getting the necessary buildings erected, but one set of lines has recently been occupied, and two others are in different stages of construction. Two types of mosquito proofing have been adopted: one in which each room is an independent mosquito-proof cubicle, and the other in which the whole building is mosquito proofed round the outer verandah, the individual rooms opening into the mosquito-proofed verandah. It remains to be seen how such lines will answer, but if the necessary protection is not given it will be a simple matter to apply both systems to the same building, thereby doubling the protection. That Ross is right in regarding the eradication of malaria as simply a mathematical process, I am convinced, and an experiment with a mosquito-proof hospital at Jeram bears this out. For eleven months the hospital was mosquito proof, but permission was given for patients to enter or leave the building after sunset. Yet the average number attacked dropped to 0.45 a month from 2.87, the figure prior to the mosquito proofing, and rose again to 3.20 when the wire gauze was blown away in a gale.

In the experiment now being carried out, the object is not to prove or disprove the mosquito theory, but to determine the style of building most suitable for a community composed of ignorant Tamil coolies, and to compare the results obtained with those from the systematic use of quinine.

For several years I have had an opportunity of observing the effect of quinine on coolies engaged in opening up tropical estates. Of its value when given systematically there is abundant proof. Its limitation is, that it can only be given to those under the direct control of some one interested in the health of the coolies. During 1907 some 2,000 coolies in a certain portion of the district of Klang have been compelled to take from 8 to 10 grains of quinine daily when *well*, and about 20 grains when *not* at work. It is given at the afternoon muster, and the coolies do not get a "name" for their day's work until they swallow the quinine. With a few interesting exceptions, Malays, Chinese, Javanese, and Tamils, refuse to take the drug, unless under this compulsion. Much less objection has been made to its administration than I anticipated. Pills made by coolies trained on the estates to do this work, or capsules, is the form in which it is given. I hope to use soft tabloids shortly.

The terrible infant and child mortality from malaria has been completely stopped by the use of euquinine. Each child gets 5 grains daily in a little sweetened condensed milk. Instead of the struggle and splutter of the attempt to get down the ordinary quinine salts, the children with hardly an exception rush out, each with his tin, when the time of the daily dose arrives. There can be little doubt that, were the price of euquinine reduced to nearly that of ordinary quinine, its sale would be enormously increased; at present, estates can only afford it for the infants.

This is not the time to detail statistics of the value of quinine, but a few are so striking that they may be mentioned. On the estate on which the experiment with mosquito-proof coolie lines is being carried out I found from 84 to 100 per cent. of the children under 10 years infected in different sets of lines; and in 35 out of 36 cases of fever examined in one set of lines malarial parasites were demonstrated. On this estate, with a labour force of about 240 coolies, 152 had one or more attacks of fever in November. On November 6th the routine administration of quinine was rigidly enforced. In December the number had fallen to 50, and from January to June the monthly figures have been 38, 19, 14, 14, 5, 8. Allied sickness has also fallen, and the percentage of the possible working days worked by the coolies has risen from 62 to 83 (= nearly 25 per cent)—a matter of great importance where labour is scarce. In addition to this, whereas from July to December, 1906, 12 out of 26 children died, not a single child has died during the six months of 1907, and there are now over 30 children on the estate.

The other estates where quinine has been similarly given show an equally satisfactory improvement in the turnout of their labour forces, and in their diminished sick and death rates. At some later date I hope to publish these.

I cannot conclude this paper without mentioning the keen interest taken in this question by the Government of Federated Malay States, and in particular by the British Resident (H. Conway Belfield, Esq.) and the State Surgeon of Selangor (Dr. E. A. O. Travers). Among the first in 1901 to recognize the value of Ross's work and to spend large sums on antimalaria measures, the Federated Malay States Government has since then yearly expended considerable sums on further works of a like nature throughout the country, and I think the fact that the sum asked for by the Medical Department for the experiment with the mosquito-proof coolie lines was provided without delay shows that the Government is determined to carry on the campaign against malaria to its uttermost strongholds.

MEMORANDA:

MEDICAL, SURGICAL, OBSTETRICAL.

A CASE OF ARRESTED STRYCHNINE POISONING.

A GENTLEMAN by mistake took a dose of liquor strychninae hydrochlor., ℿxxx (1/11 gr.), in place of the intended dose, ℿv. He had not been taking any medicine previously, and it was proposed to treat him with ℿv three times a day as he was rather run down at the time. It was the first dose that was the cause of the trouble. A small bottle containing ℿxxx in water, intended to be taken in six doses and to last two days, was by accident all drunk at one draught. This was at 10.5 a.m. Nothing wrong was noticed until 10.35 a.m., when the patient began to feel a rushing as though of blood to the head, noises in the ears, giddiness and faintness, so that he was compelled to sit down to avoid falling. He felt a great desire to get out into the fresh air, but was not equal to doing so. The symptoms rapidly became worse, and in three minutes he noticed shaking of the hands and arms, legs and head, and stiffness of these parts, so that it became difficult for him to bend his joints. The extensor muscles of the thighs were painful and firmly contracted. Then the jaw muscles began to tremble. The patient had the greatest difficulty in drinking water on this account and because of stiffness of the extensors of the arm and shoulder muscles, and the tremor of the hands, which became worse on attempting to raise the glass. It was at this point that I saw the patient (10.45). He had realized that his symptoms were due to overdose of medicine. He was trembling all over. His heart was thumping; pulse 90; respirations increased in depth and frequency; temperature normal; face flushed and anxious. His limbs were stiff, and resisted flexion. The tremors were increased on voluntary effort to move the head and limbs. The knee-jerks were very active, and ankle clonus was present. The patient's mind was perfectly clear, though naturally he was anxious about his condition. He was quite unable to write on account of the tremors of the hands.

Realizing the nature of the symptoms, I immediately gave half an ounce of potassium bromide and 20 grains of chloral hydrate dissolved in cold water, followed in ten minutes by 30 grains more of bromide and 15 grains of chloral hydrate, and then 30 grains of bromide every five minutes for four doses, the last dose being mixed with 10 grains of chloral hydrate. By the end of that time his pulse was 72 and of low pressure. This was about 11.20. He was then comparatively comfortable, quite calm, only tremulous and more or less stiff and aching. The knee-jerks were much less active. On attempting to walk, he found it difficult to flex his legs, so that he was in danger of tripping, but he managed to walk slowly by holding on to objects to support himself. At 11.30 a very copious liquid stool was passed, no doubt owing to the combined action of the strychnine and the large doses of the remedies that had been administered. There was no tendency to opisthotonos at any time; the action of the muscles of the head and back tended rather to produce a bending of the body forwards; there was no risus sardonicus, no fixation of the eyes, no sweating, no changes in vision or hearing. The olfactory nerve endings were evidently over-stimulated, for the patient observed a peculiar odour like ozone which persisted until the following day.

At 1.15 he had another copious watery stool, when the act of sitting on the closet seat made his legs so much stiffer that it was with the greatest difficulty that he was able to make his way downstairs afterwards. He had

a light luncheon at 1.30, and afterwards complained of coldness all over the body, and of tingling of the hands and feet. He was now more or less nonchalant and self-satisfied.

The tremors had now completely passed away, so that he was able to write a letter in his ordinary handwriting. At 2.30 p.m. he had to keep an important appointment four miles away, which he managed without inconvenience by means of a motor bicycle. At 10 p.m. he went off into a heavy sleep, and awoke at 8 a.m. the following morning feeling pretty well again, and in the afternoon played four sets of tennis without any inconvenience.

A. T. SPANTON, M.A.Cantab., L.R.C.S.Edin., L.S.A.
Birkenhead.

HYPERSENSITIVENESS TO ANTIDIPHTHERIAL SERUM.

THE interesting memorandum recounting Dr. R. Thorne Thorne's experience, which appeared in the JOURNAL of January 18th, prompts me to relate my own tale of woe.

About four years ago I gave myself a prophylactic dose of antidiphtherial serum of 1,000 units in the left forearm. Nine days afterwards an urticarial rash appeared all over the left upper extremity, but nowhere else. It disappeared within a day or two.

Eighteen months ago I again gave myself a similar dose, in the same place. On the evening of the ninth day, after dinner, I suddenly came out in an urticarial eruption over the left arm, front of chest, and abdomen. The rash appeared literally in a few minutes, and was very profuse. I walked from my drawing-room into my study, a distance of a few paces, to consult Dr. Kanthack's article in Professor Sir Clifford Allbutt's *Medicine* on the subject. Before I found the reference the rash disappeared, and I was immediately seized with such faintness that I had to lie prone on the floor. In a few minutes I had sufficiently recovered to crawl upstairs on hands and knees and climb into bed. *Pari passu* with this improvement of feeling out came the urticarial rash once more all over my body, on the abdomen and thorax the wheals being as large as a good-sized plate. In a few minutes more the lips and buccal surface of the cheeks began to swell, and a most uncomfortable feeling behind the sternum and in the epigastrium became noticeable, suggesting that the oesophagus and stomach were taking part in the orgy. I passed a most unhappy night, no vomiting, like my brother sufferer, Dr. Thorne Thorne, but a continued misery of feeling that the post-sternal and epigastric pain would go if I could only bring up flatus. However, between 3 and 4 a.m. the discomfort abated, sleep came, and I awoke later in the morning feeling quite well, with the rash gone, and able to do my day's work as though nothing had occurred.

Some of the interest of these attacks lies in the questions they suggest. For instance, why should a poison, being presumably a chemical poison and not a living one (like the bacillus of enteric fever), require so long an incubation period as four to ten days before getting to work? Is it that the horse's serum undergoes some lengthy process of elaboration in some organ and that the result of this biochemical process is the peccant material?

Again, the rapid alternation of incidence of the poison is interesting, at one time appearing on the skin, at the next deserting the skin and falling upon the circulation. Sairey Gamp is fond of remarking that the child will do well because the measles rash has come out well, and all of us have doubtless noted that this, like most of her other *obiter dicta*, contains some modicum of truth. Our gouty friend, who tells us that he dreads the disappearance of the chronic squamous eczema about his shins, as he always then feels unwell, is another case in point.

Then, again, why does increasing blood coagulability with calcium chloride or lactate prevent these attacks? Do they prevent the formation of the materies morbi or do they combine with it when formed and render it inert?

No tale is complete without a moral, and the moral of the "night*mares*" of Dr. Thorne Thorne and of my own is this: Never administer an injection of horse serum to an adult without at the same time prescribing some calcium lactate, to be commenced a day or two after the injection, and continued for a week.

Caterham Valley. W. BLIGH, M.D.Lond.

REPORTS OF SOCIETIES.

ROYAL SOCIETY OF MEDICINE.

PATHOLOGICAL SECTION.

Mr. S. G. SHATTOCK, President, in the Chair.

Tuesday, February 18th, 1908.

ACIDOSIS IN PREGNANCY.

DR. J. B. LEATHES brought this subject under notice, one which has come into prominence lately in papers by Zweifel,[1] Williams,[2] and Ewing and Wolf.[3] In 18 successive cases of eclampsia Zweifel found that there was a smaller proportion of the nitrogen in the urine excreted in the form of urea than is normal; the percentage of the total nitrogen excretion that was accounted for by urea varied in different cases from 27 to 70 per cent.; the ammonia nitrogen was, on the other hand, always high, and in one case amounted to 16.5 per cent. of the total nitrogen. To account for the high ammonia coefficient, Zweifel found the urine frequently contained lactic acid. Larger amounts of lactic acid were found generally in the blood, and more in the placental and fetal blood than in the maternal. On these and other grounds the lactic acid is regarded by him as the cause of the eclampsia. It has been rightly pointed out that lactic acid may be present in the blood in far larger amounts than those found by Zweifel, and cause no convulsions nor symptoms of any kind,[4] and that after epileptic seizures, though not in the intervals between them, far larger amounts are found in the urine, which are pretty clearly the result of the convulsions and not the cause.[5] The muscles, it is known, produce and contain lactic acid when the supply of oxygen is deficient.[6] But the high ammonia coefficients given by Zweifel's patients, and considerably higher ones still, have been found by others in disorders of pregnancy. Williams describes cases of toxaemic vomiting in the early months of pregnancy in which the ammonia in the urine accounted for 32, 35, and 45 per cent. of the total nitrogen excreted, and in one clinically identical case the liver showed central necrosis of the lobules similar to that found in acute yellow atrophy. These cases had no jaundice, no albuminuria, nor other signs of renal disease and in two of them the liver dullness was normal, while in the third it was somewhat diminished. Such cases as these—and besides the three described fully, three others are referred to—Williams regards as allied to yellow atrophy. The high ammonia coefficient is characteristic. It is not found in cases of neurotic or reflex hyperemesis, nor in the pre-eclamptic toxaemia accompanied by albuminuria, and therefore is an important diagnostic sign of a dangerous condition. A coefficient of 10 to 15 per cent., he says, would seem to justify the diagnosis of toxaemic vomiting and to afford an urgent indication for the prompt termination of the pregnancy. Ewing and Wolf[3] give a most valuable series of analyses of urine in more than 30 cases of pregnancy. The first 6 cases showed no symptoms of abnormality except that in the urine of one of them the ammonia coefficient was somewhat raised, in 1 case up to 11 per cent., and the urea was low and in all six the undetermined nitrogen (urea, NH_3, uric acid and kreatinine were determined as well as the total N) gave high figures, 14 to 15 per cent., even when the NH_3 was not above the normal, and 24 per cent. in one case when the NH_3 coefficient was 11 per cent. The normal undetermined N coefficient is, according to Folin's estimation, no more than about 6 per cent. The next 6 cases, characterized by very severe vomiting beginning early in pregnancy, are grouped together by the authors as toxaemic. In four of these the urine was found to contain large amounts of ammonia, forming 20 to 43 per cent. of the total nitrogen excreted in one case. In the other 2 the ammonia coefficient was normal, but in all 6 the undetermined nitrogen was at least doubled. Similarly in the other three groups of cases, of pre-eclamptic toxaemia, eclampsia, and acute yellow atrophy, low urea and high ammonia coefficients are the rule, and large amounts of undetermined nitrogen are common. The

[1] Zweifel, *Arch. f. Gynaek.*, lxxii. 1, and lxxvi. 536.
[2] Williams, *Johns Hopkins Hospital Bulletin*. 1906, p. 71.
[3] Ewing and Wolf, *Amer. Journ. Obst.*, lv, No. 3.
[4] Donath, *Berl. klin. Woch.*, 1907, p. 241.
[5] Inouye and Saiki, *Zeit. f. Physiol. Chem.*, xxxvii. p. 203.
[6] Hopkins and Fletcher, *Journ. Physiol.*, xxxv, 247.

week in January, when influenza suddenly appeared in epidemic form. Within a few days there must have been hundreds of cases in the city, and the epidemic spread with very great rapidity, until every district in the town was affected. During the first two weeks or thereabouts the cases were of a mild character, and though whole families were in many instances attacked at the same time, there were comparatively few complications of a serious nature. This is borne out by the fact that only 3 deaths were reported from influenza during the month of January. As the number of cases diminished, however, complications of serious character became prevalent, those of the chest, pneumonia, bronchitis, etc., being most frequent, while there were also many stomach and bowel complications. The number of deaths from influenza during February is likely to be over rather than under 20, which confirms the view that the epidemic in the later stages was of a more severe type. It has now almost subsided.

DUBLIN.

There has been an epidemic of influenza in Dublin for about the past two months. As it is not a notifiable disease it is not possible to report the actual number of cases, but these have been very numerous, if one is to judge by the absence of officials from public departments of all kinds. The death-rate shows that the disease has been for the past month distinctly severe. Thus, in the fortnight ending February 22nd, 12 deaths from influenza were reported; in the previous fortnight, 7; and in the fortnight ending January 25th, 14. For the three previous like periods only 1 death was reported in each fortnight. These returns, for which we are indebted to Sir Charles Cameron, do not include cases of pneumonia. The type of the disease is, however, mainly respiratory. In the late autumn the type was observed to be more of an abdominal character. In both classes the recovery has been slow, the depression being marked. Curiously enough, there has been a very distinct reduction in the deaths from the usual zymotic diseases. Thus, for the last four weeks the rate has been only 0.5 per 1,000 in the city, while in the same period for the previous ten years the average was 1.6.

CORK.

For the past month influenza has been rather prevalent in Cork; the cases have, however, mostly been of a mild type without complications. Many of the cases come on with great suddenness. The military authorities had to cope with an outbreak amongst the soldiers in Cork Barracks, numbers of the men being struck down at the same time.

LONDON.

The epidemic is still very widespread in London, and is causing considerable dislocation of business, though not to anything like the extent observed in the first year of the present pandemic. The returns for the week ending February 22nd show a large increase of deaths attributed to influenza, while those due to pneumonia have been above the average during January and February. The statistics are shown in the following table, in which the averages for the eighth week of the year founded upon returns for the last five years are given in brackets; the deaths attributed to bronchitis, it will be observed, are below the average.

Week Ending.	Influenza.	Pneumonia.	Bronchitis.
1908.			
January 4th	13 (37.9)	160 (213.6)	153 (245.3)
,, 11th	28 (36.8)	197 (187.1)	227 (196.1)
,, 18th	21 (33.4)	214 (160 2)	241 (192.2)
,, 25th	25 (24.8)	191 (172.5)	238 (217 2)
February 1st	32 (26.0)	182 (166.6)	217 (198 6)
,, 8th	34 (25.0)	190 (167.9)	181 (176 3)
,, 15th	84 (30.3)	188 (164 3)	231 (181.2)
.. 22nd	126 (24.2)	197 (152.5)	188 (161.9)

THE annual general meeting of the Association of Certified Dispensers will be held in the Apothecaries' Hall on Thursday, March 5th, at 7.30 p.m.

MEDICAL NEWS.

THE second National Congress of the Medical Practitioners of France will be held at Lille in June next.

A NEW Association of German School Doctors has been founded as an independent section of the German School Hygiene Association.

SIR HERBERT M. ELLIS, K.C.B., Director-General of the Medical Department of the Royal Navy, has been elected a Fellow of the Royal Sanitary Institute.

DR H. CAMPBELL THOMSON has been elected Dean of the Medical School of Middlesex Hospital, in succession to Mr. John Murray, F.R.C.S., who has resigned, after holding the office for six years.

PROFESSOR SAUNDBY has been re-elected President of the Birmingham Library for the fifth year in succession. The library must be one of the oldest in the country, since it has been in existence for 150 years.

DR. W. WILLIAMS, County Medical Officer for Glamorgan, has been appointed by the University of Oxford as their representative at the forthcoming congress of the Royal Sanitary Institute to be held at Cardiff during July, 1908.

DR. WILLIAM SINCLAIR, President of the Furness Division of the British Medical Association, has been presented by the Society of Boilermakers and Iron and Steel Builders with an emblem of the Society in recognition of his services rendered during the last thirty-seven years.

DR. F. M. SANDWITH, Gresham Professor of Physic, will give lectures on Monday, Tuesday, Thursday, and Friday next week at Gresham College, Basinghall Street, E.C., at 6 p.m. on each day. The first lecture will deal with his predecessors in the chair from 1597; the subject of the other three lectures will be tuberculosis.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY. — The twenty-sixth anniversary dinner of the West London Medico-Chirurgical Society was held at the Wharncliffe Rooms, Hotel Great Central, Marylebone, on February 13th, with the President, Mr. Richard Lake, in the chair. Covers were laid for over 130 guests. Among those present were: Sir William Church, Mr. W. Arbuthnot Lane, Colonel Sloggett, Mr. C. Ryall, Dr. R. Burnett, Dr. Seymour Taylor, Mr. C. B. Keetley, Mr. A. Baldwin, Dr. J. H. Dauber, Dr. A. J. R. Oxley. Dr. L. Dobson, Mr. J. G. Pardoe, and Dr. F. G. Crookshank. After the usual loyal toasts had been duly honoured, Dr. Herbert Chambers proposed the toast of "The Imperial Forces," and, after referring to the Navy and the Army, observed that, in regard to the volunteers, the measure of success that would be attained in the new territorial scheme would depend on the measure of public spirit animating the nation. If the scheme failed, they were face to face with compulsory service in some form or another. There were three courses open to the medical man in civil practice: He could join the territorial medical service; he might become a consulting surgeon in connexion with a base hospital; or he could offer his services to the principal medical officer, stating his willingness to accept any position it was thought fit to offer him. In regard to the third course, more information concerning services required and the remuneration, together with other points, was required. This toast was responded to by Colonel Sloggett, R.A.M.C., who said that the sympathy and kindly feeling that had grown up between the Royal Army Medical Corps and the civilian medical men was a good thing for both. He would like to see three times as many men join from the London schools as the Royal Army Medical Corps was at present getting. The President then submitted the toast of "The West London Medico-Chirurgical Society," which was in a very flourishing condition. Its meetings were well attended, and the greatest interest was taken in its proceedings. Dr. A. J. R. Oxley then proposed the toast of "Kindred Societies and Guests," which was replied to by Sir William Church, the President of the Royal Society of Medicine. He congratulated the Society on its success, and explained that it was no part of the scheme of the Royal Society of Medicine to absorb societies like theirs. Mr. W. Arbuthnot Lane, who also responded to this toast, concluded his speech by giving the toast of "The Chairman," referring to his services in the advancement of surgery and to his ability as President. The Chairman, in responding, said the thanks of the Society were due to Dr. Crookshank for the excellent arrangement of the dinner.

GRATIS ATTENDANCE UPON THE FAMILIES OF MEDICAL MEN.

NORTHUMBRIAN.—Fees may be remitted where the patient is dependent upon a medical relative and the fees would come out of his pocket, or where the relative of a medical practitioner is not well off, although not dependent upon him, but a lady "in independent and comfortable circumstances" has no claim to exemption from payment because two of her children are members of the medical profession.

CIRCULARS TO PATIENTS.

PERRIER says that he has placed an assistant in a neighbouring township where he has always had a branch surgery, and has sent out to his patients, by which he means "those he has visited and has had on his books at one time or another," a circular introducing the new assistant, and giving his surgery hours. This has been questioned by a colleague, who has accused him of advertising, and he asks our opinion.

*** Such circulars are always dangerous, and very apt to give rise to accusations of canvassing. If they are necessary, care should be taken to send them only to actual patients; for example, they might be safely sent out with the half-year accounts, but our correspondent's plan was sufficiently elastic to allow of some reaching persons under the care of other practitioners.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF LONDON.

THE following candidates passed the Preliminary Scientific Examination for internal and external students, January, 1908, in the subjects indicated:

PART I: INORGANIC CHEMISTRY, EXPERIMENTAL PHYSICS, AND BIOLOGY

Inorganic Chemistry, Experimental Physics, and Biology.—W. M. Ash, London Hospital; T. P. Lewis, University College, Reading; L. Page, Epsom College and University College, Bristol; H. Webb, Guy's Hospital; A. H. White, University College, Bristol, and private tuition; N. T. Whitehead, St. Thomas's Hospital.

Inorganic Chemistry and Experimental Physics.—J. C. P. Bayley, Victoria University of Manchester; *P. C. Cole, St. Bartholomew's Hospital; *R. Creasy, Guy's Hospital; J. M. Curé, St. Bartholomew's Hospital and Royal College, Mauritius; *Gertrude Dearnley, London (R. F. H.) School of Medicine for Women; Gertrude M. Flumerfelt, London (R. F. H.) School of Medicine for Women; *A. G. Hieber, University College, Bristol, and University Tutorial College; *E. S. W. Hirsch, St. Mary's Hospital; H. N. Morgan, University College, Cardiff; *G. W. Parry, University College, Cardiff; W. Robinson, Guy's Hospital; *E. G. Saunders, St. Thomas's Hospital; W. C. Spackman, University of Birmingham; C. E. Thornton, Middlesex Hospital and private study; P. Whitehead, King's College.

Inorganic Chemistry and Biology.—†A. F. Potter, St. Thomas's Hospital; †F. C. Watson, University of Leeds; J. D. Wilkinson, St. Thomas's Hospital; †W. A. Young, Guy's Hospital.

Experimental Physics and Biology.—L. B. Baird, Victoria University of Manchester; ‡L. G. Bourdillon, St. Thomas's Hospital; ‡Dorothy C. Logan, University College, Cardiff; ‡A. R. Sharrod, London Hospital; H. Taylor, Victoria University of Manchester and private study; ‡J. A. Tsoi-a-Sue, London Hospital.

Inorganic Chemistry only.—*†E. S. Abraham, University College, Bristol; *†E. Bach, University of Birmingham; *†H. W. Batchelor, London Hospital; ††R. Brewitt-Taylor, St. Bartholomew's Hospital; *†J. L. Davies, University College, Cardiff; *†J. de Silva, St. Mary's Hospital; *†A. Evans, University College, Cardiff; *†W. S. George, Guy's Hospital; *†J. Higgins, St. Mary's Hospital; *†C. E. S. Jackson, St. Mary's Hospital; *†G. B. Jameson, Victoria University of Manchester; W. E. Kingden, Trent College, Long Eaton; *†G. R. Pennant, University College, Cardiff; *†T. H. Phillips, University College, Cardiff; *†A. J. C. Tingey, University of Liverpool; *†J. Vaughan-James, University College, Cardiff; *†Honoria J. Wallace, University Tutorial College.

Experimental Physics only.—*‡A. E. Bullock, St. Paul's School; *E. A. M. J. Goldie, University College; *A. Goodwin, University College; *‡E. A. C. Langton, St. Bartholomew's Hospital; ‡H. Mather, Guy's Hospital; N. Montgomery, King's College; *G. S. Papadopoulos, St. Bartholomew's Hospital; *†C. J. B. Pasley, King's College and Westminster Hospital; *‡F. H. B. Percival, St. Bartholomew's Hospital; E. D. Scott, private tuition; *‡Catherine V. Turner, University Tutorial College; *‡E. W. Whiting, St. Bartholomew's Hospital; *‡C. W. Wilson, London Hospital and private study.

Biology only.—††F. D. Annesley, Guy's Hospital; G. C. G. Baldini, St. Bartholomew's Hospital; H. J. Barnicoat, London Hospital; ††O. N. W. Brown, King's College and Westminster Hospital; ††L. A. Dingley, University College; ††I. Feldman, private study; H. H. Fisk, St. Mary's Hospital; P. D. Hamilton, Charing Cross Hospital; Helena R. Lowenfeld, Ladies' College, Cheltenham; ††G. H. Pearson, London Hospital; ††F. H. Rees, University College, Cardiff; ††A. E. Roberts, London Hospital; ††W. Simpson, St. Bartholomew's Hospital; ††H. E. Thorn, St. Paul's School; H. C. Viehoff, University of Liverpool.

* Already passed in Biology.
† Already passed in Experimental Physics.
‡ Already passed in Inorganic Chemistry.

PART II: ORGANIC CHEMISTRY.

C. Aldis, Guy's Hospital; J. Appleyard, University College; P. C. Bharucha, University College; Florence H. Bousfield, London (R. F. H.) School of Medicine for Women; N. H. M. Burke, King's College; G. C. Chubb, D.Sc., University College; H. St. Clair Colson, Hartley University College; G. Covell, Guy's Hospital; I. M. Davies, University College, Cardiff; R. J. C. Douty, Middlesex Hospital; W. H. Edmunds, University College, Cardiff; G. E. Elkington, University of Birmingham; R. K. Elworthy, Westminster Hospital; L. H. K. Finch, private study; F. W. Green, St. Mary's Hospital; G. Hadfield, St. Bartholomew's Hospital and Plymouth Technical School; T. E. Hammond, Cheltenham College and St. Bartholomew's Hospital; S. L. Heard, London Hospital: C. G. Hewett, University College; H. W. Hills, University College; E. W. Hodgson, St. Thomas's Hospital; H. J. Hutchens, private tuition; C. M. Jones, University College, Cardiff; F. H. Kelly, Middlesex Hospital; L. S. Kempthorne, University College; W. B. Laird, St. Thomas's Hospital; G. Laurence, Middlesex Hospital; A. S. Lindsay, London Hospital; J. D. Lyle, London Hospital; M. Mackenzie, London Hospital; Mary C. Martin, University College and London (R. F. H.) School of Medicine for Women; T. H. Martin, University of Liverpool; P. J. Montgomery, Middlesex Hospital; W. D. Owen, University College, Cardiff; W. H. Parry, University of Liverpool; C. L. Pattison, St. Mary's Hospital; R. E. Porter, London Hospital; T. W. W. Powell, St. Mary's Hospital; M. Radford, University College; N. R. Rawson, London Hospital; T. E. Roberts, Guy's Hospital; H. H. Robinson, London Hospital; D. Ross, London Hospital; S. P. Rowlands, University College, Cardiff; H. Rowntree, Middlesex Hospital; W. Salisbury, University College, Bristol; M. Scott, Guy's Hospital; H. K. V. Soltau, St. Bartholomew's Hospital; Mildred B. Stogdon, London (R. F. H.) School of Medicine for Women; A. W. Venables, London Tutorial College and private study; G. A. Walker, London Hospital; W. B. Wilson, University College and St. Bartholomew's Hospital.

UNIVERSITY OF ABERDEEN.

Finances of the Past Year.

AT a recent meeting of the Aberdeen University Court, Professor Matthew Hay, Convener of the Finance Committee, submitted the University accounts for the year. The general fund of the University showed a deficit of £200, which marked a distinct change from the year 1905–6, when there was a surplus of nearly £1,400, or from the year 1904–5, when the surplus was even greater. This change was not unforeseen, however; indeed, Professor Hay had pointed out in a previous year that under certain circumstances it was likely to occur. It is mainly due to three causes—first, the increased expenditure on the maintenance of the buildings, arising from the recent large extensions, which were taken into occupation about the middle of the past financial year; secondly, the annual expenditure at the beginning of the year on repairs and painting of the University buildings in general preparatory to the quatercentenary celebrations; and thirdly, the diminished receipts from class fees. With regard to the last cause, the diminution would not be continued into the current year. The fall last year was not due to a shortage in the total number of students, for there were 890 matriculated students, exclusive of 292 attending special courses, and paying a special entrance fee. This was the largest number of students in any year since 1892, when the new ordinances came into force, and partially checked the inflow of students. The continued decline during the past two years in the number of medical students was being severely felt by the fee fund, because a medical student paid in class and degree fees two or three times as much as each arts student.

During the current year an increase of £1,200 was anticipated from the raising of the arts fee from three to four guineas a subject, but from this has to be deducted an estimated loss of at least £400 from medical students. Already the new buildings were fully occupied, and there was no busier part of the University now than that opened by the King in September, 1906. It should be understood by possible benefactors that the general fund of the University was greatly in need of strengthening, preferably by contributions directly to it, leaving their particular allocation in the hands of the Court. In addition to the benefactions of the Carnegie Trust, which included the completion of the endowment by the Trust of the important lectureships in geology and French, for which £23 000 had been set aside, there had been paid to the University in the past year £9,170, a bequest by the late Colonel Alexander Milne of India. It was left for bursaries for poor and deserving students, and the Court and Senatus have devised a scheme under which the bursaries would be allotted in such sums and for such periods as might be necessary—not upon an examination open to all comers, as was usual with bursaries—but upon a patient personal inquiry into the real needs and merits of the various applicants. Another valuable gift, received through Professor Reid, was the offer of £400 a year from the Hon. A. McRobert, also of India, for a Fellowship in cancer research, to be permanently secured to the University by the gift of the requisite capital sum. The first moiety, amounting to £2,483, of the bequest of the late Mr. William Knox, for scholarships in arts and bursaries in medicine and divinity had also been received. A donation of £1,000 towards the equipment and construction of the gymnasium had also been received from a warm friend of the University who desired to remain anonymous, and £500 from Dr. J. A. Campbell, for many years the Parliamentary Representative of the Universities of Glasgow and Aberdeen, for the encouragement of athletic exercises and outdoor recreation among the students. From Mr Carnegie, through the Principal, a gift of £250 had been given for the purchase of books for the departments of modern languages, and a sum of £43 from the Primrose Trustees for prizes in the agriculture and law departments. Professor Traill, in a letter to the Secretary of the Court, intimated a gift of £1,000 as a fund

which he would administer during his own lifetime, from which grants should be made to deserving students, which would set them more free to use their time to the best advantage for their own better efficiency, but yet requiring them to pass on the benefit which they themselves have received when they are able to do so, in order that others may benefit in their time. The gift was gratefully accepted.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

FELLOWSHIP EXAMINATION.

THE following candidates having passed the necessary examination have been admitted Fellows of the College:

B. P. Banaji, P. T. Carpenter, M. D. Healey, H. L'Estrange, and T. S. Reddy.

The following passed the primary part of the examination:

H. G. P. Armitage, K. K. Chatterji, W. Doolin, A. Foley, E. W. O'G. Kirwan, A. M. Lanphier, J. S. Pegum, R. H. Weir, and R. White.

SOCIETY OF APOTHECARIES OF LONDON.

THE following candidates passed in the subjects indicated:

Surgery.—†H. M. Jones, †F. B. O'Dowd.

Medicine.—*†C. F. Curtis, *†M. Fisher, *O. C. H. L. Moll, *†E. H. Paterson, *†L. G. Powell, *†W. W. Stacey, †N. C. Wallis, *H. F. Wight.

Forensic Medicine.—C. F. Curtis, H. W. B. Danaher, F. S. Hawks, L. G. Powell, H. C. Simpson, S. Speelman.

Midwifery.—L. G. Powell, H. C. Simpson, W. W. Stacey, S. H. Sugden.

* Section I. *† Sections I. and II.

The diploma of the Society has been granted in Medicine, Surgery, and Midwifery to C. F. Curtis, F. B. O'Dowd, E. H. Paterson, and W. W. Stacey.

OBITUARY.

CONOLLY NORMAN, M.D., F.R.C.P.I.,

MEDICAL SUPERINTENDENT, DISTRICT ASYLUM, DUBLIN.

THAT large body of the profession which knew and admired Conolly Norman of Dublin, will be shocked and pained to learn of his sudden death on Saturday last, February 22nd. His career was marked by much brilliancy, and his great labours in the study of lunacy and his devotion to the development of treatment are known everywhere. He studied at Trinity College and the Richmond Hospital, and the trend of his work lay in the direction of nerve pathology and the clinical observation of nerve diseases. He became a licentiate of the Royal Colleges of Physicians and Surgeons in 1874, a Fellow of the latter in 1878, and a Fellow of the College of Physicians in 1890.

He was appointed to be Assistant Medical Superintendent in Monaghan Asylum, and later he was promoted to the full charge of Castlebar. A vacancy occurred in the Richmond District Asylum, Dublin, and to this, the principal institution of the kind in Ireland, he was appointed by the Lord Lieutenant of the day. These appointments have since passed into the hands of the Boards of Governors, but every one recognized that in this appointment the Government had acted with the greatest wisdom. The justification of the selection and the testimony of his success remain in the thorough reorganization of the whole establishment, and the opening of the splendid Portrane Asylum as an auxiliary. When he joined there was much to reorganize at the old asylum. The newer methods had hardly touched the Dublin Asylum, but Conolly Norman, young, energetic, progressive, threw himself into the work of change with great enthusiasm. Rigid restraints were relaxed or removed, buildings were renovated or newly constructed, the assistant staff was increased to allow of the better medical treatment of the 2,000 inmates, and the asylums became a school for instruction in mental affections instead of a prison for holding the refractory subjects of brain disease. A new laboratory was built and equipped, and placed under the direction of the First Assistant, Dr. Rambaut, now of the Salop Asylum, and here excellent work was done. The Governors recognized the value of Conolly Norman's labours, which were of the most onerous character. Of course it was not to be expected that some friction should not occur between a learned scientist and a number of laymen without special knowledge, but he enjoyed the full confidence of his Board.

It was known that for some time he had been suffering from angina pectoris, and he had taken various periods of rest. But he carried the worries of his great responsibilities with him, and suffered in proportion. Quite lately he had an attack of influenza and went on another holiday. He returned only on the Monday before his death, and on Thursday his Governors congratulated him on his recovered health. On Saturday afternoon he left his home and had walked about a hundred yards when he fell to the ground. Assistance was at hand, and Dr. Finny and Sir Thornley Stoker were at once summoned; but Dr. Norman never recovered consciousness, and was dead long before his friends arrived.

Conolly Norman was held in the highest respect and affection by the profession in Dublin. He was regarded as one of the ablest of physicians in the diagnosis and treatment of mental diseases, and it is less than a year since the University of Dublin conferred upon him the degree of M.D. in recognition of his distinguished professional services. He was a member of the British Medical Association, was Secretary and Vice-President of the Section of Psychology at the Annual Meetings of the Association held in Dublin and Newcastle-on-Tyne in 1887 and 1893 respectively. He was also an ex-President of the Medico-Psychological Association of Great Britain. He had written much. He was joint-editor of the *Journal of Mental Science*, and had contributed valuable articles to Tuke's *Dictionary of Psychological Medicine* and to Allbutt's *System of Medicine*. He had also published papers on Dysentery, Hallucinations, Delusional Insanity, Beriberi in Temperate Climates, etc., the last-named being based upon his experiences of the outbreak in his own asylum.

Conolly Norman was a man of very wide literary knowledge. He had excellent artistic tastes and a very sound judgement as a collector. His opinions were carefully formed and then held with great firmness. His friendships were wide and true, and he maintained the best traditions of his profession. His death at the early age of 55 is a very distinct loss to Irish medicine, particularly to the department in which he practised, in which he was justly regarded as the leader in the Sister country.

He leaves a widow, but no children.

ROBERT SYDENHAM FANCOURT BARNES,

M.D.ABERD., C.M., M.R.C.P.LOND., F.R.S.EDIN.

WITHIN a few months Fancourt Barnes, once so well known in medical circles in London, has followed his father to the grave. The deceased was born in London in 1849, and educated at Merchant Taylors' School. He afterwards went to a school at Honfleur, where he learnt French, a language in which he remained to the last very proficient. He was for a time at Lincoln College, Oxford, but took his medical degree in Aberdeen, studying medicine in St. Thomas's Hospital.

Whilst waiting for an appointment on a hospital staff, Fancourt Barnes occupied himself in literary work, and for many years was an active member of the editorial staff of the BRITISH MEDICAL JOURNAL during the editorship of Mr. Ernest Hart. He became a member of the Board for the examination of midwives instituted by the Obstetrical Society of London, and was elected Physician to the British Lying-in Hospital and to the Great Northern Central Hospital.

Undoubtedly before the middle of the Eighties Fancourt Barnes drifted into an unfavourable position. He had an intense belief in his gifted sire, and his conflicts with several of Robert Barnes's opponents in those days were largely due to a filial loyalty which hardly deserved blame. Those who considered that he asserted himself too much were themselves far from free from that defect. Unfortunately his mainstay—his father's cause, in fact—was failing, for younger men were superseding Robert Barnes. Fancourt Barnes had not the qualities which would have enabled him to stand by himself against able and rising men led by seniors who were entirely in disagreement with his father's views. One very definite result was failure whenever he offered himself as a candidate for the appointment of physician and lecturer to any medical school. He became Physician to the Chelsea Hospital for Women, where he distinguished himself mainly by his skill in plastic operations. At length there came the famous revolution in the management of that hospital. Fancourt Barnes fought for his father, and Robert Barnes for his son, but they found themselves on the losing side, and Fancourt was not re-elected. Fancourt Barnes also did not