

after prolonged mental disorder are to my mind to be looked upon as functional.

There are such things as morbid mental growths; in some cases these are easily traced. Take the man who, having early made a fortune, but having no other than money-making instincts, retires only to find all things are vanity; he dwells more and more on his feelings and becomes a confirmed hypochondriac. Such developments may either lead to permanent mental incapacity, or, on the other hand, may leave the rest of the mind as clear as ever, so that there is what used to be called a monomania; I prefer to call such mental growths, for they are neither invading nor destructive to mind generally.

Similarly, that conditions are responsible for some forms of insanity is seen in the cases in which a daughter, devoting her life to an invalid mother, after the death of her mother begins to analyse her conduct and her feelings during her prolonged watching, and in the end comes to the conclusion that she did not do all she might to have saved her mother, and slowly a delusion arises of having killed her mother. The loving wife also may slowly pass into the suspicious one, and end by having delusions as to the honesty or constancy of her husband. I have met doctors' wives who became so jealous of their husbands that they made their lives unbearable while they were attending other women for midwifery.

All these and thousands of others provide material to show how normal feeling may pass into delusions, and I do not ever expect to find a seat in the brain for such ideas. I accept much that Dr. Hughlings Jackson has written in his *Factors of Insanity*. He points out the effects of removal of the higher spheres of control, and the letting loose of the lower, more organized, parts of the nervous system, and he also points out that not only is there loss of control, but there is a morbid demonstration often of these lower parts, what I might call a fresh morbid growth arising from the lower nervous strata.

From these more complex questions I now pass to the consideration of the more typical forms of mental disorder. We have the mental disorder chiefly marked by loss of the higher control. This varies in symptoms according to the degree of the defective control, and may range from hysteria to acute mania, and parallel to this we have to consider similar states depending directly on toxic agents. Anything which will produce delirium may produce mental disorder of a delirious type—that is, with hallucinations of the senses—and may have the general aspect of chronic delirium. I do not find any evidence that there is any material increase in the numbers suffering from mania.

Melancholia, again, ranges from hypochondriacal self-consciousness to profound stupor. This has more frequently a more material nervous basis, which may be primary or secondary to other morbid states in the body, the brain being badly served by one or more of its organic servants. I believe there is an increase in the numbers of melancholic patients admitted into asylums as well as an increase in the numbers of suicides due to mental depression. Many forms of insanity seem nowadays to tend rather to nervous exhaustion and mental depression.

As to dementia and its various grades, there appears also to be an increasing tendency for mental disorders to lead to premature mental weakness; and the fact that a term, "dementia praecox," has become common is looked upon as evidence that in young persons there is an increasing tendency to permanent breakdown after acute attacks of insanity of any form.

As I have already said, there is an increase in the numbers of those suffering from general paralysis of the insane, as well as of those who are affected with senile mental disorders. I believe there is an increase among the simply neurotic and that neurasthenia is increasing in frequency, and that these conditions are at the root of a large number of cases of delusional insanity, chronic recurring insanity, and paranoiac insanity which fill our asylums.

In conclusion, I have to repeat that there is no such disease as insanity, that it is a negation, and depends more on social than on medical conditions. Finally, that certain forms are due to direct brain decay, others to brain intoxication, and others to morbid habit or morbid surrounding, or they are the natural but morbid mental growths occurring in certain unstable individuals.

## MEMORANDA: MEDICAL, SURGICAL, OBSTETRICAL.

### A CASE OF PREMATURE BIRTH OF TWINS.

The mother in this case was a primipara, aged 23. Her last menstruation prior to conception commenced on November 3rd and terminated on November 8th, 1906. She first felt fetal movement early in April, 1906, and expected confinement about August 10th. The actual date of birth was June 1st. Both children were females, and the survivor weighed one week after birth 1 lb. 14 oz., and on October 6th 6 lb. 10 oz.

The exciting cause of premature birth was haemorrhage, most probably accidental. The infant first born lived only a few hours. The second child, much smaller, was born without interference, and followed smartly and easily after the first. This freedom from long-continued pressure gave the child a chance which the first had not, and the difference in appearance as regards the chances of life was at once apparent. The second cried spontaneously on delivery; the first lay limp, and could only be got to cry faintly on slapping the back. As regards treatment, the room was kept about 70 degrees, and hot water rubber bottles were used, one on either side and one at the feet. The child was rubbed all over with cod liver oil. It took the breast from the first day, the supply of milk being abundant and of good quality. Since June 30th the weight has steadily increased, but from June 7th to June 30th nothing was gained.

The following table shows the weekly increase. The infant continues to thrive.

BORN JUNE 1ST, 1906. WEIGHT ON JUNE 7TH 1 LB. 14 OZ.

Date.	Nett Weight.	Increase.	Weeks Old.
1906.	lb. oz.	oz.	
June 30th ... ..	1 14	—	4
July 7th ... ..	2 0	2	5
July 14th ... ..	2 2½	2½	6
July 21st ... ..	2 7	4½	7
July 28th ... ..	2 12	5	8
August 4th ... ..	3 2	6	9
August 11th ... ..	3 8	6	10
August 18th ... ..	3 14	6	11
August 25th ... ..	4 3	5	12
August 31st ... ..	4 12	9	13
September 8th ... ..	5 2	6	14
September 15th ... ..	5 8	6	15
September 22nd ... ..	5 12	4	16
September 29th ... ..	6 3	7	17
October 6th ... ..	6 10	7	18

The case seems worth reporting in view of the weight and age of the child at birth, and the successful issue without incubation treatment. I should like to hear what is the earliest recorded instance of survival after immature birth without incubation treatment.

Cambuslang, N.B.

H. S. MARTYN, M.B., Ch.B.

### THE ADMINISTRATION OF ETHYL CHLORIDE.

A few months ago<sup>1</sup> I gave my objections to the present commonly-accepted method for the administration of ethyl chloride, and explained my mode of introducing it directly into the bag in a gaseous form. Whilst the method indicated was a great improvement on the old, certain details remained unsatisfactory. Among these were the difficulty of controlling the valve of the container so as to be sure that the vapour and not the fluid was being poured into the bag, and there was also occasionally some difficulty in finding the small slit when an additional dose was required.

To obviate these disadvantages I have had a thick-

<sup>1</sup> BRITISH MEDICAL JOURNAL, May 12th, 1906.

walled rubber tube 8 in. long fitted into the side of the bag 2 in. from its neck. The nozzle of the ethyl chloride container is inserted into the free end of the tube, which holds it sufficiently tightly to prevent slipping. The face-piece of the inhaler is carefully applied, and after the first breath has been taken, the valve of the container, held vertically with the nozzle upwards, is pressed upon, and the gas allowed to escape along the tube into the bag. The warmth of the hand holding the container is sufficient in the majority of instances to cause enough vapour to be liberated to secure the requisite anaesthesia, but when the atmospheric temperature is low, or if there is only a small amount of liquid in the container, a little shaking suffices to give a freer evolution of the gas.

My results, so far, have been uniformly good. Induction takes a few seconds longer, but this is more than compensated for by the ease with which the patients become anaesthetized. Formerly, in my experience, struggling occurred in a certain percentage of cases owing to a choking sensation caused by too great a concentration of vapour in the first inhalations. It is now conspicuous by its absence.

As regards the amount of ethyl chloride used, I find in my last 80 cases in adults that 3 c.cm. was the maximum required to produce complete anaesthesia; in 20 of these cases 2 c.cm. and under was found to be quite sufficient.

In advocating the above method of administering ethyl chloride, I wish to make the principle on which it depends quite clear, that is, to give every individual patient the dose necessary to produce anaesthesia, as opposed to the practice of presenting him with a definite quantity, which may, for all we know, be an overdose in his particular case. If this principle were more generally acted upon, the dangers and difficulties attending the use of ethyl chloride would be very much minimized, and we should be bringing the method of administration more into line with that of other more commonly-accepted anaesthetics.

L. KIRKBY THOMAS,  
Anaesthetist to the Women's Hospital,  
Birmingham.

#### INTESTINAL WORMS IN THE APPENDIX VERMIFORMIS.

DURING an abdominal operation performed by Dr. Amand Routh on February 2nd, on a woman aged 31, the appendix was found to be closely adherent by its antimesenteric border to a mass which proved to be the right Fallopian tube; there was old salpingitis and a lutein abscess of the right ovary.

As the appendix was seen to be elongated, swollen, and adherent, it was removed. After ligation of the stump a thread-worm (*Oxyuris vermicularis*) was seen to wriggle out from the lumen of the appendix. On subsequently opening up the excised portion ten more were seen lying in the mucous membrane for about 1½ in. of its length; some were on the surface, one or two lay deep down in the lining membrane, but none had pierced the other coats of the appendix. On examination microscopically three were found to be male, and the remainder female, with ova in great numbers. The mucous membrane of the appendix was not much inflamed, but there was some congestion. Probably this was due to the pelvic peritonitis having involved the appendix and caused the adhesions. The occurrence of the worms in the appendix was most likely accidental, they having migrated from the caecum, for the patient had had the usual symptoms of the presence of thread-worms for about three and a half months.

The history of the case pointed to old-standing trouble in the pelvis, especially on the right side, though at the operation the left Fallopian tube was also found adherent and swollen, and was removed. Three weeks before admission the patient had pain in the right iliac region, accompanied by vomiting, and the bowels were constipated, but there was no proof that this attack was of appendicular origin. Bacteriological examination of the pus in the lutein abscess proved it to be sterile.

Cases have been recorded in which *Oxyuris vermicularis* and *Trichocephalus dispar* have been found, the whip end of the latter worm being buried in the mucous membrane. Attacks of appendicitis have been directly attributed to them.

Professors Metchnikoff and Blanchard have both stated that intestinal worms do definitely destroy the mucous membrane of the intestine, and that thereby a suitable nidus is created for the growth of those infective organisms which directly cause appendicitis (see BRITISH MEDICAL JOURNAL, December 1st, 1906, page 1596).

Certainly, since the parasites are able to migrate into the appendix, they are also likely to carry infection with them, and therefore they cannot be ignored as one of the many etiological factors in appendicitis.

JOHN W. HEEKES,  
Resident Obstetric Officer, Charing Cross  
Hospital.

## REPORTS

ON

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

#### ROYAL INFIRMARY, NEWCASTLE-UPON-TYNE.

CASE OF STRANGULATED LITTRÉ'S HERNIA WITH GANGRENE  
AND PERFORATION OF THE MECKEL'S DIVERTICULUM :  
RESECTION OF THE GUT : RECOVERY.

(By H. BRUNTON ANGUS, M.B., M.S. Durham, F.R.C.S.,  
Honorary Surgeon.)

M. F., a male, aged 14 years, was admitted on February 24th, 1906, suffering from a painful swelling in the right inguinal region.

*History.*—He had had a right inguinal hernia since childhood, but never wore a truss. On February 21st, as he was getting into bed, he felt a pain in the right side of the scrotum, and commenced to vomit. The vomiting became incessant, and there was absolute constipation. There had been no previous attack of pain or vomiting.

*Condition on Admission.*—He looked very ill, was dull, and disinclined to talk. The temperature was 100°, the pulse 110; the tongue was coated but moist, and he was vomiting bilious matter. On the right side there was a long sausage-shaped swelling reaching to the bottom of the scrotum, and disappearing in an upward direction through the external abdominal ring. It was dull on percussion, devoid of impulse on coughing, painful on handling, and very tense. The testicle felt at the lower end of the scrotum seemed enlarged. The left scrotum was normal.

*Diagnosis.*—Strangulated right inguinal hernia.

*Operation* (February 24th).—The inguinal canal was slit up, and a large hernial sac exposed and opened. Faecal matter was found free in the sac, which was cleansed with hot normal saline. A piece of omentum becoming gangrenous presented, and under it was found a large Meckel's diverticulum, 3 to 4 in. long, together with the portion of small intestine from which it was springing. The diverticulum was nearly as large as the small intestine, and the end was gangrenous and perforated. It was found impossible to pull the loop of bowel further down owing to the shortness of its mesentery and the tight constriction at the internal abdominal ring. After thorough cleansing with normal saline and wrapping the loop in gauze, the arched fibres of the internal oblique and transversalis were divided in an upward direction until the affected bowel was freely exposed. The general peritoneal cavity was carefully packed off with gauze, then it was found that the small intestine was gangrenous also where it had been nipped at the internal ring; 3 in. of small intestine, including the diverticulum and also the affected omentum, were then resected. An end-to-end anastomosis with Murphy's button was performed, the line of union being strengthened by a ring of Lembert sutures (fine silk). The sac was freed, and appeared to be an acquired one; the neck was closed, and the remainder removed. The divided internal oblique and transversalis were sutured with catgut, and an ordinary Bassini's radical cure performed with catgut sutures, the wound was drained, and the skin united with silkworm gut sutures.

*Subsequent Progress.*—The patient stood the operation well but developed severe bronchitis with purulent sputum, and was exceedingly ill for a few days. On

## MEDICAL NEWS.

THE King has signified his approval by pricking the name of Surgeon-Colonel P. B. Giles, V.D., F.R.C.S., Commandant Volunteer Ambulance School of Instruction, as High Sheriff for the County of Bucks.

On Tuesday next, at 5 p.m., Mr. Noel A. Humphreys, I.S.O., will read a paper before the Royal Statistical Society, 9, Adelphi Terrace, Strand, W.C., on the alleged increase of insanity.

At the last quarterly meeting of the Medico-Psychological Association of Great Britain and Ireland, held at the Notts County Asylum by the courtesy of Dr. Arthur Molyneux Jackson, it was arranged that the annual meeting should be held in London on July 25th and 26th.

THE medical profession is more largely represented in the new Duma than in the last. As far as is at present known there are twenty-five medical members of the Russian Parliament; the majority belong to the Cadet party and to the Extreme Left.

A MEETING to promote the interests of the Second International Congress on School Hygiene, to be held in London in August next, will be held, on the invitation of the Lord Mayor, at the Mansion House on Wednesday next at 3 p.m.

THE Association des Anatomistes will hold its ninth annual meeting this year at Lille from March 24th to 28th, under the presidency of Professor Hallez. The Vice-Presidents are Professors Debierre, Curtis, and Van Gehuchten.

THE Portuguese National Antituberculosis Congress will hold its fourth meeting at Oporto from April 4th to 9th. An exposition of hygiene, particularly intended to illustrate the means available for the prevention of tuberculosis, will be held in connexion with the congress.

A MEDICO-HISTORICAL museum was opened in the Kaiserin Friedrichshaus, Berlin, on March 9th. It has been organized under the direction of Professor Eugen Holländer, well known by his works on medicine in classical art and medicine in caricature, who delivered an introductory address.

A COMMITTEE of the Massachusetts Legislature is, we learn from the *Boston Medical and Surgical Journal*, considering the expediency of providing nurses for schools. A meeting held at the State House, Boston, on February 26th, was largely attended. The opinion was unanimously expressed, by medical practitioners and others, that a regular system of nursing in the public schools is desirable and feasible. No opposition whatever was expressed to the Bill.

AN official return was issued on March 2nd showing the number of British soldiers and sailors killed or wounded in action during the six years ended December 31st, 1903. It covers all wars or warlike operations undertaken during that period either by the Imperial Government or by chartered companies, and gives for killed in action or died of wounds a total of 8,678 officers and men, and an aggregate number of 23,773 wounded. It is a pity that it was not accompanied by a similar return regarding deaths and invaliding from disease.

THE Convalescent Homes Association seems to be justifying its existence, having already provided forty-one beds for surgical cases still in need of active attention after operation. It has also opened at 32, Sackville Street, Piccadilly, a central bureau at which information can be obtained by any member of the public as to where beds for convalescent patients are available, and as to what are the conditions imposed. It is to be hoped that before long all hospitals and convalescent homes will join this body, and thus link themselves together to the common advantage. The Chairman of the Association is Sir William Church; the honorary secretaries being Mr. M. O. Fitzgerald and Dr. S. H. Habershon.

THE lectures to be given at the Royal Institution after Easter include the following: Professor W. Stirling, three lectures on stimulation, luminous and chemical; Professor G. H. F. Nuttall, two lectures on malaria, sleeping sickness, tick fever, and allied diseases; Professor Sir James Dewar, three lectures on chemical progress, work of Mendeléef and Moissan. The Friday evening meetings will be resumed on April 12th, when a discourse will be given by Professor A. H. Church on conservation of historic buildings and frescoes (with experimental illustrations). On April 19th Professor C. S. Sherrington will speak on nerve as a master of muscle; on April 26th Mr. James Swinburne on new

illuminants; and on May 3rd Sir James Crichton-Browne on dexterity and the bend sinister.

DR. C. G. SELIGMANN, Pathologist to the Zoological Society of London, in his annual report presented to the Society recently, stated that 356 mammals and 283 birds were submitted to *post-mortem* examination during 1906. As the result of his observations, he drew the conclusion that tuberculosis occurring in birds in the gardens was usually due to infection by the gut. New growths were rarely observed either in mammals or in birds, but one case of carcinoma arising in the kidney was observed in a Chilean pintail, and two cases of benign new growths in birds not inmates of the gardens had been observed. The deaths of rheas, cassowaries, ostriches, and some of the larger storks kept in the gardens appeared to be due in a large number of cases to cardiac failure, the heart being found extremely flabby.

On March 9th the Queen and her sister, the Dowager Empress of Russia, visited the London Hospital, and were enthusiastically received by the students and nurses; the Chairman, the Hon. Sydney Holland, pointed out to the Queen the site, immediately facing the entrance, upon which the statue of Her Majesty, the first in this country, is to be erected. The royal party visited the Queen's ward (the surgical ward for children) and the maternity ward, where the bags of clothing for infants, provided on the initiative of the Countess of Derby, containing two wool vests, a flannel wrap, and two frocks, were examined with approval. Their Majesties then lunched in the committee room, and afterwards visited the men's surgical ward, going on to the out-patient department, where "Queen Alexandra's light department," with its installation of Finlen lamps, the institution of which is so largely due to the personal interest the Queen takes in this treatment, was inspected with interest. The Queen and Empress were loudly cheered when they made their appearance in the gallery of the out-patient department, and the visit will doubtless do much to encourage the workers, medical and nursing, in this great institution.

THE Glasgow authorities have determined to discontinue publishing daily reports concerning cases of cerebro-spinal meningitis, and to make statistical returns at the same intervals as in respect to other diseases. The number of cases of the malady in Glasgow, though larger than anywhere else, is not really great, and when compared with the incidence of other diseases, such as scarlet fever and diphtheria, it is quite small. In England isolated cases have been reported during the week as having occurred at various places, the best founded appearing to be a case at St. Helens, and one in Cubitt Town in the east of London. In Scotland the position remains very much as it was last week, the Registrar-General's returns for the seven days ending March 9th including 28 deaths ascribed to cerebro-spinal meningitis at Glasgow, 10 at Leith, 7 at Edinburgh, and 1 at Dundee. In Ireland during the same period 11 deaths were returned as due to cerebro-spinal meningitis in Belfast, and 4 as caused by cerebro-spinal fever in Dublin. Abroad it is reported from Germany that some cases have been noted in the Rhineland provinces. None were noted in these last year when the disease was very prevalent in East Prussia and Galicia.

THE Association of Certificated Dispensers, a body which came into being under the auspices of the Society of Apothecaries last year, held its first annual general meeting on February 28th. A membership of 220 was reported, and the Chairman, Mr. Montague Smith, after remarking that those who belonged to the association were the owners of the oldest dispensing qualification in the country, congratulated them on having banded themselves together for mutual protection. An address on the status of the apothecaries' assistants was then delivered by Dr. F. S. Toogood (barrister). Many of their opportunities for usefulness had, he showed, been denied them by legislation enacted at the instance and for the benefit of the chemist and druggist. Their object now was to consolidate their position and to protect themselves against further encroachment on their ancient rights. As things stood they were by the Act of 1815 entitled "to prepare, apply, give, administer, or any way to sell, set on sale, put forth, or put on sale"; in short, though they had no right to independent action, they could dispense or sell any pharmaceutical preparation or drug provided the business was the property of an apothecary. So far as dispensing in hospitals, infirmaries, or for private medical practitioners was concerned no qualification was legally necessary, but the Local Government Board had issued a memorandum stating what certificates should be accepted by bodies under its control as evidence of proficiency in the art of dispensing; among these was the assistant's certificate of the Apothecaries' Hall.

## PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

### THE REGISTRATION OF PLUMBERS.

THE praiseworthy efforts which the Worshipful Company of Plumbers have been making for many years past to secure the efficiency of workmen in the plumbing trade deserve to be more widely known. The Company has established a register, upon which there are already enrolled about 14,000 plumbers. About two-thirds of this number have been able to produce the necessary evidence of experience. The remainder have proved their qualification by examination in technical knowledge and workmanship, and those registered in future will in every case be required to do so. The good results to be expected from this registration are naturally very much weakened owing to its being purely voluntary in character, and although there are obvious difficulties connected with the enforcement of any scheme of compulsory registration, there are several directions in which the existing voluntary scheme might be rendered more efficient than at present. Recognizing this, the Company is endeavouring to secure the necessary legislation to enable a statutory body to deal with cases of complaints against registered plumbers, and also to deal with cases of persons falsely describing themselves as registered.

It is of interest to recall that as long ago as 1883, when the British Medical Association met in Liverpool, the question of the regulation and registration of plumbers was discussed in the Public Medicine Section which was presided over by Mr. T. Pridgin Teale. The suggestions then made were that the names and addresses of all plumbers should be registered by the local authority, and no plumber should be able to carry on his trade until he had been so registered, and had received a licence from the local authority. That before the licence was granted to him the plumber should attend personally at the office of the local authority for examination as to his qualification as a plumber. That the licence should be renewed from year to year, and its continuance depend upon the good behaviour and the return of work done by the person licensed. Finally, that the names of all licensed plumbers should be publicly advertised once a year by the local authority. The movement was one in which the late Mr. Ernest Hart took a great interest.

### SMALL HOLDINGS.

THE Board of Agriculture has issued a circular to county councils in Great Britain calling attention to that part of the report of the Departmental Committee on Small Holdings which points out that it is a misapprehension to suppose that the small holdings committee of a county council is not required to take action until it receives a petition alleging that there is a demand for small holdings in a particular division of the county; it is, on the contrary, the duty of the committee to consider whether the circumstances of the county justify the council in putting into operation Part I of the Small Holdings Act, 1892, and the committee should on its own initiative make inquiries enabling it to report to the council. A further misapprehension is pointed out with regard to the nature of the petitions; such petitions may be general, and need not refer to specific lands. The circular also asks for information for another return to supplement that made in 1903 showing the extent to which the Act has been put into operation.

### OTHER PEOPLE'S SEWAGE.

ASSENDEN writes that a town of 6,000 inhabitants puts its sewage on to a field of about seven acres close to a village two miles away; in certain conditions of the atmosphere, especially at night, the smell is very unpleasant, although the Corporation denies it. We are asked to advise as to what steps can be taken.

\*.\* Assuming that the village is not within the area of the town, the facts should be put before the sanitary authority having jurisdiction over the village. Failing redress in this way, complaint should be made by one or more of the villagers aggrieved to the Local Government Board. We assume that the local medical officer of health has been made aware of the conditions described.

## UNIVERSITIES AND COLLEGES.

### UNIVERSITY OF OXFORD.

RADCLIFFE PRIZE FOR RESEARCH IN MEDICAL SCIENCE. The Vice-Chancellor has received the following communication:

The Master and Fellows of the College of the Great Hall of the University, commonly called University College in the University of Oxford, after consultation with the Board of the Faculty of Medicine, in accordance with the Radcliffe Ordinance (Clause 10 as amended in 1905), hereby appoint and make, until further notice, the following regulations for the

establishment and award of a prize for the furtherance of medical science in the University, to be known as "The Radcliffe Prize."

1. The prize shall be entitled "The Radcliffe Prize," and shall be of the value of £50. It shall be awarded every second year (alternately with the Rolleston Prize), provided a sufficiently deserving memoir be submitted for adjudication, by the Master and Fellows of University College at their stated general meeting on the twentieth day of March, for research in any branch of Medical Science, comprised under the following heads: Human Anatomy, Physiology, Pharmacology, Pathology, Medicine, Surgery, Obstetrics, Gynaecology, Forensic Medicine, Hygiene.

2. The prize shall be open to all graduates of the University who shall have proceeded, or shall be proceeding, to a medical degree in the University. Candidates shall not have exceeded twelve years from the date of passing the last examination for the degree of Bachelor of Arts, and shall not, at the date of application, be Fellows on the Foundation of Dr. John Radcliffe.

3. Candidates shall send in their memoirs to the Secretary to the Boards of Faculties on or before the first day of December in the year preceding the date of the award. As soon thereafter as conveniently possible the Board of the Faculty of Medicine shall appoint a judge to act in conjunction with the Regius Professor of Medicine (or a deputy appointed by him), and with a judge appointed by University College. The said judges may, if necessary, call in an assessor, or two assessors, to assist them in their adjudication, and shall report to the Master of University College, and to the Board of the Faculty of Medicine, on or before the first day of March next ensuing, on the respective merits of the memoirs submitted to them.

4. No memoir for which any University Prize has already been awarded shall be admitted to competition for the Radcliffe Prize; and the prize shall not be awarded more than once to the same candidate.

5. The Board of the Faculty of Medicine shall cause to be published in the usual manner due notice (1) of the date for sending in the competing memoirs, and (2) of the conditions of the award; and the Board shall have power on any such occasion to announce that the prize will on that occasion be awarded for research in some particular branch, or branches, of medical science, as above enumerated, provided that such preference be not given to the same subject more than once in any three consecutive competitions.

6 (temporary). The above regulations notwithstanding, the first award shall, if possible, be made at the stated general meeting of the Master and Fellows of University College on the twenty-eighth day of October next ensuing, and the competing memoirs shall be sent in to the Secretary to the Boards of Faculties on or before the first of June, 1907.

(Signed)

REGINALD W. MACAN,

Master.

February 27th, 1907.

### UNIVERSITY OF CAMBRIDGE.

#### DEGREES.

THE following degrees were conferred on March 9th:

M.B.—Y. K. Willis, Queens'.

M.B., B.C.—J. F. Gaskell, Gonv. and Cat.; I. G. Back, Trin. H.

### UNIVERSITY OF DURHAM.

A CONFERENCE, to which members of Convocation are invited, will be held in the Castle Hall of the University on March 20th, at 2.30 p.m., for the purpose of discussing the draft Act for the reconstitution of the University of Durham, copies of which can be obtained by any graduate on application to the Registrar, the University, Durham, or to the Secretary, Armstrong College, Newcastle-on-Tyne.

### SOCIETY OF APOTHECARIES.

DR. J. COULDREY of Scunthorpe, near Doncaster, has been admitted to the freedom of the society at a court of the livery.

## Medico-Ethical.

*The advice given in this column for the assistance of members is based on medico-ethical principles generally recognized by the profession, but must not be taken as representing direct findings of the Central Ethical Committee.*

### SUMMONS TO A PATIENT DEAD ON ARRIVAL.

CYCLIST.—It is in accordance with equity and with professional custom to charge a fee for responding to a call to visit a person who on arrival is found to be dead.

### A DISCLAIMER.

MR. WM. ERNEST MILES, F.R.C.S. (London, W.), writes: My attention has been drawn to a paragraph in the *People* of last Sunday (March 10th) in which my name has been mentioned. I need scarcely add that this has been done entirely without my knowledge and much to my regret.