showed only the normal tissue in a state of chronic inflammation, and there was no sign either of tubercle or of new growth. The patient was shown at the British Laryngological Association in November, and opinions were expressed suggesting perichondritis of the thyroid cartilage, malignant disease, and tuberculosis. My own opinion was in favour of perichondritis, possibly tuberculous in origin, as a primary form of tuberculous perichondritis of the thyroid cartilage is well recognized.

On December 5th I cut down on the external swelling in the neck, which was now tense and fluctuating; I found a large cavity beneath the perichondrium communicating, by a hole in the right thyroid ala large enough to admit the finger, with a similar cavity within the larynx. The entire cavity was filled with pale friable material resembling granulation tissue, but there was no pus; the cavity was thoroughly evacuated and scraped, and a tube inserted.

In a few days I removed both drainage tube and tracheotomy tube, and both wounds healed rapidly; there was now no dyspnoea, but considerable swelling was still visible with the laryngoscope.

Examination of the material from the cavity showed that it was almost entirely composed of masses and columns of epithelial cells without cell nests. As the case was now definitely one of epithelioma, and the patient was anxious for operation, I decided to remove the right half of the larynx, the growth being limited to that side. Total laryngectomy has a lower mortality, but appeared to me to be inadvisable in so young a patient, as it would leave him incapable of earning a living.

Accordingly I operated on January 28th, 1907, and, after a

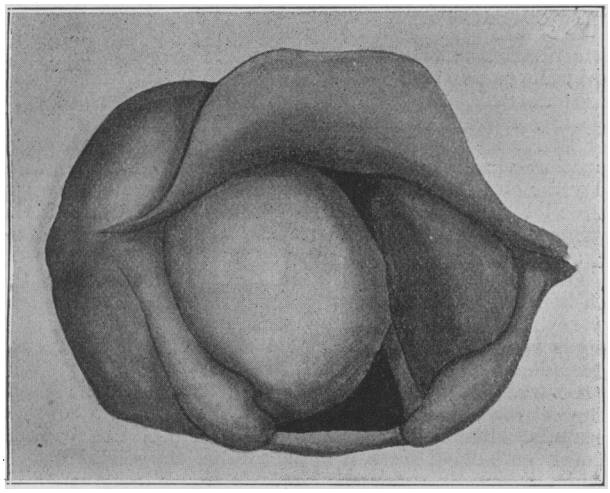

Fig. 1.—Laryngoscopic appearance in September, 1906.

low tracheotomy, removed the right half of the larynx with the epiglottis. The operation was rendered difficult by the size of the tumour in the neck and the scars of the former tracheotomy and exploratory incisions, but the patient bore it well; his condition remained satisfactory until the sixth day, when there was a sudden rise of temperature, and he died on the eighth day of pneumonia.

Two features in this case are of special interest. The first is the age of the patient—namely, 27. Of 50 cases reported by Butlin,[1] only 1 occurred below the age of 28, and that was a remarkable case of epithelioma in a boy aged 3; there was, however, a somewhat large proportion—namely, 4 cases—between the ages of 28 and 30. The other point is of great importance in relation to the question of the intralaryngeal removal of portions of growth for examination. I refer to the deep situation of the neoplasm, which penetrated the thyroid cartilage without reaching the surface of the laryngeal lumen. A very considerable portion of the mass which projected into the larynx was clipped away to relieve the dyspnoea; nevertheless, microscopical examination showed that only normal tissues were included in the section, and no sign of malignant growth, or, indeed, of any neoplasm, could be detected.

REFERENCE.

[1] *Malignant Disease of the Larynx*, 1883.

A PROPOSAL that women should be eligible for appointment on the medical staff of lazarettos and hospitals and as provincial medical officers passed both chambers of the Swedish Legislature on February 13th.

SARATOFF has been definitively chosen as the seat of the new Russian University which is to replace that of Warsaw. The statutes will shortly be submitted to the Duma for approval.

MEMORANDA:

MEDICAL, SURGICAL, OBSTETRICAL.

WANDERING SPLEEN.

THE patient in the following case, a servant girl, aged 21, stated that three months previously she had noticed a swelling in her abdomen. At first confined to the right iliac region, it rapidly increased in size, and a fortnight later she began to suffer considerable pain in the abdomen and back. She continued in service, and although growing paler and thinner and almost constantly suffering, she was able to do her work up till a week before consulting me. The sickness then became much more severe and persistent, all food being almost immediately vomited.

State on Examination.

The abdomen had the appearance of a six months pregnancy. On palpation the swelling was found to be easily movable, and it was easy to pass the fingers down behind it from above. On the upper margin a sulcus could be felt like the notch in a spleen. The girl denied all possibility of pregnancy, and except that the areolae were of a somewhat dark colour, the breasts were normal and no colostrum was present. Menstruation had been regular, the last period having ended fourteen days previously. The temperature was normal, the pulse weak and rapid. On vaginal examination a mass could be felt in the right fornix, and the uterus was apparently quite separate from it and of normal size. Dr. Fenn also saw her, and we made the diagnosis of an ovarian tumour with a twisted pedicle, and decided to send her to the infirmary, whither she was removed the next day.

Operation.

For the notes of the case after admission to hospital I am indebted to Dr. Brown and the house-surgeons. Shortly after admission the temperature rose to 101° and the pulse to 120, being very feeble. She looked very collapsed, and it was decided to operate. On opening the abdomen the mass was found to be a large and congested spleen with a long pedicle, which had become twisted. It was replaced in position and the wound sewn up.

RESULT.

The wound healed by first intention, but five days later signs of thrombosis developed in the veins of the left leg. This gradually disappeared, and a month later she was able to get up. At the end of a week, however, she collapsed suddenly, and died within six hours. At the *post-mortem* examination the spleen, still considerably enlarged, was found to be firmly adherent to the peritoneum and in good position. The cause of death was thrombosis of the mesenteric veins. The extreme degree of mobility of the spleen, together with the fact that a wrong diagnosis of ovarian tumour with twisted pedicle was made, seems to me to render the case worth publishing.

Southport. ARTHUR J. LEWIS, M.D.Edin.

DELAYED CHLOROFORM POISONING.

ON reading reports of delayed chloroform poisoning one is apt to find in it an explanation for all deaths following operation where the actual cause is not clear. Two deaths which occurred recently with me were sufficiently obscure to make me wonder if they were not due to acetone poisoning, and seem worthy of record.

Case I was a woman aged 66, on whom I operated for strangulated umbilical hernia on December 16th, 1906, and who died on the 22nd of the same month without apparent cause. At the operation the bowel was found to be congested, but not in dangerous condition; there was also a considerable mass of adherent omentum which had to be removed; but she seemed to recover from the operation very well, and on the 20th had a temperature of 100.6° and a pulse of 96. There was only very slight vomiting and the bowels had moved well several times. During the next two days, however, she gradually got worse, coma setting in and vomiting becoming very severe; latterly the vomited matter consisted almost wholly of blood. There was never any abdominal distension or sign of peritonitis.

No *post-mortem* examination was permitted, and the cause of death was supposed to have been spreading thrombosis of the mesenteric vessels.

Case II was a man, aged 40, suffering from a suppurating ear with a sinus discharging behind the ear accompanied by rigors and a temperature running as high as 105°. I cleared out the mastoid on January 26th, but found very little pus. Two days later a severe haematemesis occurred and jaundice appeared. As the rigors still continued I operated again, opening up the

meninges; there was a bead of pus outside the dura, but nothing in the temporo-sphenoidal lobe or the lateral sinus. The rigors ceased, but the patient sank into a comatose state, so suggestive of diabetic coma that I tested the urine for sugar, with negative results. The haematemesis increased after the second operation, and he died on February 2nd. *Post-mortem* no septic focus was found in the brain or other parts of the body, but a marked fatty degeneration of the liver, heart and kidneys was present, while the kidneys were also much congested. A marked, superficial, and apparently recent ulceration of the gastric mucous membrane was found, but otherwise nothing abnormal.

REMARKS.—The lack of a *post-mortem* examination in the first case makes it of little value, but in the second case the amount of fatty change was striking, considering the lack of a septic focus and the fact that the patient was a very athletic man, and that up to the commencement of his last illness, two weeks before the first operation, he had never had any difficulty referable to his heart. The occurrence of haematemesis in both cases is also of interest.

R. RAMSEY, M.B., F.R.C.S.Edin.
Dispensary Surgeon, Glasgow Royal Infirmary.

UNNOTICED LATERAL CURVATURE.

I HAVE often been surprised, during the many years I have given special attention to the physical development of children and young adults, to find how seldom deformities of the back are recognized by the family physician, unless his attention be called to the condition by the patient's mother. Frequently I am consulted by a mother in regard to some faulty attitude on the part of her daughter or son, on account of "one shoulder drooping," "both shoulder blades prominent," "one hip sticking out," etc. On examination a lateral curvature of the spine is easily discovered. Too frequently the deformity is so marked that a cure is impossible, the bodies of the vertebrae having become altered in shape. Had such a child been properly treated, say at 8 or 9 years of age, when the slight deformity was due to simple muscular weakness, the gross and permanent deformity might have been avoided. Again, I am occasionally told by mothers that when the doctor has been spoken to on the subject his reply was that the child would "grow out of it." Whoever saw a child "grow out" of a lateral curvature without careful and appropriate treatment? As an alternative a poroplastic jacket is frequently suggested. But this, by freeing the spinal muscles from responsibility and movement, simply encourages the deformity to become more marked. I would, therefore, venture to urge my medical brethren to be on the look-out for "a drooping shoulder," chiefly the right, and when this is observed, to ask permission of the mother to expose and examine the child's back. In nine cases out of ten it will be found that a lateral curvature exists. Suitable medical gymnastics under medical supervision, and not merely under the care of an unqualified man or woman, will, as a rule, cure early cases, or will, at any rate, either lessen the deformity or deprive it of its more obvious and conspicuous proportions.

Glasgow. W. F. SOMERVILLE, M.D.

TUBERCLE AND ERYSIPELAS.

I WAS called some months ago to see a child 3 years old who was suffering from enlargement of the glands of the neck. The posterior cervical group was chiefly affected, and there was no difficulty in diagnosing an ordinary tuberculous adenitis. There was no improvement after a month's medicinal treatment, together with the application of a liniment containing potassium iodide; in fact, one of the glands near the surface seemed to be softening rapidly, so that I decided to remove them. The operation, however, had to be postponed, as the child suddenly developed an attack of facial erysipelas, which started just over the most prominent part of the glandular swelling; possibly the micrococcus gained entrance here through some abrasion caused by the rubbing. The erysipelas pursued a favourable course; it spread all over the face, the only bad symptom being albuminuria, which did not last long. The interesting point was that during the attack the enlarged glands, which formed a very prominent tumour, entirely disappeared.

I do not remember to have met with a similar case before, and should be interested to hear of others.

Richmond, Yorks. C. B. WHITEHEAD, M.B.

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

VICTORIA HOSPITAL FOR CHILDREN, CHELSEA.

RUPTURE OF THE RIGHT BRONCHUS BY INJURY.

(By COLIN KING, M.A., B.C.Cantab., M.R.C.S., L.R.C.P., House-Physician.)

A GIRL, aged 4 years, was admitted under the care of Mr. H. F. Waterhouse on January 15th, at 4 p.m. An hour before admission the child had been knocked down by a brougham, rubber tyred. Whilst on the way to the hospital she had coughed up blood several times. On admission the child was very collapsed, the temperature being subnormal, and the pulse running; there was no cyanosis, and the respiration-rate was 28 per minute.

The fifth to eighth ribs were found to be fractured on the left side, the ribs on the right side being intact. It was noticed that the movement on the right side of the chest was very deficient, respiration being mainly carried on by the left (the injured side). The percussion note on the right side of the chest had a very drum-like character, and on auscultation marked amphoric breathing could be heard over the same area; the signs on the left side of the chest were normal. The patient lay in bed on the right side. As any attempt at moving caused haemoptysis, the back of the lungs could not be examined; blood was brought up four times on the day of admission. The following day the child was fairly comfortable, having slept most of the night; the respiration had, however, risen to 48, the temperature had returned to normal; there was still no cyanosis.

On January 17th, the third day after admission, the child seemed much worse. The pulse and temperature were rising, and cyanosis was present; the physical signs remained the same. The right pleural cavity was considered to be distended with air under a positive pressure. With a view to relieving this the right side of the chest was punctured below the angle of the scapula with a fine trocar and cannula, the cannula being connected with a rubber tube, the distal end of which was kept under sterilized water. When turned on to the left side preparatory to making the puncture, the child coughed up a large quantity of red blood, none having been ejected during the previous twenty-four hours. The result of the puncture was an escape of air which bubbled up through the water; for the first few seconds the escape was continuous during both expiration and inspiration, but after a few seconds the air escaped during expiration only. During inspiration there was no negative pressure, as evidenced by the fact that water did not tend to be sucked up the tube. After a few minutes the cannula was removed, and the puncture sealed with gauze and collodion. During the day the child rapidly became worse, and died at 10 p.m., fifty-five hours after the accident.

Necropsy.

A *post-mortem* examination was made on January 19th When the body was moved on to the left side there was a gush of blood from the mouth.

On opening the thorax the right pleural cavity presented the appearance of a large open space, the lung being completely collapsed. The pleural cavity contained about 2 oz. of blood. There was no laceration of the parietal or visceral pleurae except for a small rent over the root of the lung. On the left side the pleurae were intact.

The right lung was completely collapsed and airless, all portions sinking in water. There was a complete transverse rupture of the right main bronchus ½ in. from the bifurcation of the trachea. The pulmonary artery and vein were intact. The left lung was normal.

The fifth, sixth, seventh, and eighth ribs on the left side were fractured at a point just external to their articulation with the transverse processes of the vertebrae; there was no displacement of the fractured ends, and no laceration of the surrounding structures; on the right side no ribs were broken; no other injuries were found, and all the other organs were healthy.

heal all manner of sore eyes; and so on with many more of the same sort.

Halle put "the goodlye doctrine, for the behaviour of a true chyrurgien to his patient, and of one chyrurgien to another," into verse that it might be easy to learn and "apte to be remembered." It is really a code of professional conduct which we think many may be interested to read:

Hark and draw near ye younge studentes,
Your eares loke ye unclose;
The worthy art chirurgerie,
That practise do propose.

And marke what the greate masters saye,
That here before have wroughte,
And did to their disciples leave
In wrytinge what they taughte.

When thou art callde at any time
A patient to see,
And dost perceave the cure too greate
And ponderous for thee.

See that thou laye disdeyne aside
And pride of thine own skill,
And think no shame counsell to take,
But rather with good wyll.

Get one or two of experte men
To help thee in that need;
And make them partakers wyth thee
In that work to procede.

But one thing note when two or more
Together joygned be.
About the paynfull patient
See that ye doe agree.

See that no discorde do arise
And be at no debate,
For that shall sore discomforte hym
That is in sycke estate.

With one consent uniformlye
Comforte the wounded man,
But unto some good frende of hys
Expresse all that you can.

And let them know the daunger greate
That like is to succede;
Prognosticatinge wittilye,
And in convenient spede.

See that for goulde or covetise
Ye take no thing in hande,
Which incurable for to be
Ye doe well to understand.

Looke of thyselfe in anyewise
Thou make nor praise nor boste,
For that shall turne to thy dispraise
When thou doste use it most.

See thou dispraise none other man
His error tho' you knowe
For sure another for thy plage
Shall thee like curtsye show.

THE PLAGUE.

PREVALENCE OF THE DISEASE.

INDIA.

DURING the weeks ended April 13th and 20th the fresh cases of plague in India numbered 87,561 and 86,000, and the deaths from the disease amounted to 75,472 and 76,000 respectively. The mortality in the different provinces where plague chiefly prevails during the weeks in question, was: In Bombay Presidency, 2,981 and 2,000; Bengal, 7,092 and 6,000; United Provinces, 23,948 and 19,000; Punjab, 39,084 and 47,000.

Plague also prevails in the Central Provinces, where 1,218 deaths from the disease were reported during the week ended April 13th. In the Madras Presidency there occurred 5 deaths from plague, in Burmah 277, in East Bengal and Assam 1 during the same week.

During the week ended April 25th there were 511 seizures and 447 deaths from plague in the City of Bombay.

The annual mortality from plague in India since 1896 has been as follows: 1,704 (1896), 56,000 (1897), 118,000 (1898), 135,000 (1899), 93,000 (1900), 274,000 (1901), 577,000 (1902), 851,000 (1903), 1,022,000 (1904), 951,000 (1905), 332,000 (1906). During the first three months of 1907 no fewer than 495,000 persons died of plague in India, by far the heaviest mortality yet recorded. Up to 1901 the greatest mortality prevailed in the Bombay Presidency, but subsequently the Punjab suffered most.

AUSTRALIA.

Queensland, Brisbane.—During the weeks ended March 30th and April 6th no fresh cases of plague were reported in Brisbane. The last case of plague was reported on March 17th. On April 6th, 4 cases of plague remained under treatment. The number of cases of plague during the present outbreak amount to 25 in all.

No plague in any other part of Queensland during the week in question. The last plague-infected rat was found on March 9th, 1907.

MAURITIUS.

During the week ended May 2nd no fresh case of plague was reported in Mauritius.

HONG KONG.

During the weeks ended April 27th, May 4th and 11th the fresh cases of plague in Hong Kong numbered 1, 4, and 15; the deaths from the disease amounted to 1, 4, and 10 respectively.

MEDICAL NEWS.

THE Medical Society of London will give its annual *conversazione* on Monday next at its house in Chandos Street, Cavendish Square. The principal event of the evening will be an address at 9 p.m. by Dr. Gibson of Edinburgh, on the cause of the heart beat.

ON the initiative of Professor Ottolenghi, a numerously attended meeting of medical practitioners, advocates, magistrates, and functionaries was recently held in Rome to discuss the expediency of establishing a medico-legal society. It was decided to take steps to carry the scheme into effect.

THE annual report of the Metropolitan Asylums Board which was published last week is a closely-written volume of 350 pages interspersed with numerous tables of statistics. It includes, as usual, a number of appendices signed by the various executive medical officers of the Board, many of which are of considerable interest. Some further allusion to its contents will be made in a later issue.

A PARAGRAPH in a recent issue of the *Coventry Herald* states that three medical men have been appointed to the posts recently rendered vacant in consequence of the objections raised by the medical profession in the locality to the administration of the Coventry Provident Dispensary. The address of one of the practitioners concerned is given at Coventry; this, however, is misleading, as we understand that he merely took rooms in a lodging-house in Coventry a few weeks ago.

NATIONAL HEALTH SOCIETY.—H.R.H. Princess Christian will present the diplomas, medals, and certificates of the Society to successful candidates at Grosvenor House (by kind permission of the Duke of Westminster) on Tuesday, June 11th, at 3 p.m. The Earl of Derby will take the chair, and the Bishop of Ripon, Sir Frederick Treves (Chairman of the Committee), and other distinguished speakers will take part in the proceedings.

THE Epidemiological Society will hold its last meeting on Friday next, two papers being read by Professor Axel Holst and Dr. Theodor Frolich, both of Christiania University. In the first paper Professor Holst, who is Foreign Secretary for Norway, will detail the results of a study of beri-beri as it occurs on board ship. The second paper, of which the Norwegian epidemiologists mentioned are joint authors, discusses Eijkman's polyneuritis and the occurrence of scurvy in guinea-pigs.

CONFERENCE ON TUBERCULOSIS.—A conference of representatives of the City and metropolitan borough councils on the question of taking measures to limit the spread of pulmonary tuberculosis (consumption) will be held in the Town Hall, Paddington, on Thursday, June 6th, at 3 p.m. Councillor Dr. W. J. Nolan (Paddington) will propose: (*a*) That it is desirable that the notification of pulmonary tuberculosis (consumption) should be compulsory; (*b*) that application be made to the Local Government Board for an order to be made to include pulmonary tuberculosis (consumption) among the diseases to be notified under Section 55 of the Public Health (London) Act, 1891, and to extend the provisions of the following sections of that Act to pulmonary tuberculosis (consumption) in regard to the cleansing and disinfecting of premises, the disinfection of bedding, the disinfection of infectious rubbish thrown into ashpits, the penalties on letting houses in which infected persons have been lodging, on persons letting houses making false statements as to infectious disease, and penalty on ceasing to occupy house without disinfection or notice to owner, or making false answer. The representative of the Poplar Borough Council will move, on behalf of that body, that in the opinion of the conference it is desirable, in order to limit the spread of pulmonary tuberculosis, provision should be made for public inspection and control at its several sources of the milk supply of London. Councillor Dr. W. J. Nolan (Paddington) will propose that the President of the Local Government Board be asked to receive a deputation from the conference in support of the resolutions.

of the College of Physicians of Philadelphia. He was the author of a number of valuable contributions to medical literature. Among them may be mentioned *Clinical Surgery in India* (1866); *Clinical and Pathological Observations in India* (1873); *Dysentery, Diarrhoea, etc.* (1881); *Climate and Fevers of India* (1882); *Epidemiology of Cholera* (1888); *The Preservation of Health in India* (1894); *A Biography of Sir Ranald Martin* (1897). His best known works are the beautifully illustrated monograph, *Thanatophidia of India*; and his *Recollections of My Life* (1900), on which this account of his career is founded. He was also the author of the articles on Tropical Abscess of Liver, in Murchison's *Lectures on Diseases of Liver* (third edition); of the articles on Liver Abscess, Tropical Diarrhoea, and Sunstroke, in Davidson's *Hygiene of Warm Climates*; of the articles on Sunstroke, and on the Climate and Fevers of India, in *Allbutt's System of Medicine*; to our own columns he contributed a paper on Hill Stations of India as Health Resorts, in 1900.

Sir Joseph Fayrer married the daughter of Brigadier-General A. Spens in 1855. His eldest son, who was Secretary of the Indian Midland Railway Company, died unmarried in 1904, and he is succeeded in the baronetcy by Lieutenant-Colonel Joseph Fayrer, R.A.M.C., Medical Officer of the Duke of York's Royal Military School, who was born in 1859. Sir Joseph Fayrer leaves three younger sons—Lieutenant-Colonel J. O. S. Fayrer, late of the 5th Gurkha Rifle Regiment; Mr. H. W. S. Fayrer; and Captain F. D. S. Fayrer, of the Indian Medical Service—and one daughter, the wife of the Rev. K. A. Edgell, a second daughter, Mrs. Herries, of Spottes, having died fifteen years ago.

WITH much regret we announce the death of Dr. CHARLES FÉRÉ, Physician to the Bicêtre, and one of the most distinguished pupils of Charcot. Dr. Féré, who was 54 years of age, took his doctor's degree at Paris in 1882, the subject of his inaugural thesis being the functional disturbances of vision by cerebral lesions (crossed amblyopia and hemianopsia). To the study of neuropathology he gave his scientific life. For the last twenty years his laboratory at the Bicêtre has been a shrine visited by a constant flow of scientific pilgrims from all parts of France and from foreign countries. Féré's investigations ranged over a wide area, including biology as well as medicine in the largest sense of the term. He studied the problems of heredity, evolution, and degeneration from every point of view, bringing morbid anatomy, physiological and pathological experiment and clinical observation to bear on the points under investigation. This largeness of scope gives a special completeness to his researches. He embodied the results in his valuable books on the neuropathic family, degeneration and criminality, the pathology of the emotions, animal magnetism, the evolution and dissolution of the sexual instinct, the disorders of the intellect, and the family treatment of the insane. He wrote much besides on epilepsy, hysteria, morphinomania, alcoholism, muscular fatigue, the physiology of voluntary movements, the reaction time between sensation and movement, and many other subjects. Dr. Féré was a man of amiable character, and particularly courteous to all who sought information from him.

DR. GUSTAVE SCHOENBERG, who died recently at Philadelphia at the age of 81, was a native of Prussia, and a descendant of the Dukes of Schoenberg. He took his Doctor's degree at Berlin in 1848, and went to the United States in 1860. In 1873, he went to Japan, and in the following year he was appointed Surgeon-in-Chief of the Mikado's army. During his sojourn in the East, he visited Formosa, being one of the first white men who explored that region. He is also said to have penetrated into many parts of China which till then had been closed to foreigners.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF OXFORD.

APPROACHING EXAMINATIONS.

THE examinations for the Degree of Bachelor of Medicine will commence in the Examination Schools on Thursday, June 20th.

That for the Degree of Master in Surgery will commence a week later in the Medical Department at the Museum on Thursday, June 27th, at 10 a.m. Notice is given that candidates, if they be not already members of the surgical staff of a recognized hospital, must produce a certificate, countersigned by the Regius Professor of Medicine, of having acted in such a hospital as dresser or house-surgeon for six months.

Names of candidates, either by letter or from the candidates in person, will be received by the Assistant Registrar, at the University Registry, Old Clarendon Building, at any time not later than 10.30 a.m. on Friday, June 7th.

The statutable fee (£5) must be paid by the candidate on entering his name, and a certificate from the proper officer of a college or hall, or from the Censor of Non-Collegiate Students, stating that the candidate's name is then on the books, must be given in at the same time.

Diploma in Public Health.

The examination for 1907, under new regulations, will commence on Tuesday, November 19th, at 10 a.m., in the Examination Schools, and will be held in two parts. Both parts may be taken together at the same examination, or they may be taken at separate examinations; but no one will be deemed to have satisfied the examiners in Part II unless he has satisfied the examiners in the subjects of Part I.

The fee for admission to each part is £5.

A diploma is issued to every candidate who has passed in both parts of the examination, but no diploma or certificate is given under any other circumstances.

Names must be entered by 10.30 a.m. on Tuesday, October 29th.

Full particulars are published in the *University Gazette* of April 26th, and may be obtained from the Assistant Registrar, Clarendon Building.

Examinations for scholarships in natural science at Balliol and Brasenose Colleges, Christ Church, and St. John's College will take place on July 2nd.

EDINBURGH UNIVERSITY COURT.

THE Edinburgh University Court met on Monday, May 13th, when there were present: Principal Sir William Turner (in the chair), the Hon. Lord Stormonth Darling, the Hon. Lord Dundas, Bailie Menzies, Dr. Joseph Bell, Dr. D. F. Lowe, Mr. J. Campbell Lorimer, Professor Sir Thomas Fraser, Professor Crum Brown, Professor Rankine, Professor Pringle Pattison, and Dr. R. Mackenzie Johnston.

It was agreed to recognize Dr. William Robertson (Edinburgh) and Dr. J. Malcolm Farquharson (Edinburgh) as Extra-academical teachers whose courses of instruction in public health and diseases of the ear, nose, and throat respectively should qualify for graduation in medicine.

Grants recommended by the Senatus from the income of the Earl of Moray Endowment for purposes of original research were approved.

The University Court's Draft Ordinance (Regulations for the Degree of Bachelor of Pharmacy) was submitted and approved.

ROYAL COLLEGE OF SURGEONS OF EDINBURGH.

THE following gentlemen, having passed the requisite examinations, were, at a meeting on May 16th, admitted ordinary Fellows:

A. G. Bate, Brighton; J. H. M. Bell, Edinburgh; T. W. Eden, London, W.; W. Hume, Edinburgh; B. Ingram, Edinburgh; E. C. Lomas, D.S.O., Fleet Surgeon, Royal Navy; F. W. Luudie, Edinburgh; E. C. E. O'Leary, Staff Surgeon, Royal Navy; W. H. Parkes, Auckland, N.Z.; A. M. Pollock, Glasgow; C. H. Thomas, Toronto; R. S. Roper, London, W.; C. R. Whittaker, Edinburgh; J. C. Wilson, London, N.W.

The medal and set of books presented to the College by Colonel William Lorimer Bathgate in memory of his late father, William McPhune Bathgate, F.R.C.S.E., Lecturer on Materia Medica in the Extra-Academical School, was awarded, after the usual winter session competitive written examination in materia medica, etc., to Miss Alice E. M. Babington, B.A., Greenfort, Fahan, co. Donegal.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

DIPLOMA OF FELLOW.

THE following candidates have been approved at examination indicated:

FIRST PROFESSIONAL EXAMINATION.—G. C. Adeney, St. Thomas's; W. Appleyard, University College; A. L. Candler, St. Bartholomew's; H. Chitty, University College; G. H. Colt, Cambridge and St. Bartholomew's; P. T. Crymble, Belfast; E. A. Dorrel, Bristol and St. Bartholomew's; A. P. Fry, St. Bartholomew's; W. W. Holztmann, London; C. W. M. Hope, King's College; W. Johnson, Guy's; J. L. Johnston, Guy's; H. B. Kent, Guy's; A. Kinder, New Zealand and London; J. C. Lyth, Leeds; J. A. McCollum, Toronto and King's College; M. McCan, King's College and Belfast; F. E. McKenty, McGill; R. H. Mawhood, St. Bartholomew's; R. D. Maxwell, London; E. B. Morley, London; K. M. Pardhy, King's College and Birmingham; G. H. Pooley, Cambridge and St. George's; J. W. Power, Sydney and London; F. C. Pybus, Durham; P. B. Roth, Aberdeen and London; H. C. G. Semon, Oxford, University College, and King's College; G. C. E. Simpson, Cambridge and St. Bartholomew's; H. S. Souttar, Oxford and London; J. C. Stewart, Durham and King's College; E. P. Stibbe, Charing Cross; H. Sutton, Melbourne; H. L. Tasker, University College; H. A. Treadgold, Cambridge; W. W. Treves, Cambridge and London; C. Walker, Birmingham; G. E. Wilson, Toronto and London.