Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

IMPERFORATE PENILE URETHRA: COMPLETE OCCLUSION OF MEATUS.

On January 31st I attended a lady at the delivery of her sixth child. Labour was perfectly normal, and the child was a healthy male weighing 9 lb. 6 oz. When I visited my patient two hours later, the nurse informed me that the infant's penis was "tied down underneath." I found that there was no meatus at the end of the penis, nor any urethral orifice further back. The condition otherwise simulated hypospadias, and the scrotum, divided into two folds, presented the appearance of a pair of labia, which suggested hermaphroditism. The integuments of the dorsum of the penis were hypertrophied, and hung like an apron over the glans, which was perfectly formed. I made a careful dissection of the glans at the site of the meatus, and to my great relief urine gushed out when my incision had reached the depth of ¼ in. I had, in fact, opened the blind end of an otherwise perfect urethra. The child now passes urine without any difficulty through the artificial opening, and is a fine, healthy, well-developed infant, progressing favourably. The parents and their other children are perfectly healthy.

St. Albans, Herts. JOHN HOBBS, L.R.C.P.and S.Irel.

[This condition is uncommon. For extreme cases see Professor Arthur Keith, "Malformations of the Hind End of the Body," Lecture II, heading Imperforate Penile Urethra, JOURNAL, December 19th, 1908, p. 1807; also Shattock, "Imperforate Urethra in a Fetus of about the Fourth Month," *Trans. Path. Soc.*, vol. xxxix, 1888, p. 185. "Occlusion most frequently occurs between the triangular ligament and the glans, and often the whole of this tract is affected"(Keith). Our correspondent will bear in mind that (1) patent urachus is always possible when a male infant is born with any mechanical obstruction to micturition, so that he may find that in his case urine will leak from the umbilicus if the bladder be allowed to become distended, but this symptom usually develops after infancy. (2) Hermaphroditism is quite probable in this case. The testes may be undescended, and even if there be one or both genital glands in the scrotum one or both may be ovaries. In respect to the surgery of congenital occlusion of the meatus Duplay's advice should be followed. The incision through the line of atresia should be followed by the introduction for several days of a large bougie, which need only be passed for a short distance into the urethra; otherwise cicatricial contraction may advance to such an extent as to interfere with micturition and to involve well-known vesical complications.]

INVERSION OF THE UTERUS.

Dr. A. W. HOLTHUSEN's interesting case of acute inversion of the uterus following delivery recalls to my mind a similar case with which I had to deal about three years ago.

On April 4th, 1906, I received an urgent message from a neighbouring practitioner to come and assist him in a confinement case. I found the patient pale and collapsed; there were signs of profuse haemorrhage, and the uterus was completely inverted and lying outside the vulva. My colleague explained that he had only arrived at the house about ten minutes before me in response to a call from an untrained midwife of the Gamp type, and found the patient in the condition described; he had just had time to peel the placenta off the inverted uterus. At his request I made an immediate attempt to replace and re-invert the organ. The patient was lying on her left side in a state of extreme shock, with a barely perceptible pulse and shallow respiration. I gripped the displaced organ with my left hand and pressed it steadily upwards. The vagina and cervix were readily dealt with, but considerable difficulty was experienced in reinverting the body and fundus of the uterus. Having pressed the fundus through the os, I used the closed fist of my left hand while steadying the abdominal walls with the right. After a little manipulation the fundus was at last pushed back to its proper position. There was no recurrence of the inversion. As, however, the patient remained in a collapsed condition, it was decided to resort to saline infusion. In the absence of more suitable apparatus, an antitoxin syringe was used for this purpose, and a pint of the salt solution injected into the subcutaneous tissue between the scapulae in repeated doses. Some strychnine was also given hypodermically, and stimulants were administered by the mouth. The patient revived considerably, and was left to the care of her friends, who were instructed to keep her very quiet.

I did not see the patient again until three weeks later, when she walked into my surgery carrying her baby. She complained of some pain in her back and attacks of dimness of vision, but otherwise felt well. I was subsequently told by her medical attendant that her recovery was uninterrupted. I have recently ascertained that the woman has had another child since, and that labour was in every way normal. At the time of the inversion the patient, whose age was 22, was going through her second confinement. Nothing special occurred on the first occasion. There was a strong suspicion in this case that the inversion was the result of traction on the umbilical cord by the midwife, but this was strenuously denied. The latter stated, however, that the cord was twisted round the child's neck when it was born.

London, E. EDMUND HAY.

HERPES OF THE SECOND AND THIRD CERVICAL POSTERIOR ROOT AREAS, ACCOMPANIED BY FACIAL PARALYSIS.

As motor paralyses accompanying herpes zoster are comparatively rare, the following case is of some interest.

On October 27th, 1908, the patient, a man aged 50, noticed "a few little pimples" above the left ear and behind the ramus of the jaw, and in the occipital region on the left side. Between this day and October 30th the eruption developed fully, consisting of vesicles, some of large size, on an erythematous base. There were no premonitory symptoms, and no definite pain was complained of during the development of the rash, only a little aching of the face. The pulse-rate was quickened and the temperature a little raised.

As seen by me on November 1st, the distribution of the eruption was as follows:

1. Below, it extended to the clavicle.
2. Above, to some distance above the ear, over the lower parts of the parietal and occipital bones. A few scattered vesicles extended forwards almost to the temporal crest of the frontal bone.
3. Anteriorly, on the face it extended to about the anterior margin of the ramus of the jaw as low as the angle of the mouth, and on the neck it extended to the middle line.
4. Posteriorly, it extended to the middle line of the neck and lower part of occipital bone.

This distribution comprises, as I understand, the second and third cervical posterior root areas of Head, though I have not been able to find diagrams illustrative of the area supplied by the second cervical posterior root, herpes of this area being invariably associated with herpes of the third cervical root area. There were also a small isolated patch over the second left chondro-sternal articulation, and two or three isolated vesicles just below the left ala nasi.

The crop of vesicles was most abundant over the whole length of the sterno-mastoid muscle, especially behind the ear. On the ear itself there were a few scattered vesicles.

On October 30th, when the eruption was at its height, the face was noticed to be swollen on the left side, and the lower eyelid to be puffy.

On November 3rd well-marked paralysis of the left side of the face showed itself. The mouth and nose were drawn to the right side, the left eye could not be closed, the left eyebrow drooped whilst the right was drawn up, and he laughed and frowned with the right side of the face only.

On November 18th there remained of the eruption only the erythema, but recently the patient had begun to complain of severe pain at times, especially at night, about the neck and jaw.

The patient was a very unhealthy subject, badly nourished, and deformed by very pronounced lateral curvature of the spine, and in addition showed distinct physical signs of tuberculous disease of both lungs, a condition to which Dr. Head alludes in his article in *Allbutt's System* as frequently associated with herpes.

Brighton. E. WEATHERHEAD.

THE RADICAL TREATMENT OF ELEPHANTIASIS.

IN the JOURNAL of October 31st, 1908, containing the paper and discussion on the treatment of elephantiasis, there is but scant mention of the radical treatment of this disease as affecting the extremities. Sir Havelock Charles makes some complaint that Indian clinical experience takes a long time to permeate to writers in England, but judging from his further remarks, where he refers to his having removed the affected tissues from the knee to the toes, etc., and that Major Stevens, he believed, had very successfully practised the same, it would appear that our Madras clinical experience has taken a long time to permeate to Calcutta.

The first operations of this kind ever performed in India were performed by me in Madras at the Royapetta Hospital, and subsequently the operation was practised a considerable number of times both by myself and various colleagues at the General Hospital, Madras. My early cases were published in the proceedings of the South Indian Branch of the British Medical Association. The Director-General, Indian Medical Service, of the time, when visiting Madras, saw some of my earlier cases: the procedure was new to him. I mentioned the operation to the then surgeon to the College Hospital, Calcutta, and his reply showed that it was new to him also. Sir Jonathan Hutchinson, when touring in India, also saw some of my cases.

So many surgeons have had a hand in bringing the technique of the radical operation for scrotal elephantiasis to its present high state of perfection that no surgeon or group of surgeons can claim priority; but in the matter of the radical operation on the extremities I do claim priority for Madras. Experience has shown that the operation in selected cases is sound and justifiable. I use the term selected advisedly; it would take too long here to go into the advantages and disadvantages of the operation. Suffice it to say that in those cases in which the limb has attained such dimensions that the mass interferes seriously with progression—cases in which in former times amputation has been performed—the operation under notice is to be recommended.

W. B. BROWNING, Lieutenant-Colonel, I.M.S.
Thurles, Tipperary. Principal Medical College, Madras.

ANGINA.

RECENT physiological experiments (Schäfer, Oliver-Sharpey Lectures, April 9th, 1908) show that the coronary arteries differ from the systemic in the matter of the contractility of their walls. It has been generally recognized, and it is demonstrated by Schäfer and Lagendorff's experiments, that the coronary arteries are little, if at all, controlled by vaso-motor muscle.

The absence of contractile power from the coronary arterial wall distinguishes these vessels from the vasa vasorum of the aortic wall. For since intravascular tension determines vaso-constriction in systemic arteries, the volume of blood circulating in the nutrient arterioles of the aortic wall is in an inverse ratio with the lateral pressure of the aortic stream, while the volume of blood in the nutrient arterioles of the cardiac wall is in a direct ratio. Therefore, during periods of high blood pressure, the influences at work upon the aortic wall are katabolic, while those at work upon the cardiac wall are anabolic. It follows that hypertrophy of cardiac muscle keeps pace with the circulatory requirements necessitated by advancing peripheral resistance, while hypertrophy of aortic muscle, if occurring at all, does not keep pace with these requirements.

In other words, while the normal ratio existing between the lateral pressure of the blood stream and the resistile capacity of the containing wall is maintained in the case of the ventricle, it becomes altered in the case of the aorta, and the walls of this vessel are rendered liable to strain.

The difference existing between the coronary arteries and the vasa vasorum of the aorta in the matter of their respective contractile powers thus affords an intelligible explanation of the pathological conditions underlying the symptoms of angina.

Moreover, since vaso-constriction is a protective action, the absence of it during periods of increased aortic pressure lays the coronary arteries open to strain and to diseases resulting from strain. Consequently the atheromatous and ossified state of the tissues of this artery, frequently observed in the subjects of angina after death, is to be regarded as a direct result of increased blood pressure, and as a concomitant condition rather than as a cause of angina.

London, S.W. WALTER VERDON, F.R.C.S.

GLOSSINA MORSITANS AND SLEEPING SICKNESS.

THE following brief note may be of interest in the consideration of the question as to whether *Glossina morsitans* may or may not be capable of conveying *Trypanosoma gambiense* in the same manner as *Glossina palpalis*.

During a recent investigation of the conditions obtaining in the northern part of the Katanga I was able to make the following observations:

1. Of natives who were living in villages in the vicinity of which neither *G. morsitans* nor *G. palpalis* was found—

283 men showed 17 cases of infection.
118 women showed no cases.
83 children showed 2 cases.

Thus of 484 natives 3.9 per cent. were infected.

2. Of natives who were living in villages in the immediate vicinity of which *G. morsitans* was to be found but not *G. palpalis*—

844 men showed 37 cases of infection.
372 women showed 1 case.
259 children showed 2 cases.

Giving a percentage of infection for 1,475 natives of 2.7.

3. Of natives who were living in villages in the immediate vicinity of which *G. palpalis* was to be found—

572 men showed 75 cases.
254 women showed 34 cases.
200 children showed 11 cases.

Giving a percentage for 1,026 natives of 11.7.

These figures show clearly that there is absolutely no evidence that the infection has spread more rapidly amongst those villages which are situated in *morsitans* areas than amongst those which are free from the presence of this fly.

The routes which are in common use amongst the natives in this part of the country pass through both *palpalis* and *morsitans* areas, though the former are very much smaller than the latter.

If *G. morsitans* is to be reckoned alike with *palpalis* as a transmitter of the disease, we should expect to find that the villages situated in *morsitans* areas would show at least as heavy a percentage infected as those in *palpalis* areas. For it is to be remembered that natives are surely bitten in this country one hundred times more often by the former than the latter fly.

These figures, however, show that the *palpalis* villages are far more more heavily infected than the *morsitans*, and the comparison becomes still more strongly marked if we eliminate the travellers—namely, the men—and consider the women and children, who represent more fairly the effects of the bites of the fly in the vicinity of the village. In every case where women or children were found to be infected in *morsitans* villages they had recently arrived at the village from some endemic area.

When it is borne in mind that trypanosomiasis has certainly been present to some degree in that country for three or four years, and that it is impossible in most parts for travelling natives to avoid being bitten hourly by the *morsitans*, it would seem impossible that no more evidence would have come to hand if this fly had been able to carry the infection.

It is, perhaps, wise to add that the part of the country from which my observations have been drawn is situated far to the north of the Katanga copper belt, and that the systematic inspection of natives entering the mineral belt from all quarters has revealed no single case of infection from the area referred to for the past four months.

ARTHUR PEARSON,
Chef du Service Médical de l'Union Minière du Haut Katanga.

Medical News.

WE are requested to state that Dr. Phineas Abraham has resigned the post of Surgeon to the Hospital for Diseases of the Skin, Blackfriars.

DR. JAMES MENZIES of Worksop has, on the recommendation of the Duke of Portland, Lord-Lieutenant of the county, been appointed a Justice of the Peace for Nottinghamshire.

AT the meeting of the Society of Tropical Medicine and Hygiene, to be held at 11, Chandos Street, Cavendish Square, W., on Friday next, at 8.30 p.m., Dr. H. G. Waters will read a paper on a new pathogenic spirochaete associated with bronchitis and fever; and Dr. T. Fausset Macdonald will present a communication entitled Tropical notes from Barbados.

A QUARTERLY meeting of the Medico-Psychological Association of Great Britain and Ireland will be held in the new medical schools, Cambridge, on Tuesday, February 23rd, at 3 p.m., under the presidency of Dr. Charles Mercier. Dr. H. B. Donkin will introduce a discussion on the certification of mental defectives as proposed by the report of the Royal Commission on the Control of the Feeble-Minded, and Dr. William Graham will read a paper on the modern movement of psychotherapy.

ZAMBACO PACHA, M.D., of Constantinople, has given £600 to the French Society of Dermatology and Syphiligraphy for the foundation of a prize which is to bear his name. The prize will be awarded every two years to the author of the best work sent in dealing with a subject in the domain of dermatology or venereal diseases. The competition is open to all nationalities, but the essays must be written in French. The first award will be made in April, 1911. The essays must be in the hands of the general secretary on or before November 30th, 1910.

THE eleventh International Congress of Ophthalmology will be held at Naples in April next (2nd to 7th). We are asked to state that an effort is being made to arrange special terms for travelling expenses and hotel accommodation for those who may wish to attend the Congress. It is proposed to issue for perusal before the meeting the communications offered for discussion at Naples. These will be sent only to those who have signified their intention to be present, and have paid the congress subscription (25 francs for members, 10 francs for each accompanying member of a family). To facilitate these arrangements it is most desirable that those who wish to attend should make the earliest possible intimation to one of the corresponding members for Great Britain and Ireland—Mr. Walter H. Jessop, 73, Harley Street, London, W.; Dr. George Mackay, 20, Drumsheugh Gardans, Edinburgh; or Sir Henry Swanzy, 23, Merrion Square, Dublin.

ON February 3rd, at a meeting held at the Warneford Hospital, Leamington, Dr. Thursfield was presented with his portrait in oils by his colleagues on the staff and committee and other friends. The presentation was made by the Chairman of the Hospital Committee (Major Chesshyre Molyneux), who said that Dr. Thursfield was elected Honorary Physician in 1882 at the time when the hospital consisted simply of the old building and had no ground except that upon which it actually stood. Owing in a very great measure to Dr. Thursfield's energy, four new wards and a nurses' home had been built, while the hospital had acquired three acres of land giving plenty of light and air. In addition, Mrs. Thursfield had generously furnished and equipped two of the wards at her own expense. The portrait represents Dr. Thursfield in an M.D. gown, and is considered an excellent likeness.

THE London County Council at its meeting on February 2nd approved arrangements which the Education Committee have made with the Queen Victoria's Jubilee Institute of Nurses for the treatment in their own homes of children suffering from suppurating ears. It has been found in many cases that the usual treatment by syringing, requiring as it does time, care, and patience, is not carried out properly by the parents. A card will be sent to parents whose children are found by the school doctor to be suffering from the affection, telling them that a nurse will attend at the house and administer treatment after the child has been seen by a medical practitioner. On the back of the card is an order to be signed by the doctor requesting the nurse to "syringe the ears of the child twice daily for the next three weeks, using only warm boracic acid lotion, and afterwards drying out and insufflating a very little dry boracic powder." After thus arranging the doctor's prescription for him, the Council nevertheless adds: "It is to be distinctly understood that the nurse, if she attends your child, will act under the instructions of the doctor of the hospital authorities as the case may be, and that the London County Council will accept no responsibility for the treatment prescribed or given."

THE third meeting of the Departmental Committee appointed by the Lord President of the Council to consider the working of the Midwives Act was held at the Privy Council Office on Thursday, February 4th. Mr. Almeric FitzRoy, C.V.O., was in the chair, and Miss Bertha M. Broadwood, Honorary Secretary and Director of the Cottage Benefit Nursing Association, and Miss Rosalind Paget, Honorary Treasurer of the Incorporated Midwives Institute, gave evidence on behalf of their respective institutions.

DR. BENJAFIELD is medical officer of health for the district of Glenorchy, in Tasmania, and his little pamphlet, *Health in the Orchard*, draws an idyllic picture of the place that may well tempt those who seek the simple life. Glenorchy, we are told, is a tract of land some 10 miles square, "dotted all over with cultivated gardens and orchards." There people "spend all day in the sunshine, pruning in winter, digging and ploughing in spring, weeding and spraying in big apple and pear orchards, picking small fruits in the early summer, and later on the hard fruits as they come in." No wonder many of them are still young at 85, and their death-rate is only 4 per 1,000. Incidentally, the Tasmanians are trying to place more of their fruit, and especially their pears, on the home market, and it is gratifying to learn that Dr. Benjafield has been a pioneer, not only in pear culture, but in solving the many problems connected with the packing and shipping of this delicate fruit. We hope to meet Dr. Benjafield's pears at many an English dessert in the near future.

AT a recent meeting of the Child Study Society, when the chair was taken by Mr. C. Montague Barlow, LL.D., member of the London County Council Education Committee, a discussion on the report of the Royal Commission on the Care and Control of the Feeble-minded was opened by Dr. Shuttleworth, who, while recognizing the extraordinary industry of the Royal Commissioners, ventured to criticize some of their recommendations. In the first place, he doubted whether it was advisable to "tar with the same brush" the adult lunatic and the simply abnormal—perhaps only subnormal—child, as was contemplated in Recommendation III (BRITISH MEDICAL JOURNAL, 1908, vol. ii, p. 416), which proposed that all persons of unsound mind, whether lunatic or idiot, as well as the "feeble-minded," should be legally included in the term "mentally defective," thus abolishing the distinction between mental derangement and original mental deficiency, which has important administrative as well as scientific bearings. He thought also that a too rigid requirement of notification and registration of young children found unfit for ordinary education, though capable of benefiting by special instruction, would defeat its own end by wounding the susceptibilities of parents and tend to prevent those of the well-to-do classes especially from seeking for such children appropriate training. Mrs. Burgwin, Superintendent of Special Instruction, London County Council, referred to the difficulty of exact and early diagnosis in the case of many younger children and to the disadvantage of divorcing from the scheme of elementary education, and transferring to an authority controlling adult lunacy the care of children of school age, whatever might be desirable after that age. Dr. Ettie Sayer, Assistant Medical Officer (Education), London County Council, urged that parental susceptibilities must be subordinated to the general social weal. Dr. Caldecott, Medical Superintendent, Earlswood Asylum, discussed the recommendations from the institution point of view, urging that it would be retrogressive legislation to confuse and confound with lunatics the class of mentally defectives in whose interest the so-called "Idiots Act" of 1886 had been obtained. Dr. Kerr, Chief Medical Officer (Education), London County Council, criticized the proposals to remove from the purview of the Board of Education and the local education authority all the abnormal children found in schools; he thought it would be both imprudent and impracticable; and Dr. Crowley, Medical Superintendent to the Bradford Education Authority, hoped that it might be arranged for the present special schools to continue their work under the education authorities by way of contract with the new Committees for the Care of Mentally Defectives, as contemplated in Recommendation XLII. Mr. J. J. C. Turner, Secretary and Superintendent of the Eastern Counties Asylum for Imbeciles, trusted that a way would be found to utilize the existing charitable institutions which had been doing good service for so many years. The Chairman briefly summed up, and after the usual votes of thanks the meeting dispersed.

GEORGE WATT, M.D., J.P.,

ABERDEEN.

STUDENTS of Aberdeen University in the early Seventies will hear with regret of the death of Dr. George Watt. He died from cardiac disease on the morning of February 3rd. A native of Donside, where he was born sixty-one years ago, he went to Aberdeen with the intention of studying for the legal profession, but medicine had greater attractions for him, and after being three years in a lawyer's office he entered Marischal College as a medical student. After graduating M.B. and C.M. in 1876, Dr. Watt practised four years in Yorkshire, but returned to Aberdeen in 1880, and soon acquired a large general practice; for many years he acted as one of the Dispensary Surgeons and was Medical Officer to Blairs College and St. Nazareth House. An ex-President of the Medico-Chirurgical Society, he continued till the last to take an interest in its proceedings, especially the Widows' Fund, of which he acted as treasurer. Some years ago he purchased the estate of Invernettie, Strathdon. Dr. Watt was a devoted Churchman and a staunch Conservative; he was a man of amiable disposition, ever ready to hold out a helping hand to a brother in distress; he was held in high esteem by the medical faculty in Aberdeen. He leaves a widow and daughter—an only child—to whom the sympathy of a wide circle of friends will be freely extended.

Public Health AND POOR-LAW MEDICAL SERVICES.

DAMAGES FOR DEFECTIVE DRAIN.

H. G. writes: A. is a medical practitioner renting a house from C., and B. lives next door. B.'s servant puts a tin down the water-closet drain, which, by causing an obstruction, brings about a bursting of the drain into A.'s cellar, which then has 4 in. of water, owing to the overflow of a surface drain that C. had neglected to put in order. The cellar walls are soaked in a foul mixture of stale water and faecal matter, and A., who had been convalescing from an illness, has a relapse due to blood poisoning. Acting on medical advice, A. closes the house and removes to other quarters with immediate favourable results. His locumtenent and servants also exhibited signs of sewage poisoning. (1) From whom can A. claim compensation for damages? (2) Would C. have ground for a claim against B. for depreciation in letting value of the house?

*** (1) On the facts stated A. would have a claim on B. for damages, but the matter is complicated by reason of the cellar being already in an insanitary condition owing to C.'s default. Our correspondent before taking any action would be wise to consult an experienced solicitor, as many technical points might arise, as, for instance, the nature of the drain, and who was responsible for keeping it in repair; was the drain that burst B.'s private drain, or a drain common to A. and B.? (2) C. would also have a claim against A., but the fact that the damage might have been partly due to his own default would tend to militate against his claim.

Universities and Colleges.

UNIVERSITY OF EDINBURGH.

THE following candidates passed at the January examinations for the diploma in Tropical Medicine and Hygiene:

Samuel Alexander M'Clintock M.B., Ch.B., Stewart M'Naughton, M.B., Ch.B., Hugh Lancelot Sells, M.B., Ch.B.

UNIVERSITY COLLEGE OF SOUTH WALES AND MONMOUTHSHIRE.

AT a meeting of the council on February 4th, Sir Alfred Thomas, M.P., presiding, much time was given to the consideration of the financial position, and a committee was appointed to prepare a scheme for submission to the Court of Governors on February 18th. Arrangements were suggested for the award of the ten scholarships to be offered to the Cardiff Education Committee by the college in return for the increased annual grant of £400.

Mr. J. Austin Jenkins, B.A., the registrar, was appointed representative of the college on the council of the Central Welsh Board; Dr. W. E. Thomas, Pentre, the Rev. J. Morgan Jones, and the Rev. H. M. Hughes, B.A., were elected, with the principal, the representatives of the council on the court of the university.

It was resolved to present an address in English and Welsh on the occasion of the Darwin jubilee celebration in Cambridge next summer.

ROYAL COLLEGE OF PHYSICIANS OF IRELAND.

AT the monthly business meeting of the college, held on Friday, February 5th, the President admitted as Licentiates in Midwifery the undermentioned candidates who had passed an examination for that Licence held on Thursday, February 4th:

Mangaldas Vijbhucandas Mehta, B.A., L.M.and S., Bombay, 1908.
Kathleen Reed, L.R.C.P.and S.Edin., L.F.P.and S.Glasg., 1909.

CONJOINT BOARD IN IRELAND.

THE following candidates have passed the examinations indicated:

THIRD PROFESSION EXAMINATION.—G. F. Allison, A. D. Clanchy, Miss M. E. Coghlan, O. G. Connell, C. A. Farrell, J. W. Flood, F. H. Gleeson, P. Harrington, J. P. Johnston, D. J. Lyne, J. Mitchell, F. J. McManus, J. H. O'Neill, R. P. Thomson, H. Q. O. Wheeler, J. McG. Williams.

SUPPLEMENTAL PRELIMINARY EXAMINATION.—T. S. Ambrose, J. F. J. Carroll, M. Cahill, J. J. Cosgrove, J. P. Grimes, J. M. Marron, P. W. O'Connor.

APOTHECARIES' HALL OF IRELAND.

THE following candidates having passed the necessary examinations have been granted the diploma:

C. J. Neilan, T. E. Johnson, E. Johnson.

Hospitals and Dispensaries.

THE ROYAL PORTSMOUTH HOSPITAL.

OPENING OF NEW CHILDREN'S WARDS.

THE new children's wards of the Royal Portsmouth Hospital were opened on February 3rd by Princess Victoria of Schleswig-Holstein, President of the Portsmouth Branch of the League of Mercy. With the erection of the children's wards three of the four blocks included in the original plans of 1897 have been completed.

The new block, which owes so much to Mr. J. J. Young, J.P., Chairman of the Building Committee, are designed on the most modern principles of sanitation and hygiene. It contains two wards, one for boys and the other for girls, with 20 beds and 4 cots in each. There are also two small side wards with 2 beds in each; accommodation is thus provided for 52 children in all, as compared with 36 in the old wards. The wards have windows on every side except the north, and they will have the sun the whole day through; the area of glass is estimated to equal one-fifth of the area of floor space. The enamelled walls are embellished with inlet picture panels illustrating well-known nursery rhymes executed in painted tiles procured from the Royal Doulton Potteries. The wards are fitted with their own kitchens, bath-rooms, and necessary offices. At the southern ends there are covered balconies for convalescent patients. The new wards are called the "Edward and Mary," after the children of the Prince and Princess of Wales, and the "Young" ward, after the Chairman of the Building Committee. It was recalled with pride that the royal family have always taken a warm interest in the hospital, since the foundation stone of the old building was laid by the Prince Consort in 1847, and His Royal Highness and Queen Victoria became its patrons, as King Edward and Queen Alexander are to this day. The foundation stone of the new blocks was laid in 1897 by the Duke of Connaught, and they were opened two years later by the Duke and Duchess of York.

Princess Victoria of Schleswig-Holstein was received at the hospital by the Bishop of Winchester, president of the institution, Alderman Sir George Couzens, chairman of the governing body, the Rev. W. C. Hawksley, chairman of the committee of management, and Mr. J. J. Young, J.P., chairman of the building committee. Statements as to the raising of the necessary funds, the steady growth of the hospital, and the details of the actual building of the new wards were given respectively by Mr. Young, Dr. Ward Cousins, and Mr. C. W. Ball, honorary architect to the hospital.

Dr. Ward Cousins, in eulogizing what he termed "those splendid wards," said they were up-to-date, and there had never been anything like them in Portsmouth before. They would be of enormous benefit in the treatment of the poor children. The original decision to build a hospital was arrived at in a meeting held at the Beneficial Society's Hall, Portsea, in 1846, when the Mayor (Mr. James Hoskins) presided, and on that occasion £700 was raised in the room, and 100 life subscribers were obtained. Several sites were offered by the Board of Ordnance. A contract was accepted, and on September 27th, 1847, the Prince Consort laid the foundation stone, the building being formally opened by the then Bishop of Winchester on January 22nd, 1849. Commenting on the progress of the institution during the next fifty years, Dr. Ward Cousins said that it was an old-fashioned building, but slowly, quietly, and unostentatiously good work was done within its walls, and various extensions and reforms were effected. Towards the end of the last century the wave of hospital improvement which had spread over the country reached Portsmouth, at the time of her late Majesty's Diamond Jubilee. Plans were got out for the rebuilding of the whole hospital, and in 1899 two new blocks were opened. Now they were about half-way through the new Portsmouth Hospital, which was sure to make progress and be completed.

A vote of thanks to the Princess Victoria was proposed by Sir George Couzens, and seconded by the Rev. W. C. Hawksley, after which Her Highness made a tour of inspection of the hospital.