

has at different times and by different writers been passed over as of very little importance, or credited as the cause of the epileptic fits.

In 108 cases of idiopathic epilepsy I have found this condition on one or both sides in 52 (48 per cent.). Worcester¹⁰ found it in 20 out of 43 (46.5 per cent.); Bratz¹¹ in 25 out of 70 (35 per cent.); Weber¹² in 11 out of 33 (31 per cent.). It is very rare in other than epileptics. It occurs sometimes in general paralysis, but usually as part of a general sclerosis affecting more or less the entire cerebrum.

I find it to be much more common (when only one side is affected) on the left, thus: in these 52 instances of mine, the left was sclerosed in 19, the right in 11, and both sides in 22. The proneness of the left side to suffer more than the right is greater than these figures indicate, because, where both sides are affected, very often the left is more sclerosed than the right.

These sclerosed and atrophied horns show very little change under the microscope. There is practically no appearance of an active glial overgrowth, and in fact it is usual to find more and larger glia cells in the unaffected than in the affected horns of epileptics. The nerve cells are diminished in number, and those remaining are shrunken and stain deeply. Small cortical haemorrhages are here, as in other parts of the brain, a very common feature.

I believe that the sclerosis and atrophy is due to a deprivation of the normal blood supply to the parts, as a result of entire or partial blocking of its nutrient vessels, whereby the tissues are as it were starved, and gradually shrink and at the same time become tougher.

The reason why this particular part of the brain should so frequently be the seat of this change is extremely difficult to account for satisfactorily, except on the supposition that it has a vascular origin. After the intravenous injection of clove oil into the jugular vein of a rabbit, the small haemorrhages found in the brain appeared to have a great partiality for this region—a fact which lends some colour to the idea that there is a close connexion between the lesion and the disposition of the blood vessels; and further, the fact that it so frequently affects the left side is in harmony with this idea, for the direct origin of the left carotid from the aorta would favour the deposition of thrombi carried by the blood stream in the vessels of this side.

In one instance I found a partial blocking by a fibrinous clot of one of the arteries going to this part, and the occurrence of partial or complete obstruction of the smaller vessels in the substance of the horns is very common.

The abundant, foam-like albuminous exudate found in the perivascular spaces may also further interfere with the proper nourishment of the tissues.

As a matter of fact, the cornua ammonis are by no means the only parts of the brain affected in this way in epileptics. It is not uncommon to find small areas, especially in the occipital cortex, shrunken and tough and the cerebellum is a very favourite site of these local atrophies, the sharply-defined limits of the affected parts favouring the view that they are of vascular origin. In 9 cases out of 19 examined atrophied foliae were found (47 per cent.), and when one considers what a very small part of this organ is examined microscopically in each case, and that in many instances the affected area is so small as easily to escape detection by the naked eye, it must be admitted that in all probability these figures greatly understate the frequency of the lesion in the cerebellum.

B. Onuf¹³ has drawn attention to an atrophic condition of the thalamus in epileptics (he does not mention whether the consistency was increased). In 9 cases examined it was present seven times—three times on the left side, once on the right, and twice on both sides. This atrophy can be adequately accounted for in the same way as that of the cornu ammonis, and it is interesting to find that as with the cornu ammonis so with the thalamus, the left side seems to be more frequently affected than the right. Onuf also refers to shrinking of the foliae of the cerebellum, which he found in 3 cases. Since reading this paper I have only had the opportunity of examining the brain of four epileptics. In three of these there was very slight shrinking of one thalamus, once on the right side and twice on the left. In none was there any perceptible

increase in consistency on the smaller side, but this was scarcely to be expected as the shrinking was extremely small.

SUMMARY.

To summarize briefly the most important changes found, they are on the part of the nerve cells:

(a) A form indicative of imperfect development.

(b) Retention of subcortical nerve cells. Also an indication of imperfect development.

(c) Either an acute form of cell change, similar to that produced by ligature of the cerebral arteries in a dog, or

(d) Groups of darkly-stained, shrunken cells, representing a more chronic change, and very likely, at all events in some cases, the sequel of that just described.

On the part of the vascular system:

(e) Large numbers of blood plates in the blood.

(f) Different forms of intravascular clotting, probably in large measure derived from amalgamation of the blood plates, but to some extent also probably due to destruction of red blood corpuscles.

(g) Small cortical haemorrhages, which in some cases can be traced to rupture of a vessel blocked up by the aforementioned clot.

Taken together, that is the correlation of the defectively-developed and probably unstable nerve cells, with the local stasis of the blood stream resulting from intravascular clotting; I submit that these conditions constitute the pathological basis of the epileptic fit.

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MEMORANDA: MEDICAL, SURGICAL, OBSTETRICAL.

ERYTHEMA AFTER VERONAL.

SEVERAL cases have been reported lately of the toxic effects of veronal. In the EPTOME of the *BRITISH MEDICAL JOURNAL* of November 4th, 1905, Kress quotes "numerous authors who had met with unpleasant or dangerous action of this drug" when used in anything like quantity. As the drug was placed upon the market as an absolutely safe one without toxic effects, there is a probability that a reaction may set in against its use. I can testify to its great value in small—5 gr. to 8 gr.—doses in cases of slight pain, and in one instance sleep was induced by a dose of 8 gr. in severe toothache, but I have also to record a case in which a dose of 8 gr. proved toxic in its effects.

The patient is a lady, aged about 42, who has suffered for years from symptoms of dilated stomach, which is in all probability due to a scirrhus carcinoma. She has been difficult to treat medicinally for many years on account of the liability to erythema which asserts itself on the ingestion of various drugs. Morphine in very small doses, and ether, whether taken by the mouth or inhaled, has produced it. She thinks that eucalyptus produced it on one occasion. As sleeplessness and restlessness had been a distressing symptom for some time, I was induced to try veronal under the belief that it was non-toxic. The patient feared to try any new drug, and carefully inquired as to whether it would produce erythema. I reassured her on this point, and that evening she took an 8-gr. powder. An hour and a quarter later she was asleep; three-quarters of an hour later she woke with a violent attack of an erythematous rash, with oedema of the face so marked that she could scarcely see out of her eyes. There were feverishness and restlessness, and the skin "burnt like fire." This lasted to a decreasing extent for four or five days, when the skin began to peel extensively, and this continued for twelve days. There was no other untoward symptom such as Kress records, but that there is an idiosyncrasy in some persons to this drug, as to others, is well proved by such cases.

W. KENNETH WILLS, M.B., B.C. Cantab.

Clifton, Bristol.

A RAPID CURE FOR LUMBAGO.

I quite agree to the value of ung. antimon. tartarat. in the treatment of lumbago, as Dr. Kenyon pointed out in the BRITISH MEDICAL JOURNAL of January 13th, p. 81, and have used it successfully for many years, having first got the hint in the Sixties from an article in *Braithwaite's Retrospect* in connexion with its often marvellous effects in relieving children's chest affections associated with persistent cough; but here there must be no rubbing in, only spread on lint and hung round the neck with a jaconet or oiled-silk covering to hinder the ointment from soaking into the clothing, and suspended when pustulation is established. A little fresh ointment should be spread on the lint daily till the above effect is produced.

In this connexion it may also be mentioned that croton oil liniment used in a similar way will often succeed as well if not better, especially in cases of chronic sciatica and allied disorders in the hip region, and in such thorough rubbing in has much to do with the success of the remedy.

Of course it must be remembered that the affection would return after a time, but whoso has employed croton oil liniment after this fashion in arthritic cases carefully chosen, has found a remedy that seldom fails to greatly relieve the stiffness and gnawing pains characteristic of these rheumatic disorders.

Burbage, Marlborough.

J. FARQUHAR, M.D.

CONGENITAL SYNOSTOSIS OF RADIO-ULNAR ARTICULATIONS.

HAVING read in the BRITISH MEDICAL JOURNAL of December 9th, 1905, the account given by Mr. C. Hamilton and Mr. J. Lionel Stretton of congenital synostosis of the upper radio-ulnar articulations, I thought the enclosed photograph, taken some twenty years ago, might be of interest, showing some of the characteristics of the disease.



The patient, a girl aged 15, was admitted into the St. Marylebone Infirmary. She could not supinate her arms, and was accustomed to carry trays, etc., on the back of her hands. The head of the radius appeared in its normal position, and the patient stated that she had always been in the same condition from her birth. As far as I remember, the radius joined the ulnar about 2 in. below the elbow-joint, causing the deformity. The patient died of phthisis, and no *post-mortem* examination was allowed.

St. Marylebone Infirmary.

JOHN R. LUNN.

CHILDBIRTH AFTER COLOTOMY.

DURING the latter part of 1904 and early months of 1905 I attended a Mrs. G., a multipara, aged 28 years, for malignant disease of the rectum. She declined any operative interference, and treatment was purely palliative.

In March, 1905, she developed symptoms of complete obstruction. The rectum was impervious even to the passage of flatus; the abdomen was tympanitic, and coils of distended intestine were visible through the thin abdominal wall. There was frequent vomiting, which showed a tendency to become stercoraceous. As the patient's condition was rapidly becoming critical, I performed left inguinal colotomy. The result was very satisfactory; all symptoms of obstruction were relieved.

The patient made a rapid recovery, and subsequently had almost complete control over the evacuations.

A few months afterwards I was called to see Mrs. G. on account of abdominal distension, which she attributed to the progress of the disease. Examination revealed an early stage of pregnancy.

On January 10th, 1906—less than ten months after the date of operation—I delivered Mrs. G. of a full-time living child apparently 10 to 11 lb. in weight. The period of gestation was normal, except for pain in the rectum, which was easily controlled by morphine suppositories. The progress of labour was delayed by the protrusion into the vagina of the large rectal mass, which extended as high up as could be determined by vaginal examination. As the pelvis was roomy, I was able, by combined internal and external manipulation, to perform version and secure rapid delivery.

The patient made an uneventful recovery, and was downstairs on the tenth day, although for some days there was considerable pain in the rectal mass owing to the inevitable pressure to which it had been subjected. In spite of her trying experiences the patient still leads a fairly comfortable existence, no symptoms of obvious secondary deposit having as yet manifested themselves.

Old Hill, Staffs.

THOMAS E. MITCHELL, M.B.

LEAD POISONING FROM TAKING DIACHYLON.

TWO cases of lead poisoning which have come under my notice may prove of some interest. It was significant that in both instances the patient had taken diachylon with the intention of producing abortion. The facts were as follows:

CASE I.

A young woman, in her second pregnancy, was seen in April, 1904, suffering from abdominal pain and vomiting. For two months she had seen no menses. Suspicious that she had taken something to produce abortion, she was questioned on the subject, but she promptly denied having done so. Upon my second visit, however, she admitted having taken diachylon with the object hitherto mentioned. In consequence of her statement I made an examination of the gums, only to find a blue line distinctly visible.

Further, it was elicited that a prescription containing quite an assortment of rather crude ingredients had been given her, with the injunction that the whole was to be stewed together and finally made into pills of convenient size, one to be taken night and morning. The nauseousness of the pills just mentioned may be gathered from the fact that the mass contained such searching ingredients as diachylon, pulv. aloes co., pulv. colocyynth., cochineal, steel drops, bitter aloes, and pennyroyal.

Besides the colic and vomiting she complained, however, of wrist and foot drop on the left side, constipation, and restlessness. She did not suffer from headache, and the urine was very clear. I learned that, previously to my attending her, she had suffered from colic for a period of fourteen days. She informed me that she had been taking the pills for a month. I treated the vomiting, administered opium to allay the pain, and also gave a rectal injection composed of 1 oz. of magnesium sulphate to a pint of warm water to relieve the constipation, and with the further object of removing the lead from the large intestine in the form of lead sulphate. The fluid which subsequently came away from the rectum was very black. Then, after the vomiting had ceased, potassium iodide and magnesium sulphate were given by the mouth. The child when born would be about seven months. It was small and puny, and suffered a good deal during the first year of its existence from vomiting and colic. When 15 months old it weighed 8 lb.

CASE II.

The patient was a young woman with two children. Apparently under the impression that she was pregnant, she commenced, two days after menstruation was due, to take diachylon, procured in pennyworths; she took small pieces about the size of a pill three times a day.

When seen, in November, 1904, she complained of acute headache, insomnia, vomiting, and colic. The symptoms being similar to the previous case, I examined the gums, to find a blue line distinctly visible. Consequently I remarked to her my suspicions as to what she had been taking. She made no attempt to deny it. On the contrary, she confessed that she had taken diachylon at regular intervals for at least six weeks previously to my attending her. She had suffered from uterine haemorrhage for a fortnight, but it had ceased when I visited her. I found her anaemic; there was weakness of the left wrist, an absence of constipation, and the urine was very clear. The treatment was similar to that adopted in the first case, including rectal injection of magnesium sulphate solution, medicine for the vomiting, and then potassium iodide, tincture of opium, and magnesium sulphate taken by the mouth.

She admitted taking diachylon nine months before with the

object of producing abortion when she was two months pregnant. Abortion took place a few days after taking it.
Leeds. A. E. LITTLE, M.R.C.S., L.R.C.P.

CONGENITAL ABSENCE OF EXTERNAL AURICLE.

On February 10th, 1906, I attended Mrs. H. in her fourth confinement. She had suffered severely during pregnancy from hydrops amnii. Labour commenced with premature rupture of membranes at full term, and was completed eight hours later. The child (male) was small and puny, with a feeble cry. The left external auricle and meatus were absent, the only evidence being an umbilicated tubercle the size of a small pea, situated immediately above the angle of the jaw. There was paralysis of the lower part of the face on the same side, and inability to swallow. The child died after forty-four hours.

The rest of the family were born healthy, and there is no history of congenital defects on the side of either parent.

WILFRED E. ALDERSON, M.D., M.S.,
Newcastle-upon-Tyne. D.Hy., D.P.H.

REPORTS

ON

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

MIDLOTHIAN AND PEEBLES ASYLUM.

A CASE OF RUPTURE OF THE HEART.

(By JAMES P. STURROCK, M.A., M.B.)

History.

A PATIENT, J. H., aged 62, had been an inmate of this asylum since 1892. Previous to his admission he had been having epileptiform fits, but during his 13 years' stay here he had not had any return of these. He often asserted that he had syphilis in early life. His excess in alcohol was notorious, and his fits were undoubtedly the result of this excess. He did a little work at his trade of tailoring for a few years after admission, but his delusions took a grandiose turn, and he refused to work. He was always in fairly good health.

At the periodical examination of the physical condition of the chronic patients he was noted as being in average health; no organic disease was detected, though his cardiac action was weak. He was pale, with marked superficial venal congestions on the face, and a very alcoholic nose, but his condition was what might be expected in a case of such notorious excess in alcohol. He was smart and active for his age, and during the previous summer he won the second prize in the 100 yards race for old men at the patients' sports. On October 30th he was one of a small squad of patients who were occasionally employed in the very easy task of pulling the roller over the tennis court. J. H. helped a little with the roller if he was in the mood, but on this occasion he was taking a walk by himself slowly round the court. He was heard to give a cry, and immediately fell forward. He lived for about four minutes after falling. A quarter of an hour before his death he left the ward under the observation of the doctor, with whom he had his usual lively and good-natured argument about getting away to claim his money.

Post-mortem Examination.

On opening the pericardium it was found to contain 29 oz. of clotted blood, considerably darker than normal. At the apex of the heart was a small opening through which a clot protruded. The heart, which weighed 23½ oz., showed a very marked deposition of subpericardial fat. The chambers were empty excepting the left ventricle which contained a small amount of blood clot. The valves were all competent and the cone diameters normal. The apex of the heart was the centre of an area of about 3 in. in diameter in which the heart muscle had become replaced by a thin membrane. This thinned portion was entirely confined to the left ventricle, and occupied a little more of the anterior wall than of the posterior. About ½ in. external, that is, further from the septum.

than the middle of this area was an irregularly zigzag-shaped rent, ½ in. long. On filling the ventricle with water, the thinned portion of the wall bulged only to a very slight extent. The muscle of the ventricle was of normal colour and only slightly thicker than the normal. Where the healthy muscle joined the thinner portion of the wall, section of the part showed a well-marked line where the muscle thinned off in wedge form, at the same time becoming paler in colour, till ½ in. away from the healthy muscle there was nothing but a thin membrane. The whole inner surface of this degenerated area presented



Photograph of heart. A rod has been passed by the aorta and left ventricle through the rent in ventricle wall. The area of degenerated wall limited by dotted line.

a necrotic appearance, being pale, soft, and, at the thinner portions, rough and granular. The aorta showed slight commencing atheroma. Examination of the brain showed marked milkiess and opacity of the pia and considerable atheroma of the vessels at the base. The liver was large and waxy; the kidneys showed advanced cirrhotic changes.

Microscopical Examination.

This was made at the Scottish Asylums Laboratory, and a report submitted by Dr. Ford Robertson as follows:

Sections were made from the thinned portion of the heart wall close to the point of rupture, and also through this portion and the adjacent thicker part of the wall. The thinned portion of the wall consists mainly of fibrous tissue, all trace of muscular fibres having disappeared. It shows an outer stratum and an inner comparatively broad one. The outer shows numerous well-stained cellular elements and normal connective tissue fibre; the inner is in a state of necrosis. The necrosed tissues are infiltrated by numerous leucocytes. The inner necrotic zone gradually tapers off towards the thicker portion of the wall, and disappears at a point about half an inch from where the wall attains its normal breadth. The fibrous tissue composing the thin portion gradually gives way to bundles of muscular fibres as the tissues are traced towards the part of the wall of normal thickness. In this part there are, however, numerous intermuscular strands of fibrous tissue. The epicardium shows considerable fibrous thickening. The arterioles everywhere show chronic or subacute inflammatory changes, which involve all the coats and which in many instances have led to complete obliteration of the lumen. The walls of the veins have suffered in a similar way, but the amount of narrowing is comparatively slight. These morbid changes are accompanied by much cellular proliferation in and around the walls of the small vessels. They are recognizable everywhere, excepting in the necrotic area where the tissues do not stain.

The vascular change is probably a syphilitic one. It amply accounts both for the local fibroid degeneration of the heart wall and for the recent acute necrosis which has led to the rupture.

His character is becoming stronger, and I believe that in time he will stand well, but I do not feel that it is yet safe to give up oversight of him.

My next case had touched the lowest depths. He had experience of the workhouse and the gaol. He was well educated, and at one time owned property, but had sunk till he became a nuisance to all who knew him. Many a time had he been reformed, but he soon returned to his drink and begging. He was a teetotaler before he came to me, for he had just completed a fortnight in gaol. He had no means of livelihood, so I had not only to treat him but to keep him also. I found him some weeding and digging in my garden, and he lived in a common lodging-house, with its usual surroundings of drink and squalor. Yet under treatment he gave up his drink, and soon altered so completely in appearance, that he was a wonder to all who knew him. After about three or four months he obtained some remunerative work for several weeks, but when this was finished he could get nothing satisfactory to do, and though he had money in his pocket, he became discouraged and gave way to drink. He spent his money and pawned his clothes and watch, and commenced to bother his friends again.

When I next saw him he presented a deplorable condition, but it was several weeks before I could get him under treatment again. I took him to a "labour home," a useful institution under the auspices of the Church Army. There I kept him in bed for a few days till the treatment began to take hold of him. He made a good recovery, and is now in a situation doing satisfactory work, but he never passes a week without coming to report himself to me.

My third case presented no point of interest, except that the urine contained albumen when he came under treatment. I did not alter the treatment on account of the albumen, and it soon disappeared, and caused no trouble. He made an uninterrupted recovery, and has kept in good health ever since. His master tells me that he is doing better work than he used to do, showing more energy in it, that he is paying his old debts, and that family differences have been settled. He has now been an abstainer for nine months. This patient told me that he had often tried to give up the drink, and had succeeded for two or three weeks, but that when doing without it he always felt cross and unable to work; but that when he gave up the drink under this treatment he felt bright and vigorous and able to work. In this case, as in several others, the patient lost the flabby look which is so characteristic of some drinkers, and his flesh became firm. This change has made him look thinner, but his health is excellent.

I have treated three women. Two of them report themselves to me every few weeks. They are keeping straight, though one of them has not been entirely satisfactory. The third one I have not seen lately. She had, I know, one relapse, but pulled herself together again. I saw her father just before Christmas, and he told me that she had been keeping an abstainer for many weeks.

Most of my other cases are recent and are doing well, but they still visit me. Indeed, I never lose touch with a patient if I can help it. It is a great hold upon them to know that the doctor is expecting a visit, and that if they do not turn up they will receive a note. In several cases ministers of religion and district visitors have interested themselves in the patients and greatly helped them. Also, wherever possible, I have tried to get my patients interested in work for others, and to think of something else than their own selfish appetites. In one or two cases they have become vegetarians.

Of twelve cases that I have treated at least nine still report themselves at my house from time to time, but I believe they will now keep straight, and are in fact practically cured.

The question may be asked, Is the result due to the injections alone, or is there an element of suggestion at work also? Undoubtedly suggestion plays an important part in treating every disease, and this is no exception. Probably the inebriate has tried many times to free himself from his vice, but has failed. The very fact of pointing out that it is a disease, and must be so treated, is helpful to him. By the time he has made up his mind to visit a doctor for treatment, the battle is half won; but I should like to point out that to be able to offer him a treatment which will with certainty remove the craving within a few days, and to tell him of other cases where this has been done, is exactly what he needs to fill him with hope and confidence.

That atropine is an antidote to the craving for alcohol I think there can be no doubt. That strychnine is a powerful tonic, acting well when administered hypodermically and specially suited to overcome the depression caused by alcohol, is generally admitted.

My confidence in the treatment has greatly increased during the past twelve months. I believe it will soon be recognized by the medical profession generally, and will prove a boon to thousands of sufferers.

We have received from the Argyll Motor Company some photographs, one of which depicts Dr. A. H. Deane, Chief Medical Officer of the Bombay, Baroda, and Rajputana Malwa Railways, in the Argyll car with which he won the challenge shield of the Motor Union of Western India—Class C for cars costing from £400 to £600—in a race of 500 miles divided into four daily stages.

MEDICAL NEWS.

THE name of Professor Robert Saundby has been added to the Commission of the Peace for the County of Warwickshire.

DR. GODFREY LOWE has been elected Honorary Secretary of the Lincolnshire Automobile Club, in place of Dr. E. Cragg; there are twenty-two medical men in the club, four of whom are on the committee.

UNDER the will of the late Colonel Frederick Silvester of North Hall, Lancashire, the Chorley Dispensary receives £1,000, Manchester Infirmary £500, and the Cancer Hospital, Brompton, £100.

THE Sanitary Inspectors' Examination Board will hold an examination at Liverpool on Tuesday, April 24th, and four following days. Further particulars can be obtained on application to the Honorary Secretary of the Board, 1, Adelaide Buildings, London Bridge, E.C.

At a sessional meeting of the Royal Sanitary Institute, to be held at Leicester on Saturday morning, March 24th, a discussion will take place on cremation, and Dr. C. Killick Millard, Medical Officer of Health, Leicester, will describe the Leicester Crematorium; in the afternoon a visit will be paid to the building.

THREE Epsom College boys who on leaving that school gained scholarships at three of the principal London medical schools are all now Assistant Surgeons to the Hospital for Sick Children, Great Ormond Street. This is a remarkable record for a school of about 240 boys, and speaks eloquently for the excellence of the teaching there given in the preliminary sciences.

MR. FORDHAM on February 26th gave his decision in the test cases taken out by the Islington Borough Council against two publicans for selling whisky which contained a large percentage of patent still whisky contrary to the Food and Drugs Act. He imposed a penalty of 20s., with £100 costs, against each defendant, and in default of distress two months' imprisonment in the second division. The defendants were granted fourteen days to consider the question of appeal.

At a meeting held on February 22nd, under the chairmanship of Dr. A. Wynter Blyth, Medical Officer of Health, Marylebone, a society called the Borough of St. Marylebone Health Society was formed, with Dr. Wynter Blyth as Chairman, and Dr. Bernard F. Hartzthorne, 39, Loudoun Road, N.W., as Honorary Secretary. The object of the society is to improve the health conditions of the poor of the borough, and to awaken the interest of the people generally in questions affecting the health of the community by visiting the homes of sick persons, by the distribution of popular leaflets and pamphlets, and by promoting attention to the laws of health, especially as affecting infants and consumptive patients.

FEMALE MEDICAL STUDENTS IN GERMANY.—Of 138 women matriculated in the German universities during the current winter semester, 73 are studying medicine. In the last summer semester there were 75.

THE CONGRESS AT LISBON.—The Booth Steamship Company has secured accommodation at the New Hotel d'Inglaterra, and will put it at the disposition of those who travel to and from Lisbon in its ships. The net charge of £22 from Liverpool to Liverpool or of £23 from London to London includes all landing and embarking expenses as well as the hotel accommodation.

GERMAN ASSOCIATION OF INTERNAL MEDICINE.—The German Verein für innere Medizin celebrated its silver jubilee on February 19th. The Association was founded in 1881 by Professor von Leyden, who delivered an address in which he reviewed its history. Surgeon-General Schjerning, Professor Quinke (Kiel), Professor Jaffé (Königsberg), Professor Litten, Professor von Schrötter (Vienna), Professor Maragliano (Genoa), Professor Pel (Amsterdam), and Professor Kernig (St. Petersburg) were elected honorary members.

ANTITUBERCULOSIS MOVEMENT AT THE CAPE.—The *Tribune* states that a vigorous campaign against tuberculosis has been started at the Cape. One person in 200 in Capetown is said to be consumptive. A largely-attended meeting was held at Capetown on February 22nd to protest against the Cape being used as a dumping ground for consumptives from England or other countries. Many of these people, it is pointed out, are in poor circumstances, and are obliged to live and work in the towns, where they spread the disease. The Anti-consumption Association proposes to erect large sanatoriums in the dry mountain districts.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

THE Third Examination for M.B., Part II, begins on April 24th. The names of candidates should be sent to the Registry on or before April 9th.

Mr. J. Hutchinson, Hon. LL.D., F.R.C.S., has been appointed an Elector to the Professorship of Surgery.

Dr. Shore and Mr. Shipley have been appointed Examiners for Part II of the examination for the diploma in Agriculture.

Professor Osler, M.D., D.Sc. Oxford, has been appointed an Examiner in Medicine, in place of Dr. Hale White, who is unable to examine.

UNIVERSITY OF ABERDEEN.

UNIVERSITY COURT.

THE Aberdeen University Court met in Marischal College on February 13th, Principal LANG in the chair. Before the business of the day was proceeded with the Principal referred in fitting terms to the death of the King of Denmark, and proposed that an address of condolence in suitable terms should be sent to Her Majesty Queen Alexandra. Thereafter he referred to the deaths of Lord Ritchie and Sir Mounstuart Grant Duff, formerly Lord Rectors of the University.

The Geddes Memorial Fund.

A letter was submitted from Mr. P. J. Anderson, honorary treasurer of the Sir William D. Geddes Memorial Fund, stating that the Melvin Library Fund, formed in 1886, had now been wholly expended, and that as honorary treasurer of the Sir William Geddes Fund he had been instructed to hand over to the Court the balance of £500 or thereby, to be held by the Court in trust for the behoof of the Geddes Memorial Library of Classical Literature and Archaeology in the University.

Gifts to the Museum.

The Museum Committee intimated the receipt of donations by Mr. Ean Cecil, Roydon Hall, Tonbridge, of a number of specimens for the Archaeological and Natural History Museums, and of a statutory group ("Cassandra imploring the assistance of Minerva"), which belonged to Mr. Cecil's grandfather, the late Sir William Cunliffe Brooks, Bart., of Glentara. The Court expressed its thanks to Mr. Cecil for these gifts.

The Accounts for the Year.

THE PRINCIPAL then, in the absence of Professor Matthew Hay through illness, moved the adoption of the abstract of accounts for the year. The revenue of the General University Fund for 1904-5 showed a slight increase on that of 1903-4, and the expenditure left a very slightly increased surplus revenue. The figures submitted touching on equipment of laboratories and salaries of lecturers, assistants, and examiners were suggestive of the desire, within their means, to strengthen the staff and the equipment of university instruction. The Pension Fund was in a very satisfactory condition. The library account showed a most satisfactory state of affairs, especially when compared with the straitened means of the Library Committee only a few years ago. It was gratifying that a much larger number of readers now took advantage of the opportunity which the library afforded. The obligations of the University were stated at £27,358 (between £4,000 and £5,000 more than 1903-4 and upwards of £10,000 more than 1902-3). The table of assets gave the assurance that the obligations could be met, but that economy was necessary. The Fee Fund was one on which attention would fasten. It was now in a very healthy condition. In 1904-5 it amounted to £11,112, being a slight advance on the previous year. Adding to this fees paid to Divinity professors and lecturers and the fees of the Chair of History—which are reserved—the sum of £11,822 had been paid in fees in the past year. The Principal went on to refer to the influence of the Carnegie Fund on the improved condition of university finance, and pointed out that, in spite of the payment of fees, the increase in the number of students was not appreciable. It had enabled students to take a wider curriculum during their period of study, and had thus helped the Fee Fund. The laboratories in science and medicine had greatly benefited in equipment and in increased teaching staff, the basis of instruction had been broadened, and the actual instruction had been rendered more efficient. He indicated that 70 per cent. of the students of the University were aided by the Carnegie Trust, and he had reason to doubt if this proportion were not too great, having in view the terms of the trust. The fund of the Carnegie Trust laid aside for the payment of fees was now strained to the uttermost, and he quoted from a letter of Mr. McCormick, Secretary of the Trust, that unless some action be taken without delay the liability incurred in the payment of class fees for the current financial year was likely to exceed the income at the disposal of the trust. He referred to the assertion sometimes made that the recent raising of fees had benefited the professors by increasing their salaries. That was an utter misconception. Salaries of chairs were fixed quantities, and the benefits to the University by raising of fees would be simply the strengthening of the

teaching staff and the better equipment of departments. One gratifying feature in the Aberdeen University record of its dealings with the trust should be noted. Other universities made large and urgent claims on the funds of the Carnegie Trust for buildings and permanent equipment, and thus made allocations towards teaching impossible. In the case of Aberdeen the extensions of the buildings were otherwise provided for, so that of the sum of £45,000 placed at the disposal of the University by the Carnegie Trust during the current quinquennial period £35,000 had been devoted towards endowment and provisional assistance in teaching.

Gifts to the Library.

Intimation was made of the presentation to the library of thirty-one large quarto volumes (1889-1905) from His Serene Highness the Prince of Monaco on the Results of his Scientific Expeditions; also of fourteen volumes from the Free State of the Congo dealing with botanical, zoological, ethnographical, and anthropological subjects. Thanks were given to the donors.

The Court then sat in private, when a scheme for the provision of additional accommodation for nearly 20,000 volumes at King's College Library was sent to a committee for consideration.

Fees in Arts.

It was decided to take no action meantime in regard to the proposal to raise the fees of classes qualifying for graduation in arts. Intimation was made that the University Court of Glasgow had resolved to raise all such fees to £4 4s. as from the beginning of the winter session 1906-7.

UNIVERSITY OF LONDON.

KING'S COLLEGE.

IN order to facilitate the policy of concentration, and the complete separation of the department of preliminary and intermediate medical studies carried on at King's College from the department of advanced medical studies carried on at King's College Hospital, Professor F. W. Tunnicliffe, M.D., who holds appointments in both departments, has resigned the Chair of Materia Medica and Pharmacology.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

FELLOWSHIP EXAMINATION.

THE following candidates having passed the necessary examinations have been admitted Fellows of the College:

A. Charles, W. C. Cremin, C. A. Cusack, T. H. Delany, Captain I.M.S.

The following have passed the primary part of the Fellowship examination:

S. Blake, T. C. Boyd, Miss M. Clarke, J. C. L. Day, F. N. Holden, J. R. D. Holtby, A. E. S. Martin, E. Montgomery, J. Campbell-Murray, K. F. P. Rynd-Murray, W. G. Ridgway, G. W. Stanley, W. M. Woods.

CONJOINT BOARD IN IRELAND.

THE following candidates have been approved for the Diploma in Public Health:

*Mary M. G. Iles, *R. J. B. Buchanan, *P. Dwyer, *C. W. Holden, R. T. G. Aickin, W. L. Bradshaw, H. L. Esmonde-White, H. R. R. Fowler, J. A. Gibson, E. S. Hawthorne, R. A. O'Donovan, J. P. Ziervogel.

* With honours.

SOCIETY OF APOTHECARIES OF LONDON.

DR. ERNEST W. AINLEY WALKER of Oxford has been reappointed Gillson Research Scholar in Pathology.

The following candidates have been approved in the subjects mentioned:

Surgery.—*W. G. H. Cable, *M. O. Dollie, *C. H. J. Fagan, C. W. Gibson, *P. Moxey, R. J. S. Verity, *A. P. Wright.

Medicine.—D. L. E. Bolton, T. P. Braim, †H. S. Burnell-Jones, *R. C. T. Evans, *A. J. Hopper, *P. Moxey, *J. P. B. Snell, †M. C. Vivian.

Forensic Medicine.—T. P. Braim, J. L. Meynell, P. Moxey, N. C. Wallis.

Midwifery.—T. P. Braim, N. C. Wallis.

* Section I.

† Section II.

The diploma of the Society has been granted to Messrs. W. G. H. Cable, M. O. Dollie, C. W. Gibson, J. P. B. Snell, R. J. S. Verity, and M. C. Vivian.

GRANTS IN AID.

THE Treasury has appointed a permanent Committee to advise the department as to the distribution of the grant in aid of colleges furnishing education of a university standard. The constitution of the Committee is as follows: The Rev. H. G. Woods, D.D., Master of the Temple and Treasury Commissioner for the Inspection of University Colleges, Chairman; Sir Francis Mowatt, G.C.B., formerly Permanent Secretary to the Treasury; Sir William J. Collins, M.P.; Dr. Henry Jackson, Regius Professor of Greek in the University of Cambridge; and Professor W. S. McCormick, Secretary to the Carnegie Trust for the Universities of Scotland. Mr. R. G. Hawtrey, of the Treasury, is Secretary.