

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

THE USE AND ABUSE OF THE CURETTE.

I THINK the profession ought to feel deeply indebted to Dr. Herman for his timely and outspoken remarks on the above subject in his lecture published in the JOURNAL of December 5th, 1908. That the curette has become, in the hands of many medical men, by its too frequent and uncalled-for use, a weapon of offence, there is a deplorable wealth of evidence.

As a general practitioner, in my early days of practice I used the curette with a frequency for which I now chide myself. I learnt by experience that those cases of neurasthenia, with pain and aching in the iliac or hypogastric regions, with anaemia, leucorrhoea, and the other attendant symptoms, were not at all benefited by the operation of curetting to which I had submitted them, unless I except some little benefit derived by a few through the subtle suggestion of an operation. But I found that all those cases after operation required a more lengthy period of rest in bed to effect a cure than did my later cases whom I treated simply with rest in bed, plenty of natural food and sleep, douching, and sometimes tamponade. A general practitioner is more in a position than a consultant to learn the true nature of the causes which have induced the neurasthenic condition. More especially true is this in the case of newly-married women, who seem now to be resorting in droves to this operative procedure for relief from symptoms begot purely by a profound change in their lives, and at a time when the nervous system, unable to adapt itself to its new surroundings and conditions, exaggerates every little worry into a life's tragedy. A case I had a few years ago may illustrate my contention.

A dressmaker who had suffered for years from anaemia, dyspepsia and dysmenorrhoea, married. Her husband suffered from habitual insomnia and constipation following on an operation for appendicitis—a constipation only relieved by a daily enema. These and other troubles threw the newly-married wife into neurasthenia with pain especially in the ovaries and uterus. A few weeks' rest in bed with local treatment benefited her. She rose from bed and removed to a new house, which brought back a return of the congestion in the pelvic region. I had finished attendance before she removed. Her anxious husband on the advice of his friends consulted a specialist. I received a note from the latter saying that my patient was suffering from some enlargement of the body of the uterus with some atony of the muscular wall with a narrowed long cervix, that the operation of curetting was imperative, and that no conception was possible without an operation. The anxious husband had two or three weeks to cool his ardour for operation during which time he learned that a friend's wife had had a similar operation performed upon her and nearly died from peritonitis following it. He went from one extreme to the other. I was asked to call again to see the patient. In my judgement the operation seemed unnecessary. I ordered rest, douching and tamponade for at least six to eight weeks. I attended to the husband's constipation and alleviated the insomnia. I had to discontinue the treatment of the wife in four weeks as I found she was pregnant. I have since attended her during two confinements.

Another case which came under my notice emphasizes certain points to which I have referred.

A married woman living apart from her husband suffered very much from metrorrhagia with enlargement of the uterus. Living in lodgings and lack of funds compelled me to send her to hospital. She was curetted, and on the second day after operation was obliged to walk from a private to a main ward. This brought on haemorrhage more severe than she had experienced, which persisted until her dismissal from hospital on the seventh day. Her condition on coming out was considerably worse than when she went in. I was informed by her that, out of the eleven patients in the ward where she lay, she was the only one, she was jokingly told, who had not had the distinction of being curetted more than once. The others had gone through two, three, or even four campaigns of curetting, and she was promised by them a speedy return. After she came out she rested in bed, and with local treatment was able to return to her former occupation of waitress.

The curetting of the virgin uterus is a thing apart. It appears to me as a routine to be a most revolting practice, and, on such slight grounds as instanced by Dr. Herman, one to be severely condemned.

Queen's Park, Manchester.

ALEX. FRASER, M.D.

A CASE OF HYDATIDS OF THE RIGHT OVARY.
THE patient, aged 58, had during the last ten years lived in Italy, but prior to that she had lived in New Zealand. She had had two children and only ceased menstruating four years ago. At the menstrual periods she had never lost much.

About eight years ago she detected a small lump in the centre of the lower abdomen and twice she sought special medical advice regarding it. Those who saw her on these occasions and advised that it should be left alone no doubt considered, as I myself did, that the tumour was a fibroid of the uterus. Since she first observed the lump she has complained occasionally of a feeling of pressure on the bladder and of frequent desire to pass water. She consulted me because she had for eight weeks experienced more discomfort about the bladder. Apart from occasional backache she had practically never complained of any pain.

In the hypogastrium and extending farther into the left than the right iliac region was a very firm and somewhat ovoid swelling. It was not tender to the touch, and on bimanual examination it appeared to be uterine as the slightest movement of the abdominal swelling moved the cervix uteri immediately, and no portion of the body of the uterus was distinguishable from the tumour. It was quite evident, however, that the greater portion of the right half of the tumour was cystic, and on this account I strongly advised that the growth should be removed.

On November 2nd I opened the abdomen mesially. The tumour was so covered by bowel, omentum, and bladder, and was so very intimately incorporated with these structures and with the uterus, that the non-uterine character of the growth was only revealed as I freed these structures. The tumour then presented the appearances of a dermoid of the right ovary, and its exact nature was only revealed when it was laid open after the operation was completed. The tumour was of about the size of a full-time fetal head, and was crowded with the so-called daughter and grand-daughter cysts.

Hydatid cyst of the ovary is a great rarity. The tumour was not very large, and it evidently had grown very slowly. It, like other cysts of the ovary, had contracted firm adhesions with bowel, omentum, bladder, and uterus, without there resulting therefrom any very well-marked disturbance. Hydatids are not uncommon in Australia, but as far as I have been able to gather they are, comparatively speaking, rarities in New Zealand.

JAMES OLIVER, M.D., Edin., F.R.S. Edin.,
Physician to the Hospital for Women, London.

DIACHYLON AS AN ABORTIFACIENT.

THERE is some reason to believe that diachylon is now being used to a considerable extent in the East End of London as an abortifacient. Recently several cases have come to my notice in which puzzling symptoms following abortion were traced to the use of diachylon. Naturally, patients under such conditions are not likely to be frank in their statements, and the doctor is greatly hampered in arriving at a diagnosis. This is neither fair to the doctor nor the patient. The medical man is not given the chance of doing himself justice as a clinician, while the patient's sufferings remain unrelieved. I therefore feel that it is expedient to draw attention to the fact that this practice is becoming more prevalent in the metropolis. In the blue line on the gums we have fortunately an obvious and reliable sign which should always be looked for in suspected cases. There is an impression among some medical men who have given the subject little attention that the blue line requires some time for its development, and that it is not likely to be present if diachylon has been taken for a short period only. Experience, however, shows that in all cases of plumbism from the ingestion of diachylon in which severe symptoms appear, the blue line is almost invariably present, and is often very distinct. As has been pointed out before by several observers, diachylon is a particularly insoluble lead compound, and seems to be absorbed very slowly from the alimentary canal. The following three cases, about which I happen to have a few notes, may be of interest in this connexion.

CASE I.

Mrs. H., married and mother of a numerous family, came to me on April 25th, 1908, complaining of severe pains in the abdomen. She had missed her periods for two months, and

admitted having taken some steel and pennyroyal pills. She was given a sedative, and told to keep in bed for a day or two. On May 13th I was called to see her, and found that she had aborted, expelling a three months fetus. The secundines did not come away at the time, but were expelled on May 15th. Up to this point I considered the outlook very favourable. The patient's sister, however, who happened to be in the room, informed me that she herself had recently miscarried after taking some diachylon which she purchased in a shop and swallowed in the form of pills. This remark made me look at the patient's gums, and to my surprise I found that she had a well-marked blue line. She admitted having also taken a few diachylon pills. In the subsequent history of the case the pernicious effects of the drug soon became evident. The woman suffered from severe attacks of vomiting and abdominal colic over a period of six weeks. During this time I was called to her on two or three occasions at night, and had to administer morphine and opiates to relieve the intolerable pain. Her expression was anxious and her complexion sallow. There was obstinate constipation throughout. The symptoms of lead poisoning were the only sequel of the miscarriage; there was no pyrexia, pelvic tenderness, haemorrhage, or foul discharge from the vagina. The treatment consisted in the administration of magnesium sulphate and opiates. The patient was kept in bed on a milk diet. Potassium iodide was tried for three days in the second week, but as it appeared to aggravate the symptoms it was discontinued. The patient finally made a slow recovery.

CASE II.

Mrs. P., a mother of several children, came to my surgery on June 27th, 1908. She complained of pains in the stomach and pains in passing urine. She stated that she had suffered in this way for three weeks, and had been attended by a doctor who thought at first that there were some symptoms of enteric fever, but subsequently changed his diagnosis to that of "floating kidney." In reply to my questions she said that she had attacks of vomiting with pains, but no diarrhoea. A certain reserve on the part of the woman led me to examine her gums, where I found a well-defined blue line. She then confessed that she had had a miscarriage four weeks previously, for which she had taken some diachylon made into pills. She was not at all surprised when I told her that her present symptoms were due to the drug, but said that she did not tell the first doctor who treated her anything about it as he had not asked her. She was given a mixture containing tinct. chlorof. et morphinae to relieve the pains, and was told to take Epsom salts every morning. Improvement was rather slow. The urine, examined on August 5th, was found to be markedly albuminous. Being now free from attacks of colic, she was given potassium iodide in a mixture to aid the elimination of lead, and subsequently a mixture of liq. ferri perchlor. with liq. amm. acet. for the anaemia and albuminuria. I saw her again in September, when she appeared to be doing well; the albumen had disappeared from the urine.

CASE III.

Mrs. M. H., aged 37, a mother of six children, sent her sister to me on December 10th last for a bottle of medicine to relieve pains in her stomach. The history was that the patient had miscarried some three weeks previously, that living a considerable distance from my surgery she was attended by a nearer doctor, who said that everything was all right, but that the exertion of removal from one house to another, and possibly a cold, had brought the pains back again. My suspicions being aroused, I advised that, if possible, the patient should come and see me herself. This she did two days afterwards, and on inspecting the gums I found a well-marked blue line. On being questioned the patient stated that she had been taking somebody's female pills, but on my asking her if that was all she took she admitted that she had taken some pills which another woman had given her, and which had been made by the woman herself from some substance like soap. The symptoms were vomiting and attacks of abdominal pain. She had the same dazed, sallow, and anaemic look which was noticeable in the other two cases quoted. This patient is still under treatment.

In conclusion I wish to say that I have been greatly aided in coming to a correct diagnosis, particularly in the first case, by the perusal of the articles which have appeared on the subject in the BRITISH MEDICAL JOURNAL during the last few years. I have since had occasion to consult them several times for the elucidation of some obscure points in the symptomatology and for suggestions about treatment.

London, E.

EDMUND HAY, M.B., C.M.

RECTAL INJECTION OF BROMIDES IN
PUERPERAL ECLAMPSIA.

SEEING the letter of Dr. Alfred E. Townley in the JOURNAL of September 19th, 1908, brings to my recollection a severe case which I had during the deep snow of 1881 in a primipara. The convulsions came on before delivery, and continued for nearly two days after. The head was

shaved, ice applied to the scalp, and chloroform was constantly administered, but nothing appeared to relieve until I injected per rectum potassium bromide, gr. xxx, with chloral hydrate, gr. xxx. This I repeated four hours afterwards. Soon after the convulsions stopped, and she made a good recovery. Hydrate of chloral by enema is advised in Swayne's *Obstetric Aphorisms*, fifth edition, 1871, and about that time, whilst a student at Guy's, I heard potassium bromide suggested as an enema.

Bridport.

W. A. E. HAY, M.R.C.S.

Reports

ON

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

COVENTRY AND WARWICKSHIRE HOSPITAL.

A CASE OF AUDITORY VERTIGO: CURE BY OPERATION.

(Reported by F. FAULDER WHITE, F.R.C.S., Honorary
Surgeon to the Hospital.)

The patient in the following case, a man aged 35, was admitted to hospital under my care on June 4th, 1908. He said he had had a running from the left ear for many years. Three months before admission he had suddenly become helpless from extreme vertigo while sitting at supper. He was very sick. Similar attacks recurred, becoming more frequent as time went on, until he was never sure of himself. He noticed that any exertion brought on an attack of vertigo. These attacks were often accompanied by vomiting.

State on Admission.—The man could not walk without staggering. He was quite deaf on the left side. The left ear was somewhat offensive in odour, and there was a minute central perforation in the membrane.

Operation.—On June 7th the membrane and malleus were removed through the meatus with a portion of the outer attic wall. Some carious bone was also removed from the walls of the middle ear. The parts were well cleansed by irrigation and attic mops, and a tympanic tube was left in the ear.

Progress.—For some days after the operation drops of chloretone solution were poured into the ear from time to time, but irrigation was not commenced before the fourth day. Some headache and giddiness were complained of at first, and antikamnia was prescribed.

Result.—There was steady improvement from the first, and no vomiting or severe vertigo occurred after the operation. He was transferred to the out-patient department on June 27th. The ear was sweet when he left off attending. Since then I have received the following letter from him; it is dated September 3rd: "I am very much better now. I am not suffering from giddiness up to the present. I thought a many times I would like to write to you to say how grateful I am." Three days later he *cycled* several miles to see me. He looked well, and said he had not felt giddy for some weeks. There was a slight discharge from the ear, which was without odour.

REMARKS.—I should not perhaps have reported this case but for the fact that two fatal accidents have recently been attributed to auditory vertigo. Some people have the idea that this trouble is necessarily hopeless; but, although a severe case, the above is one of many in which giddiness has passed away after disinfection of a diseased ear. Ear disease is most common, and vertigo may suddenly supervene. It follows that no one with ear disease should be allowed to drive a railway engine or motor car.

THERE are many who consider that the commercial strength of any seaboard country is best gauged by its shipping, and medical men interested in the subject will find a comprehensive review of it in the issues of the *Shipping World* for January 6th and 13th, the account being illustrated by an immense variety of photographs. Statements as to the shipping power of various countries are often misleading owing to registered tonnage alone being considered; but this error is avoided in this review, actual carrying power, not mere tonnage, being the unit of comparison.

convolution did not play any special rôle in the function of language, the witness said it was that very point that was in dispute. It was one of the points that they could not settle by experiment, and which they had to wait for observations. It was one of the earliest localizations and still one of the most disputable. Asked if without his experiment on himself, by experiment on animals alone, could this revolution in our conception of sensation have been attained, Dr. Head said, Not of sensation, but the very fact that Sherrington had told them that there were these afferent fibres made it perfectly certain that there must be a sensory function attached to them. What that sensory function was, was a thing that only a human being could tell them, and that was what they set themselves to show; but the idea would not have come to them had they not had this elaborate work of Sherrington's, which told them that a large proportion of the fibres in the muscular nerves were not motor. In reply to further questions, he said the operation on himself was done under general anaesthesia. There was absolutely no pain above the division during the healing. He went about his work as usual, with his arm in a sling. It healed by first intention. In reply to further questions, he said that in his opinion the knowledge gained by his experiment directly tended to the amelioration of future suffering by more skilful and expert treatment. It had opened up and enabled them to understand things not understood before. It tended to correct errors either in diagnosis or treatment which might have existed in the absence of that knowledge.

(To be continued.)

Medical News.

THE German Society of Tropical Hygiene will hold its second congress this year at Eastertide.

At a meeting of the Royal Society of Arts, John Street, Adelphi, London, W.C., at 8 p.m., on Wednesday next, Dr. James Cantlie will read a paper on the part played by vermin in the spread of disease; the chair will be taken by Sir Malcolm Morris, K.C.V.O.

LIEUTENANT-COLONEL J. W. T. GILBERT, V.D., Royal Army Medical Corps (Territorial Force), 3rd Home Counties Brigade, has received the Royal permission to accept the silver medal of the Order of Orange-Nassau, conferred upon him by the Queen of the Netherlands.

MR. F. W. WHITE, 26, Browning Road, Manor Park, Essex, has compiled what he calls a United Daily Calendar, showing the dates of the month on which all the days of the week will fall during 1909. It is for many purposes a very convenient desk companion.

A DISCUSSION on the report of the Royal Commission on the Care and Control of the Feeble-minded will be opened at the meeting of the Child Study Society, at the Parkes Museum, London, on Thursday next, at 8 p.m., by Dr. G. E. Shuttleworth, Mrs. E. M. Burgwin, and Mrs. Dickenson Berry, M.D.

At the annual meeting of the North of England Obstetrical and Gynaecological Society on January 15th the following gentlemen were elected office-bearers for the year: President, Dr. J. W. Martin (Sheffield); Treasurer, Dr. W. K. Walls (Manchester); General Secretary, Mr. W. H. Phillips (Sheffield).

A DISCUSSION on ulcerative colitis will take place at the meeting of the Medical Section of the Royal Society of Medicine on Tuesday next, at 5.30 p.m. It will be opened by Sir William Allchin, and statistics of cases of ulcerative colitis during the past twenty-five years will be presented from the chief London hospitals.

THE third annual dinner of past and present students of the Royal London Ophthalmic Hospital will be held at the Trocadero Restaurant, Shaftesbury Avenue, London, W., on Wednesday, February 10th, under the presidency of Sir Anderson Critchett, Bart., C.V.O. Further particulars can be obtained from either of the honorary secretaries, Mr. Arnold Lawson, 12, Harley Street, and Mr. J. Herbert Parsons, 27, Wimpole Street, London, W.

THE laboratory of the Chicago Department of Health has recently examined six different systems for ventilating tramway cars, and the Department has given notice that if, after a reasonable lapse of time, arrangements for the installation of one of the approved methods of ventilation are not made, suits will be instituted against each company

for every improperly ventilated car, every day that it is in the service.

IN the Howard Prize Essay, read by Mr. P. E. Braun before the Royal Statistical Society on January 19th, on the "Cost, Conditions, and Results of Hospital Relief in London," the author dealt with the accounts of the London hospitals for 1906. He therefore inevitably included recommendations which are so far ancient history in that they have already been anticipated and dealt with. Nevertheless, the paper was an interesting contribution to consideration of the subject, and some of his conclusions which are of general interest and not open to criticism may be mentioned. He showed that the total ordinary expenditure of 123 hospitals in Greater London reached the enormous sum of nearly one million sterling—in exact figures, £999,982—and that the ratio of management to ordinary expenses was usually lowest in the case of the great general hospitals with medical schools attached. The premier position in this respect was held by St. Bartholomew's. The twelve general hospitals derived 52 per cent. of their united income from invested property. The percentage of persons dealt with by provident and charitable dispensaries and as free patients by private practitioners was quite unknown.

THE good work done by the Hospital for Invalid Gentlewomen at 90, Harley Street, has long been recognized and appreciated by the medical profession, and it is to be hoped that the effort now being made to raise money to erect and equip the new building at 19, Lisson Grove, will meet with a full measure of support from the benevolent public. The Duchess of Albany laid the foundation stone of the new building in Lisson Grove on January 18th, in the presence of a distinguished company. The President of the institution, Lord Waldegrave, explained that the objects of the hospital were to afford a home in illness, with medical and surgical treatment, to gentlewomen of small means. The last report gives an indication of what is meant by this phrase by furnishing the following list: "The wives, daughters, and relatives of clergymen, naval, military, and professional men, governesses, artists, and others." The patients contributed towards the charges for medical attendance, nursing, and medicine, and the institution thereby afforded an admirable example of how to carry out the true principle of charity of helping those who help themselves. Patients were admitted from all parts of the United Kingdom, from India, from the colonies, and from other countries, and a striking testimony to the valuable work of the hospital was to be found in the praiseworthy efforts made by ex-patients to collect money for the new hospital. A lease of the new site on the west side of Lisson Grove had been secured for 99 years, and it was proposed to erect upon it a compact hospital which would be economical both in building and in management. The new premises would provide 30 beds, and the accommodation would be so arranged that there would be 16 single rooms for patients. The vote of thanks to the Duchess was moved by Mr. W. Bridgeman, M.P., and seconded by Dr. S. Shore Nightingale, a nephew of Miss Florence Nightingale, one of the founders and the first lady superintendent of the hospital.

ASSOCIATION OF MEDICAL LIBRARIES.—At a meeting of those interested in medical libraries, held at Leeds on January 9th, it was decided unanimously to form an association of medical libraries, and a provisional committee was appointed to draw up the constitution and rules. Professor Osler (Oxford) was invited to become the first President, and Professor Walker Hall (Bristol) and Mr. Cuthbert E. A. Clayton (librarian, Manchester Medical Society) were asked to undertake the duties of temporary secretaries. The following are some of the objects of the association:

1. Intercourse of those interested in medical library work and the discussion of matters associated with the fostering and care of libraries.
2. Diffusion of information as to the branches of medical literature specially catered for at different centres, and as to the value of the various books and new periodicals which are issued from time to time.
3. The promotion of measures whereby a larger number of practitioners in each centre may be induced to utilize the library facilities of each district.
4. The consideration of matters connected with the present rapid increase of periodicals, publications of books, etc.
5. The opening up of better chances of advancement for library assistants. By such means there would be an inducement to parents to put their sons to such an occupation, and the librarians would be able to have better material for training.
6. The exchange of duplicate books and periodicals.

When the association is in working order, it is hoped that a certain number of the libraries interested will join together to form a circle for the loan of their research and other literature.

DR. DOUGLAS ARGYLL ROBERTSON.

SIR,—In the excellent notices I have seen of my friend, the late Douglas Argyll Robertson (I believe I have not seen them all), there is no mention of the fact that he was one of the first, if not the first, to teach what was afterwards called "practical physiology" to classes of medical students. This was in Edinburgh, in connexion with the Chair of Physiology, about 1865, while the chair was held by John Hughes Bennett. The origin of this class is interesting historically. For many years John Hughes Bennett had given a course of histology and the application of the microscope to medicine. Early in the Sixties, John Goodsir, the anatomist, and, it is only just to add, the physiologist, was in the habit of bringing home new and strange physiological instruments from Germany—things called myographs, kymographs, non-polarizable electrodes, ophthalmometers, recording drums, etc.—hitherto unknown in Edinburgh or elsewhere in this country, so far as I am aware. This was the washing of the Helmholtz-Du Bois-Reymond-Ludwig wave on the shores of this country. These instruments soon made their appearance in the anatomical rooms. Bennett expostulated with Goodsir, and Goodsir replied, "Well, Dr. Bennett, they are instruments you should have; take them over at the price I paid for them." This Bennett promptly did, and so arose the Museum of the Physiological Department of the University of Edinburgh.

Argyll Robertson at this time became Bennett's assistant, and although, as is correctly stated in several notices, he determined to be an ophthalmologist, he taught a practical class for several summer sessions, introducing the chemical analysis of urine, the volumetric estimation of sugar, phosphates, and urea, and also a short course of demonstrations in electro-physiology, the use of electrical apparatus, and the elementary physiology of muscle and nerve. This he by and by handed over to William Rutherford, who systematized and extended the course, and to whom much credit should be given. I am proud to say that I came next in lineal succession, and I well recollect that when I became Bennett's assistant (1869-70) and had to face this practical class I received invaluable aid from both Argyll Robertson and William Rutherford. "Argyll," as we loved to call him at that time, presented me with several books on physiology of a practical character, which are now in the library of the Physiological Department of the University of Glasgow.—I am, etc.,

Stonehaven, Jan. 18th.

JOHN G. MCKENDRICK.

THE HUNTERIAN SOCIETY'S MEDAL.

SIR,—Last June you were good enough to insert a notice that the Hunterian Society had decided to award a silver medal annually for the best essay by a general practitioner embodying the results of his own investigations. In view of the number of applications received for particulars of the competition I venture to send you the following details:

The competition is open to all registered general practitioners in the United Kingdom and the Channel Islands. The subject of the essay can be chosen by the candidate, but must fall within the province of medicine, surgery, or midwifery.

The essay must be unpublished and original, and based on the candidate's own observations, except for references to the literature of the subject. Observations may be included in the essay which have been made by means of special methods not available in ordinary practice, by workers engaged in these special methods, but the candidate must duly acknowledge the source of his information. Two type-written copies of the essay must be sent in, together with any material which the candidate may desire to submit. The essay must be marked by a motto and accompanied by a sealed envelope containing the candidate's name, address, and qualifications, and a signed statement that he is a general practitioner. On the outside of the envelope the motto must also be inscribed. The last day for sending in essays for the present competition is December 31st, 1909.—I am, etc.,

W. LANGDON BROWN,
Senior Honorary Secretary.

37A, Finsbury Square, E.C.,
Jan. 13th.

Universities and Colleges.**UNIVERSITY OF LONDON.****OFFICERS' TRAINING CORPS.**

THE Military Education Committee appointed by the Senate to manage the university contingent of the Officers' Training Corps has received the sanction of the Army Council to the formation of a contingent which shall include an infantry, an engineer, and a medical unit, these units being composed of three companies of infantry, one company of engineers, and two sections of a field ambulance respectively. It is expected that additional companies will be formed at a later date. The rules for the contingent provide that admission to the contingent shall be restricted to gentlemen who are members of the University of London, or are non-matriculated students pursuing a regular course in schools of the university, save that power is reserved to the commanding officer in special cases to admit gentlemen who, though not comprised in either of the foregoing categories, are desirous of gaining the certificates of proficiency obtainable in the Officers' Training Corps. The corps is intended for the preliminary training of young men with a view to their qualifying for commissions in the Special Reserve of Officers, or the Territorial Force, and membership of the corps is restricted by the Army Council to British subjects of pure European descent. Cadets enrol normally for two years, but enrolment for one year may be permitted under special conditions in the present session. After the second year of membership cadets may re-engage annually for the purpose of obtaining Certificates A or B, but they will not, unless in exceptional circumstances, be permitted to remain as cadets for more than four years. Two of the infantry companies will be located at University College and King's College respectively; the location of the third company is not at present fixed. The engineer company will not be attached to any particular school of the university. The members of the medical unit will be drawn from the medical schools attached to the university, more than a hundred students from Guy's, St. Bartholomew's, St. Thomas's, University College, King's College, and other medical schools having already applied for membership. Enrolment in the contingent will begin immediately. With regard to head quarters, no arrangements have yet been made, and the training will be carried out for the present in the colleges attached to the university; the consideration of this question, as of other questions, such as the possibility of organizing cavalry and artillery units, has been postponed pending the appointment of the adjutant and the establishment of the infantry, engineer, and medical units.

UNIVERSITY OF ABERDEEN.**THE PROFESSOR PIRIE MEMORIAL.**

THE movement which was started some time ago to provide a memorial to the late Professor Pirie has met with substantial success, and at a meeting of subscribers held in Marischal College, on January 15th, it was resolved that the memorial should, with the sanction of the University authorities, take the form of a stained-glass window in the ante-chapel of King's College.

UNIVERSITY COURT.

The Aberdeen University Court met at Marischal College on January 12th, Principal Lang presiding. The Secretary submitted an intimation from the Rector, Mr. Asquith, that he had appointed Sir John Fleming as his assessor in the University Court. The Principal welcomed Sir John Fleming, who had already, some years ago, while Lord Provost of the City, been a member of the Court and had done excellent services for the University while the great extension scheme was in progress. Afterwards the Principal referred to the retirement of Dr. James E. Crombie from the assessorship which he had occupied with so much distinction and benefit to the University particularly in connexion with the Quatercentenary celebrations in 1906. It was unanimously decided that a copy of the following minute should be sent to Dr. Crombie:

The services of James E. Crombie, Esq., LL.D., as Rector's Assessor having for the present at least terminated, the University Court hereby records its profound and most grateful appreciation of Dr. Crombie's wise counsel, ever ready co-operation, and unobtrusive but abounding liberality. During the nine years in which he was a member of the Court he was seldom absent from its meetings and he took an active interest in all its work. The University Court recalls with special emphasis his unwearied labours in connexion with the Quatercentenary celebrations, the success of which was largely due to his organizing genius. In Dr. Crombie the students of the University found a most reliable adviser and the most generous of friends. The University Court offers this imperfect tribute to the energy and the personal qualities of one with whom it was a privilege and an honour to be associated.

UNIVERSITY OF BIRMINGHAM.

THE total number of students who have entered the university this session is 210 as against 201 for 1907-8. There has been an increase from 79 to 85 in the Medical Faculty, if occasional students are included, such as those in Public Health. Excluding occasional students, those who have entered for the full course number 34, as against 27 last year. Among the other departments there is only a slight increase in those of Commerce and Science.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

At a meeting of Council on January 14th, Mr. Henry Morris, President, in the chair, modifications in the College By-laws with a view to the admission of women to the conjoint examination were considered, and referred to a committee for future report.

University of Birmingham.

Mr. H. T. Butlin was reappointed a member of the Court of Governors of the University of Birmingham for three years expiring January 1st, 1912.

Board of Examiners in Dental Surgery.

The vacancy occasioned on this Board by the retirement of Mr. G. H. Makins will be filled up at the next meeting of Council. Mr. Makins is not eligible for re-election.

CONJOINT BOARD IN ENGLAND.

THE following candidates have been approved at the examination indicated:

FIRST COLLEGE, PARTS I AND II (*Chemistry and Physics*).—E. B. Argles, R. A. Banbury, J. D. Bangay, H. W. Barnes, W. A. H. Bell, H. C. Billings, W. H. Blakemore, R. C. Briscoe, E. A. Brock, R. G. Brown, T. H. Brown, G. Cock, R. I. Dacre, H. R. Dive, S. O. Dolan, G. D. Driberg, H. Dudley, A. G. B. Fenwick, L. E. Forster, E. D. Fountain, S. S. Greaves, C. A. Haynes, F. T. Hill, G. G. Jack, H. D. Lane, D. Lewis, J. J. Lloyd, O. G. Maginnis, A. W. Matthew, G. W. Maw, H. M. A. Menagé, W. Morris, H. P. Morton, F. H. Mosse, N. S. Nairne, L. E. Napier, H. B. Owens, T. H. Parsons, A. S. Plant, C. S. Ramsay-Hill, I. Rashad, H. J. Rawson, P. H. Rawson, J. G. Richards, J. E. Rivera, G. Robinson, J. A. Robinson, P. Roux, F. Simpson, C. R. Smith, G. S. Stathers, J. Totton, C. G. C. Vawdrey, L. G. White, F. H. Woods.

PART III (*Elementary Biology*).—E. V. Briscoe, R. C. Briscoe, G. Cock, J. S. Cocks, R. Curle, W. K. Fry, T. W. Hancock, F. W. Herbert, J. S. Higgs, J. M. McIntosh, C. H. Medlock, J. Millard, T. H. Parsons, C. H. Phillips, A. S. Plant, P. H. Rawson, G. D. Robertson, G. Robinson, P. Roux, T. S. Stafford, C. de B. Thomson, J. Totton, L. D. Wright.

PART IV (*Practical Pharmacy*).—H. R. L. Allott, J. V. O. Andrew, H. J. Bates, E. F. W. Buckell, J. Capell, T. Cock, M. Donaldson, R. H. W. Fisher, M. Graves, G. H. C. St. G. Griffiths, L. S. M. Habich, V. P. Hutchinson, F. Kahlenberg, M. M. Khan, H. Lee, W. E. Levinson, F. G. Lloyd, R. H. Mawhood, J. C. W. Methven, A. Morgan, F. Morris, A. B. Pettigrew, C. M. Plumpton, E. D. W. Reid, L. M. Routh, C. P. C. Sargent, V. E. Somerset, H. W. Tilling, R. T. Timberg, M. C. Wall, R. J. Wooster, J. F. W. Wyer.

SECOND COLLEGE (*Anatomy and Physiology*).—N. H. Bamboat, R. S. de C. Bennett, W. H. Boyd, R. T. Brochie, S. A. Burn, C. G. Colyer, A. G. W. Compton, J. H. Cumming, A. K. Dalal, H. E. B. Finlaison, F. T. Fisher, F. Garratt, K. B. Greenwood, J. E. Hepper, A. Jones, G. L. Jones, B. R. Khanna, A. B. Kramer, W. M. Langdon, D. McRae, A. F. C. Martyn, L. Milton, W. F. Morgan, W. H. Parr, W. S. J. Peiris, C. A. Pereira, N. P. Pritchard, T. S. S. Rajan, J. M. Redding, T. C. Reeves, D. Scott, B. Z. Shah, J. M. Shah, P. Smith, J. R. C. Stephens, J. L. Stewart, L. C. Watkins-Baker, A. A. M. Werapermall.

* Passed in Part I only.

† Passed in Part II only.

Contract Practice.

REPORT OF THE CHIEF REGISTRAR OF FRIENDLY SOCIETIES.

PART A of the Report of the Chief Registrar of Friendly Societies for the year ending December 31st, 1907, has recently been issued. If somewhat belated in its appearance, the report certainly makes up for this by its completeness and the care with which its statistics have been compiled. As the registrar points out, the functions of his office are very much wider than they are popularly supposed to be, since they are not restricted to the registration and control of friendly societies alone, but are concerned with building societies, co-operative societies, trade unions, loan societies, and others, and with the administration of the very numerous Acts of Parliament governing these institutions. In view of the enormous sums of money handled by these societies in the aggregate—sums largely representing the thrift of the working population of the country—it will be obvious that the activities of this office are of the first importance to the country as a whole. A few years ago there was great uneasiness, almost amounting to panic, concerning the financial condition of the friendly societies as a whole. The present report shows a certain amount of improvement in this respect, although the position is still far from satisfactory. In the case of 506 societies from which valuations had been received, there was a net gain in value of £122,738, but against this must be set the fact that only 35 per cent. of the societies could show a surplus and 65 per cent. disclose a deficit. In every case where deficits have been wiped out or reduced, this has been accomplished by the members making a voluntary sacrifice either in the way of increased contributions or of a reduction of benefits. The unsatisfactory financial position appears to be to a great extent due to the excessive management expenses, which in too many cases are partly met by an improper transfer of money from benefit funds to management

funds. Thus it is shown that of every £1,000 expended by the "collecting societies" £502 are applied to management expenses; yet, in spite of this, no less than 9 out of 62 of these societies show a deficiency in the management fund.

From the point of view of medical men engaged in contract practice the report is very disappointing. In every case where "medical aid and medicine" is mentioned in the tables given this is lumped with "sick pay" or sick or accident benefit, so that the report fails to give any data by which the proportion of funds applied to the payment of medical men can be estimated. This is the more to be regretted as many of the tables give comparative figures of expenditure for various years, and had this item been separately tabulated the figures would have been of the utmost value to those who are engaged in endeavouring to improve the conditions of contract practice.

The only place in which the figures for medical attendance are given is in the Report of the Registrar of Friendly Societies for New South Wales, which forms one of the appendices to the report. According to this, "an amount of £90,698 was paid away during 1906 to provide for medical attendance and medicine. This represents an average cost of 17s. 6d. per head of mean membership." Unfortunately the tables do not give us the average amount of contributions by members of these New South Wales societies, but the capital per member works out at £9 8s. 6d.

It would perhaps be well for the British Medical Association to consider whether it should not approach the Registrar of Friendly Societies with a view to ascertaining whether it would be possible for him in future to obtain separate figures as to payments made to medical men in the case of those societies which provide medical attendance.

The Services.

EDINBURGH TERRITORIAL HOSPITAL.

THE first mess dinner in connexion with the 2nd Scottish General Hospital of the Territorial Force was held in Edinburgh on the evening of January 12th. There were about fifty officers present, including as guests Mr. Haldane, General Sir Edward Leach, and several others. The administrator of the hospital (Lieutenant-Colonel Wyville Thomson), in proposing Mr. Haldane's health, stated that this was the first time the officers of the hospital had met together. Speaking of the progress of the hospital, he said that the personnel was complete with the exception of a quartermaster, whose place could be filled at any moment if it was necessary; the officers and rank-and-file were complete. The personnel was not only complete, but he believed double the number could have been recruited had it been necessary. A very high class of enthusiastic and intelligent men, who represented all the professions and trades likely to be of service in the complicated business of running a field hospital, had been enlisted. He did not believe there existed a finer body of men for the special purpose for which they had been enrolled. In regard to head quarters, negotiations were at present in progress for premises which would be convenient to the university and Royal Infirmary. In the matter of drill and instruction there was a difficulty, because the authorities had not seen their way to give an instructor, and the help of others had to be asked, which was neither pleasant nor right. Seventy-five nurses had been enrolled, and it was expected that by the end of the month the full complement of 120 nurses would be obtained. The equipment of the hospital and its situation were points that had not yet been settled. Mr. Haldane, in his reply, in touching upon this matter, said that the decision would be left to those on the spot. The first problem in army organization was to devise the most perfect organization. The Territorial system was founded on scientific principles. The toast of success to the second Scottish General Hospital was proposed by Lieutenant-General Sir Edward Leach, and Lieutenant-Colonel Gibson, Senior Physician, who replied, referred to the debt of gratitude owing to Sir George Beatson and Professor Cunningham.

TERRITORIAL FORCE.

Uniform of Officers.

X. Y. Z. writes: I think your correspondent "A. A. M.," on p. 193 of the BRITISH MEDICAL JOURNAL, should know that paragraph 408 of the Territorial Force Regulations says, that "claims of officers whose transfer to the Territorial Force necessitates an alteration of uniform may be specially considered by the Army Council for such portion of the grant as will not exceed actual expenditure for the purchase or alteration of outfit." Paragraph 405 says: "The Army Council will . . . consider the claim of an officer transferred . . . to such portion of the grant as would not exceed his actual expenditure for the purchase or alteration of his new outfit."

What "A. A. M." should do is to make application through his commanding officer to the cashier of the command his unit is in for the £20, and he would get a ruling on the point