

dealt with elsewhere,¹ and it is unnecessary to refer to it here. It is of interest to note that since Killian published his first cases of foreign bodies removed by bronchoscopy, nine years ago, more than 200 cases have already been recorded in medical literature. They all teach the importance of undertaking extraction at an early period, and more especially is this true of soft bodies, such as beans, etc., which swell and are prone to start septic trouble in the lung. The cases published in this country are still very few in number. We have the old methods still in practice. Articles in our journals continue to advocate tracheotomy as the proper treatment, in the hope that the foreign body may be coughed up, and failing that, to grope blindly with a forceps or wire loop. It seems to me that the direct method points the way that best carries out surgical principles, and is at once safe and practicable; and it behoves the profession to bring itself into line with the real progress which has taken place in this important branch of surgery.

REFERENCE.

¹ BRITISH MEDICAL JOURNAL, 1906, vol. ii, p. 353.

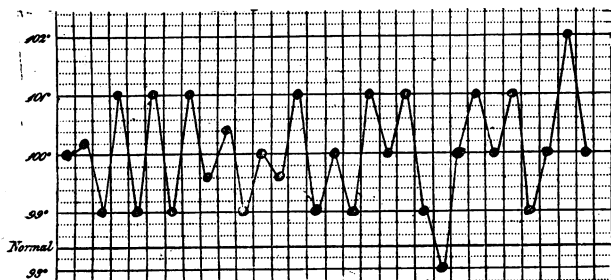
MEMORANDA: MEDICAL, SURGICAL, OBSTETRICAL.

A CASE OF PYREXIA IN MALIGNANT DISEASE SUGGESTIVE OF SUPPURATION.

DR. J. W. RUSSELL's instructive paper on temperature in malignant disease of the liver and bile passages¹ renders it desirable that similar cases should be placed on record. The patient in the present instance was a man of 64, who had always enjoyed good health until about two years ago, when he began to lose flesh and noticed increased frequency of micturition. In January, 1906, he had a severe attack of pain in the abdomen and right side stimulating biliary colic, and a similar attack occurred in November of the same year. He had never suffered from jaundice or from any dyspeptic symptoms.

State on Examination.—When I saw him in January, 1907, he was complaining of severe abdominal pain and tenderness, the latter being specially localized opposite the tip of the tenth rib. His temperature showed remarkable variations throughout the illness, but there were no rigors and no jaundice, and vomiting, though it occurred occasionally, was never an urgent symptom. The liver showed some general enlargement, but no nodules could be distinguished, and no enlargement of the gall bladder could be made out. The urine contained a considerable quantity of sugar (28 grains per ounce). Careful examination of the abdomen failed to reveal any evidence of tumour growth, nor could any enlarged glands be discovered. The faeces were of a pale greyish-white colour, and on more than one occasion were of the pulaceous character typical of pancreatic disease.

The temperature chart which I append is strongly suggestive



of suppuration, and it required most careful and repeated examination to convince myself that none existed; the leucocyte count, which was only 5,700, confirming this conclusion.

Autopsy.—The patient died on February 20th from acute haematemesis, and I was fortunate enough to obtain a *post-mortem* examination. This revealed cancer extending throughout the pancreas, involving the adjacent portions of the stomach, and with secondary growths in the liver, especially the right lobe. There were no gall stones, no cholecystitis, and no suppuration. There was a large mass of peritonitic adhesions between the diaphragm and the right lobe of the liver.

REMARKS.—This case forms a good illustration of Dr. Russell's contention that rise of temperature simulating suppuration may take place in malignant disease of the liver in cases where there is neither suppuration nor

BRITISH MEDICAL JOURNAL, 1907, vol. i, p. 311.

cholelithiasis. The resemblance was rendered all the closer in this particular case by the frequent occurrence of early morning perspiration. That this rise of temperature is due to some form of toxæmia can scarcely be doubted. Possibly it is of intestinal origin, and due to the entrance into the circulation of toxins which the liver, rendered *hors de combat* by cancerous infiltration, is no longer able to antagonize.

W. H. BRAZIL,

Bolton.

M.D.Lond., D.P.H.Camb., B.Sc.Manch.

A CASE OF TWINS WITH HYDRAMNIOS OF ONE SAC.

C. L., a 3-para, was brought in from the country. She was six months pregnant, and was distended to the ensiform cartilage. She presented all the features of a large hydramnios, and on the second day after my seeing her the os began to dilate, and the head of a child was felt distinctly without the intervention of a bag of membranes. As labour was very slow, when the os was well dilated I turned and delivered a dead female child; no liquor amnii came away, and the size of the uterus was not appreciably reduced. I then inserted my hand into the uterus and found an enormous bag of membranes quite intact, and with another child floating freely within it. Upon puncturing the membranes about 2 gallons of liquor amnii was evacuated, and I withdrew another dead female child. The uterus quickly contracted, and the single placenta was soon expressed.

The point of interest in the case was the absence of the fluid around the one child and its great abundance and entire limitation to the amniotic sac of the other.

Grahamstown, C.C.

J. BRUCE-BAYS, M.D.Lond.

REPORTS

ON

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

BRADFORD CHILDREN'S HOSPITAL,

CASE OF STRANGULATED INGUINAL HERNIA IN AN INFANT
29 DAYS OLD: OPERATION: RECOVERY.

(Reported by WILLIAM H. THOMPSON, M.R.C.S.,
Honorary Surgeon.)

J. B., aged 29 days, was admitted on January 7th suffering from a swelling in the right side of the scrotum.

History.—Up to January 6th the child had been quite well, but during the night he began to vomit. The vomiting continued until the morning, and the mother noticed the swelling in the right side of the scrotum about noon. So far as she is aware there had been no swelling there before. She took the child to Dr. Kee, who diagnosed strangulated inguinal hernia, with faecal vomiting, and ordered its removal to hospital.

On Admission.—The child was quiet, but looked extremely ill. In the right side of the scrotum was a large, tense swelling, which extended up through the inguinal canal. The skin over the swelling was red. The swelling was irreducible. The abdomen was only slightly swollen and tympanitic, and rigidity was not marked.

Operation.—An hour after admission (7 p.m.) the child was operated upon. The usual incision was made over the tumour, and the sac exposed; on this being opened blood-stained serum escaped. A coil of small intestine, quite black in colour, was found tightly strangled at the neck of the sac. The constriction was divided, and the bowel pulled down for a short distance and examined. The hernia was then easily returned, the sac removed, the internal abdominal ring closed with sutures, and the operation completed as usual.

After-progress.—Recovery was uneventful, with the exception of slight retention of urine for the first day after operation. At the end of fifteen days the child was completely well and was discharged from the hospital.

REMARKS.—I have thought the case worthy of record owing to the very early age of the patient and the extremely satisfactory result of the operation. I am indebted to the House-Surgeon (Dr. G. Young) for the notes of, and his careful attention to, the case.

the habit. Manington himself was persuaded by a native sergeant to try it, and one evening smoked four pipes. He was rewarded by a most violent headache, prolonged nausea, and a sleepless night crowded with waking nightmare. He did not repeat the experiment.

MEDICAL NEWS.

At the last monthly meeting of the Royal Institution Dr. Kenneth Robert Hay, M.B., was appointed medical officer in succession to the late Dr. Woodhouse Braine, who held the appointment for thirty-six years.

On January 30th the Fishmongers' Company entertained a large company, among whom were many members of the medical profession, at dinner, when the principal guests were the President of the Royal College of Physicians of London and the President of the Royal College of Surgeons of England. The Prime Warden, Mr. George Lewis Denman, proposed the toast of medicine and surgery, which was responded to by Sir Richard Douglas Powell and Mr. Henry Morris.

Dr. WILFRED HARRIS, senior out-patient physician to St. Mary's Hospital, has been appointed also physician in charge of a newly-established out-patient department for nervous diseases which has been formed by converting the electro-therapeutic department into an out-patient department to receive new cases of nervous disease, instead of dealing only with cases referred to it from other departments. There will be a male assistant and a nurse to carry out treatment. It is stated that this is the first time that such a department has been formed in a general hospital in London. The x-ray department remains entirely separate.

THE STATE REGISTRATION OF NURSES.—A public meeting in support of the state registration of trained nurses will be held at the Caxton Hall, Westminster, S.W., on Friday, February 21st, at 3 p.m. The chair will be taken by Lady Helen Munro Ferguson, and the speakers will include Mr. H. Y. Tennant, M.P., Chairman of the Select Committee of the House of Commons on Registration; Dr. H. Langley Browne, member of the General Medical Council; Miss E. S. Haldane, LL.D., Chairman of the Scottish Registration Committee; Dr. W. I. de Courcy Wheeler, member of the Council of the Royal College of Surgeons of Ireland; Dr. T. B. Hyslop, Resident Physician, Bethlem Royal Hospital; Dr. Bedford Fenwick, Chairman Registered Nurses Society; Miss Mollett, Matron Royal South Hants Hospital, and Miss H. L. Pearce, Superintendent London County Council School Nurses. The attention of all interested in the subject is cordially invited.

STARVING LEPERS.—We have received a letter from Sir J. A. Bourdillon, K.C.S.I., Sir Algernon Coote, Bart., H.M.L., Sir C. A. Elliott, K.C.S.I., LL.D., and other gentlemen representing the Mission to Lepers in India and the East, calling attention to the severity with which the present scarcity in India affects the homeless and destitute lepers, and to the drain on the resources of the Mission thus caused. They point out that the Mission is now responsible for the maintenance of 50 asylums for lepers and 20 homes for their untainted children, and in these some 4,000 sufferers, who would otherwise be a danger and an offence to the community, are being sheltered, fed, and medically relieved, while the children are being educated for lives of usefulness. Of all sections of the community, they say, the lepers are the first to feel the pinch of scarcity. Always on the very verge of actual privation, this forms the turning point, and at present there is literally famine amongst the lepers. The superintendent of the Society's largest asylum—at Purulia, Bengal, where more than 600 lepers are segregated and supported—wrote in December last that famine prices were already prevailing, and that by the present date rice would be selling at only 6 to 7 seers for the rupee, as compared with 16 to 20 in normal times. Again, from Chandkuri in the Central Provinces many more lepers will certainly flock to the asylum as food becomes scarcer. Similar conditions prevail at many other stations. An appeal is made for help, which is said to be sorely needed. Contributions should be addressed to Mr. John Jackson, F.R.G.S., Organizing Secretary, 33, Henrietta Street, Covent Garden, London, W.C., and cheques crossed Barclay and Co.

TAMPON IN THE FALLOPIAN TUBE.—Clumsy attempts at abortion are liable to be followed by strange complications. The operation is often hurried over, and when it entails serious results the patient is not always ready to seek immediate relief. Professor Kower ("TUBE MIT VIOFORM GAZE 'AMPONIERT," *Zentralbl. f. Gynäk.*, No. 46, 1907, p. 1447) recently reported an instructive case of this kind.

A woman suffered from peritonitis after abortion, which she admitted had been provoked. Abdominal section was performed, and sanious pus came away; no placental relics were found. The wound was packed with gauze; it proved slow to heal, as an obstinate fistulous tract developed, and when the tract closed a hernia appeared in its place. It happened that the patient was the subject of tuberculous phthisis when she came under Dr. Kower some years after the first operation, and as she suffered from much pelvic pain, tuberculous disease of the pelvis and peritoneum was diagnosed. The incisional hernia was repaired; then it was found that there was a mass simulating tuberculous disease of the appendages adherent to the bladder. The mass, the greater part of which was formed by the Fallopian tube, was excised, and was found to contain not any tubercle but a small vioform gauze tampon. The tubal walls were intact. How the gauze got into the tubal canal Dr. Kower could not explain; he admitted that it was an enigma. This case deserves to be remembered as an instance of the distant results and possibilities of criminal abortion.

CHINESE STUDENTS IN ENGLAND.—A Committee has been formed for the furtherance of the education of Chinese students in England. Among its members are the Right Hon. Sir Cecil Clementi Smith, G.C.M.G., P.C.; Sir Walter Hillier, K.C.M.G., C.B., Professor of Chinese, King's College, London; Mr. R. S. Gundry, C.B., President, China Association; Mr. George Jamieson, O.M.G., Chairman, China Society; Mr. Byron Brennan, C.M.G., late H.B.M. Consul-General, Shanghai; Mr. J. Carey Hall, I.S.O., H.B.M. Consul-General, Yokohama; the Rev. A. C. Headlam, D.D., Principal, King's College, London; H. A. Giles, LL.D., Professor of Chinese, Cambridge; Mr. Ivan Chen, Secretary to the Imperial Chinese Legation, London; and Mr. T. L. Bullock, Professor of Chinese, Oxford. This Committee has been formed in response to a suggestion made by Sir John Jordan, K.C.M.G., His Majesty's Minister in Peking, that the growing desire evinced by the literary and commercial classes in China to send their sons abroad for education in foreign schools, universities and technical institutions should be encouraged by responsive actions in this country. It was pointed out by Sir John Jordan that in consequence of the lack of accurate knowledge on the part of the Chinese gentry as to the facilities that could be obtained for the education of Chinese youths in England, uncertainty as to the cost of such education, and the absence of definite information as to the provision of suitable schools and homes for their sons on arrival in England, the number of youths who came to this country was considerably less than that of those who were sent to countries where information on these points was ready to hand. Detailed information as to fees for education for the medical, legal, and engineering professions is given, together with estimates of the cost of living and personal expenses.

MEDICAL SICKNESS AND ACCIDENT SOCIETY.—The usual monthly meeting of the Executive Committee of the Medical Sickness, Annuity, and Life Assurance Society was held at 6, Catherine Street, London, W.C., on January 17th. There were present: Dr. de Havilland Hall, in the chair; Dr. J. Brindley James, Dr. Walter Smith, Dr. M. G. Biggs, Dr. H. A. Sansom, Dr. J. W. Hunt, Dr. M. Greenwood, Mr. F. S. Edwards, Dr. St. Clair B. Shadwell, Dr. F. J. Allan, Mr. Edward Bartlett, Mr. J. F. Colyer, and Dr. J. B. Ball. The accounts presented showed that in the last month of the year the amount of sickness pay disbursed by the Society was less than the average monthly sum expected and provided for in the table of contributions. This is an unusual experience, for during the winter months the number of sickness claims received by the Society is generally much greater than during the warmer season. The winter claim lists of the Medical Sickness Society are largely filled up with cases of throat and bronchial troubles. These are generally of short duration, but many of the members had reached the age at which such attacks could not be safely neglected, and it too often happened that what seemed like a mild case had developed into an illness which compelled the member to stop all work and draw the sickness pay of the Society for many weeks. Some cases were still more serious, and in a few instances members suffering from lung trouble had been compelled to abandon work permanently and join the ever-growing number of those who formed what was called the "chronic list." More than thirty of the members were known to be permanently incapacitated and would draw sick allowance—generally about 100 guineas a year—until they reached the limiting age of 65. Prospectuses and all further particulars on application to Mr. F. Addiscott, Secretary, Medical Sickness and Accident Society, 33, Chancery Lane, London, W.C.

Staffordshire, Robert Birch was born in that city in 1850, and received his early education at Lichfield Grammar School. He studied medicine at King's College Hospital, and while there gained the Todd prize for clinical medicine. Having qualified in 1871, he came to Newbury in 1876, entered into partnership with the late Dr. Ryott, and remained in practice as long as his health allowed. He was Surgeon to the local fire brigade, and was on the medical staff of the Newbury District Hospital, to which he was one of the Consulting Physicians at the time of his death. He was also for a time Medical Officer to the Newbury Workhouse Infirmary, the Newbury Dispensary, the Oddfellows, and other clubs. Dr. Birch married in 1882 a daughter of the late Mr. F. F. Somerset, of Greenham House, by whom, as well as a family of one daughter and four sons, he is survived. Notwithstanding the claims of an extensive practice, Dr. Birch found time to take his full share in the public life of the town, was a member of the Newbury Town Council, a Commissioner of Taxes, and Librarian of the Literary and Scientific Institution. The body was cremated at Woking, in accordance with the wishes of the deceased.

By the death on December 21st, 1907, of Mr. WILLIAM A. LOGAN, M.B., F.R.C.S., the medical profession in New Zealand has been deprived of one of its most promising members. Mr. Logan graduated in Dunedin in 1898, after a brilliant career as a student. He was appointed to the resident staff of the Dunedin Hospital, and then went to London, where he was admitted M.R.C.S., and in 1900 F.R.C.S. He then returned to New Zealand, and after a short time of service as Surgeon to the Timaru Hospital settled down in practice in Wellington. The promise of his student days was amply fulfilled in practice, and he rapidly established a reputation as a brilliant and successful surgeon. Early in 1907 failing health forced him to give up work and he came to London, where he was successfully operated on for gastric ulcer. He stayed in London to renew his acquaintance with the metropolitan hospitals, and unfortunately developed signs of mastoid trouble, which in spite of prompt surgical treatment ended fatally. At the age of 33 a brilliant career was terminated, and the profession in the Dominion will be the poorer by his loss, while those who knew him intimately will fully appreciate what a valuable life has been cut short by his death.

STAFF SURGEON HAROLD EDGAR FRYER, R.N., died at the Royal Naval Hospital, Chatham, on January 24th. He was the youngest son of Christopher Fryer, of Ryde, I.W., and entered the Royal Navy as Surgeon, May 25th, 1897, becoming Staff Surgeon, May 25th, 1905.

Surgeon-Major EDWARD MCCARTHY, Army Medical Service, retired, died at Southsea on December 26th, at the age of 72. He was appointed Assistant-Surgeon, March 20th, 1862; retired from the service, August 12th, 1873; and was granted the honorary rank of Surgeon-Major, June 30th, 1877. No war record appears in the Army Lists.

DEPUTY SURGEON-GENERAL CHARLES VIDLER CAY, M.D., late Surgeon-Major Coldstream Guards, died at Leamington on December 28th, 1907, aged 84. Appointed Assistant Surgeon, June 12th, 1846, he became Surgeon, January 9th, 1863; Surgeon-Major, June 12th, 1866; and Honorary Deputy Surgeon-General on retirement, November 30th, 1878. He served in the Crimean campaign with the Coldstream Guards from November 30th, 1854, and was at the siege and fall of Sebastopol, receiving a medal with clasp and the Turkish medal.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Dr. Karl Schwing, Emeritus Professor in the Medical Faculty of the Bohemian University of Prague; Professor von Mering, of Halle, a clinician well known by his researches on disturbances of metabolism and on diabetes mellitus; Dr. Ceillier, of Laval, President of the Syndicate of Medical Practitioners of the Mayenne, formerly Vice-President of the Union of Medical Syndicates of France; and Dr. Danner, Honorary Director of the Medical School of Tours.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF OXFORD.

Degrees in Medicine and Surgery.

In a Congregation held on Thursday, January 23rd, the following degrees were conferred:

BACHELORS OF MEDICINE AND SURGERY.—C. G. Douglas, Fellow of St. John's College; G. M. Johnson, Magdalen College; N. Flower, Exeter College; S. Hartill, New College; B. G. Klein, Corpus Christi College.

Degree Days.

The remaining Degree days in the present term are: Saturday, February 15th, at 2.30 p.m.; Thursday, March 12th, at 10 a.m.

UNIVERSITY OF CAMBRIDGE.

The following degrees were conferred on January 30th:

M.D.—C. J. Coleman, Trin.
B.S.—C. E. M. Jones, King's; C. H. Treadgold, Cla.; O. Heath, Trin.; A. W. Drake, Pemb.; A. F. Jackson, Pet.; S. G. Luker, Pemb.

The Council of the Senate has recommended that the centenary of the birth of Charles Darwin be celebrated by the University in the week beginning June 20th, 1909.

THE VICTORIA UNIVERSITY OF MANCHESTER.

THE TERRITORIAL ARMY SCHEME.

A MEETING of the Convocation of the Manchester University was held on January 29th in the Whitworth Hall. Dr. Ashton introduced the subject of the Territorial Army scheme, and moved a resolution that it is the duty of the University authorities to give every support to the scheme. As a volunteer of ten years' standing, he considered the scheme the most comprehensive, the most economical, and the most practicable ever laid before the country. The great feature of it was that every county was to be self-governing. Each county was to have what was called a county association that was to be responsible for the troops in its district. The East Lancashire association would consist of about 50 members. The University had been asked to appoint a representative, and had appointed Sir Frank F. Adams. This portion of the county was expected to provide a division of 19,600 men. In the past the University had not shown the interest in the volunteer movement that the speaker could have wished, as out of 1,100 students only 135 were volunteers, and only 3 out of a teaching staff of about 200 held commissions in the volunteer forces. He thought that if this scheme failed there would have to be conscription. Dr. F. G. Bradley thought that conscription was inevitable, and was ready to vote against the motion so that conscription might come all the sooner. The motion was carried by 19 votes to 4 against.

EVENING CLASSES.

At the same meeting of the Convocation Dr. J. Brown moved:

That it is desirable in the interests of matriculated students who are unable for financial or other reasons to take the three years' course for the B.A. degree that a five years' course of evening classes be established.

He said that he did not propose that the standard of examination should be any different in the two courses, nor did he think that the establishment of evening classes would in any sense affect the attendance at the day classes. Mr. Scotson suggested that the B.Sc. degree should also be included, and he pointed out that many teachers in the elementary schools were anxious to obtain degrees to fit themselves for the higher branches of the teaching profession. Mr. J. H. Hudson said that he had heard it stated that if the Manchester University refused to adopt a scheme of this sort the Manchester education authority would establish classes in connexion with the London University. The Vice-Chancellor said that he could desire no better students than those who had attended his evening classes, and, without prejudice to the action of the University authorities, he could say that he himself regarded the proposal with sympathy. At the same time, he saw great practical difficulties in the way of evening classes for science which would require laboratory work. Dr. Brown said that he had thought that the cost of laboratory work in evening classes would be prohibitive. The motion was carried by 12 votes for and 9 against.

A second resolution was carried unanimously to the effect that it is high time that a common understanding between the University of London and the Northern Universities should be arrived at as to the mutual recognition of matriculation certificates in terms of equivalence.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

AN ordinary quarterly Comitia was held at the College on January 30th, the President, Sir R. Douglas Powell, in the chair.

Lectureships.

The President announced that Dr. Leonard Guthrie had been appointed FitzPatrick Lecturer; Dr. Ormerod, Harveyian Orator; and Dr. Pasteur, Bradshaw Lecturer, for the year 1908, and Dr. Hewlett, Milroy Lecturer for the year 1909.

Membership.

The following gentlemen were admitted Members of the College: Jehangir Cawarsjee Balsara, L.R.C.P.; Hector Charles Cameron, M.A., M.B.Cantab., L.R.C.P.; Carey Franklin Coombs, M.D.Lond.; John Gallie Fraser, M.B.Edin.; Charles Edward Iredell, M.D.Lond., L.R.C.P.; John Owen, M.D.Lond.; Herbert Chevasse Squires, M.A., M.B.Oxon., L.R.C.P.; Henry Lethaby Tidy, M.B.Oxon.; Godfrey De Bee Turtle, M.D.Durh., L.R.C.P.; Rupert Waterhouse, M.D.Lond., L.R.C.P.; John William Watson, L.R.C.P.

Licentiate-ship.

The Licence of the College was granted to sixty-eight gentlemen.

Diplomas in Public Health.

In conjunction with the Royal College of Surgeons, Diplomas in Public Health were granted to ten gentlemen.

Communications.

The following communications were received:

1. From Dr. Charles Coates, of Bath (to the President), presenting the College with the sum of £1,000, to be used, invested, or disposed of as the President may deem most desirable. The gift was accepted, and a vote of thanks passed by acclamation to the donor.
2. From the President of the General Medical Council, inviting the co-operation of the College in the preparation of a new edition of the *British Pharmacopoeia*. The invitation was accepted, and a Committee consisting of Drs. F. Taylor, Mitchell Bruce, Nestor Tirard, Hale White, and Calvert, with Dr. H. A. Caley as Secretary, was appointed to deal with the matter.
3. From the Secretary of the College of Surgeons, reporting proceedings of the Council on January 16th, 1908.
4. From the Council of the Geological Society, conveying the thanks of the Society to the College for their assistance in the recent celebration of the centenary of the Society.

Council.

On the nomination of the Council, Drs. Herman, Finlay, Tirard, and Herringham were appointed Councillors, in the place of Drs. Buzzard, Green, Watt Black, and Hale White, who retired by rotation.

Examiner in Medicine.

On the nomination of the Council, Dr. T. D. Acland was appointed an Examiner in Medicine, in place of Dr. H. Montague Murray, deceased.

Medical Inspection of Public Elementary Schools.

Sir William Church moved, Dr. Heron seconded, and it was agreed to appoint a small standing committee under the following circumstances: In view of the fact that the institution by the Government of "medical inspection of the public elementary schools, under Section 13 of the Education (Administrative Provisions) Act, 1907," created fresh conditions under which members of the medical profession were brought into connexion with the sanitary authorities throughout the country. The committee will keep the College informed of the arrangements and methods of teaching elementary hygiene in training colleges and schools, of the working of the Act, of the position of the medical officers employed under it, and of any alterations which may be proposed by the Government or others in the education or inspection of children or in the administration of the Act.

Reports.

The following reports were received:

1. From the Representative of the College on the General Medical Council on the proceedings of the Council at their recent session.
2. A confidential report, dated December 18th last, from the Conjoint Finance Committee.
3. The Quarterly Report of the College Finance Committee, dated January 16th, 1908.
4. The Annual Return by the Examiners of the results of the Examinations for the Licence in the year 1907.

Library.

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

CONJOINT BOARD IN IRELAND.

SECOND PROFESSIONAL EXAMINATION.—The following candidates passed this examination in January:

J. O'Kelly (honours), G. F. Allison, B. N. Blood, J. Boyce, F. M. J. Byrne, F. Cassidy, M. A. Callaghan, A. D. Clanchy, J. Devine, R. A. W. Ford, F. Hannigan, J. P. Johnston, W. J. P. Lillis, J. McMahon, C. Molan, T. N. Neale, T. B. Newman, J. Purcell.

THIRD PROFESSIONAL EXAMINATION.—The following candidates passed this examination in January:

P. N. Allman, H. Gray, E. A. Gregg, J. T. Heffernan, L. Hynes, T. J. Lyons, J. Marmion, T. McDonald, H. G. Miles, A. E. Moore, W. P. H. Parker, J. Patton, P. M. Power.

SPECIAL EXAMINATION FOR THE CONJOINT DIPLOMA IN PUBLIC HEALTH.—The following candidates passed this examination:

E. E. B. Landon, M.R.C.S., L.R.C.P.

Medico-Legal.**DAMAGES FOR LIBEL.**

Williams v. Lloyd, Ltd. Williams v. the Star Newspaper Co., Ltd.—These two actions were heard by Mr. Justice Darling and a special jury. In the first, Dr. Morris James Williams brought an action for libel against the *Daily Chronicle*, which was settled by a payment of £25, and £100 for costs. In the second action, the same plaintiff also sued the *Star* newspaper for libel. The defendants, amongst other things, pleaded justification.

Mr. Dickens, K.C., and Mr. F. J. Coltman appeared for the plaintiff; Mr. McCall, K.C., Mr. McCardie, and Mr. A. Profumo for the defendants.

It appeared that the plaintiff was for some years in practice at Walham Green. In October, 1906, he was called in to see a Mrs. Blume, whom he found dead. A man named Brinkley, who was subsequently executed for murder owing to his having poisoned Mr. and Mrs. Beck, applied to the plaintiff for a death certificate. The plaintiff declining to grant it, an inquest was held, and the plaintiff made a *post-mortem* examination at the request of the coroner. He found death was due to cerebral haemorrhage, and a verdict of accidental death was returned. Suspicion being subsequently aroused by the fact that Brinkley benefited under Mrs. Blume's will, an exhumation was ordered. It was conducted by Sir Thomas Stevenson and Dr. French at Brompton Cemetery. The only organ missing was the brain, which was eventually found in a cavity in the chest. On May 20th, 1907, the defendants published the following paragraph in their paper:

POISON DRAMA.**The Exhumation of Mrs. Blume's Body.**

It is reported that the exhumation of the body of Mrs. Blume, of Maxwell Road, Fulham, which took place at Brompton Cemetery a fortnight back, has proved abortive, so far as the discovery of any trace of poison is concerned. Sir Thos. Stevenson and his assistant were unable to make the examination of the organs in which alone traces of poison, supposing it is present in the body, could ordinarily be detected. Some parts of the organs which it is now desired to be examined are, in fact, reported to be missing. It should be explained further that this circumstance does not reflect upon any person concerned in the case ("that is Sir Thos. Stevenson," said counsel). It may be a consequence of the first *post-mortem* examination made at the time of the old lady's death.

That was obviously intended, said counsel, to reflect grossly on the conduct of Dr. Williams. Portions of the body alleged not to have been restored were also given in the report.

The plaintiff and Sir Thomas Stevenson having given evidence,

Mr. McCall said he was instructed to withdraw the plea of justification and to express regret. There could be no imputation cast on Dr. Williams. He would submit to a verdict of £500 damages and costs as between solicitor and client.

Judgement was entered accordingly.

WORKMEN'S COMPENSATION CASES.**SURGICAL OPERATIONS FOR RESTITUTION OF POWER.**

A COURT of seven judges of the Court of Session of Scotland has given an important judgement in a stated case under the Workmen's Compensation Act. The employé had his left hand injured in the respondents' employment, Wm. Baird and Co., Iron and Coal Masters, Glasgow. Three of five medical men who examined the appellant Donnelly recommended that the crooked second finger of his hand should be removed at the knuckle, or the joint next the knuckle. Donnelly refused to undergo the operation.

The Court decided that the appellant by his refusal to undergo the operation was precluded from further right to receive compensation, and found him liable in expenses. They were also of opinion that the appellant, like any prudent and reasonable patient who wished to be restored to health, was bound to submit to operation which was reasonable and not attended with risk.

THE WORKMEN'S COMPENSATION ACT.**HOSPITALS AND CERTIFICATES.**

DURHAM asks for information as to the general rule in supplying certificates by the house-surgeon of a general hospital where accidents are received. Is it, he asks, right to expect the house-surgeon to supply a certificate, and without fee, for a case of injury or accident, when legal proceedings are likely to be taken, as in compensation cases? A clear issue on this matter is of great importance with some provincial hospitals.

PARTNERSHIP EXPENSES.

JUNIOR PARTNER wishes to know whether the expenses of a motor car used only by the senior partner ought to be expenses of the partnership.

* * Yes, if the motor car is used only to do the business of the partnership. If it is used also for other purposes, then the partnership should contribute only a portion of the