

Percentage by Weight Isobutyric Acid.	Percentage Urine.	Homogeneous Temperature.	Notes.
23.44	76.56	25° C.	
31.75	68.25	28.7°	
41.43	58.57	31.1°	Slight opalescence.
42.15	57.85	31.2°	Good opalescence.
47.25	52.75	32.2°	No opalescence.
48.19	51.81	32.3°	
48.50	51.50	32.3°	
50.56	49.45	32.7°	Maximum temperature.
56.36	43.64	32.5°	
61.93	38.07	31°	
69.68	30.32	27°	
78.85	21.15	18°	

## SUMMARY AND CONCLUSIONS.

The examination of urine by the critical solution point method gives a reliable measure of the functional activity of the kidney producing it, and may be employed in all cases where cryoscopy can be.

The difficulty of obtaining a clear solution with blood or blood serum has so far prevented the application of this method to their examination. The rise in critical solution point should not be less than 8° C. for the urine from a healthy kidney; ordinarily the rise is from 11° to 16° C. Each determination can be made in ten minutes, without weighing and without any special or costly apparatus.

Only a small quantity of urine is required, not more than 5 c.cm. for each determination; when specimens have to be collected by catheterization of the ureters this is a saving of time and occasions less inconvenience.

I have to thank Dr. J. Timmermans (Brussels) for placing his extensive knowledge of critical solution point determinations entirely at my disposal, for much assistance in the experimental work, and for carefully revising this paper. My thanks are also due to Professor S. Young and Professor E. A. Werner for valuable advice, and to the Clinical Research Association, Dr. T. Gelston Atkins and Dr. Moorhead for supplying specimens.

## LITERATURE.

- Professor S. Young: *Stoichiometry* (Macmillan, 1907-8).  
 Professor Findlay: *The Phase Rule* (Macmillan, 1907).  
 V. Rothmund: Die gegenseitige Löslichkeit von Flüssigkeiten. *Zett. für phys. Chemie*, vol. xxvi, p. 433 (1898). Abstracts from the *Journal of the Chemical Society*, vol. lxxiv, ii, p. 503 (1898).  
 J. Timmermans: Die kritische Lösungspunkt von ternären Gemengen. *Zett. für phys. Chemie*, vol. lviii, p. 129 (1907). Abstracts from the *Journal of the Chemical Society*, vol. xcii, ii, p. 229 (1907).

## MEMORANDA:

## MEDICAL, SURGICAL, OBSTETRICAL.

## NOTE ON THE BARNESLEY DISASTER, 1908.

THIS sad accident, whereby some 16 children lost their lives by suffocation due to forcible compression of the chest, presents some features in common with the one at Sunderland in 1883, when nearly 200 lost their lives.

In the present instance a large number of children were endeavouring to force their way into the gallery of the Public Hall to witness a cinematographic entertainment. On the gallery being completely filled the children on the stairs were turned back by the attendant, and told to make their way to other parts of the house. A stampede then occurred on the stairs, several of the little ones fell, and others fell upon them, the whole being kept from regaining their footing by the pressure of the children behind. Before they could be extricated 14 children, of an average age of 6 years, lost their lives, and 2 more died very shortly afterwards in hospital. Those who recovered seemed to have sustained surprisingly little injury. Out of the 16 killed and 17 slightly injured attended at the Beckett Hospital, only 1 sustained a fracture (fractured humerus). This, of course, may be

accounted for by the greater flexibility of children's bones, especially the ribs.

The children, seen immediately after death, presented practically the same features as described by Dr. Lambert in 1883 in his report on the disaster at Sunderland.<sup>1</sup> In varying degree their faces were congested and puffy, the vessels of the neck much swollen, the eyelids closed, eyeballs protruding, pupils widely dilated, and froth surrounding the mouth and nostrils. In nearly all the cases urine had been voided, and in a few cases faeces expelled.

By order of the coroner, a careful and individual examination of the whole of the bodies was made twenty-four hours after death, and in the case of two bodies *post-mortem* examinations were made by us. Rigor mortis (probably influenced by the cold) and *post-mortem* staining were well-marked in all cases. With one or two exceptions the countenance was placid as if in sleep, the eyeballs were not protruding, nor the pupils widely dilated. In 3 cases the face was markedly congested, the remainder varying from slight frontal suffusion to slight general congestion. The ears in all cases were much darker and the necks more swollen than is usually seen after death. Bruising was general but not extensive in area, being more marked on the face and lower limbs, slight abrasions being seen in a few cases. There was a total absence of fractures and wounds as disclosed by external examination. In one case in which a *post-mortem* examination was made there was a trace of blood in the left ear, but no fracture of the skull was found. In 9 cases the tongue was not protruded, in 6 but slightly, and in one case well protruded. In 12 of the cases there was well-marked oedema over the front of the chest, and in 2 of these it extended over the abdomen and thighs.

The two *post-mortem* examinations presented practically the same features. Two of the most markedly congested cases were selected with a view to getting more definite results. The following are the brief particulars:

*Head*.—Coverings, meninges, surface, and substance of brain congested but healthy.

*Chest*.—No fractured ribs. Lungs congested and air passages clear. Heart: Right side contained a small quantity of dark fluid blood.

*Abdomen*.—Liver and kidneys, slight congestion; intestines pale; spleen not congested but pale.

It is to be noted that there were no haemorrhages in either case on the lungs or heart, as is often found in cases of death by suffocation.

V. K. BLACKBURN, L.R.C.P.Lond., M.R.C.S.;  
 R. MERCER, M.B., Ch.B.

Barnsley.

House-Surgeon, Beckett Hospital.

## THE HOUR OF DEATH.

WHEN Resident Medical Officer at Walton Workhouse, Liverpool, I tabulated the hour of death in 2,033 cases. The times were taken from the death notices sent to relatives and friends, and their totals are shown in the following table:

In the hour ending—		In the hour ending—	
1 a.m. ...	50	1 p.m. ...	94
2 " ...	74	2 " ...	77
3 " ...	76	3 " ...	79
Three hours' total	242	Three hours' total	250
4 a.m. ...	83	4 p.m. ...	91
5 " ...	76	5 " ...	78
6 " ...	90	6 " ...	100
Three hours' total	249	Three hours' total	269
7 a.m. ...	85	7 p.m. ...	89
8 " ...	85	8 " ...	84
9 " ...	98	9 " ...	79
Three hours' total	268	Three hours' total	252
10 a.m. ...	79	10 p.m. ...	86
11 " ...	85	11 " ...	83
12 " ...	83	12 " ...	71
Three hours' total	253	Three hours' total	240
Total: First 12 hours ...	1022	Total: Second 12 hours ...	1011

It will be noticed that the greatest number which occurred in any hour was between 5 and 6 p.m., or the hour following the time that Dr. H. D. Marsh found to be the hour of greatest efficiency and also that of frequency of death.

Large numbers of cases are necessary to allow of a definite conclusion being reached in this question. The

<sup>1</sup> BRITISH MEDICAL JOURNAL, vol. i, 1883.

causes of death should also be considered, and perhaps the deaths from some of them omitted. For example, a change in the direction of the wind from south or west to east will largely increase the number of deaths from phthisis pulmonalis in a very short time, so that a small number of cases might be rendered valueless by such an accident.

Chesterfield.

HERBERT PECK, M.D.

#### TREATMENT OF BRONCHOPNEUMONIA.

In the treatment of bronchopneumonia and capillary bronchitis in infants the drugs at our disposal have hitherto appeared to me to be of but limited usefulness. In the immediate past I have treated about fifty cases with a mixture of paraldehyde and potassium iodide given with liquorice or some other pleasant expectorant, with the result that I have had no death in the series.

Widespread and severe cases have unfailingly within three or four days favourably responded to the treatment. The mixture is incompatible, a coloration from free iodine occurring immediately; the amount, however, is not in such quantities as to be harmful.

In severe cases, where there has been much secretion in the lungs and the routine expectorants and belladonna have been utterly useless, and the latter distinctly harmful, I have found the secretions dry up with the paraldehyde and potassium iodide mixture in a remarkably short time. The following prescription is suitable for a child of 1 year:

R Potass. iodid. ... gr. viij  
Paraldehyde ... ℥ij  
Ext. glycyrrh. liq. ... ʒj  
Aqueae ... ad ʒij

Signa: ʒj every four hours.

WILLIAM JAS. PENFOLD, M.B., C.M. Edin.  
Benwell, Newcastle-on-Tyne.

#### SUBCONJUNCTIVAL CYSTICERCUS.

A PERSIAN woman, aged 23, came to the dispensary complaining of swelling in the right eye, of one year's duration. On examination a cyst was seen rising from beneath the lower eyelid, and extending from one canthus to the other. It rose about one-eighth of an inch above the free border of the eyelid, and had fairly free movement under the conjunctiva. It was diagnosed as subconjunctival cysticercus, on account of (1) its thick and vascular walls, (2) its size, (3) its free mobility, (4) most important of all, a round, white, opaque spot on its anterior wall, stated by Sichel to be diagnostic of this condition. On the following day, cocaine having been administered, the cyst was excised. The wound healed by first intention.

This case is reported by kind permission of Dr. M. S. P. Aganoor, in whose practice it occurred.

ELIZABETH N. MACBEAN ROSS, M.B.,  
Julfa, Ispahan, Persia. Ch. B. Glas., L.M. Rotunda.

## REPORTS

ON

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

#### EAST LONDON HOSPITAL FOR CHILDREN, SHADWELL.

##### A CASE OF INFANTILE SCURVY WITH BONE FORMATION IN THE DETACHED PERIOSTEUM.

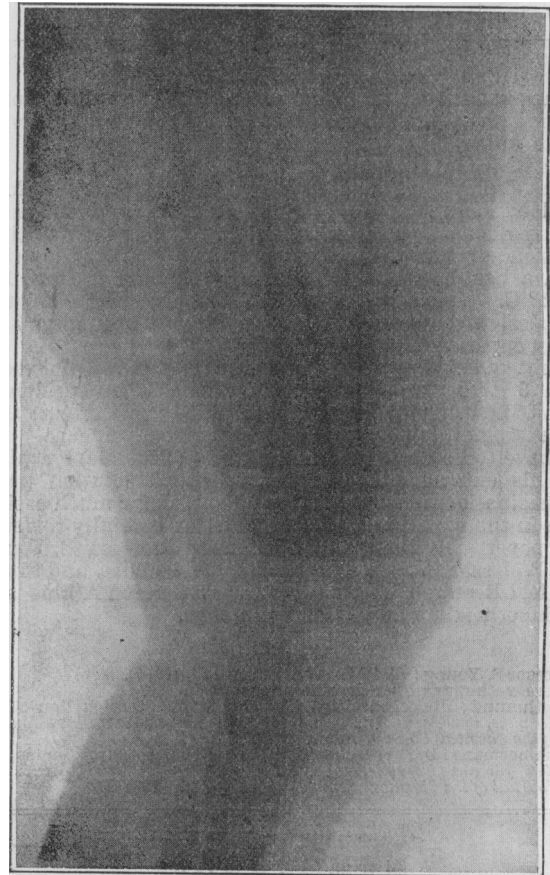
(By W. NORMAN MAY, M.D., Resident Medical Officer.)

A. B., a female child, aged 9 months, was admitted to the East London Hospital for Children on September 16th, 1907, on account of pain and loss of power in her legs. The mother stated that this was her first child. The pain in the legs was first noticed a month before admission, while two weeks later the left ankle was swollen and discoloured as if by a bruise; the discoloration gradually extended up to the knee. The child had been breast fed for three weeks, and brought up subsequently on Allenbury's food. The mother affirmed that all instructions as to preparing the food had been carefully followed, and all milk that the

child had taken had been boiled. The child was rather pale and flabby, with well-marked beading of the ribs, enlargement of the lower epiphyses of the radii, and rickety-shaped head. There were two upper lateral incisor teeth present, and around these the gums were spongy and swollen, and bled easily. The lower limbs were scarcely moved at all, the left lying abducted and everted as if completely paralysed. There was some swelling over the left internal malleolus, and the left leg up to the knee was somewhat thicker than the right, and acutely tender when touched.

The day after admission the left femur was swollen and tender, and about a week later the right was similarly affected. A microscopical examination of the urine showed red blood cells in large numbers.

From the time of admission the child was put on an antiscorbutic diet, but no improvement took place for the first ten days, owing probably to some concurrent diarrhoea, and to there being some doubt about the milk supplied being unsterilized.



By October 1st both legs were much improved, being less tender, and the child's general condition was better.

By October 7th practically all pain had gone and the limbs could be freely moved, but the thickening around both femora was more definite and hard. The accompanying plate of a skiagraph taken on October 15th shows the enlargement of the left femur, the periosteum being elevated from the femur, and new bone being laid down in the detached periosteum. The right femur was similarly affected though to a less degree, and there was some new bone around the lower end of the left tibia and fibula. The child was discharged from hospital on November 1st, the measurements around the middle of the thighs on that date being—right  $7\frac{1}{2}$  in., left  $6\frac{1}{2}$  in.

For permission to publish this case I am indebted to Dr. Eustace Smith, under whose care the patient was.

THE French Government has under consideration the expediency of founding a "University of Africa." A committee, of which the chairman is M. Liard, who has taken a leading part in the organization of the French Universities, will proceed to Algeria during the Easter holidays to study the question.

3. Daughter, aged 60, of late M.R.C.S. Supported herself by teaching for many years, but has now lost her sight, and subsists on a few shillings a week allowed by a charitable institution. Relieved three times, £22. Recommended by Mr. F. A. Osborn. Honorary Local Secretary, and Mr. Ashby G. Osborn. Voted £10.

4. Widow, aged 56, of L.R.C.P. Edin. No income; lets lodgings. Relieved five times, £50. Recommended by Dr. Robert Blair. Voted £12.

5. Widow, aged 54, of L.R.C.P., L.R.C.S. Ireland. No income. Right hand permanently injured. Children unable to help. Relieved three times, £29. Recommended by Dr. C. W. Buckley. Voted £12.

6. Daughter, aged 55, of late M.R.C.S., L.S.A. Has maintained herself as matron in a school for several years, but was obliged to give up the post to nurse an invalid mother, since dead. At present has obtained no other appointment. Relieved once, £12. Recommended by Dr. C. J. Gibb. Voted £12.

7. Widow, aged 50, of M.R.C.S., L.S.A. No income; a little help from a relation. One child still dependent and the rest barely self-supporting. Relieved twelve times, £138. Recommended by Dr. Charles Steele. Voted £12.

8. Daughter, aged 70, of late M.R.C.S., L.S.A. Only income £20 a year, and occasionally earns a few shillings by needlework. Relieved eight times, £83. Recommended by Dr. George Eastes. Voted £12.

9. Widow, aged 49, of L.R.C.P., L.R.C.S. Has endeavoured to support herself by letting lodgings, but is now obliged to give up on account of ill-health, and has had to sell her furniture to pay some small debts. Children unable to help. Relieved three times, £48. Recommended by Dr. William Carter. Voted £10.

### CONTRACT PRACTICE.

#### GILLINGHAM, KENT.

WE learn that a lay body is seeking to introduce contract practice, at a very low rate of remuneration, into the district of Gillingham (Kent), near Chatham. Some few months ago a society, called the Gillingham and District Medical Benefit Society, was formed. The services of a qualified practitioner were obtained. By the rules of the Society the doctor was to receive one halfpenny a week for all members (men, women, and children) on the books. He was to charge 8s. and 12s. for confinements, and half these fees if the pregnancy terminated before the end of the fifth month. The whole of the members of the profession in the district were called to a meeting at St. Bartholomew's Hospital, Rochester, early in January. Thirty-one attended out of 42 called, the others being unable to attend owing to stress of work. The opinion of those present was unanimous that the introduction of such a society into the district must be resisted to the uttermost. It was also resolved that none of those present would meet or help any medical officer of the Society. The local members of the profession earnestly hope that they will have the support of the profession generally in their endeavours to resist the carrying on of a society which, if successful, must eventually be detrimental to the interests of all at present practising in the neighbourhood. We are informed that the Gillingham Medical Benefit Society has been dissolved, but that its place is to be taken, or has been taken, by another having very similar aims.

#### THE READING DISPENSARY.

Dr. George May, the President of the Reading Dispensary, recently addressed to the governors a letter in which, after stating that the dispensary was formed in 1802 to supply gratuitous medical attendance to the poor of Reading, and that it was converted into a provident dispensary in 1870, he expresses the opinion that it would have been better for the poor if the dispensary had never existed, because it has prevented the extension of a medical club which would have provided medical attendance at a much cheaper rate. In the belief that the money given to the dispensary before 1870 belongs to the poor of Reading, he has given notice that he will propose at the next annual court that where the father does not wish for attendance the charge shall be 2s. 2d. instead of 3s. 3d. a quarter. Should this proposal be rejected, he intends to move that £320, the interest on £8,000 acquired before 1870, be restored to the poor by adding to the number of tickets issued to the subscribers. He states as his reason for taking this action that the dispensary charges 3s. 3d. a quarter for a family—father, mother, and children—and that no reduction is made should the father, owing to belonging to other clubs, not require attendance. He adds that the

fee for families was increased from 2s. 2d. to 3s. 3d. in 1897, with the result that during the next five years the dispensary lost more than 3,000 members, and that even in spite of the great increase in the population it now has the same number of members as in 1897. He then goes on to estimate the receipts of the medical officers of the dispensary, but in the absence of further information we do not feel competent to follow him, and do not propose to comment upon the matter, as it seems to be one which must call for the early attention of the Reading Division of the British Medical Association.

## MEDICAL NEWS.

PROFESSOR WILLIAM OSLER, F.R.S., and Dr. Arthur Latham have joined the Council of the National Association for the Prevention of Consumption.

THE annual dinner of the West London Medico-Chirurgical Society will be held on February 13th at the Wharnclyffe Rooms, Hotel Great Central, at 7 for 7.30 p.m. The chair will be taken by the President, Mr. R. Lake, F.R.C.S.

THE Lettsomian Lectures before the Medical Society of London will be delivered by Mr. Charters J. Symonds, M.S., F.R.C.S., on Mondays, February 3rd, 17th, and March 2nd, at 9 p.m. on each evening. The first two lectures will deal with tuberculosis of the kidney, the third with malignant disease of the caecum and ascending colon.

THE annual general meeting at Davos in support of the Queen Alexandra Sanatorium was held on January 15th at Davos Platz. Dr. W. R. Huggard, the British Consul and Chairman of the Board of Management, presided. A statement made by the Chairman showed that work on the building had made good progress during the preceding summer, and that it was roofed in before the commencement of winter. If funds permitted, it was hoped that the sanatorium would be opened for the reception of patients in November of the present year. But in order to accomplish this the sum of £14,000 was still required. He appealed for help to secure this desirable result. Sir Joseph Leese, K.C., M.P., moved a resolution in support of the institution, which was also supported by other speakers.

ON Monday evening, January 27th, a meeting of past and present ship surgeons was held at the Medical Graduates' College and Polyclinic, Gower Street, London, for the purpose of discussing the unsatisfactory status and conditions of employment of ship surgeons and considering the best means of effecting reform. Dr. G. Metcalfe Sharpe, of Middlesmoor, Leeds, was in the chair, and it was unanimously decided to form a British Ship Surgeons' Association. A provisional Committee comprising Dr. Sharpe, and Dr. H. W. Bayly, of 25, New Cavendish Street, London, with Mr. J. Arthur Batley, solicitor, of East Parade, Leeds, was appointed to take the necessary preliminary steps. Communications on the subject may be addressed to any of the gentlemen named.

LONDON FEVER HOSPITAL.—Two new wards, containing twenty-seven beds, were opened at the London Fever Hospital by Lady Balfour of Burleigh on January 27th. After a tour of inspection had been made by Lord and Lady Balfour, accompanied by members of the staff, subscribers, and others, Lord Balfour said that, although one of his medical friends had remarked that the present occasion would be the only opportunity for at least fifty years for the average member of the community to come into the building with complete safety to himself, he himself believed that, with all the modern devices for disinfection and sterilizing germs, this hospital was a healthier and safer place for people to live in than walking about the streets of London, with the chance of being run over. The institution could look back on a useful career of more than one hundred years, having been founded by the citizens of London at a meeting held at the Old Thatched House Tavern in 1801. After that time what were called "Houses of Recovery" were established in various parts of London, the one of which the present London Fever Hospital was the lineal descendant being in the neighbourhood of King's Cross. In the "Forties," when that institution contained some sixty beds, the site was acquired by the Great Northern Railway. The Company subsequently bought the site of the present hospital, which was then known as the "Kettle Field," and presented it to the hospital with the sum of £26,000. After a vote of thanks to Lord Balfour (proposed by Sir Shirley Murphy) had been passed, Lady Balfour, at the request of Dr. Sidney Phillips, senior physician, consented to allow a ward to be called by her name.

## PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

VITAL STATISTICS IN ENGLAND AND WALES (1907). We are indebted to the Registrar-General for the following rates, compiled and published for the convenience of medical officers of health. The figures are provisional and subject to revision:

### ENGLAND AND WALES.

*Annual Birth-rates and the Death-rates from the Seven Chief Epidemic Diseases.*

	Annual Rate per 1,000 Living.			Deaths under One Year to 1,000 Births.
	Births.	Deaths.	Principal Epidemic Diseases.	
England and Wales ...	26.3	15.0	1.26	118
76 great towns ...	27.0	15.4	1.54	127
142 smaller towns ...	25.7	14.5	1.29	122
England and Wales less the 218 towns ...	25.6	14.7	0.91	106

The birth-rates are all lower than for 1906, as are also the death-rates, with the single exception of the death-rate in the smaller towns.

### NOTIFICATION OF BIRTHS ACT.

#### *Decision not to Adopt in Chelsea.*

We learn from the *West London Press* that at a meeting of the Chelsea Borough Council, held last week, the Public Health Committee reported that they had further considered the question of the adoption of the Notification of Births Act, 1907, and in connexion therewith a circular from the Local Government Board on the provisions of the Act, and not being convinced that the Act would prove workable in practice, they recommended that it be not adopted. Councillor Mulvey stated that the carrying out of the Act would necessitate so many petty prosecutions of medical men, nurses, and others, that the Committee had come to the conclusion that the best way would be to ask the Council not to adopt it. Dr. Ramsden said there was a feature in the Act which interfered with the private relationship of patient and doctor. The doctor obtained the information professionally, and was practically in the position of a priest or a lawyer. He maintained that whatever good there was in the Act was negatived by the interference with a private relationship which had obtained since the days of Hippocrates. The Council then unanimously accepted the Committee's recommendation not to adopt the Act.

### REPORTS OF MEDICAL OFFICERS OF HEALTH.

**Brighouse.**—The returns of Dr. Martin, M.O.H. for Brighouse, for the year ending December 31st, 1907, show some interesting particulars. The birth-rate for 1907 was the lowest yet recorded—namely, 18.9. The death-rate was also remarkably low for a manufacturing district—13.1. Deaths from cancer were at the rate of 0.67, against 0.94 in 1906; from zymotic diseases 1.12, against 1.26; from respiratory diseases (excluding phthisis) 3.01, against 2.88; from phthisis 1.03, against 1.21; whilst the infantile mortality-rate per 1,000 births was 99, against 141 in 1906. The latter detail points the moral we expressed in these columns recently—namely, that where there was a low birth-rate there was an evident desire on the part of parents to do everything possible to rear their young. This low birth-rate is one of the main factors in the lessened rates of infantile mortality in many of the northern towns.

### VACCINATION CONTRACTS.

A CORRESPONDENT informs us that a Board of Guardians has given notice to terminate the contracts of all their public vaccinators who have not accepted the terms offered. The guardians propose to group the districts and to offer them to any one who will take them at the rate they propose. Our correspondent asks whether he would be justified in applying for the appointment.

\* \* This is emphatically a case in which the profession in the locality should act together. We advise that the matter be discussed by the local Division of the Association; should the area of the Division be too wide, or should the proceedings suggested take too long, the best course would be to call a meeting of all the members of the profession practising in the union.

## UNIVERSITIES AND COLLEGES.

### UNIVERSITY OF DURHAM.

#### FACULTY OF MEDICINE

#### *Alteration of Dates of Professional Examinations.*

The attention of candidates is directed to the fact that the Examinations in Medicine, Surgery, and Hygiene will in future be held in March and July, instead of April and September as hitherto. Particulars as to dates of forthcoming examinations will be found in an advertisement.

### UNIVERSITY OF LIVERPOOL.

The following candidates have been awarded the diploma in Tropical Medicine:

J. B. Davey, M.B.Lond., M.B.C.S., L.R.C.P.; T. W. F. Gann, M.B.C.S., L.R.C.P.; G. J. Keane, M.D.Liverpool, D.P.H.; C. Mackey, M.B., Ch.B.Vict.; C. T. Raikes, M.B.Oxon.

### CONJOINT BOARD IN ENGLAND.

The following candidates have been approved at the examination indicated:

**PRACTICAL PHARMACY.**—B. Barnett, C. T. V. Benson, J. W. Bowen, F. W. Campbell, A. H. H. Catt, N. Cheune, T. B. Davies, M. Dwyer, H. D. Gillies, A. O. Gray, C. A. Holburn, G. B. Horrocks, G. P. Humphry, C. Mackenzie, D. Mallam, S. Marle, G. H. Mead, B. C. N. O'Reilly, G. H. Piercy, A. H. Platt, K. Pretty, J. Startin, P. S. Tomlinson, W. Wijegoonewardena, C. E. Williams, S. Wood.

### CONJOINT BOARD IN SCOTLAND.

The quarterly examinations of this Board, held in Edinburgh, were concluded on January 24th.

**FIRST EXAMINATION (Five Years' Course).**—Of 36 candidates entered the following passed the examination:

M. J. Ahern, P. C. Mukherji, N. N. Chandra, A. N. Palit, W. J. M. White, E. E. W. Shiels, W. S. Durward, Mrs. D. Kamalakar, J. N. N. Atkinson, S. D. Bridge, S. Hoashoo, K. G. Dhairawan, C. Trivedi, M. F. A. L'hoste, B. Nath, K. K. Jacob, C. L. W. Fleming, L. E. L. Coghlan.

Six passed in Physics, 2 in Biology, and 1 in Chemistry.

**SECOND EXAMINATION (Four Years' Course).**—The following candidate passed this examination:

W. A. Irwin.

**SECOND EXAMINATION (Five Years' Course).**—Of 27 candidates, the following 11 passed:

W. Browne (with distinction), M. C. Anderson, E. R. Jones, B. Sahni, C. J. Lacayo, Kathleen Reed, H. V. A. Gatchell, J. Blackburn, C. G. Timms, C. Trivedi (with distinction), and B. Nath.

One passed in Physiology.

**THIRD EXAMINATION (Five Years' Course).**—Of 35 candidates, the following 18 passed:

W. J. Cogan, R. W. Pickup, C. W. Gee, H. Millar, C. O'Herrilhy, S. A. Karim, H. C. Chouler, B. Massie, P. Reid, L. E. Davies, MacW. Henry, T. B. McKendrick, J. P. Synott, H. H. Field-Martell, K. G. Dhairawan, W. R. Griffith, and S. Sharples.

Three passed in Materia Medica.

**FINAL EXAMINATION.**—Of 76 candidates entered the following 26 were admitted L.R.C.P.E., L.R.C.S.E., and L.F.P. and S.G.:

R. D. Orok, J. H. C. Hicks, C. A. Page, M. L. Ford, M. H. Fleming, W. C. Doughty, E. C. Kinkad, Ethel A. Orchard, M. E. Grimshaw, W. F. McKenna, F. M. Vajifdar, H. W. Kerrigan, J. MacDonald, C. H. Heppenstall, M. S. Rau, W. S. Scheck, W. W. McKinley, D. Welsh, A. H. M. Maxwell, S. Das, Caroline L. Kohlhoff, Z. D. Lotter, W. H. Wijenayake, J. L. Pinto, S. R. Bhagwat, and G. L. Irwin.

Besides these 9, candidates passed in Medicine and Therapeutics, 7 in Surgery and Surgical Anatomy, 15 in Midwifery, and 13 in Medical Jurisprudence.

### CONJOINT BOARD IN IRELAND.

The following candidates have been approved at the examination indicated:

**FIRST PROFESSIONAL.**—J. Barrett, A. P. J. Canning, F. G. Fisher, R. J. Hennessy, A. F. C. Hogg, C. McCormack, A. C. McQuaide.

### SOCIETY OF APOTHECARIES OF LONDON.

The following candidates passed the examinations indicated in January:

**Surgery.**—†T. Campbell, \*†A. R. Hardy, \*S. Speelman.  
**Medicine.**—†F. H. W. Brewer, †J. Brierley, †A. R. Hardy, \*†W. P. Pinder, \*N. C. Wallis.

**Forensic Medicine.**—E. C. Banks, H. A. Parker, W. P. Pinder, A. D. Rees.

**Midwifery.**—M. Fisher, C. P. R. Harvey, G. F. C. Harvey, J. A. Laughton, A. D. Rees, G. W. Simpson, S. Speelman.

\* Section I.

† Section II.

**Diploma.**—The diploma of the Society was granted to the following candidates, entitling them to practise Medicine, Surgery, and Midwifery:

A. E. Hardy and W. P. Pinder.