Surgeons of England. After holding various resident medical posts at St. Thomas's Hospital, he devoted himself entirely to the study of pathology and bacteriology, and obtained the John Lucas Walker Studentship at Cambridge. In this capacity, and as Demonstrator of Pathology in the University, he had the advantage of working under the late Professors Roy and Kanthack. Dr. Cobbett has added considerably to our knowledge of the organisms causing diphtheria. For the last few years he has been engaged upon researches as to the relations of human and bovine tuberculosis, on behalf of the Royal Commission on Tuberculosis.

CONJOINT BOARD IN IRELAND.

THE following candidates have passed the Third Professional Examination:

C. J. B. Dunlop, G. A. Francis, M. J. Glancy, D. J. Hanafin, A. Hipwell, W. E. Hitchins, J. Holmes, P. Holmes, W. S. Moorhead, A. A. Murphy, J. McGreal, H. V. McKeogh, M. H. O'Sullivan, E. P. Punch, and D. P. Walsh.

ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH.

Morison Lectures.

THE Morison Lectures will be delivered in the hall, 9, Queen Street, by Dr. W. Ford Robertson on Wednesday, Friday, and Monday, January 24th, 26th, and 29th, at 5 p.m. The subject of the lectures this year is The Pathology of General Paralysis of the Insane.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

AN ordinary quarterly Council was held on January 11th, Mr. JOHN TWEEDY, President, in the chair.

Fellowship Examination.

The following resolution was adopted by the Council:

"That the list of Universities whose graduates in Medicine and Surgery may present themselves for examination for the Fellowship, without first becoming members of the College, under the conditions of Paragraph 2 Section IV of the Regulations for the Fellowship, be amended by the substitution of 'Victoria University of Manchester' for 'Victoria University' and by the addition of the Universities of Liverpool, Leeds, and Sheffield."

Court of Examiners in Dental Surgery.

Mr. G. H. Makins was elected a member of the Court in the vacancy occasioned by the retirement of Mr. W. H. A. Jacobson.

Hunterian Orator for 1907.

Mr. H. T. Butlin was appointed Hunterian Orator for 1907.

International Medical Congress at Lisbon.

Mr. Mayo Robson was appointed to represent the College at the above Congress, to be held in April, 1906.

Pass List.

The following passed the Preliminary Science Examination for the Licence in Dental Surgery:

Part I Chemistry, Part II Physics.—R. Chapman, A. Cohen, H. Daw, W. H. Edmonds, W. E. Guilding, C. S. Jones, O. Keighley, I. Levy, A. B. Plank, E. E. Solomon, E. S. Tait.

CONJOINT BOARD IN ENGLAND.

THE following gentlemen passed the First Examination of the Board in the subjects indicated:

PART I. Chemistry. PART II. Physics.—T. M. Bellcw, G. W. Beresford, F. S. D. Berry, H. R. Brown, E. M. Browne, I. G. Cobb,

K. F. R. Davison, A. Dias, C. R. Dudgeon, J. R. K. Fenning, R. F. Fuller, A. J. Graves, B. Grellier, G. H. C. St. G. Griffiths, A. M. Henry, D. E. J. S. Hughes, T. H. James, J. P. Jones, C. de C. W. Langdon, W. E. Latham, C. McIver, L. Milton, R. A. Pittard, H. Platts, G. L. Preston, A. B. Rosher, H. Stobie, E. L. Sturdee, S. W. Turtle, V. Vesselovsky, L. R. Warburton, P. D. Warburton, F. C. Wright.

PART III. *Elementary Biology*.—E. C. Beddows, G. W. Beresford, G. N. Brandon, J. H. Bulcock, R. E. R. Burn, J. S. Ellis, E. L. Z. Fickling, A. L. George, G. F. C. Harvey, D. E. J. S. Hughes, T. J. Killard-Leavey, M. D. A. Kureishi, A. F. C. Martyn, A. P. Nicolle, R. S. Overton, J. H. Owens, A. C. Paterson, H. Platts, H. G. Steel, M. C. Thavara, F. St. B. Wickham, J. E. S. Wilson, R. Yood.

The following gentlemen have passed the examinations indicated:

FIRST EXAMINATION.

Part IV. *Practical Pharmacy*.—G. D. Alexander, R. E. Apperly, P. Black, L. H. Booth, G. Bowen, H. V. Capon, R. M. Coalbank, H. C. Devas, J. McD. Eckstein, S. Falkner, J. E. Foreman, W. Greening, H. McC. Hanschell, D. G. Harries, W. de M. Hill, E. E. Isaac, C. S. Lee, H. H. Leeson, T. St. L. Leyshon, H. C. Malleson, V. L. Matthews, G. N. Montgomery, G. R. Phillips, J. M. Postlethwaite, A. T. Rivers, G. B. Scott, C. Tylor, H. R. S. Walford, A. G. Wells, J. C. Wootton.

SECOND EXAMINATION.

Anatomy and Physiology.—H. W. L. Allott, H. R. L. Allott, J. J. H. Beckton, A. C. B. Biggs, O. H. Bowen, C. J. Butler, D. H. Caine, K. K. Dadachanji, A. Davies, H. B. Farrant, A. G. V. French, F. A. French, C. I. Harmar, J. C. Harris, E. C. Holtom, A. W. Holthusen, H. G. Janion, H. B. Kent, S. H. Kingston, H. Lee, M. W. Morrison, M. A. Nicholson, B. C. N. O'Reilly, G. Packham, F. W. Quirk, A. D. Rope, A. B. Scott, C. F. Searle, W. S. Simpson, N. F. Sinclair, P. Sinnock, E. R. Sircorn, S. S. Strahan, S. N. Tiwary, F. J. Wheeler, D. P. Williams.

ROYAL COLLEGE OF PHYSICIANS OF IRELAND.

REUBEN HARVEY MEMORIAL PRIZE.

THE seventh triennial award of the Reuben Harvey Memorial Prize will be made on July 1st, 1906. The competition is open to all students of the various schools of medicine in Dublin recognized by the medical licensing bodies in Ireland, and also to graduates and licentiates of those bodies of not more than three years' standing from the date of their degree or licence. The prize, value £25, will be awarded to the writer of the essay (which must be illustrated by drawings or preparations) on a subject selected by the candidate evidencing original research in animal physiology or pathology. The essays, bearing fictitious signatures, must be lodged with the Registrar of the Royal College of Physicians of Ireland, Kildare Street, Dublin, by June 1st, 1906.

APOTHECARIES' HALL, IRELAND.

THE Governor of the Apothecaries' Hall of Ireland, Colonel Adye Curran, F.R.C.S., entertained at dinner a large number of guests at the Gresham Hotel, Dublin, on January 13th.

After the toast of "Ireland's best friend, His Majesty the King," had been duly honoured, the CHAIRMAN gave that of "The Universities and Royal Colleges," and claimed that the Apothecaries' Hall had striven to co-operate with the Universities and Colleges in maintaining the reputation of the Irish medical profession.

The toast was acknowledged by the PROVOST OF TRINITY COLLEGE, who said that the number of students at the College which had fallen below a thousand, had now risen to above eleven hundred.

Sir WILLIAM SMYLY, President of the Royal College of Physicians in Ireland, who also replied, said that those who were acquainted with the work of the Apothecaries' Hall valued the services which it had rendered.

Sir ARTHUR CHANCE, responding on behalf of the Royal College of Surgeons in Ireland, said that he had been opposed to the one-portal examining system because he thought it would be destructive to the Irish examining bodies.

Sir CHRISTOPHER NIXON, who replied on behalf of the Royal University, protested against these observations, remarking that there were interests higher than those of the universities and colleges—namely, those of the profession and public at large.

Sir THOMAS MYLES, who also spoke, said that he had always been in favour of the conjoint diploma of the Royal College of Surgeons and the Apothecaries' Hall of Ireland.

Sir CHARLES CAMERON, C.B., in proposing the toast of the Apothecaries' Hall, said it was the oldest medical incorporation in the British Empire. He described the work it had done, and expressed the pleasure with which he saw in the chair a gentleman who on retiring from the army had settled down at home and taken great interest in medical work.

THE GOVERNOR, in the course of his response, said that the competition in the drug trade had become so keen that the contract for medicines to the Army Board and several unions in Ireland had to be relinquished by the Hall as it had been found impossible to supply genuine articles at the low contract rates now accepted by those bodies, a system which had necessitated the employment of analysts throughout the country.

decision of character was a most useful quality in India, but in municipal administration at home it showed itself in a slight tendency to autocratic rule. His transparent honesty of purpose, however, made those who knew him willing to shut their eyes to this little failing; and it was recognized by his fellow-citizens that his strenuousness and occasional over-zeal were the outcome of an unselfish devotion to the interests of the town to the service of which he gave a considerable part of his life.

JOHN ABERNETHY KINGDON, F.R.C.S.Eng.

STUDENTS of St. Bartholomew's of a former generation will learn with deep regret of the death of John Abernethy Kingdon who died at his chambers in Westminster from heart failure during sleep on January 5th, in the seventy-eighth year of his age.

His father was for many years a well-known surgeon practising in the City at 2, New Bank Buildings, Lothbury, where his son Abernethy was born in 1828. Abernethy Kingdon was baptised at St. Margaret's, Lothbury, where John Abernethy stood godfather. He was educated at St. Paul's School and St. Bartholomew's Hospital, and took the diploma of M.R.C.S. in 1849. Shortly after qualifying he was appointed House-Surgeon to the late Sir William Lawrence, an intimate friend of his father, for whom he entertained the deepest personal affection and the highest regard for his scientific attainments and surgical skill. Sir William on his part had great admiration for Kingdon's good work and untiring industry during his tenure of office.

After leaving the hospital he was appointed Surgeon to the City Dispensary at that time located in Queen Street, Cheapside, an appointment which he held for many years. In 1861 he was elected a Fellow of the Royal Medical and Chirurgical Society, in 1866-67 a member of the Council and a vice-president in 1872-73. Whilst a member of the Council he was elected a member of the Science Committee for the investigation of the action of the subcutaneous injection of drugs, an inquiry he pursued with the keenest interest. He was also a member of the Pathological Society.

It was, however, as Surgeon to the City of London Truss Society that his name was chiefly known in connexion with his professional career. Elected in 1858 he devoted the best part of his energy to the Society until his retirement in 1888. He contributed a valuable and well-thought-out paper to the Royal Medical and Chirurgical Society on *The Causes of Hernia*, published in the forty-seventh volume of that Society's *Transactions*. In this contribution he proved that the occurrence of hernia was due primarily to developmental defects and to pathological changes in the peritoneal reflections forming the suspensory ligaments of the abdominal viscera.

In 1861 he was elected a Fellow of the Royal College of Surgeons of England, but he took little interest in the unrestful politics of the electoral body. It was about this period that Kingdon took the largest share in resuscitating the fallen fortunes of the Abernethian Society, and it is due to his watchful care and untiring interest that the Society has attained the proud position it now holds in the Medical School of St. Bartholomew's.

He was an influential member of the Court of the Grocers' Company, and in 1883 he served the office of Master with great dignity and acceptance. He edited two volumes of the ancient history of this guild and the part it took in the work of the Reformation and in the question of "ancient weights and the custodianship of the standard weights and of the King's beam." So highly was his work regarded that the Court presented him with an address of appreciation enclosed in a silver casket.

Kingdon did not care for private practice from a surgical point of view. His chief professional work was that of medical officer to the Bank of England and many insurance societies; his reports were reckoned models of what medical reports should be.

His health had been visibly failing for the last year, but he never relaxed his professional and official duties.

A memorial service was held at St. Margaret's, Lothbury, of which he had been churchwarden for forty years, and the large attendance of his friends, including the Master and Court of the Grocers' Company, at this service afforded abundant testimony to the affectionate regard in which he was held. His body was laid to rest in Highgate Cemetery.

Kingdon was never married, and only one brother, the Bishop of Fredericton, in the Province of Canada, survives him.

Kingdon was in many ways a remarkable man; he was chivalrous in every way and in its highest sense; he gave largely of his means to render others happy. He was reserved to all save his intimate friends, dignified and courteous at all times, and a loyal friend who never failed, even though it might be to his own hurt.

ANGUS JOHN GRANT, L.R.C.P. AND S. EDIN., L.F.P.S.G.

It is with deep regret that we record the death, at the early age of 30, of Dr. Angus John Grant, of Haddington.

Dr. Grant was born at Pembroke, Ontario, Canada, in 1875. He obtained his early education at the Public and High Schools of Pembroke, and passed on to the McGill University, Montreal, where he graduated M.D., C.M., in 1896. He then came to Scotland, and after a short period of study in Edinburgh he obtained the triple qualifications of L.R.C.P. and S. Edin. and L.F.P.S. Glasg., and subsequently the degree of B.Sc. in Public Health from the University of Edinburgh. In 1896 he joined Dr. Bruce Ronaldson, of Haddington, as his assistant, and after a short time became his partner.

In this brief span of ten years in Haddington Dr. Grant's life-work was done. There it is that his loss is daily felt and mourned by those to whom he gave unsparingly the help of his skill and the comfort of his sympathy. Endowed with great personal charm and wonderful kindness of heart and manner, the young physician soon gained the love and trust of all who came under his care, and the respect and admiration of his colleagues in the profession, who noted his brilliant, untiring, unostentatious work. It was with profound sorrow and a deep sense of the mysteriousness of the ways of Providence, that many who had watched the opening of so promising a career learned a few months ago that Dr. Grant had been stricken down by a hopeless illness. He died in Edinburgh on January 10th, and was buried in the churchyard of Haddington, amidst signs of general mourning of the community. His body was borne to its last resting-place by a detachment of the 7th Volunteer Battalion Royal Scots, with which he had been long connected as their Surgeon-Captain. He was a member of the Lothians Division of the British Medical Association.

DEPUTY INSPECTOR-GENERAL WALTER FREDERICK COPE BARTLETT died recently at Plymouth. Appointed Surgeon in the Royal Navy, October 17th, 1856, he became Staff Surgeon, June 17th, 1865; Fleet Surgeon, December 29th, 1877; and Deputy Inspector-General of Hospitals and Fleets, on retirement from the service, June 9th, 1887. In 1857, whilst Assistant-Surgeon of the *Raleigh*, he was wrecked on the China coast. During the China war in 1857-1860 he served in the hospital ship at Hong Kong, and received the China medal. He was Fleet Surgeon of the *Agincourt* during the Egyptian war in 1882, and was awarded the Egyptian medal and the Khedive's bronze star. He was in receipt of a Greenwich Hospital pension of £50 a year granted to him in 1903.

THE death is announced of Captain WILLIAM JONES CROFTON, M.B., retired Army Medical Staff, as having occurred on December 3rd, 1905, at Blackrock, co. Dublin. He joined the Army Medical Department as Surgeon-Captain, July 27th, 1887, and retired therefrom April 7th, 1892.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Dr. G. W. Milt-nberger, Emeritus Professor of Obstetrics in the University of Maryland, Baltimore, aged 86; Dr. Angelo Filippi, Professor of Forensic Medicine at Florence; Dr. P. Jacobs, of Cologne, the oldest medical practitioner in Germany, aged 96; Dr. Domenico Barbieri, of Vienna, a favourite pupil of Billroth, and the trusted assistant of the great surgeon, whom he accompanied to nearly every part of Europe whenever an important operation had to be performed, aged 60; and Dr. Ernst von Wolfring, sometime Professor of Ophthalmology in the University of Warsaw, aged 73.