

In treating cases of the *douloureux* by this method when strong currents may be passing through the brain, it is very important to avoid all abrupt changes in the current strength, or giddiness, faintness, or other serious symptoms may follow. Burns will also be produced if the current density be allowed to become too great. Beneath each electrode several layers of unmedicated lint soaked in the solution it is desired to use should be placed.

In all these cases the treatment was the same; the salicylic ion (or the quinine ion) was introduced into the cellular tissue beneath the skin by a strong constant current.

In the hitherto incurable and hopeless cases of spinal sclerosis something can now be attempted, not to directly regenerate destroyed nerve tissue, though indirectly some such effect may possibly be produced, but to loosen and remove the fibrous tissue which may be pressing upon and interfering with the function of the nerve strands and cells. Two cases of lateral sclerosis and one of disseminated sclerosis have been treated electrolytically by me.

CASE V.

The patient, aged 34, had been ill for more than a year; he presented all the signs and symptoms of spastic paralysis; he was unable to walk alone, and suffered from urinary incontinence. Six applications sufficed to remove these symptoms, and, under a continuance of the treatment, he was soon able to walk quite well by himself. After reaching this stage of improvement the applications were discontinued, and the patient was advised to remain quietly at home. Unfortunately, he returned to his work, and when he was seen again some months later his condition was aggravated. A repetition of the former applications now failed to relieve him; but when much stronger currents were employed satisfactory results followed. The patient steadily improved, and was soon brought back to his former level.

CASE VI.

A patient, aged 25, of Dr. G. Gibson. Improvement began at once; immediately after the application the patient could move his limbs more freely. He was given three applications a week, and manifested improvement after each one; this was sometimes more marked on the day following the treatment. He has now had twelve applications, and his legs are stronger and he can walk better.

CASE VII.

Also one of Dr. Gibson's. The patient, aged 29, has been ill for five years with disseminated sclerosis, the left leg being chiefly affected; this patient has had three applications similar to those in the previous cases, but without any observable improvement; another ion will, therefore, now be introduced—the iodide ion instead of the chloride ion.*

That the chloride ion has a remarkable power of resolving fibrous adhesions has been shown by Leduc and tested by me in many surgical cases, and it was this fact which led me to try it in sclerosis. I would suggest that overgrowths of fibrous tissue in other organs—for example, the liver and kidneys—should be similarly attacked. Naturally the more superficial the organ the better hope of success. Strong currents and long sittings and the individual attention of a qualified specialist are in my opinion the key to successful results. Surely we may rejoice at the addition of this new powerful but most manageable weapon to our armamentarium.

MEMORANDA:

MEDICAL, SURGICAL, OBSTETRICAL.

TOXIC EFFECTS OF PETROL FUMES.

In connexion with the notes which have lately appeared in your columns the following cases of "petrol poisoning" may be of interest:

A young fellow in charge of a 40-h.p. Daimler car returned with the car to a private garage accompanied by another chauffeur. Having taken the car in, they completely closed the garage by pulling down the roller shutters with which it was provided. There was no other opening to the air with the exception of a staircase to the upper story. The time was about 4 p.m. They then proceeded to manœuvre the car about the garage. For this purpose the engine was kept running, and they noticed a strong smell and black smoke from the exhaust. The younger one stated that a lot of petrol (Carless spirit) was

running through the engine. At 4.30, experiencing a sense of vertigo and constriction of the head, "worse than headache," but no nausea, they went upstairs to get some tea. About this time people outside the garage heard considerable shouting and commotion from within, and remarked upon it. At 5.45, on the return of another car, the garage was unlocked, and the two young fellows were found insensible upstairs. One was in the lavatory, which had to be forced open; the other lay near the door of the kitchen. They must have lain insensible for over an hour. The windows upstairs were open. They were immediately carried down into the open and soused with water. I saw them about fifteen minutes later. Both were then in a completely dazed condition, with medium-sized, active pupils. They were unable to stand. One was pale, shivering, and drumming his feet on the floor. He did not appreciate what was said to him, resented interference, and struck out when addressed. The other was deeply flushed and slightly cyanosed. He was more sensible, but when moved he struck out at the door, injuring his knuckles. The pulse in each case was small and rather fast. There had been no vomiting, and the fact that one was found in the lavatory was due to his having taken a pill previously. They were again carried upstairs and laid on settles near the fire. The windows were widely opened. Although warmly wrapped up, they continued to shiver acutely for some time. The shivering had the appearance of clonic spasm, and was particularly marked in the case of the pale patient; the feet in his case and the hands in the other were constantly beating against the floor. The flushed and younger of the two recovered rapidly, the pale one more slowly. By the next day they were both all right, but had only an imperfect recollection of what had happened subsequently to their leaving the garage proper and going upstairs. The treatment adopted was free ventilation and the administration of hot strong tea, which was handy. The kindness of a bystander had already supplied a glass of spirits.

It was a fortunate thing that, on the first feeling of illness, they left the closed garage and went to a higher level where windows were open.

London, W.

CHARLES R. BOX, M.D., F.R.C.P.

RIGOR MORTIS IN THE STILLBORN.

SINCE reading the annotation in the BRITISH MEDICAL JOURNAL of October 5th, 1907, on a case of rigor mortis in a stillborn infant, I have been on the look-out for this condition, and a few days ago my patience was rewarded by seeing a child born in a typical state of *post-mortem* rigidity. The mother was a multipara, and was in full labour when I saw her. As her pains did not seem to be doing much good, I was just thinking of applying the forceps when the patient exclaimed the head was in the birth. On raising the bedclothes, I saw the head bulging the perineum in such a way as made me think at once that the presentation was an occipito-posterior one.

The head showed no signs of undergoing the movement of extension, and it was only when I pressed it strongly forward that the vertex appeared at the vulval outlet. When it was born I was surprised to see an occipito-anterior instead of a posterior presentation, as I had anticipated. The child was dead, and *post-mortem* rigidity was very marked; indeed, its condition was exactly that described so clearly by Mr. Parkinson in the issue of the JOURNAL for February 8th, that I cannot do better than quote his words: "The head was drawn forwards and the back somewhat rounded. The arms were flexed on the elbows and bent on the chest; the thighs were drawn up and flexed towards the belly, and the legs were flexed at the knees."

The position of the head—namely, drawn strongly forward—accounted for the lack of extension and simulation of an occipito-posterior presentation by undue bulging of the lower part of the perineum.

The woman stated that she had not felt fetal movements for a fortnight, but in this she is probably incorrect, as the child would have shown signs of maceration at birth had it been dead so long.

This is the first case of rigor mortis in the stillborn which I have observed, but now that my attention has been drawn to the subject I mean to keep a keen look-out for it in the future.

South Shields.

JOHN BAIN.

* This patient has now begun to show improvement.

THE PLAGUE.

PREVALENCE OF THE DISEASE.

INDIA.

DURING the weeks ended February 15th, 22nd, and 29th, and March 7th the deaths from plague in India numbered 4,531, 5,502, 5,043, and 6,815. The seizures during the same periods were 5,565, 6,842, 7,403, and 8,103.

The principal mortality figures were: Bombay, 955, 1,125, 711, and 1,346; Bengal, 588, 910, 862, and 1,168; United Provinces, 920, 1,239, 1,262, and 1,337; Punjab, 920, 800, 1,011, and 1,619; Rajputana, 458, 468, 454, and 510; Central Provinces, 151, 224, 227, 232; Central India, 22, 18, 114, and 56; Mysore, 297, 260, 284, and 253; Hyderabad, 15, 24, 21, and 15; Madras Presidency, 66, 75, 70, and 128; Burmah, 348, 357, 143, and 45. In Eastern Bengal and Assam, during the week ended March 7th, the deaths from plague amounted to 177.

Although plague is increasing in India at present the figures are much smaller than during the corresponding weeks of 1907, when the deaths from plague amounted to 20,706, 23,400, 24,242, and 32,709 respectively.

MAURITIUS.

From February 5th to March 11th, 4 fresh cases and 4 deaths from plague occurred in Mauritius.

GOLD COAST.

During the weeks ended February 22nd, 29th, March 7th, 14th, and 21st, the deaths from plague in the several affected parts of the Gold Coast were 11, 14, 6, 8, and 10.

MEDICAL NEWS.

THE late Mr. Reginald Harrison left estate of the value of £13,842.

A SCHOOL for epileptic children has recently been established in Buda-Pesth.

THE muzzling order issued for Northampton and district on February 29th has been revoked.

It is stated that the Dowager Empress of Russia has almost completed a scheme for the establishment of a Russian hospital in London on the lines of the French and German Hospitals.

THE discussion on rivers pollution, with special reference to the Board appointed by the Royal Commission, will be continued at a meeting of the Royal Sanitary Institute on Wednesday next at 8 p.m.

THE first dinner of Cardiganshire men and women in Cardiff and Glamorgan was held recently under the Chairmanship of the High Sheriff of Cardiganshire, Mr. Lynn Thomas, C.B. The dinner was attended by over 100 ladies and gentlemen, and will, it is hoped, become an annual fixture.

THE celebration of the hundredth anniversary of the birth of Charles Darwin, and the fiftieth anniversary of the publication of the *Origin of Species*, will be celebrated by the University of Cambridge on Tuesday, Wednesday, and Thursday, June 22nd, 23rd, and 24th, 1908. The Honorary Secretaries hope to issue in the near future a programme of the celebration, to which representatives of universities and other learned bodies will be invited.

A PROPOSAL has recently been submitted to the Belgian Senate that diplomas should be required from nurses, male and female, of the same kind as those required from dentists and pharmacists before they are allowed to practise. At present, it appears, nothing in the nature of a certificate is required of nurses in Belgium. It is suggested that the diplomas should be granted by the medical provincial commissions.

AT the last meeting of the Council of the Hampstead General Hospital the following appointments were made for the out-patient posts at the separate department in Kentish Town, which is to be maintained by the amalgamated Hampstead General and North-West London Hospitals—namely, Physicians: Dr. C. O. Hawthorne and Dr. Frederick W. Price; Surgeons: Mr. J. W. Thomson Walker and Mr. W. Fedde Fedden.

ALTHOUGH it was publicly announced, apparently with authority, that the Royal Commission on Vivisection had finished the work of taking evidence some time ago, it is now stated that it held further meetings on March 18th and 25th, at which Colonel Lawrie and other witnesses were examined. The Commission then finally decided to hear no further evidence and to proceed at once to the consideration of its report.

THE annual provincial meeting of the British Balneological and Climatological Society will be held this year at Harrogate on May 16th, and be carried over the week-end. On Saturday, at 3.30, there will be an ordinary meeting, at which short papers will be read. This will be followed by an

examination of the baths. In the evening there will be a dinner, followed by an entertainment at the Kursaal; and on Sunday an expedition to Ripon, Studeley Royal, and Fountains Abbey. The hotel charges from Sunday to Monday will be one guinea.

By the will of the late Sir Massey Lopes, Bart., formerly M.P. for Westbury and South Devon, a sum of £5,000 is directed to be paid to the South Devon and North Devon Hospital; of £2,000 to the Royal Hospital for Incurables, Putney, and other sums of £1,000 each to the Devon Ear and Throat Hospital, Plymouth Dispensary, and the Cancer Hospital, Brompton.

BILLS providing for pensions of £300 a year for the widows of Dr. Jesse W. Lazear and Dr. James Carroll, who sacrificed their lives in seeking for the proof of the mode of transmission of yellow fever, are now before the United States Congress. They have the support of President Roosevelt, Surgeon-General Riley, and the medical profession in general. The widow of Dr. Walter Reed received a pension of like amount some time ago, besides a sum of £1,000 collected by the medical profession, in recognition of his services in the same cause.

AT the annual general meeting of the London Polyclinic on March 27th, Dr. C. Theodore Williams, who was in the chair, in moving the adoption of the balance sheet and annual report, mentioned the good work that was done in the laboratory, whereby many post-graduates received valuable instruction, especially in bacteriology. The investigations carried out by the Medical Superintendent, Captain Pinch, on the same lines as those done by clinical research associations, were a great success, both in regard to prestige and finance. During the year the attendance at the clinics and lectures amounted to 13,862.

THE AGE OF THE EARTH.—In a lecture delivered at the Royal Institution on March 27th the Hon. R. J. Strutt developed the idea of measuring the age of the earth and the relative ages of its strata by means of the ratio of the helium and radium present in rocks. After pointing out that nearly all minerals contained traces of radio-active bodies and also of helium, the lecturer said that there was only a slight variation in the helium-radium ratio, whatever minerals were studied. The peculiar nature of beryl, which is rich in helium but almost, if not quite, deficient in radio-active substances, was described, and the explanation was suggested that the helium was produced by rays moving at a pace so relatively slow that they were unable to retain their electric charge. According to this view, he said, they would resemble the rays that apparently must pass beyond the circular patches produced after long periods round radio-active patches of zircon. The difficulty in this view was that they knew of no body in beryl capable of emitting these rays. Accepting, however, the general application of the helium-radium ratio, it was only necessary to establish the time factor experimentally in order to verify a number of vitally important facts, such as the length of time that man had existed on the earth. In confirmation of his view, Mr. Strutt stated that he had found that the flints present in the chalk were not more than one-thirtieth the age of the mineral veins that are mined in Cornwall.

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, Strand, London, W.C., on March 20th; Dr. de Havilland Hall in the chair. The list of sickness claims examined by the Committee was exceptionally long. In the early months of the year the sickness claim list of the Society is always increased by a large number of bronchial and other similar attacks to which medical men are specially subject. In addition to these there has been a large number of claims caused by the epidemic of influenza. These have been, for the most part, of short duration, and, as there are signs that the epidemic is subsiding, the total disbursement of sick pay will probably have no appreciable effect on the large reserves of the Society. The number of new members who have joined since January 1st this year is so much greater than the average that there seems good reason to hope that the record of 1907 will in 1908 be broken. The Society has no agents and pays no commission for the introduction of new business. The growth in the numbers is caused by those members who, having enjoyed the benefits of the Society, bring them under the notice of their professional brethren. The report, which will be submitted to the members at the annual general meeting in May next, will show that the Society is still growing both in numbers and in financial stability. Prospectuses and all further particulars on application to Mr. F. Addiscott, Secretary, Medical Sickness and Accident Society, 33, Chancery Lane, London, W.C.

will be published as soon as the scope and details of the Congress and exhibition have been received from Germany, and as honorary secretary of the Committee I shall be happy to reply to any communications that may be addressed to me as below. A list of the Committee is subjoined.—I am, etc.,

Maisonnette, Datchet, March 25th. S. OSBORN, F.R.C.S.

Committee.

The Duke of Marlborough, K.G. (Président d'Honneur).
Sir John Furley, C.B., Vice-Chairman, St. John Ambulance Association (Chairman).
Lieutenant-Colonel H. J. Barnes, Secretary, St. Andrew's Ambulance Association.
Mr. W. Collingridge, M.A., M.D., Medical Officer of Health, City of London.
Mr. Horace S. Folker, Vice-President, National Fire Brigade's Union.
Lieutenant-Colonel W. G. Macpherson, C.M.G., [Royal Army Medical Corps].
Mr. G. H. Makins, C.B., F.R.C.S., Surgeon to St. Thomas's Hospital.
Commander St. Vincent Nepean, M.V.O., R.N., Chief Inspector of Lifeboats.
Mr. E. O. Sachs, F.R.S., F.S.S., Chairman of British Fire Prevention Committee.
Mr. S. Osborn, F.R.C.S. (Honorary Secretary).
Mr. Albert M. Oppenheimer (Assistant Honorary Secretary).

Official Programme.

Tuesday, June 9th.—Reception of delegates in the Rathaus, followed by a supper in the Ratskeller.

Wednesday, June 10th.—10 to 4, Meeting of Congress in the "Jügel Haus." Banquet in Frankfurter Hof.

Thursday, June 11th.—10 to 4, Meeting of Congress. Evening, Opera.

Friday, June 12th.—10 to 4, Meeting of Congress. Garden party, Palmengarten. On each day there will be a luncheon interval from 12 to 1.

Saturday, June 13th.—Final meeting of Congress. Visit to the Höchst Farbwerke, and supper at the Kurhaus, Homburg.

The exhibition of appliances connected with "first aid" and life saving will open on Saturday, June 6th, and remain open the whole week of the Congress.

** References to this Congress and brief accounts of its programme appeared in the BRITISH MEDICAL JOURNAL of June 8th, 1907, p. 1384; December 21st, 1907, p. 1793; and January 18th, 1908 p. 160

UNIVERSITIES AND COLLEGES.

THE UNIVERSITY OF LONDON

The Chancellor on the Future of the University.

LORD ROSEBURY, as Chancellor of the London University, took the opportunity afforded by the opening of new buildings at University College on March 26th to review the position of the University in relation to the recent incorporation of University College. After a reference to the magnificent bounty of Sir Donald Currie, the Drapers' Company, Mr. George Bawden, and Mr. W. W. Astor, by whom £276,000 had been subscribed, the Chancellor dealt with the great improvements made possible by the additional space gained by the inclusion of the school buildings in the College. The gain in laboratory and lecture-room space and the new library arrangements, which were described in our last issue, were enumerated, and a warm tribute was paid to the foresight of the College in providing adequate accommodation for the Union rooms. The Union, he said, had already played a very important part in moulding the destinies of the College, and he hoped that through the College Union a University Students' Union might be founded to bring home to all members of the London University a sense of the importance of their corporate university life. In especial, he wished to call their attention to the proposed foundation of a University Residential Hall, for which, under the auspices of Sir William Ramsay, a house at Ealing had already been secured, and which was, he believed, destined to have a lasting effect on the life of the London University. After a brief sketch of the extraordinary development of University College from the days when it was known by the name of Slnkomales, opprobriously bestowed upon it by Theodore Hook, Lord Rosebery passed to a consideration of the position at present occupied by the University. So great was the development of university feeling in London that there was a danger that a second university might be established, if the Senate did not affiliate the institutions that were anxious to join it. And at the same time there was a danger that the machinery of the University might not be equal to the great strain that was being thrust upon it. At times he wondered whether their constitution was sufficiently receptive and elastic to undertake the new tasks and burdens which they were being called upon to undertake. While they lacked the traditions of a long and glorious past, they had a great counter-balancing advantage—

the vigour and adaptability of extreme youth. They were in fact a new bottle into which new wine could be abundantly poured without risk, and he felt that they should take full advantage of the strength and adaptivity which was given them by their youth. He expressed the hope that they would look on this, the visit of the symbolic head of London University to University College, as emphasizing and embodying the recent alliance between the University and the College, from which they augured such immense advantage in the future.

Other speeches were made by the Vice-Chancellor, by Lord Reay, and by the Provost, and in replying to the vote of thanks, Lord Rosebery expressed his keen sense of the loss the University was sustaining in the approaching departure of the Principal, Sir Arthur Rücker, to whom the University, the College, and the cause of education in general owed a very great debt.

On the conclusion of the speeches the guests inspected the library and the new buildings. The plant in the engineering workshops attracted considerable attention and high praise was accorded to the valuable work of Mr. Chambers in his rearrangement of the libraries.

UNIVERSITY OF MANCHESTER.

The following candidates have been approved at the examinations indicated:

SECOND M.B., CH.B.—A. E. Ainscow, R. Briercliffe, J. Cowan, D. Davies, E. R. Eatock, E. Gray, H. Heathcote, R. C. Hutchinson, R. B. Jackson, G. Lapage, Mabel E. May, W. J. A. Quine, J. R. Rigg, J. B. Scott, *† W. A. Sneath, J. P. Stallard, Charlotte E. Warner, G. Whitehead.

* Distinguished in anatomy. † University prize in medicine.

THIRD M.B., CH.B., *New Regulations (Pharmacology and Therapeutics)*.—H. E. Allanson, C. G. Brentnall, W. A. Bullough, D. I. Connolly, F. H. Diggle, H. A. Dunkerley, Gertrude H. Geiler, J. Gow, T. T. Higgins, N. T. K. Jordan, N. McDonald, C. B. Marshall, C. Pimblett, *H. Platt, T. M. Popple, J. Ramsbottom, A. A. Smalley, N. Tattersall, R. H. Titcombe, J. F. Ward. (*General Pathology and Morbid Anatomy*).—H. E. Allanson, C. G. Brentnall, W. A. Bullough, *D. I. Connolly, F. H. Diggle, Gertrude H. Geiler, *J. Gow, T. T. Higgins, N. T. K. Jordan, N. McDonald, Edith M. Marsden, C. B. Marshall, C. Pimblett, H. Platt, J. Ramsbottom, A. A. Smalley, N. Tattersall, R. H. Titcombe, W. B. Wamsley, J. F. Ward. (*Public Health*).—Elsie Brown, H. A. Dunkerley, W. W. Martin, C. Pimblett, T. M. Popple, J. Ramsbottom.

* Passed with distinction.

FINAL M.B., CH.B.—J. Allen, C. G. Howlett, J. L. Moir, J. V. Steward, B. V. Ward, E. Wharton. (*Obstetrics only*).—F. D. Walker. (*Forensic Medicine and Toxicology only*).—J. A. Bateman, R. J. Batty, T. B. Bolton, Elsie Brown, W. C. Denniston, Frances M. Huxley, M. C. S. Lawrence, E. K. Lomas, W. P. Marshall, W. W. Martin, J. Morley, J. Thomson, R. B. Thomson, B. W. Trevor-Roper, W. W. Uttley, T. G. Williams, A. E. Woodall.

UNIVERSITY OF DURHAM.

The following candidates have been approved at the examinations indicated:

FIRST M.B., B.S. (all subjects).—*H. Fairclough, E. L. Hancock, J. K. J. Haworth, J. R. D. Holby, E. Kidd, C. Mearns, F. Phillips, B.A., A. G. Taylor.

One or more Subjects.—F. Appleton, R. G. Badenoch, W. L. Clements, A. T. Crilley, N. Hodgson, J. Kerr, F. J. Lidderdale, S. E. Murray, A. G. McFarlane, J. G. Ogle, C. H. Robson, S. Scott, W. A. Slater, T. C. Storey, S. K. Young, R. E. Bell, A. S. Hopgood, R. V. Steele, S. P. Bedson, B.Sc., Theonie R. Burrell, W. G. Lidderdale.

SECOND M.B., B.S. (*Anatomy, Physiology, and Materia Medica*).—W. G. Rendle, E. W. Blake, F. P. Evers, I. S. Gabe, C. Gray, H. T. Hunter, G. E. W. Lacey, T. A. Peel, E. Jessie Ramsbotham, H. F. Stephens, A. T. Thompson, C. S. Thompson.

* Second class honours.

UNIVERSITY OF LIVERPOOL.

The following candidates have been approved at the examinations indicated:

SECOND M.B., CH.B.—*Anatomy and Physiology*.—A. Adams, A. Bamforth, J. E. Barnes, J. Campbell, A. A. Dear, E. S. Miller, Phoebe M. Powell, W. R. Wade, T. W. Wadsworth. (*Materia Medica*).—H. el Arculli, T. C. Clarke, W. F. Young.

FINAL M.B., CH.B.—*Part I*.—J. A. Parkes, A. A. Rees. *Part II*.—A. C. Edwards, J. F. L. McCann, A. M. M. Roberts.

DIPLOMA IN TROPICAL MEDICINE.—A. M. Caverhill, M.B., Ch.B. Edin.; Major G. Dansey-Browning, M.R.C.S., L.R.C.P.; Major J. Davidson, M.D. Edin.; A. M. Dowdall, M.R.C.S., L.R.C.P.; L. L. Joshi, M.D. Cornell Univ.; C. V. M. E. Le Fanu, M.B., Ch.B. Aberd.; G. W. L. Luetheg, M.B., Ch.B. Edin.; F. W. McCay, L.R.C.P. and S. Edin., L.F.P. and S. Glasg.; Major G. W. Tate, M.B., B.Ch. Irel.; R. Whyte, M.B., B.Ch. Irel.

UNIVERSITY OF DUBLIN.

The following candidates have been approved at the examination indicated:

INTERMEDIATE MEDICAL (*Part II*).—*A. Stokes, *C. M. Finny, *D. L. M'Cullough, M. A. Diemont, Beatrice Hamilton, J. H. Woodroffe, P. H. Lemas, H. de L. Crawford, K. Dixon, D. M. Moffatt, R. A. Albertyn, E. M. Maxwell, E. F. Lawson (Sch.), P. G. Leeman, T. M. Crawford, H. Müller, W. P. H. Smiley, V. M. Fisher, J. G. Ronaldson, A. K. Henry, J. B. Burgess, G. F. C. Healy, J. G. Dods, S. V. Richardson, A. C. Hallows, V. B. Best, R. H. Mathews, C. H. Denham, B. H. Moore.

Passed on high marks.

UNIVERSITY OF ABERDEEN.

The following candidates have been approved at the examinations indicated:

FIRST M.B., CH.B. (Parts I and II).—B. G. Beveridge, H. G. Bruce, E. J. Creighton, W. E. Glover, *A. F. Legge, S. W. Lund, R. G. Martyn, E. H. Moore, E. A. Pearson, A. H. Smith.
Part I only.—C. Allison, M. M. Cruickshank, J. L. S. Fergusson, A. P. Gray, P. G. Milne, E. Newton, G. Pirie, W. B. Thomson, J. Wood.

SECOND M.B., CH.B.—R. M. L. Anderson, H. Brayshaw, R. M. Chance, R. W. Eddie, T. C. Halley, J. A. Macarthur, A. MacKinnon, D. Miller, A. Mitchell, E. W. S. Murray, J. J. du Preez, J. Rae, W. J. Reid, *R. Richards, *H. E. Shortt, C. F. Simpson, H. E. Smith, D. J. S. Stephen, H. J. Thomson, J. W. Tocher, W. M. Tough, A. M. Webster, *R. Semple, S. G. Trail (under old regulations).

Anatomy and Physiology only.—J. K. G. Garbutt, A. Macintosh, E. L. Reid, J. D. Robertson, W. Smith, W. Taylor.

THIRD M.B., CH.B.—*W. Allan, *A. G. Anderson, W. Anderson, J. S. Annandale, D. W. Baillie, J. A. Beattie, J. C. Bell, D. W. Bruce, W. J. Calder, A. T. D. Cameron, W. Chapman, D. Craig, R. G. Davidson, A. H. Duckett, H. Duguid, W. Duguid, N. Dunn, R. W. Eddie, *J. D. Fiddes, G. C. Grant, A. Gray, J. Inkster, *W. W. Jamieson, H. G. R. Jamieson, J. Johnston, C. A. McDonald, Elizabeth McHardy, C. McKerrrow, C. R. Macleod, G. McPherson, *C. A. Masson, *G. S. Melvin, J. L. Menzies, H. S. Milne, J. Mitchell, D. C. Robertson, F. G. M. Ross, H. A. Smith, G. C. Soutter, D. M. Spring, W. L. Stephen, C. C. Twort, A. J. Williamson, *A. Wilson.

Pathology only.—J. Elder, W. J. Gerrard, J. McPherson, R. J. Merson, A. G. Stewart.

FINAL M.B., CH.B.—J. Anderson, A. A. Bisset, *T. C. Boyd, J. Brown, D. Buchanan, J. B. Cruickshank, J. G. Danson, G. Davidson, A. Gilchrist, J. A. Hendry, E. Johnson, J. W. Littlejohn, W. G. Macdonald, J. D. Mackay, J. F. Macleod, E. McRae, A. Massey, W. Mearns, A. J. Milne, T. B. Nicholls, J. Ogilvie, A. W. R. Pirie, D. Porter, J. Rennie, R. Ross, A. J. Shinnie, W. A. Watson, †J. Watt, W. G. Watt, M. J. Williamson, D. Wood.

* Passed with distinction. † Passed with much distinction.

The Spring Graduation Ceremony is fixed to take place on Tuesday, April 7th, in the Mitchell Graduation Hall, Marischal College, at 12 noon.

There are 212 entrants for the Preliminary Examination in Arts and Science, as compared with 183 at the corresponding period last year. For the Medical Preliminary Examination there are 47 candidates, an increase of 12 over last year's total.

CATHOLIC UNIVERSITY MEDICAL SCHOOL.

The Governors of the Catholic University School of Medicine have appointed Professor E. J. McWeeney, M.D., D.P.H., F.R.C.P., to be Professor of Medical Jurisprudence and Hygiene, in room of the late Dr. Anthony Roche.

TRINITY COLLEGE, DUBLIN.

The following candidates have been approved at the examinations indicated:

FINAL M.B., CH.B. (PART II).—Midwifery: *J. P. S. Dunn, *C. W. Laird, D. J. Miller, D. G. Madill, A. H. Laird, A. K. Cosgrave, J. F. Clarke, P. P. Jewell, E. J. H. Garstin, R. J. Attridge, F. R. Sayers, J. C. Baker, W. H. L. McCarthy, A. S. M. Winder.

INTERMEDIATE M.B., CH.B. (PART I).—H. de L. Crawford, D. M. Moffat, H. E. M. Ferguson (Sch.), A. K. Henry, G. F. C. Healy, T. A. Watson, J. B. Burgess, E. W. G. Young, T. M. Crawford, R. P. Pollard, C. H. Denham, J. Beckett, C. Grene.

* Passed on high marks.

CONJOINT BOARD IN IRELAND.

The following candidates have been approved at the examinations indicated:

PRELIMINARY MEDICAL.—*B. Glasson, A. J. Almeida, D. W. Beamish, T. K. Beattie, A. E. Brandon, P. D. Daly, H. S. Digges, K. Edgar, J. J. Elliott, H. C. Hatch, Miss G. McHugh, J. H. Madden, A. Morris, M. J. Mullan, C. Murray, A. F. I. Patterson, G. E. Pepper, R. Slaney, T. S. Smith, F. R. Swanton.

* With honours.

Medico-Legal.

REPORT AND REMARKS ON AN INQUEST HELD BY
MR. J. TROUTBECK AT THE CORONER'S COURT,
HORSEFERRY ROAD, WESTMINSTER,
ON MARCH 28TH.

By WALTER G. SPENCER, M.S., F.R.C.S.,
SURGEON TO THE WESTMINSTER HOSPITAL.

C. J. J. B., the cause of whose death on March 24th was in question, was a man who in 1896, at the age of 27, was admitted into the Westminster Hospital under me with a mass of enlarged glands in the left side of the neck. I could not make an exact diagnosis, but after removing a portion, and the material having been examined by the pathologist, Dr. Hebb, I decided that the growth was a carcinoma, originating in some epithelial structure. As such, complete removal was contraindicated, because this could not be carried out sufficiently beyond the apparent margin; moreover, the situation of the primary origin had not been discovered. Ten years later, in 1906, the man

returned, and Mr. Paton, who was then on duty, removed some glandular masses, and Dr. Hebb examined them as before; a similar conclusion was arrived at.

The patient was admitted for the third time on account of increased pressure upon the trachea and root of the neck by the glandular masses which had not been previously removed, in addition to that which had recurred. These had not greatly enlarged in the twelve years, but had become of stony hardness; they were still partially discrete and movable on the structures beneath. I then referred to the former notes. I re-examined under the microscope, with Dr. Hebb, the sections he had made of the growth, some of which had a carcinomatous, some a sarcomatous, appearance. Dr. Hebb also examined the man himself in several ways, and we formed the conjecture that we had to deal with a thyroid or branchial tumour.

I then agreed with the patient to remove it on March 24th. The anaesthetist, Dr. Bourns, commenced with gas and then went on to ether, from which he had no occasion to vary.

The operation consisted in dissecting out the glandular masses from both triangles of the neck, including the sterno-mastoid muscle, by dividing the attachments between clamps, and where the capsules were adherent to important structures, dividing the capsules and shelling out the tumours. The masses resembled old-standing benign tumours in having undergone partial calcification, with capsules largely calcareous, friable, and supplied with very numerous large veins. Of the important parts which had not been removed before, one mass corresponded to the position of the left lobe of the thyroid gland and pressed laterally upon the trachea, and another occupied the course of the internal jugular vein, the common carotid artery and vagus nerve being recognized in the capsule. Both these portions were shelled out quite as readily as had been anticipated. I noted that the capsules in which the veins were situated were calcareous and friable, but having applied numerous ligatures over the clamps, including the upper and lower ends of the jugulars, all bleeding appeared arrested.

After putting the end of a strip of gauze upon the lower ends of the jugulars, I proceeded to suture the skin from below upwards. As I did so, Mr. Square, the House-Surgeon, applied marine sponges, and kept up pressure with his hands, for it was my intention to have bandages over these marine sponges.

Just as I was finishing the suture under the jaw the patient, who had been allowed to come a little out from the anaesthetic, gave a forcible expiratory effort in the direction of vomiting. The house-surgeon felt a gush of haemorrhage beneath his hands, and some venous blood oozed out between the sutures. I therefore asked him to keep up the compression whilst I proceeded to carry out venous infusion, and the anaesthetist to stimulate respiration. But the patient, after a minute or two of gasping, ceased to breathe, after which the pulse and heart beat became imperceptible, and he was dead within five minutes.

The house-surgeon was instructed to inform the coroner that the patient had died at the end of an operation from the giving way of a ligature, allowing air to enter the circulation.

The coroner at once subpoenaed me and the anaesthetist; he did not subpoena the house-surgeon. He had the body removed from the hospital, and two days after death a notice was left at the hospital addressed to me and to the anaesthetist saying that the *post-mortem* examination would take place on the following morning, the third day, at 10 a.m. The Pathological Department received no intimation. As I had an engagement along with the anaesthetist which could not be avoided, I asked the house-surgeon to attend. When he arrived at the mortuary he was told by a porter that the examination had been postponed until 4 p.m. That was all the intimation any one had. I had that afternoon at the hospital work which lasted until after 5 p.m., in connexion with which I deemed the presence of the house-surgeon indispensable, so no one from the hospital attended the *post-mortem* examination.

At the inquest the deceased's wife was first examined and her account entirely agreed with the above details. Dr. Bourns was next examined and gave it as his opinion that the immediate cause of death was not the anaesthetic but the giving way of a ligature and the entry of air. I was then called and having given evidence as above, and the jury not asking any question, I said I wished to make a statement to the jury. I desired not to address myself specially to Mr. Troutbeck because that would have been a repetition of what had been done before by others. But the members of the jury were of the same standing as the deceased man, all living near the hospital, some of them known to me by sight.