

of the shaft of the metacarpal bone of the left forefinger. The patient, who was a soldier at the time, had hurt his hand some years ago in a fight. Immediately after the injury he showed his hand to the army surgeon, who caused it to be painted with iodine. The patient was not incapacitated by the injury, but continued his work as usual. There is a marked projection on the dorsum of the hand, but there has been little or no lateral displacement of the fragments. I think this is the typical deformity which results from a punch fracture of the shaft of a metacarpal bone. An examination with the fluorescent screen, and even an x-ray photograph, may fail to reveal a fracture of this nature, if the examination be made in the usual way with the hand lying flat on the screen or the photographic plate.

IV.—FRACTURE OF THE BASE OF THE FIFTH METACARPAL BONE

The skiagraph of Case IX is of especial interest, for it shows a fracture which resembles, anatomically, Bennett's fracture of the thumb. It seems possible that this fracture will be found to be fairly common when particular attention has been directed to these cases of punch fracture. I have no note to say how the fracture in Case IX was caused, but believe it was the result of a fight.

Although, as a rule, these "punch" fractures cause little inconvenience of either an immediate or remote nature to the recipient, yet it is of some importance to recognize them. For, in the first place, it is not good surgery to regard a fracture as a bruise, and to dismiss the case without a suspicion of its true character; and, secondly, in those cases in which the fracture involves a joint, osteoarthritic changes may ensue, and it is possible to maintain that these changes are increased, or even caused, by frequent movements of the joint during the period following immediately upon the injury. The skiagraph of Case VI shows well-marked arthritic changes in the right carpo metacarpal joint of the thumb; and I found similar changes in two cases in the *post-mortem* room, in each of which the appearances of an old Bennett's fracture were present.

With regard to treatment, it may be urged that none is required, because permanent disability of any kind is rare even if no treatment is employed. Such a crude rule governs the practice of the present day, but chiefly because a correct diagnosis is not often made. If a recent punch fracture be correctly diagnosed, there are two points which at least should be considered. The first is the desirability of reducing deformity, and the second is the necessity for maintaining rest if the fracture involves a joint. The amount of deformity resulting from a punch fracture varies greatly. Following a Bennett's fracture there is usually some palpable thickening about the base of the first metacarpal, and the tuberosity of the bone is unduly prominent. But it is almost impossible to prevent these effects. The problem is easy of solution, however, when one of the metacarpal bones of the fingers is broken. Here there is commonly an angular projection on the dorsum of the hand marking the position of the fracture; if uncorrected this bony irregularity will form a permanent and manifest record of the combat in which it was produced. As to the means of reducing deformity or maintaining rest nothing need be said, for every surgeon will rely on his own ingenuity.

In conclusion, I should like to thank Mr. C. O. Choyce and the resident medical officers at the Seamen's Hospital, for their very kind co-operation with me in finding and examining these cases of punch fracture, and Mr. Thomas Hart for the most excellent skiagraphs.

MEMORANDA:

MEDICAL, SURGICAL, OBSTETRICAL.

CALMETTE'S OPHTHALMO REACTION.

The following observations were made at the Crossley Sanatorium for Consumption during the four months, November, 1907, to February, 1908.

The tuberculin employed was obtained from the Pasteur Institute, Lille. The same pipette was employed for each instillation thus ensuring accurate and identical dosage. All the patients were under precisely similar conditions. All were under observation from hour to hour from the time of instillation. When no reaction was obtained in the first instance, a second instillation was administered after a fortnight's interval. When this also proved

negative, a third instillation was given after a similar interval.

Of 106 cases examined, 2 only failed to give a reaction even after three such instillations.

Of the 104 cases in which a reaction was obtained tubercle bacilli were found in the sputum in 83; of these 78 reacted to the first application, 5 only reacted to the second. These 5 cases were all of an advanced type. In 2 the larynx was secondarily involved, and in 2 others there was morbus coxae in addition to extensive pulmonary lesions.

In 26 cases no tubercle bacilli could be found in the sputum even after repeated examinations; of these, 10 reacted to the first application, 6 to the second, and 5 to the third. Of the 6 cases which only gave a reaction to the second application, 3 were of a very early type and could be considered as being apparently cured, the physical signs being consistent with the existence of healed foci of tuberculosis. One had tuberculosis of the os calcis with slight involvement of the right apex; one had marked lesions in both lungs, and the last of this series was an old case which had been under observation during the past five years. Of the 5 cases which only gave a reaction to the third application all exhibited definite physical signs with lesions of limited extent in one or other apex. The 2 cases which gave no reaction to the tuberculin and in whose sputum no tubercle bacilli could be demonstrated are added.

H. M., aged 18, had all the physical signs and symptoms of bronchiectasis, probably of pneumonic origin.

S. F., aged 13, had previously had a pneumococcal empyema, and was affected with marked scoliosis.

It is doubtful whether any relation exists between the intensity of the reaction on the one hand, and the activity of the disease or the extent of the lesion on the other. We noted, however, that in some cases with physical signs of early or healed lesions the reaction was sluggish, sometimes delayed, and perhaps only positive on the second or third application. In several advanced cases with evidence of marked pleural thickening, and in some cases fluid, the reaction was also delayed until the second or third application, when it developed a severe type.

This is what one would expect, as in these early cases in which the reaction was delayed the disease must have been latent; in the advanced cases such a minute dose of tuberculin was not likely to elicit a response at the first application. It has been universally recognized that in very advanced or moribund cases no reaction is obtainable.

For the facilities afforded to carry out these observations we are indebted to the honorary staff. It is but right to add that most of this work was done by Dr. Radcliffe, late Assistant Medical Officer, and that I have simply put the facts together. For much advice and kind assistance my thanks are due to the Medical Director of the Crossley Sanatorium.

H. F. R. STEPHENS, M.B., B.S. Lond.

Royal Infirmary, Manchester.

I HAVE most carefully read Professor Calmette's article in *International Clinics*, and I have tried the ophthalmic reaction in 200 cases, including both hospital and private patients.

The reaction shows best in twenty-four hours, in some few exceptional cases it appears even after a longer interval than twenty-four hours. Among my cases were many of surgical tuberculous disease (joints or glands). These cases gave a reaction quickly, and the effects were slow in passing away. Patients with coincident disease of the eye or lids reacted violently, and it is interesting to note that in one case of choroiditis said to be syphilitic, one of iritis said to be rheumatic, one of slight conjunctivitis, two of severe corneal ulcer, and one case where the patient was constantly using his eyes all day, the reaction was not only violent, but continued for a period of ten days. These patients complained, in one case bitterly, of the pain and inability to use the eye. Of these patients with eye defects or lesions, two gave no other indication of tuberculosis apart from this ophthalmic reaction.

Two of my patients with T.B. + and with physical signs of pulmonary disease gave no reaction with one application of Calmette's fluid; in one of these cases a repetition of the test caused the reaction to appear. I was able to test five children in the workhouse through the

courtesy of Dr. Isaac Taylor of Leeds, and in these the reaction was slight, with one exception. Each case was undoubtedly tuberculous, but each case was so fearful whilst the tuberculin was being applied that possibly the tears washed out the testing fluid.

Many people react who are not tuberculous according to the ordinary acceptation of the term. Three people in the family of a friend reacted although in good health. Two of my patients showed an increase of temperature (from normal to 102° F. in one case), many suffered from headache without temperature. Of course, the reaction does not give any help in locating the disease, and the mistake might easily be made and a wrong conclusion drawn if the patient were suffering, say, from bronchitis and a hidden tuberculous focus in addition.

I have only tried the test once in the case of the dying, and in this case there was no reaction.

For some time I have been using another form of test. I put two small blisters on to the back of the chest; after the blisters have risen I give two days of water dressing to lessen the hyperaemia and then to one of the blistered surfaces I apply Koch's T.R. new tuberculin in its concentrated form, the patient lying exposed until the surface has dried. This takes about half an hour. I then put a dressing of sterilized lint on to the two surfaces, and in twenty-four hours I compare them. The surface which has been treated with tuberculin is then rosy red with a blush on its circumference, and the untreated surface is comparatively pale. This method has proved satisfactory, and it has not caused the annoyance to the patients which has so often followed the application to the eye. Its disadvantage is the time required, consequently in hospital patients I am more inclined to use the blister test, in out-patients the Calmette.

The great question is, Do these reactions occur ever in non-tuberculous patients?

H. DE CARLE WOODCOCK, D.P.H., M.R.C.S.,
Leeds, Honorary Physician, Leeds Hospital for Consumptives.

In view of the memoranda and correspondence on Calmette's reaction published recently in the BRITISH MEDICAL JOURNAL, the following figures are of interest. They are taken from a short note on Calmette's reaction which I have contributed to a forthcoming issue of *Public Health*. Up to the middle of January I collected all the published statistics of this reaction. Of 491 cases of definite tuberculosis, 463 (94.3 per cent.) gave a positive reaction. Of 610 cases of people not giving any evidence at all of tuberculosis, 583 (95.6 per cent.) showed a negative result. There are two other classes where the reaction is being tried—namely, those possibly tuberculous and those probably tuberculous; but the figures under these headings are necessarily of little use at present in estimating the value of the test.

Brighton.

H. C. LECCKY, B.M., D.P.H.

A CASE OF VOMITING OF PREGNANCY.

On November 21st, 1907, I was called in to attend Mrs. V, aged 27. She had had two children, the youngest being 3 years of age. She complained of constant vomiting. She had menstruated last in September, the last day of her menstrual period being September 27th. Fourteen days afterwards she commenced to vomit, and this had continued until I saw her on November 21st. She appeared ill and was very thin. She had a cough, and the relatives thought that she suffered from consumption and did not think that she was pregnant. The vomiting was constant, night and day. She could not retain any food at all. Quantities of bile-stained mucus were brought up, and she had most distressing retching. She could not sleep on account of the retching. I tried all the drugs I could think of—blamuth, ceril oxalas, potassium bromide, chloral-hydrate, 1 minim doses of tincture of iodine every hour, etc. Suppositories of cocaine, morphine, and belladonna were also used, but nothing availed. She could not retain a particle of food, even a sip of water being at once ejected. For a week I directed that no food should be given by the mouth, and fed her per rectum. The vomiting, however, still continued, and she became very much emaciated and worn out from loss of sleep, and I was afraid that she would die from exhaustion if not relieved. Acting in consulta-

tion, I decided to induce labour. On December 29th I inserted a bougie and left it in for twelve hours. The next day she had some haemorrhage and pain. The vomiting ceased almost at once and she retained food. She had a slight discharge of blood and occasionally pain until January 21st, 1908, when the fetus was expelled. Tois appeared to be of about four months' development. I did not interfere from the time I induced labour, as her condition improved daily; she took food well and retained it, slept well, and got about the house, and had no heavy discharge. The interesting points in this case are: (1) The immediate relief to the vomiting by the passage of the bougie; (2) the long interval between induction of labour and the termination of it—namely, more than three weeks.

South Shields

J. A. KENDALL, M.D.

REPORTS

ON

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

ROCHDALE INFIRMARY.

A CASE OF ANTHRAX OF THE LOWER LIP.

(Reported by S. WILSON, M.A., M.B., Ch.B. & Surg., House-Surgeon.)

THE patient in the following case, a man aged 24, was admitted on January 24th, having been sent in by Dr. Carse, who had promptly diagnosed his condition as due to anthrax infection.

State on Admission.—Pus was exuding from a small aperture about half an inch below the lip margin. The sinus was surrounded by slightly dark necrosed tissue, and this again by faintly red skin, but the noticeable feature was the remarkably swollen condition of the lower lip, extending down to the mental protuberance and round into the upper lip. His temperature, which had been subnormal, was 100.2°, and he was anxious and seemed to be suffering to a degree out of all proportion to the size of the lesion.

Operation.—There being no Selavo's serum to hand, the lower lip was excised one hour after admission by Dr. Richmond, assisted by Dr. Bateman, by a V-shaped incision, extending from the angles of the mouth down to the chin, and carried all the way down to the bone. Pure carbolic was swabbed over the raw surface and the wound closed by strong sutures. Carbolic in ether 1 in 10 was freely injected deeply all round the incision. Perchloride swabs were renewed over the wound from time to time, and ice was packed round to reduce the oedema which still existed.

Progress and Result.—At midnight his temperature was normal, but it soon rose again and remained up for two days, after which it kept slightly above normal for six days. The pulse and respiration fell to normal and remained so. He complained of severe pain after the operation, and this was relieved by morphine. Two days after operation Selavo's antianthrax serum 30 c.cm. in three portions at intervals of one hour were injected into his flanks. A slight rise of temperature and a slight rash on the back seem to have been the only effect of the serum. With perchloride swabs, ice poultices, and frequent washing out of the oral cavity with boracic lotion and a fluid diet, the wound, after discharging considerable debris, was found to be healing, the oedema to be lessening, the lips to be assuming a fairly good form, so that he could speak quite plainly, and the patient as a whole so comfortable that on February 2nd he was considered entirely recovered. The stitches were taken out on the twelfth day, and in a few days the patient was allowed up.

REMARKS.—The excised portion was reported on by the Clinical Research Association as follows:

This underlip shows a large inflammatory area extending roughly from skin to mucous membrane. In the centre of this there is a breaking down area and anthrax bacilli can be seen in it, as well as other organisms. The preparation is not very typical and there are not many bacilli.

The smears from the discharge before operation taken by Dr. Carse showed plenty of anthrax bacilli. The appearance possibly was not that described in textbooks, and though it seemed a critical case, being so near the entrance to the lungs and alimentary canal, yet the vascular nature of the lip was of great service, for the tremendous oedema must have choked the tissues and shut off the lesion from the surrounding tissues. Its spread was thus prevented and the prompt operation completed the natural process.

MEDICAL NEWS.

COLONEL VALENTINE MATTHEWS, late commanding London Companies R.A.M.C. (Vols.), has been appointed 1^{er}o Jefe Honorario de la Ambulancia No. 3 (Madrid), Cruz Roja Espanola.

THE Goldsmiths' Company has voted a sum of £1,000 to the removal fund of King's College Hospital, £1,000 as a fourth donation to the rebuilding fund of St. Bartholomew's, and £250 to the King Edward's Schools of the Bridewell Royal Hospital.

THE Queen has given permission for the North-Eastern Hospital for Children, Hackney Road, to be in future known as "The Queen's Hospital for Children." A special meeting of the governors of the institution will be held on April 2nd, at 4 p.m., to give effect to the change of name.

At its last quarterly meeting the Board of Management of St. Mary's Hospital adopted a vote of thanks to Dr. R. H. Scanes-Spicer for his services to the hospital during the past twenty years as surgeon for diseases of the throat, and elected him Consulting Surgeon for Diseases of the Throat.

LORD ALVERSTONE, who presided at the thirty-fifth annual meeting of the London Temperance Hospital, drew attention to the fact mentioned in the report that out of 27,226 cases, to only 80 had alcohol been administered. The discretion of the medical staff was not fettered, the Committee merely asking that a permanent record of all cases treated with alcohol should be made.

THE conversazione at the Post-Graduate College, West London Hospital, on March 18th, proved fully as interesting and successful as its predecessors. The guests, who were received by the Duke of Abercorn, numbered over 200, and included many distinguished representatives of the Naval, Military, and Indian Medical Services, with which the work of this school has always been closely associated.

IN the reference to Dr. Mary Gordon's appointment as Inspector of Prisons which was made in the *BRITISH MEDICAL JOURNAL* of March 21st, p. 708, it was stated that she had recently been on the Committee of the Female Convict Prison at Aylesbury. We are informed that this statement is inaccurate. Miss Gordon was on the Visiting Board of the State Inebriate Reformatory, but not on any Committee of the Convict Prison.

MESSRS. STOCKWELL AND CO., passenger agents, 8, Beak Street, Regent Street, London, W., announce that they have made arrangements under which, if a sufficient number give in their names, members travelling to the International Laryngological and Rhinological Congress in Vienna on April 21st and the following days, can obtain tickets at specially reduced rates: Three parties may be formed via Queenborough-Flushing, via Dover and Ostend, and via Harwich and Hook of Holland. Further particulars can be obtained on application.

WE note with much satisfaction the announcement made in the House of Commons on March 23rd and reported elsewhere in this issue that a Civil List pension has been granted to Dr. Hall Edwards, of Birmingham, whose disablement in consequence of his x-ray work has already been mentioned in the *JOURNAL*. Dr. Edwards has already undergone amputation of the left hand and the disease has made so much progress in the other that it is feared that an operation may shortly become necessary. The pension does not render superfluous the fund which is being raised to enable him to live in comfort, and we feel sure that many members of the profession will be glad to show in a practical way their sympathy with a man who has paid so dearly for his pioneer work in radiography.

THE annual meeting of the General Council of King Edward's Hospital Fund for London was held at Marlborough House on March 20th. It was for the most part of a formal nature, the reports submitted and approved covering matters which have already been fully noticed in this *JOURNAL* at earlier dates. The financial statement showed that a total of £484,089 10s. 9d. has been received during the year, of which £121,000 was placed in the hands of the Distribution Committee and dealt with, as recorded in our issue for December 21st, 1907. Of the grand total, £51,280 17s. 3d. was income from invested capital; the balance was made up by ordinary contributions or legacies which accrued or were paid during the year, including a gift of £100,000 by Mr. Andrew Carnegie, and a sum of £212,500 due from the Lewis estate. In his speech the Prince of Wales, who presided, referred to the proposed inquiry regarding the system in vogue at London hospitals

for the admission of out-patients, and to the extension this year of the scope of the Fund's work. It was pointed out that in the eleven years which have passed since the Fund was founded London had so greatly grown that it was right that the area of the work should be extended from a radius of seven to one of nine miles from Charing Cross, and that consumption sanatoriums should be deemed entitled to take a place among the beneficiaries of the Fund. It was not expected that for the first year at any rate this alteration would entail any very great additional demands upon the resources of the Fund, but it was impossible to say what the position might be in a few years' time. In any case, the calls on the Fund were yearly increasing, so that the need for substantial support from the public was as great or greater than ever.

INTERNATIONAL PRIZE FOR OPHTHALMOLOGY.—Professor Emile Grosz, the Secretary-General, gives notice that at the Sixteenth International Medical Congress to be held at Buda-Pesth from August 29th to September 4th, 1909, under the patronage of His Imperial and Apostolic Royal Majesty Francis Joseph I. The Hungarian Minister of the Interior will offer a prize of one thousand crowns for the best essay on the etiology of trachoma. All works, whether in manuscript or published for the first time in 1907 or 1908, will be eligible for competition, provided they are in English, Hungarian, French, or German. Essays are to be sent to the Minister of the Interior (Belügyministerium, Budapest, Hungary) before December 31st, 1908. The jury will be appointed by the Minister of the Interior, and the verdict will be announced at the inaugural meeting of the Congress. The subscription to the Congress is twenty-five crowns—about one pound sterling—the wives and daughters of members paying twelve crowns and a half. The officials of the English National Committee are a President, Dr. F. W. Pavy, F.R.S., and two Honorary Secretaries, Dr. Clive Rivière and Mr. D'Arcy Power. The address of the Honorary Secretaries is 10A, Chandos Street, Cavendish Square, W.

MOTOR SHOW AT ISLINGTON.—On Saturday, March 21st, Messrs. Cordingley and Co., of the *Motor Car Journal*, opened their thirteenth annual automobile exhibition at the Agricultural Hall, and it is to remain open till Saturday, March 28th. As this exhibition has not the approval of the Society of Motor Manufacturers and Traders many of the leading British makers and agents are debarred from exhibiting. Nevertheless, many well-known types of car are on view, and the show should be particularly interesting to the profession as indicating the large number of small cheap cars now on the market. For instance, the Reo Motors, Limited, offer a 10-h.p. car, to seat four persons, for £125, and a car of 18-h.p. to 22-h.p. for £199, or, if fitted as a touring car, to carry five persons, for £224. Bowen and Co. exhibit a neat 8-h.p. to 10-h.p. car, the price of which is £175, for seating two persons, or £195 for seating four persons. The Turicum Voiturette, a small French car, may be bought for £160 or £198, accommodation being for two or four persons respectively. A 10-h.p. Minerva seating two may be bought for £183, or carrying four persons for £210. The Star Cycle Company, of Wolverhampton, have placed three cars on the market, all of them costing £200 or under. These are the Royal Starling, of 10-h.p., price £175, for two persons, or £200 for four persons. The Imperial Starling, of 8-h.p., seating two, price £160; and the Starling, of 6 h.p., price £120. The New Pick Motor Company exhibit through their agents, the Earl's Court Motor and Garage Co., Limited, a 4-cylinder car of 14-h.p. to 16-h.p., the price of which is £165, with seating capacity for two persons, or £190 for four persons. These cars are British-built throughout, and the manufacturers claim them as being the cheapest 4-cylinder cars ever offered to the public. A number of more powerful and more expensive cars of well-known makers are also exhibited, among which may be mentioned the 18-h.p. 4-cylinder Italian Rapid, price £425, and the 16-h.p. to 20-h.p. Stella, with 4-cylinder engine, price with fittings complete £450. In the gallery surrounding the Hall are exhibited accessories innumerable—horns, lamps, speed recorders, and motoring garments of all sorts. The Fanfare lamp, shown by the Motor Accessories Company, of Great Marlborough Street, is worthy of mention, as by an arrangement of lens and reflector the light is carried no higher than the lamp level, and consequently glare is diminished. A useful pedal guard, by means of which a rug or an apron can be used with no fear of fouling the pedals, is exhibited by the Nonex Safety Tank Syndicate, Limited. There is also in the gallery a section devoted to balloons and airships, organized by Messrs. Spencer Brothers, Limited, of Highbury, in which figures a model of the successful Farman Aeroplane.

geons interested in ophthalmology are invited to attend without fee. Board and lodging in Keble College (7s. 6d. a day) will, by the kind permission of the Warden, be granted to those who apply sufficiently early. I shall be glad to give further particulars to any who may desire them.—I am, etc.,

ROBERT W. DOYNE,

Reader in Ophthalmology in the University of Oxford.
30, Cavendish Square, W., March 24th.

MEDICAL INSPECTION OF SCHOOL CHILDREN.

SIR,—The letter of Dr. Slade-King in the issue of March 14th, p. 656, referring to the need for uniformity in the work of medical inspection and suggesting some form of training for school medical officers, calls attention to matters which seem to be overlooked.

As the course of instruction need only extend over a few days I would suggest, seeing that the matter is one of some urgency, that a short vacation course be worked up for Easter, when the school officers of experience in centres such as London, Bradford, etc., might have the time to impart the instruction required.—I am, etc.,

Neath, March 17th,

J. M. MORRIS, M.O.H.

PULMONARY TUBERCULOSIS IN INFANCY AND CHILDHOOD.

SIR,—I have only just read Dr. Young's very interesting article in the JOURNAL for March 7th on pulmonary tuberculosis in infancy and childhood.

In the early diagnosis of these cases I have always been helped by one point I do not notice that he has laid any stress upon—namely, the pulse-rate. This is extremely rapid, often almost uncountable and quite out of proportion to the physical signs in the chest or general condition of the child.

This sign is particularly useful in those early cases of bronchial phthisis where the diagnosis from pertussis is difficult.—I am, etc.,

ARTHUR J. MARTIN, M.D.

Bloxwich, near Walsall, March 18th.

MOTOR CAR TAXATION.

SIR,—I have been hoping for some weeks to read in my JOURNAL that the British Medical Association is making an organized opposition to the increase of taxation of the doctor's car, as threatened in the coming Budget. Surely we have a just cause for special terms to be granted to us; but our apathy and want of organization will probably cost us dearly. The Motor Union is looking after its members' interests; why not the British Medical Association? I would advise all medical men who use a motor for their work to write to the M.P. for their division and urge him to do battle for the already overtaxed medico.—I am, etc.,

Hornsea, E. Yorks, March 17th.

H. D. JOHNS.

*** There has already been long and voluminous correspondence on this subject; there is a special committee of medical men using motors (of which the secretary is, or was, Dr. Bruce-Porter of Grosvenor Street). This Committee caused special representations to be made to a committee of the House of Commons which was sitting some time ago. As a result of the correspondence in the JOURNAL, the Shropshire and Mid-Wales Branch of the British Medical Association passed a resolution on the subject, and sent a copy of it to all members of Parliament in the neighbourhood, and the same course is to be recommended everywhere.

THE late Dr. J. H. Galton, of Norwood, left estate to the amount of £42,590.

On the occasion of his recent retirement from active teaching Professor Hallopeau, the distinguished dermatologist, was presented at the Hôpital Saint Louis in Paris with a gold medal struck in his honour. It bears the inscription, *Primum multos cognovit morbos*.

LIEUTENANT-COLONEL JOHN MAITLAND, M.D., Indian Medical Service (retired), died at Bournemouth on December 20th, 1907. He entered the Madras Medical Department as Assistant Surgeon, March 31st, 1876, became Surgeon-Lieutenant-Colonel March 31st, 1896; and retired from the service in 1906.

UNIVERSITIES AND COLLEGES

UNIVERSITY OF OXFORD.

Radcliffe Travelling Fellowship, 1908

H. R. DEAN, B.M., B.Ch., New College, M.R.C.P., formerly Senior Demy of Magdalen College, has been elected to a Radcliffe Travelling Fellowship for three years.

Degrees.

The following degrees have been conferred:

B.M., B.Ch.—S. E. Whitnall, Magdalen College.
B.Sc.—H. Sutton (M.B. Melbourne), New College.

The degree days for next term are as follows: Thursday, April 30th, at 10 a.m.; Saturday, May 23rd, at 2.30 p.m.; Thursday, June 18th, at 10 a.m.; Thursday, June 25th, at 10 a.m.; Saturday, July 11th, at 10 a.m.

UNIVERSITY OF GLASGOW.

REPRESENTATIVE ON THE GENERAL MEDICAL COUNCIL.

To fill the vacancy on the General Medical Council left by the death of Sir Thomas McCall Anderson, the University Court has appointed Principal MacAlister as their Representative for the next five years.

UNIVERSITY OF LONDON.

THE UNION SOCIETY.

THE officials of the Union Society are to be congratulated upon the report which they have been able to publish at the end of the first year of its active existence. This dates from about the beginning of last year, and since then the Society, which is founded on the model of those at Oxford and Cambridge, has held a series of interesting debates on various topics, and ends up the year with a balance in hand sufficient to cover immediate future expenses, but not so great as to enable the Society to dispense with further assistance from those connected with the University.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

AN extraordinary Comitia was held at the College on Friday, March 20th, the President (Sir R. Douglas Powell) in the chair.

Licences.

The Licence of the College was granted to Bartram Arthur Lloyd, Birmingham University, and David Ranken, Durham University.

Communications.

The following communications were received:

1. From the Secretary of the Royal College of Surgeons, reporting proceedings of the Council on February 13th last.

2. From the same, conveying a proposal that the Committees which have been separately appointed by the two Colleges on the subject of the medical inspection of school children and the teaching of hygiene should act together or form a joint committee. It was resolved that the two should form a joint committee.

3. From Dr. Cooper Pattin, medical officer of health for the City of Norwich, asking leave to have a sketch made from one of the portraits of Dr. Caius in the College, for a medallion by a London sculptor. Leave was granted.

4. From the Secretary of the International Congress on Laryngology and Rhinology with a Türk-Ozernak Commemoration, to be held in Vienna, April 21st to 25th, 1908, inviting the College to send a delegate. The invitation was accepted, and, on the nomination of the President, Sir Felix Semon was appointed to represent the College.

Catalogue of the College Library.

On the motion of the Harvelan Librarian, Dr. Payne, it was unanimously resolved:

That in pursuance of a resolution adopted at the meeting of the Library Committee, January 23rd last, a commencement be made of preparing a new printed catalogue of the College Library.

Reports.

The following reports were received:

1. From the Berl-berl Committee on the reply to be sent to the Board of Trade (Marine Department).

2. From the Committee of Management, dated March 3rd, 1908, recommending that University College School, Hampstead, be added to the list of institutions recognized by the Examining Board in England for instruction in chemistry and physics.

SOCIETY OF APOTHECARIES OF LONDON.

THE following have been approved at the examinations indicated:

Surgery.—S. Speelman, J. A. H. Turner.

Medicine.—E. J. Crew, H. E. Middlebrooke, J. A. H. Turner.

Forensic Medicine.—G. K. Aubrey, A. H. Turner.

Midwifery.—V. P. Norman, H. T. Roberts, A. H. Turner.

* Section II.

† Sections I and II.

The diploma of the Society has been granted to A. H. Turner.