A PAIR OF FORCEPS IN THE ABDOMINAL CAVITY FOR TEN AND A HALF YEARS.

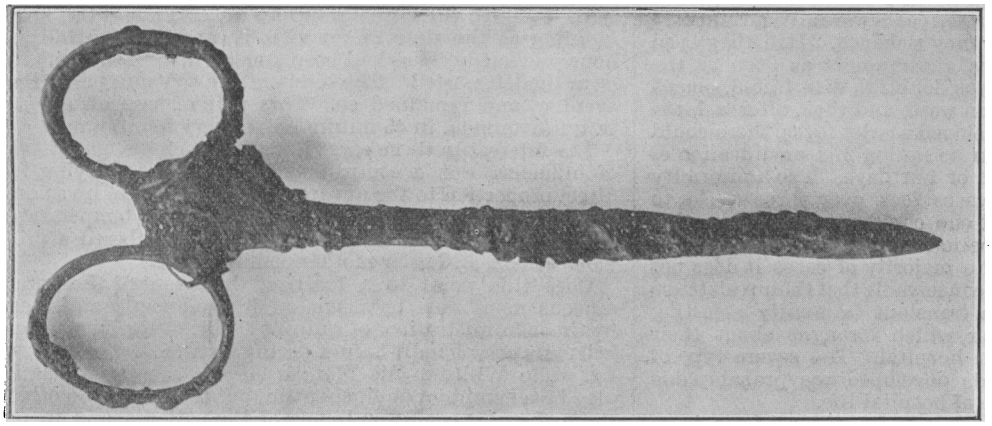
BY J. E. FERGUSSON STEWART, M.B., C.M.GLASG.,
MIDLAND JUNCTION, WEST AUSTRALIA.

MRS. S., aged 40, visiting this town for a change after a long attack of diarrhoea, dating from February, 1906, sent for me on May 4th, as she was not feeling much benefit by the change of air. Her chief complaint was in respect of the condition of her urine, which was ammoniacal. On examination of the abdomen by palpation I detected a very hard substance in the left iliac region, which, owing to the lax abdominal wall, I could catch between finger and thumb. This procedure caused the patient no discomfort, though pressure on the hard body directly downward (the patient being recumbent) caused acute pain. I succeeded in outlining what I felt no doubt were parts of the rings of the handles of a pair of pressure forceps. The patient stated that she had been operated on ten and a half years previously for an ovarian tumour, and having experienced no benefit from the removal of the tumour had refused all subsequent proposals of operation. The abdominal scar was broad, and suggested that union had not been by first intention, which surmise the patient's statements corroborated.

I told her I believed she had a surgical instrument left in the abdomen, which could not be removed except by operation, and to convince her I suggested the use of the *x* rays.

Dr. P. Seed, of Perth, took sufficient interest to *x* ray the case, and produced a radiograph (taken with the patient standing) which distinctly shows the forceps lying in the pelvis, the handles being directed forwards and upwards.

Operation.—The patient now consented to operation, and on June 6th, 1906, Dr. Seed anaesthetizing her, and Dr. J. M. Y. Stewart, of Guildford, assisting me, I opened the abdomen, excising the scar, to which I found omentum adhering. I found the intestines matted together by adhesions, and the forceps inside the lumen of the bowel. What at first appeared to be a cicatricial band between the rings of the handles kept the forceps in place, and capable only of moving with the portion of the bowel, into which they had got. I incised the gut, and, owing to the patient's condition, had to rather hastily remove the forceps, when I found that the supposed cicatricial band was the point of anastomosis of two loops of bowel which had been caught between the handles of the forceps, and thus caused a "short circuit" between two points, about 12 in. apart. The patient's state being rather unsatisfactory, I only hastily examined the left ovarian region, where I found many adhesions and no trace of an ovary. The uterus had a couple of small fibroids on its posterior aspect. I unfortunately had not time to examine the ureters carefully, but the bladder seemed uninjured. The bowel incision was closed with catgut, the "short circuit" being left alone, and after removing the part of the omentum which had adhered to the wound, I closed the abdomen. Recovery was uneventful, a slight rise in temperature on the fifth day being due apparently to recurrence of cystitis, and easily got rid of by resuming urotropin, and so improving the condition of the urine.



REMARKS.

The accompanying photograph of the forceps (actual size) shows their length to be nearly 5 in. and the width across the handles about 2 in. That the forceps should have attained the position in which they were found without causing death is extraordinary.

Though the patient's health had been wretched during these years, and a large part of this time spent in bed, it is worthy of notice that she had occasionally felt well enough to participate in dances! Her chief symptoms during these years were: Sudden acute pain, sometimes causing her to faint; constipation alternating with diarrhoea, and pains in the lower limbs, which prevented her getting about.

She has only been pregnant once, and that ended in miscarriage at five months, and was before the operation on the ovary. After the operation, though menstruation was regular, she never became pregnant.

She suffers from strabismus, the left eye being affected, which she herself associates with the operation ten and a half years ago, but whether it will disappear or not now the forceps have been removed remains to be seen.

No doubt the reason of the forceps having escaped the notice of her previous medical attendants (and she had many) is that formerly she was much stouter than she is now. The last attack of diarrhoea is the most severe she has had, and was accompanied by haemorrhage. I have reason to believe that no record of the former operation can be found in the books of the hospital where it was performed.

MEMORANDA:
MEDICAL, SURGICAL, OBSTETRICAL.

SCARLATINIFORM RASH AFTER BURN.

THE following case, which has recently been under my care, is of interest, as Dr. MacCombie, in his address on scarlet fever which appeared in the BRITISH MEDICAL JOURNAL of December 22nd, 1906, states that "Punctate scarlatiniform rashes (following burns) without attendant throat and tongue signs of scarlet fever may be, but probably are not, scarlet fever unless they be followed by the typical general pinhole desquamation, which, if it be general, is, I think, characteristic of scarlet fever."

On November 23rd, 1906, a boy received a large superficial burn involving the left shoulder and the whole of the left arm as far as the wrist. Four days later a bright red punctate erythema made its appearance and spread over the whole body; this gradually faded away, but persisted on certain parts of the body for as long as twelve days, at the end of which time it had entirely disappeared.

Six days after the appearance of the rash desquamation, which was typically pinpoint, commenced on the front of the chest and on the limbs, and subsequently became general as the rash disappeared. There was also at this time some slight superficial ulceration of the buccal mucous membrane.

During the whole of this period there were no general symptoms, the child stating that he felt quite well. There was no sore throat, the highest temperature recorded was 101°, and that on the fourteenth day of the illness, the tongue did not peel, and the urine contained no albumen. The patient made an uninterrupted recovery.

In this case the rash and subsequent desquamation were characteristic, but at the same time I do not think that it was a case of scarlet fever for the following reasons:

1. Absence of fever and general initial symptoms.
2. The rash appeared when suppuration had commenced in the area that had been injured, and persisted so long as septic absorption was taking place.
3. During the whole course of the illness no attempt

was made to isolate the child, there were three other children living and sleeping in the same apartments, and none of these have, either at the time or subsequently, become infected.

London Hospital. SIMONDS GOODING, M.B., B.C.Cantab.

THE INCUBATION OF SCARLET FEVER.

DR. LYNN JENKINS'S note on this subject in the BRITISH MEDICAL JOURNAL of January 26th, p. 199, raises a question of great importance to those concerned in matters of quarantine, especially if his observations go to prove that the incubation of scarlet fever may take as long as he says. I think his deduction is not quite proved, but own that the wish is father to the thought. The unconvincing part of his evidence is that his thirteen cases were all continuously exposed to contagion until they sickened. Had they been taken from their infectious environment as soon as the diagnosis of their illness was doubtful, disinfected, placed in a safeguarded observation ward, and then, after a lapse of three or four weeks, developed scarlet fever, there could have been no hesitation in accepting his modification of the generally taught period of ten days. The uniformity with which his thirteen cases took over three weeks to develop is remarkable, but one could not argue from this fact that the incubation period is therefore three weeks, because we know that in the majority of cases it does not often reach ten days. It is conceivable that their resistance may have been due to a transient immunity resulting from the febrile disorder which brought about their admission to the isolation hospital. The severe type of fever which they afterwards developed was probably due to the depressing influence of hospital life.

The diagnosis of scarlet fever in its mildest form is so difficult that one often has to look beyond the patient for corroborative evidence. In private practice I have often trusted to the short, definite incubation period as a reliable guide. For example, A. develops an illness like scarlet fever, B. and C., who have not previously had it, have been exposed to the same conditions as A., and also to the contagion from A. If within ten days B. and C. show no signs of the malady then it is a fair assumption that A.'s illness was not scarlet fever. This rule of thumb has often saved a good deal of trouble in households and I have never found it fallacious, but of course I could not venture to rely upon it where a great school was concerned.

If Dr. Lynn Jenkins is correct in his views the vexatious question of quarantine becomes trebly greater.

Uppingham. H. LYON SMITH, M.D.Durh.

Two sisters, aged 7 and 5 years, were admitted to the West Kirby Children's Convalescent Home from The Shelter, Islington Square, Liverpool, on January 1st, 1907. On January 22nd they both developed scarlet fever. There were no other cases in the Home. The sisters occupied adjoining beds in the ward.

I think we may fairly conclude that the disease was contracted in Liverpool at least three weeks before its development in West Kirby. This would go to support Dr. Lynn Jenkins's conclusions.

West Kirby. ADAM MOSS, M.D., B.Ch., R.U.I.

INFLUENZA AND EPISTAXIS.

ON January 9th last I was asked to see a boy aged 11 years.

The history was that on January 5th the patient and his two sisters were taken to witness the Christmas-tree festivities of the local school children, many of whom had suffered from influenza. On January 8th the boy complained of headache, and his temperature was found to be 102.6° F. In the evening it had risen to 103.8°. At the time of my visit next morning the temperature was 99°. There was slight coryza accompanied by injection of the fauces, but I could detect nothing wrong in the chest or elsewhere. The patient had been given half a drachm of tr. quin. ammon. on the previous evening, and I ordered a mixture containing that preparation in half-drachm doses every four hours. The same evening the temperature was normal, the patient feeling quite well, but there was an attack of bleeding from the right nostril; it soon ceased, and recovery was complete by the next morning.

On January 12th I was called to see the younger sister, aged 8 years. The temperature on the previous evening, when she first complained of headache, was 101.2°. At the time of my visit it was 104°; there was no coryza or sore throat and hardly any constitutional disturbance. Fifteen minim doses of tr. quin. ammon. were given in a mixture every four hours. When I saw the patient on the following morning the temperature was normal, but whilst I was present she had slight epistaxis from the right nostril. There was no further rise of temperature, and she was allowed up the next day.

On January 22nd I attended the elder sister, aged 14 years. In the morning inability to take breakfast, associated with malaise—chiefly frontal headache—resulted in the thermometer again being brought into action, and a temperature of 102.6° was recorded. When I saw her the same evening there was a fall to 101.2° F., and the next morning at the time of my visit it was 98.8°. Half an hour previously there had been a sharp attack of epistaxis from the left nostril. The temperature was normal by the evening, and remained so. This patient was also given tr. quin. ammon. in 45-minim doses every four hours.

The interest in these cases is that in each a slight attack of influenza was accompanied by epistaxis, varying in direct proportion to the apparent strength of the invasion, and occurring at the time of the return of the temperature to normal. Not one of the children remembered a previous attack, and their mother confirmed this.

Does this point to a localized invasion of the nasal mucous membrane, or was it an idosyncrasy manifested by the administration of quinine? Dr. Osler states that epistaxis occasionally occurs during an attack of influenza. Dr. Hale White in his *Materia Medica* mentions that it may be a symptom of cinchonism, but there were no other signs of such a condition in any of the patients, and in no case were more than five doses taken before epistaxis occurred.

Goring-on-Thames. H. SWARBRICK BROWN.

SOME COMPLICATIONS OF OVARIAN CYSTS.

THE following cases met with in the course of general practice exemplify two of the accidents which may cause an ovarian cyst, hitherto unsuspected, to make itself felt suddenly. In both cases the women believed themselves to be pregnant, neither suspected in the least the presence of a tumour, and in neither instance was the case one of much urgency:

1. A healthy married woman, aged 32, while attempting to lift a heavy box, "felt something give way inside," and was seized with severe pain in the lower part of the abdomen. When seen the following day the pain had moderated, and though constant was not severe; the abdomen was distended but soft, and intestinal movements were visible. There was no vomiting, and the condition of the patient was good. There was obvious pregnancy of about four months' standing. Temporary measures were adopted and the patient carefully watched for three days. On the fourth day, as pain persisted, the abdominal distension was increasing, and there was much eructation of offensive gas, the abdomen was opened below the umbilicus. The small intestine was found very distended, and the cause of the trouble—a unilocular cyst of the left ovary, nearly black in colour, with a twisted pedicle—was quickly discovered and removed, the patient making a good recovery.

2. A rather anaemic young woman, aged 28, who had never had any serious illness and had led an active life, was, while hurrying along the street, seized with severe abdominal pain and vomited. She was taken to a friend's house, put to bed, and hot fomentations applied. When seen, two hours later, the pain, confined to the lower part of the abdomen and the middle line, was still severe; the lower part of the abdomen was obviously distended and so extremely rigid that nothing definite could be made out. The history was that during the last two months she had noticed the abdomen getting larger, and had been obliged to let out her clothes. On examination there was no evidence of pregnancy, but a large hard mass was found blocking up the pelvis. After a few days of rest, fomentations, and enemata, the pain subsided, but there was still much resistance in the lower part of the abdominal walls, and an increasing amount of free peritoneal fluid was evident. Finally, after some seventeen days, the patient's consent to an exploratory operation was at last obtained. On opening the abdomen more than a gallon of straw-coloured peritoneal fluid escaped, and a large multilocular adenoma of the right ovary was found and removed. It was evidently leakage of viscid mucoid material from one of its loculi that had given rise to the sudden attack of pain. The patient made an uninterrupted recovery.

Caterham. G. A. CLARKSON, F.R.C.S.Eng.

B.—Would you support amendments of the law as to death registration, based on the following principles?

1. That no body should be buried except upon production of a Registrar's certificate or a Coroner's order, and that no death should be registered except upon production of medical certificates in statutory form of the fact that death has actually occurred and of its cause, or upon a coroner's order.

[It is a matter of common knowledge that infants and even adults are now at times buried with neither a certificate from a registered medical practitioner nor a coroner's order, and that such action obviously leads to gross abuses and occasional public scandals.

Owing to the absence of a clause in the present form of death certificate, that the medical practitioner certifying has actually seen the body, there is no provision to prevent deaths being certified and registered when no death has actually occurred.]

2. That where medical certificates in compliance with the statute are not received by the Registrar, he shall report the death to the Coroner, and the Coroner shall instruct the practitioner who has been in attendance, if any, or the special district medical officer in conjunction with the medical practitioner in attendance, if any, to investigate, and, if so directed, to make a *post-mortem* examination, and that medical practitioners be paid a statutory fee for preliminary information furnished to a coroner for his assistance in deciding as to the necessity of an inquest.

[At the present time a coroner has no power to obtain from a medical practitioner a detailed report (either with or without a *post-mortem* examination) unless an inquest is held. Owing to this fact many unnecessary inquests are held, and these are expensive to the local authority and repugnant to the relatives.]

The Committee suggests that where possible the questions should be submitted by individual members of the Association acquainted with individual candidates; the Honorary Secretary of each Division is requested to send the replies to Dr. Thorne for tabulation, and to bring the matter before the Division if possible.

MEDICAL NEWS.

DR. DONALD MACALISTER of Cambridge has been appointed Principal of the University of Glasgow.

DR. WM. WYNN WESTCOTT, His Majesty's Coroner for North-East London, has been sworn in as a Justice of the Peace for the County of London.

THE sum collected for the foundation of a prize in memory of Schaudinn now amounts to considerably over £4,000.

THE anniversary dinner of the Medical Society of London will be held at the Whitehall Rooms, Hôtel Métropole, on Wednesday, March 13th.

IT is expected that under the will of Miss Frederica Crokat St. Mary's Hospital and St. George's Hospital will each benefit to the extent of over £11,000.

DR. JAMES TAYLOR will take the chair at the next dinner of the Edinburgh University Club of London, which will be held at the Criterion Restaurant, on Wednesday, February 20th, at 7.30 p.m.

MR. GODFREY LOWE, M.R.C.S., L.R.C.P., St. Catherine's, Lincoln, was on Saturday last, at the annual general meeting of the Lincolnshire Automobile Club, unanimously re-elected Honorary Secretary of the Club. There are now 36 medical members of the Club.

THE Earl of Crewe, Lord President of the Council, has consented to receive a deputation consisting of representatives of the Association for Promoting the Training and Supply of Midwives and of other authorities and persons who will lay before him certain points in connexion with the proposed exemption of Poor-law midwives from the rules of the Central Midwives Board.

MRS. DOLAN, the wife of Dr. T. M. Dolan of Halifax, who died of cerebral haemorrhage on January 30th, was an active helper of her husband during his long tenure of officer as Medical Officer of the Halifax Union Workhouse, a post which by a strange coincidence he vacated on the very day of her death. Mrs. Dolan was President of the Brabazon Society at the workhouse, and was an active member of the Cinderella Club, of the Citizens' Guild of Help, and of the Emigration Committee of Shibden Industrial School. She was also one of the two co-opted members of the Education Committee from its formation, and in many other ways showed a practical interest in public work.

AN evidence of the increased interest which is taken in making provision for the old age of working people is shown by the late Mr. Whiteley's bequest of a sum of £1,000,000 sterling to found and maintain homes for the aged poor. This was a form of benevolence relatively common a few hundred years ago, but of which not so much has been heard for the last century or more. Mr. Whiteley also made bequests to several London hospitals, to the Royal Hospital at Richmond, and to the Hayes Cottage Hospital.

THE West London Medico-Chirurgical Society held its twenty-fifth anniversary dinner on February 6th at the Wharncliffe Rooms, Hotel Great Central, London. The chair was taken by the President, Dr. Leonard Mark. After the usual loyal toasts had been duly honoured, Dr. A. E. Russell submitted the toast of "The Imperial Forces," and observed that the special characteristic of the British army was its flexibility and adaptability. The toast was acknowledged by Sir Alfred Keogh, Director-General, who said that the post-graduate school of the West London Hospital took a more practical interest in the affairs of the medical branch of the army than any other institution in the country. He was glad that the time was fast approaching when it would be possible to make a public pronouncement as to the course proposed to be followed by the Army Medical Service. It was known to all that the Army Medical Service was in point of numbers only sufficient to provide for a very small army, and it was necessary to make such arrangements as would provide for a large army. That could only be done by appealing when the right time came to the patriotism of the members of the medical profession, and he did not think it would be behind the rest of the country. He emphasized the statement that the great feature and virtue of the army lay in its flexibility and adaptability. It was necessary for the civilian members of the medical profession to understand that there was a great deal to learn concerning the Army Medical Service and its work in time of war, for the treatment of the sick and wounded in war time was one of the minor duties. That fact was recognized by the members of the post-graduate school of the West London Hospital, for they had received instructions from the Army Medical Service in regard to those matters. The President, in proposing the toast of "The West London Medico-Chirurgical Society," said that they were all proud of the fact that the Society had existed for over a quarter of a century and was in a most prosperous condition. He then referred to the amalgamation scheme of the London medical societies, and said that the Society had come to the conclusion that it had better remain as it was, and continue the good work it had done during the past. The membership of the Society was 656, and there were still 37 of the original members on the list. Dr. W. C. James then proposed the toast of "The Kindred Societies and Guests," which was responded to by Mr. Warrington Haward, who explained that he spoke in the place of Mr. C. A. Ballance, President of the Medical Society. The toast was also acknowledged by Mr. E. B. Turner. After Mr. Rickard Lloyd had proposed the toast of "The President," and that gentleman had suitably responded, the guests dispersed.

MEDICAL SICKNESS AND ACCIDENT SOCIETY.—The usual monthly meeting of the executive committee of the Medical Sickness, Annuity, and Life Assurance Society, was held at 429, Strand, London, W.C., on January 25th, Dr. de Havilland Hall in the chair. In accordance with the usual practice at the first meeting of the year special reports on the condition of all those members who belong to what is called the "chronic list," that is, who are considered to be permanently incapacitated, were presented. Thirty-five such special reports were discussed, and very few of them contained any information on which could be based much hope that the members would ever again be able to perform professional work. Most of them are drawing sick pay to the amount of one hundred and four guineas a year, and the annual disbursement of the Society in respect of its permanently-incapacitated members is now about £3,000. A special extra reserve is made for these chronic cases at every valuation of the Society's business. The ordinary claim list was also a long one, for the epidemic of influenza has, as usual, compelled many members of the medical profession to stop work. The total sickness disbursement of 1906 was, however, appreciably less than the amount expected and provided for in the tables of contribution. Prospectuses and all further information on application to Mr. F. Addiscott, Secretary, Medical Sickness and Accident Society, 33, Chancery Lane, London, W.C.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF OXFORD.

Natural Science Scholarship.

IN addition to the Scholarships in Natural Science already announced at Keble College, Merton College, and New College, an examination for a Scholarship in Natural Science at Brasenose College is advertised to commence on July 2nd.

UNIVERSITY OF CAMBRIDGE.

CANDIDATES for the University Lectureship in Hygiene are requested to send in their application to the Vice-Chancellor on or before February 21st.

In the voting for the Mathematical Tripos last week the Placets won by a majority of about 140.

The following degrees were conferred on January 31st:

M.B., B.C.—W. H. Newton (Emm.).
B.C.—C. H. Rippmann (King's), A. H. Fardon (Christ), W. O. Pitt (Emm.).

UNIVERSITY OF LIVERPOOL.

Diploma in Public Health.

AT a meeting of the Senate, held on January 30th, the following candidates received the Diploma in Public Health:

W. D. Higson, M.B., Ch.B, Liverpool; G. J. Keane, M.D., Liverpool; R. Owen Morris, M.A., M.D., Edinburgh.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

AN ordinary quarterly Comitia was held at the College on January 31st, the President (Sir R. Douglas Powell) in the chair.

Lectures.

The President announced that Dr. Frederick Taylor had been appointed Harveian Orator for 1907; and Dr. J. Eyre Milroy Lecturer for 1908.

Membership.

The following gentlemen were admitted members of the College; Alfred Edward Barnes, M.B.Lond.; Dudley William Carmalt-Jones, M.A., M.B.Oxon., L.R.C.P.; Alfred Charles Coles, M.D., D.Sc.Edin.; George Alexander Finlayson, M.A., M.B.Aberd.; Frederick Lucien Golla, M.A., M.B.Oxon.; George Hall, M.D.Lond., L.R.C.P.; Frederick William Higgs, M.B.Lond.: Walter William Moore, M.B.New Zealand, L.R.C.P., F.R.C.S.; Owen Thomas Williams, M.D.Lond., L.R.C.P.

Licences.

In conjunction with the Royal College of Surgeons, Licences were granted to 85 gentlemen.

Diplomas in Public Health.

Diplomas in Public Health, jointly with the Royal College of Surgeons, were granted to 12 gentlemen.

Communications.

The following communications were received:

1. From the Dean of the Medical Department of the Johns Hopkins University, Baltimore, thanking the College for books presented to their library.
2. From the Secretary of the College of Surgeons (2) reporting proceedings of the Council on December 13th, 1906, and January 10th, 1907.
3. From the Secretary of the Liverpool School of Tropical Medicine, dated December 12th, 1906.
4. From the Organizing Committee of the Second International Congress on School Hygiene, petitioning the College for a grant in aid of the expenses of receiving the Congress in London in August, estimated at more than £3,000. It was resolved that, as the College had never hitherto subscribed to the funds of any congress, even when of a purely medical character, it did not see its way to depart from its usual custom in the present instance.
5. From the Very Rev. J. Marshall Lang, Vice-Chancellor and Principal of the University of Aberdeen, thanking the College for a congratulatory address on the occasion of the celebration of the quatercentenary of that of Aberdeen, and offering certain books for the acceptance of the College.

Councillors.

On the nomination of the Council, Drs. Glynn, C. E. Beevor, G. N. Pitt, and Percy Smith were elected Councillors in the place of Drs. Markham Skerritt, West, Abercrombie, and Fowler, who retired by rotation; and Dr. T. H. Green was elected a fifth Councillor for one year in the place of Dr. Allbutt, now Censor.

A Manuscript of Harvey.

Dr. Norman Moore moved:

That a Committee be appointed to consider the question of the publication of Harvey's manuscript. *De Musculis*, in the same form as his *Prelectiones Anatomiae Universalis*, published by the College in 1886.

The motion was carried, and Drs. Allbutt, Osler, Payne, Allchin, and Norman Moore were elected to serve on the Committee.

Central Midwives Board.

On the nomination of the Council, Dr. Champneys was re-elected representative on the Central Midwives Board for one year from April 1st next.

Reports.

The following reports were received:

1. The quarterly report of the College Finance Committee.
2. From the Committee of Management reporting on the scheme for an extension of the course of instruction at the Liverpool School of Tropical Medicine as follows: "The Committee are of opinion that so far as the scheme relates to the subjects of tropical medicine, tropical surgery, and tropical hygiene, it deserves approval. The Committee note with satisfaction that it is proposed to afford greater opportunities for clinical observation than exist at the present time." The report was adopted.

Library.

Books and other publications presented to the Library during the past quarter were received, and thanks returned to the donors.

Examinations for the Licence.

The annual return by the examiners of the results of the examinations for the Licence in the year 1906 was received.

CONJOINT BOARD IN SCOTLAND.

THE following candidates have been approved at the examinations indicated:

First Examination (Five Years' Course).—D. L. Brown (with distinction), Abdul Majid Shah, W. T. Lawrence, C. L. Ievers, Shanker Pandurang Gogte, Behram Shapoorji Photographer, Madan Lal Puri, Edith Huffton, H. Hoyland, C. J. Arthur, Shivnarain Rozdon, Shridhar Chintaman Jog, Surendra Kumar Sen, H. G. Lamberty, Rajanja Sivasubramanya Aiyar, Cuverji Ruttonji Vevai, Hiralal Keshavlal Nanavati, Framroz Maneckji Vajifdar, Shivshankar Ramchandra Soneji.

Second Examination (Four Years' Course).—D. D. McNeill.

Second Examination (Five Years' Course).—A. C. Livingston, D. Hickey, W. Crosse, Shivnarain Rozdon, R. F. Lunn, Abdul Majid Shah, J. A. Irwin, T. B. McKendrick, A. R. H. Harrison, D. Cogan, J. Noonan.

Third Examination (Five Years' Course).—M. F. Anderson (with distinction), E. R. Porter (with distinction), J. McTurk, C. J. Faill, W. C. Doughty, J. McKelvey, Bhairawnath Dinanath Khote, J. D. Jones, Cuverji Ruttonji Vevai, T. S. Johnstone, A. B. Bateman, G. L. Irwin, Shankar Pandurang Gogte, L. W. Bradshaw, Shivshankar Ramchandra Soneji, F. J. de Souza, J. B. Barnes, Hiralal Keshavlal Nanavati, T. Walsh, T. McClure, E. P. Maitland, C. R. Merrillees.

Final Examination.—The following were admitted L.R.C.P.E., L.R.C.S.E., and L.F.P. and S.G.:—W. Rollin, G. E. P. Davis, W. L. Watson D. Kennedy, H. M. Sturrock, H. C. Orrin, J. P. MacDonald, R. M. Riggall, Tiruvarur Arunachala Ramaswami Aiyar, P. M. O'Dwyer, H. H. Whaite, H. W. Coutts, N. Moxon, C. G. Hurrey, M. H. Howard-Jones, W. C. Mann, Rajanga Sivasubramanya Aiyar, W. S. Carter, W. H. Bennett, W. R. Ellis, T. W. Faulkner, L. J. Patterson-Clavier, W. Henderson, W. L. Watt, G. Coats, L. C. Wijesinha, Byramji Shavakshah Tarapurvalla, E. T. Evans, A. P. Dias, W. H. Curtis, J. S. Peebles, A. C. Mackay, C. A. Lawrence.

ON February 5th M. Clemenceau received a deputation representing the groups of members of the French Senate and Chamber of Deputies recently formed to organize a campaign against alcoholism. The Senators were headed by M. Charles Dupuy, the Deputies by M. Ribot. The deputation asked for fresh legislation limiting the number of public-houses, and forbidding the sale of absinthe. They also urged that the existing laws should be strictly enforced. It was suggested that official returns should be procured of the proportion of alcoholic patients in lunatic asylums, and, if possible, of the number who drank absinthe. The Premier expressed sympathy with the views of the deputation, and promised his active help in attaining the objects of the Parliamentary group represented by them.

CHRISTIAN SCIENCE IN MASSACHUSETTS.—A Bill is now before the State Legislature of Massachusetts which provides for the regulation of medical practice. No mention is made of Christian Science, but it is understood that the Bill is aimed especially at that form of irregular practice.

MEDICAL STUDENTS AT THE GERMAN UNIVERSITIES.—The number of students in the medical faculties of the several German universities during the current winter semester are as follows: Berlin, 1,182; Bonn, 227; Breslau, 272; Erlangen, 206, including 1 woman; Freiburg, 462, including 27 women; Giessen, 286; Göttingen, 185; Greifswald, 182; Halle, 200; Heidelberg, 327, including 25 women; Jena, 233; Kiel, 209; Königsberg, 228; Leipzig, 519; Marburg, 222; Munich, 1,292, including 43 women; Münster, 63; Rostock, 99; Strassburg, 253; Tübingen, 215, including 2 women; Würzburg, 457, including 6 women. The total number of medical students in the German Empire at the present time is 7,219; the corresponding number for last year was 6,080.