

possible when percussing a patient's chest to detect or at least suspect areas of superficial dullness where there have been localized pleurisies which have left adhesions as a permanent memorial.

Sometimes patients can corroborate the diagnosis by remembering the sharp pains they felt at the involved sites, and sometimes they do not recollect having any suffering. From this, and for other reasons, I conclude that children often have attacks of pleurisy which are overlooked. Such vestiges of a bygone pleurisy seem to me to occur most frequently low down on the left side, over the axillary portion of the lower lobe of the left lung.

Auscultation is not nearly so valuable as percussion in diagnosing such superficial areas of dullness on the surface of the lung. Occasionally the affected area may not be much larger than a square inch, as I have once verified *post mortem* in a case in which the adhesion was in the vicinity of the right nipple. If the fibrinous exudation is recent, rubbing, grating, squeaking, or creaking sounds may be heard. If the dullness is considerable, the inspiratory murmur may be fairly distinct; and the expiratory murmur faint, and preternaturally short, as compared with that over sound pleura and lung. Probably this indefiniteness of the respiratory murmur may be due to the lung being adherent to the chest wall, and its natural recoil interfered with by the adhesions.

Inspection in well-marked cases of pleural adhesions may show deficient expansion and contraction. It is not practicable to diagnose adhesions in the scapular regions, or even in very obese subjects, except by inference.

The diagnosis of pleural adhesions should be regarded as a danger signal to warn the patient to take all precautions in his mode of life, diet, etc., to ward off the graver manifestations of tubercle in the lung.

The immediate treatment of fibrinous pleurisy consists in the internal administration of sedatives, such as opium, and the use of counter-irritants. These measures will not banish old adhesions, but they relieve recent attacks of pleurisy.

It does not follow because a patient has had an attack of pleurisy that he will fall a victim to phthisis pulmonalis. Indeed, were such the case, every fourth, or at least every sixth, patient would develop the disease. It is the exception rather than the rule. But the two conditions are so frequently found together that they appear to me to have a common origin; and phthisis pulmonalis develops after a history of localized pleurisy so frequently that the latter rises into great significance.

When a patient comes to the dispensary complaining of his chest, I always put the three following questions, and subsequently other questions that arise out of the answers given.

Have you a cough?

Have you any spit or expectoration?

Do you suffer from any sharp pain in the chest, referring particularly to the common sites indicated above?

It is necessary to be wary in inquiring about a cough, as consumptive patients are very shy of admitting a cough, while emphysematous patients are often silent about their morning cough, although desirous of being relieved of their shortness of breath. If a patient complains of having had for a considerable period a cough and spit, without ever having had any sharp stitches about the chest, he is probably suffering from bronchitis. If he complains of cough, spit, and sharp pains in the chest (not the pain at the pit of the stomach due to hard coughing), he has, almost to a certainty, got phthisis pulmonalis. Cancer of the lung, however, is one exception. The cough indicates the presence of a foreign element in the respiratory tract; the sputum, if it be purulent or muco-purulent, points to bronchitis or bronchopneumonia being present; and if the sputum contains little cheesy-looking particles, these will denote that caseation is going on in the lung or lungs; the sharp pains will point to pleurisy, so that the three cardinal signs or symptoms—cough, pain, and expectoration—will in all probability correspond to bronchitis, pleurisy, and tuberculous pneumonia, and, in a word, phthisis pulmonalis.

I have pleasure in stating that Mr. E. Wardman Wilbourne, medical student, who has been working with me at the dispensary, has frequently verified the above observations, and agrees with the conclusions drawn.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

AVULSION OF A FINGER.

THE following accident appears to me to be sufficiently remarkable, both in the manner of its production and its effects, to be worth recording. The patient, a young man, was indulging in a form of amusement euphoniouly entitled by the proprietor "swooping the swoop," a looped metal contrivance running by means of a wheel along an inclined cable. The amusement consists in grasping the horizontal bar of this loop and while thus suspended having an aerial journey along the cable. On reaching the lower end one lets go and drops two or three feet to the ground. The patient had a ring on the little finger of the right hand. On attempting to let go, the stone in the ring, which had slipped round to the palmar aspect of the finger, caught in the junction between the horizontal and vertical portion of the loop, with the result that he was momentarily suspended by the little finger, and the finger was avulsed in the following manner: The bone gave way at the joint between the second and third phalanges; the skin opposite the lower end of the first phalanx and the whole length of the deep flexor tendon, maintaining its attachment to the phalanx, was pulled completely out of the arm from its origin near the elbow, the finger being picked up off the ground with its accompanying tendon.

The finger, with its tendon, shown against a cardboard background.

HORACE P. GODFREY, M.B., B.S.Melb., F.R.C.S.Eng. Melbourne.

ACUTE INVERSION OF THE UTERUS,

I READ with some interest Mr. Holthusen's contribution to the JOURNAL of January 23rd, as during the past few months two instances of a somewhat similar nature have come under my care, being the only cases of this description I ever met with, occurring, rather singularly, within five months of each other.

One, which occurred in July, 1908, was in a primipara aged 23. The first two stages of labour were normal, but upon its expulsion the placenta was found attached to an inverted uterus, though not technically adherent. It was speedily separated with little or no haemorrhage. There was great disturbance of respiration and circulation, cyanosis, etc., in fact the patient had the appearance of imminent dissolution. On returning the uterus, which was effected with little or no difficulty, the alarming symptoms gradually subsided. The patient, who was a very healthy young woman, made a splendid recovery.

The second case happened in December, 1908, in the second pregnancy of a woman, aged 30, with hip-joint disease and a weak heart. Labour was tedious and recourse was had to instrumental delivery. On some amount of haemorrhage taking place, it was found that the vagina was occupied by the uterus as well as the placenta. The latter was easily removed, but the return of the former to its natural position was an affair requiring the exercise of some care and manipulation. What immediate after-effects there were seemed more attributable to haemorrhage, than to disturbance of the parts. The patient lived six weeks, then died from cardiac debility, anasarca, etc.

Birstwith.

H. G. HAROLD CLARKSON.

TREATMENT OF OPHTHALMIA NEONATORUM.

A CHILD with ophthalmia neonatorum runs so many risks from the treatment it receives—at any rate when the treatment is not carried out by experienced hands—that I think the following remarks are in place:

As a rule the mother consigns her unfortunate offspring to the darkest corner of a dark and badly-ventilated room, and covers up its head with a cloth, which is soon contaminated by discharge. Blepharospasm confines the pus in the conjunctival sacs, and renders all manipulation not only difficult but dangerous. A strong solution of silver nitrate is swabbed on the everted lids, causing considerable pain, and perhaps injury to the cornea owing

to the blepharospasm and the desire to reach all the crannies of the conjunctival sacs.

The indications are clear. Light and fresh air must be let into the room, and the child should go out daily. The face must not be covered up; cleanliness must reign supreme. A towel should be kept behind the child's head to receive any discharge, and must be frequently changed. The nurse must wash her hands before and after the dressing. If the child's hands wander to the eyes they must be fastened down by a safety-pin through the sleeve.

To overcome the blepharospasm an external canthotomy should *always* be done. This simple operation is performed by inserting one blade of a blunt-pointed pair of scissors into the conjunctival sac at the outer canthus and with the other blade external cutting horizontally outwards. The orbicularis palpebrarum is divided, the palpebral opening enlarged, the lids can be easily and safely everted, and the conjunctival sac washed out.

Instead of silver nitrate solution I use argyrol in the strength of 25 per cent., and the nurse is instructed to drop one drop into each conjunctival sac every quarter of an hour during the day—once or twice during the night. Any discharge is washed away from the lids as soon as it collects with a weak antiseptic solution, such as solution of potassium permanganate (1 in 10,000), and three times daily the conjunctival sacs are washed out with the same solution, just sufficient lotion being used to remove any visible discharge. If there is the slightest haziness of the cornea, atropin is instilled once daily. The points to be emphasized are:

1. Cleanliness, fresh air, and light.
2. External canthotomy always to be done.
3. Argyrol, 25 per cent., one drop every quarter of an hour.

In Berlin the use of silver preparations has been in some quarters given up entirely in ophthalmia neonatorum, and a 10 per cent. ointment of aluminium acetate inserted between the lids hourly with good results, but I have as yet had no experience with this.

Oldham.

W. DUNCAN LAWRIE, M.D.

Reports

ON

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

FRENCH HOSPITAL, LONDON.

CARCINOMA OF CERVIX: HYSTERECTOMY, NEPHRECTOMY:
RESECTION OF SMALL INTESTINE: RECOVERY.

(Reported by Mr. KENNARD, F.R.C.S.Edin., late House-Surgeon to the French Hospital.)

[Under the care of Dr. SUNDERLAND, Mr. EDMUND OWEN, and Mr. CLAYTON-GREENE.]

MADAME M. was admitted on October 3rd, 1907. She gave a history of a miscarriage three weeks previously and of occasional attacks of bleeding since then. She had had two children, the last two years previously.

On examination, a cauliflower growth of the cervix uteri was found invading the right fornix. The uterus was not enlarged, and it was freely movable.

Mr. Owen operated on October 15th, the patient being in the inverted position. The right ureter was involved in the growth and could not be separated from it. It was, therefore, cut across a little above the mass, and the lower end was taken away with the uterus and its appendages.

The renal end of the ureter was then drawn down and implanted into the side of the bladder, being secured to the fibro-muscular coat by several fine sutures. Further, in order to keep it well drawn down, so that there might be no strain on the point of union, it was fixed to the sheath

of the psoas by a couple of sutures. But in case of the implantation proving unsuccessful, a rubber drainage-tube was passed along the side of the bladder and brought out by the vagina. A gauze wick was left in the upper part of the abdominal wound. For five days everything seemed to be going well, but there was then an escape of urine on to the abdominal dressings, and next day urine was found passing by the vaginal wound. The woman seemed, however, quite comfortable. In due course the abdominal wound entirely healed. Except for the vaginal leakage she was in fair condition, and on November 10th she was sent to the convalescent home at Brighton, there being still a leakage by the vagina. On her return three weeks later she said that she felt quite well except for the leakage. Cystoscopic examination showed the left ureter working well, the right being absent. The removal of the right kidney was advised, but this she declined.

It was unfortunate that the implanted ureter failed to take up an attachment to the bladder. Everything was arranged towards this, but notwithstanding, after, apparently, a certain amount of hesitation, the ureter "carried away."

By the following March, however (1908), she had grown so weary of the leakage that she willingly came in for the nephrectomy. This was done, and an uninterrupted recovery was the result. The kidney was found soft; the pelvis and ureter were dilated. She made a rapid and complete recovery.

On April 11th the woman was readmitted, suffering from chronic intestinal obstruction, with marked peristalsis of the small intestine. It was thought that this was probably due to adhesions having formed between the small intestine and the uterine stump. The symptoms becoming very acute, and Mr. Owen being absent, Mr. Clayton-Greene operated on April 24th, making an incision through the right semilunar line. On exploring the abdominal cavity, a hard lump was felt in a coil of small intestine; this was brought up to the surface, and was found to be a mass of new growth of the size and shape of a moderate-sized Murphy's button. The intestine was much distended. It was not thought safe to excise the growth without providing efficient drainage. A lateral anastomosis between the two arms of the loop was therefore performed well away from the growth, and the mass was then protruded through a separate opening in the loin, the anterior wound being closed. The segment of bowel containing the malignant growth was then excised, and a Paul tube was inserted into the proximal piece of intestine, the distal end being closed. No enlarged mesenteric glands were discoverable. The intestine drained freely through the tube, and before long the lateral anastomosis became functional, and the discharge of faecal matter was reduced to an occasional stain on the dressing. The anterior wound healed by first intention, and the opening in the loin gradually closed.

The object in performing the operation in this manner was to avoid the risk of suturing the intestine while in a distended state, without at the same time providing adequate drainage; it was also thought better to complete matters, if possible, at one operation, rather than to be compelled to resect an artificial anus subsequently, having regard to the previous surgical experiences of the patient. The woman reported herself at the hospital in January last as being in perfect health and as having increased considerably in weight.

Histological Examination.—Dr. B. H. Spilsbury states that the growth is a squamous-celled carcinoma in the submucous coat of the intestine, "which is suggestive of its being secondary to the uterine tumour." This report is in accordance with the opinion formed at the time of the operation. It might have been expected that such a growth would have arisen rather by implantation on the peritoneal surface, but this certainly was not the case. The tumour in the intestine was freely movable in the abdominal cavity, and it bore no relation to the uterine region. The peritoneal coat was not involved, except where it was puckered at the actual site of the stricture. Moreover, the report states that the growth apparently started in the submucous coat of the intestine. Such a secondary growth, presumably the result of a vascular metastasis, must be of rare occurrence, and the fact that up to the present no other secondary deposit has been observed makes the condition still more interesting.

Medical News.

THE "E. M. I." (Études Médicales Internationales) has arranged this year to visit the medical schools of England, Scotland, and Ireland.

DR. WEIR MITCHELL of Philadelphia, the distinguished neurologist, who has also won fame as a novelist, celebrated his 80th birthday on February 15th.

THE lectures arranged by the National League for Physical Education and Improvement to be given on March 4th and 11th have been unavoidably postponed.

THE Association Générale des Médecins de France will formally celebrate the fiftieth anniversary of its foundation in April. It came into existence on August 30th, 1858.

THE next dinner of the Irish Medical Schools' and Graduates' Association will be held at the Hotel Cecil, London, on Thursday, March 18th; Lord Ashbourne will be the guest of the evening.

THE direction of the Hygiene Exhibition, to be held at Dresden in 1911, has been entrusted to Dr. O. Neustätter, co-editor of the *Gesundheitslehrer*, a journal which is largely devoted to the exposure of quacks.

ON Tuesday next at 8 p.m., Dr. A. Harden, F.I.C., of the Lister Institute of Preventive Medicine, will read a paper on the relations to pharmacology of some recent advances in biological chemistry, before the Pharmaceutical Society of Great Britain.

M. MESUREUR, Director of Public Assistance in Paris, has paid English nursing a remarkable compliment by arranging that four French nurses should have a short course of practical training at St. Bartholomew's Hospital.

THE annual conversation of the West London Post-Graduate College will be held at the hospital on Wednesday, March 24th, at 8.30 p.m. All past and present members of the college are cordially invited, and an invitation will be sent to any medical man applying to the Dean at the hospital.

THE University of Edinburgh will, at the approaching Spring Graduation, confer the honorary degree of LL.D. on Emeritus Professor Alexander Crum Brown, till lately Professor of Chemistry in that University; and on Surgeon-General Sir A. Keogh, K.C.B., Director-General of the Army Medical Service.

ARGYLLS LIMITED, the company which makes the Argyll motor cars, has recently undergone reorganization, and proposes shortly to open a dépôt in London, which will be under the direct control of the management of the works at Alexandria by Glasgow, to which address for the present all communications should be sent.

THE Colonial Office has issued a revised edition of the Memorandum on Medical Appointments in the Colonies, and also of the pamphlet entitled Information for the Use of Candidates for Appointment on the West African Medical Staff. Inquiries should be addressed to the Assistant Private Secretary, Colonial Office, Downing Street, S.W.

AN ophthalmic exhibition will be held on Friday and Saturday, March 12th and 13th, from noon to 10 p.m. each day in the rooms of the Medical Society of London. Its object is to bring under notice the latest models and improvements and a number of optical firms of repute will show apparatus and instruments. Particulars can be obtained on application to Mr. Ernest Schofield, 11, Chandos Street, London, W.

A PROVINCIAL sessional meeting of the Royal Sanitary Institute will be held in the University, Sheffield, on Friday, March 12th, and Saturday, March 13th. On the first day a discussion on medical inspection and its relation to the home life of children will be opened by Dr. Ralph P. Williams, School Medical Officer, Sheffield, and on the following day inspections will be made of the Plenum system of ventilation, new sewage works, and a smoke prevention exhibition.

FOLLOWING out the line of action adopted by the North Northumberland Division of the British Medical Association, the members of the West Penwith Medical Society, Penzance, mainly composed of members of the British Medical Association, passed the following resolution at a meeting held on February 24th: "That this Society unanimously disapproves of midwives engaging to attend cases for whom a medical man has not been engaged to attend, and they desire to point out to all nursing associations in West Penwith that they have unanimously resolved that they will not hold themselves responsible for attendance on such cases."

SIR THOMAS R. FRASER AND DR. JAMES A. GUNN reported recently to the Royal Society the result of experiments made in the Pharmacology Laboratory of the University of Edinburgh on the action of the venom of the South African *Sepedon haemachates*. Its primary and greatest effect was found to be upon the respiration. In mammals death was due to respiratory failure produced by paralysis of the respiratory centre, the excitability of the phrenic nerve ends being practically unimpaired. The venom also had a marked enfeebling action on the brain and spinal cord, and little, if any, effect on the motor nerve endings. The effects of the venom on the circulation were found to be of minor importance compared with those on the respiration.

A WELL-ATTENDED meeting of the medical officers and dental surgeons attached to the Metropolitan Provident Medical Association was held at the head office, 5, Lamb's Conduit Street, on Tuesday. Mr. Francis Buxton, Chairman of the association, presided, and there were also present Sir William Bousfield, Mr. C. G. Montefiore, Mr. A. L. Leon, Mr. W. E. Darwin, and Colonel Fellows, representing the Executive Committee. A resolution was unanimously passed approving of the action of the association in bringing to the notice of the London County Council the work and aims of provident dispensaries. It was also resolved: "That in the event of the London County Council applying to the Metropolitan Provident Medical Association to undertake the medical treatment of school children through the provident dispensaries of London, the medical officers would heartily co-operate with the association, and would do everything possible to meet the requirements of the educational authorities." A medical committee, consisting of Drs. G. Michael, S. Wilson, H. H. Sturge, H. Taylor, J. A. P. Barnes, G. M. Bluet, and Messrs. C. N. Bayfield and H. A. Matheson, dental surgeons, with power to add to their number, was formed to assist the Executive Committee in arranging the details of any scheme of co-operation which may be suggested between the provident dispensaries and the London County Council.

THE usual monthly meeting of the Executive Committee of the Medical Society of London, on Life Assurance Society was held at 429, Strand, London, W.C., on February 19th, Dr. de Havilland Hall in the chair. The accounts presented showed that the operations of the society in January were more than usually successful. The amount of new business obtained was not so great as in January, 1908; but last year was a record in this respect, and some diminution of numbers in this item was to be expected. On the other hand, the sickness experienced was less than the average expectation; the claims received were for the most part of short duration, and, as more than one of the chronic cases have lately been removed by death, the sickness was not so heavy as at this time last year. The threatened epidemic of influenza seems to have nearly, if not entirely, disappeared, and the claims on the society this year so far have arisen mainly from the throat and chest affections to which medical men are specially subject in severe weather. At the annual general meeting of the members, to be held at the rooms of the Medical Society of London, 11, Chandos Street, Cavendish Square, London, W., on May 27th, at 4.30 p.m., a satisfactory report will be presented. It will show that in the year 1908, more new members were obtained than in any previous twelve months of the society's working; and that the sickness branch, in which alone new business is now transacted, obtained a substantial addition both to the number assured and the amount of the financial reserves. Prospectuses and all further information on application to Mr. F. Addiscott, Secretary, Medical Sickness and Accident Society, 33, Chancery Lane, London, W.C.

LITERARY NOTES.

It is announced that it is proposed to publish a short life of the late Sir William Broadbent. Lady Broadbent will be grateful if any one who has letters from him of general interest will kindly allow her to see them. They should be sent to her at 9, York Terrace, Regent's Park, London, N.W., and will be returned as soon as possible.

To the March number of the *Cornhill Magazine* Mr. Leonard Huxley contributes an article on the author of the *Origin of Species*. In it he speaks of the occasional intractability of Darwin's pen, which called forth the following humorous criticism after a re-reading of the *Origin*:

Exposition was not Darwin's forte, and his English is sometimes wonderful. But there is a marvellous sagacity about

decrease of £11,000, and as to this the estimates contain the following observations :

The return of medical officers and nurses from South Africa on reduction of the garrison enables the numbers of re-employed retired officers and civil nurses to be reduced. There is also less provision for civil practitioners, owing to the increased number of officers of the R.A.M.C. available for duty.

ARMY MEDICAL CORPS (TERRITORIAL FORCE), ABERDEEN.

Head Quarters.—No definite decision has yet been reached as to where the permanent head quarters of the Royal Army Medical Corps and allied branches of the Territorial Force in the City of Aberdeen are to be, and it seems very doubtful whether the old West Poorhouse in Fonthill Road, which is at present being utilized as head quarters, will be purchased by the War Office as was expected and as is desired by the City Association. Since the R.A.M.C. has occupied these premises they have been found in every way suitable, being both commodious and central, and there is little doubt that those factors have counted very materially in the recruiting. Some few weeks ago the Chief Engineer for Scotland accompanied by the local officials of the City of Aberdeen Territorial Force Association, went over the premises, and also inspected the at present unused barracks in King Street. The old Poorhouse, although considered in every respect suitable for head quarters, was looked upon with disfavour on account of the cost involved in purchasing the building, and as there is still about twenty years of the lease of the King Street barracks to run, it has been suggested that these be permanent head quarters. This is viewed with much disapproval by the corps, not only because the place is in a bad state of repair, but also on account of its being so much out of the way for the great majority of the men. There can be no doubt that if the War Office eventually determines to make the barracks the head quarters of the R.A.M.C. this will have a very prejudicial effect on the strength and prosperity of the corps. Hopes are, however, still entertained that the representations of the association in regard to the purchase of the old Poorhouse may be favourably considered.

Recruiting.—Meanwhile the recruiting for the corps goes on very steadily and a good class of recruit is being obtained. For Nos. 1 and 2 Highland Division Field Ambulances and the General Hospital over 400 men have now been enrolled. The nursing staff of the General Hospital was complete some months ago—the first in the kingdom to attain this satisfactory position. The organization of the training school was completed many months ago, but as no funds are yet available for it little has been accomplished in the way of practical work. With suitable head quarters permanently agreed on there is no doubt that the corps would rapidly follow the Highland Division Artillery in completing its establishment.

Universities and Colleges.

UNIVERSITY OF LONDON.

FACULTY OF MEDICINE.

Proposed Formation of a Board of the Faculty.

THE Faculty of Medicine of the University of London, at its meeting this (Friday) afternoon, will have before it a memorandum by Professor Starling suggesting the formation of a Board of the Faculty, and draft recommendations and a draft resolution for the formation of such a board prepared by Professor Starling and Mr. Leonard Hill.

Professor Starling's Memorandum.

The main object of the reconstitution of the university in 1898 was to make the university a teaching body by giving the teachers a voice and an influence in the determination of the curricula and in the examinations. In the statutes of 1900 the method adopted to attain this object was the institution of boards of studies composed of teachers, whom the Senate were bound to consult on all subjects concerning the curricula and examinations. The recommendations of these bodies are considered by the Senate only after receiving a report on them from the Academic Council or External Council according as the recommendations affect internal or external students respectively.

To the Faculties the only statutory power accorded is the election of sixteen members of the Senate—members who also form part of the Academic Council. On the Academic Council there falls the task of co-ordinating the recommendations of the various boards within the purview of each Faculty, and of formulating definite recommendations to the Senate with regard to the Faculty as a whole. Since the Academic Council includes representatives from all Faculties, it has become customary for the affairs of each Faculty to be referred first to a subcommittee consisting of the representatives of the Faculty in question. The initiation of action in the internal affairs of the university so far as concerns medicine is therefore practically in the hands of the three representatives of the

Faculty. These three are not trained administrators. They are not cognizant with all aspects of questions which arise concerning the Faculty of Medicine. They only form a small minority in the Academic Council. Where there is general agreement between all the Boards of Studies they are able to advise the Academic Council accordingly. Where there is disagreement they have not the knowledge or power which would enable them to decide between the divergent views, nor, if they so decided, could they speak with the authority necessary to impress their views on the rest of the Academic Council or on the Senate. Moreover, their time and energies are so fully taken up with routine business, such as modifications in the curricula, recognition of teachers, course of study, etc., that no time or energy is left for the working out of schemes for the development of the University Faculty of Medicine, which have from time to time been put forward by the Faculty or the Boards. One of the weaknesses of the internal side of the University is the inadequacy of the Academic Council to perform duties which cannot possibly be carried out by any one body of men.

Is it possible to improve this condition of things? Any alteration in the mode of appointment of the Boards of Studies, or of the Academic Council, or in the reference to these bodies, would amount to an alteration of the schedule to the Act of 1898, which at present keeps the whole university in fetters. We cannot, therefore, expect any such alteration until the new Royal Commission has reported. It would, however, be possible to effect certain changes *by consent* (not by statute) which might bring about an improvement in the administration of the internal side of the university, and might be regarded as an experimental trial of a condition of things for which statutory authorization might be hoped for under a new Act.

We cannot expect the medical side of the university to make any substantial progress until its academic direction is determined by those who are mainly responsible for its welfare—namely, the members of the Faculty of Medicine. At the present time the Faculty itself is too large and unwieldy a body to undertake administrative functions. Any attempt to rule the medical side of the university by a direct vote of the Faculty would result in important questions being decided by small groups of men who had the energy or leisure to whip up the holders of some particular view. On the other hand, its three representatives on the Academic Council are too few in number and not sufficiently representative of the varied interests involved to be able to carry on the work which is laid upon them.

The solution of the difficulty is probably to be found by adopting the suggestion of the Cowper Commission, and by entrusting the affairs of the Faculty to a "Faculty Board," to be elected by the Faculty, sufficiently numerous to include representatives of the various branches of study involved in the medical discipline but not too large to act as a single advisory or executive body. It is to be hoped that such a body will in future be entrusted with actual executive functions in certain academic matters. At the present time all that the Faculty can do is to delegate its powers of advice to its representative board, and to request the Senate to regard its delegates as the Faculty itself and as the chief advisory body in medicine. The Faculty Board would thus in practice take the place of the subcommittee in medicine of the Academic Council, and would probably also render unnecessary the existence of the committee of the medical members of the Senate.

Method of Appointment.—At some future time, when the Faculties have more autonomy and are directed by their representative boards, the nomination of Boards of Studies, which might be practically committees of the several Faculties, would lie with the latter. At present the Boards of Studies are the most important academic bodies provided for by statute. The Faculty Board would therefore have to be, in the first place, representative of the various Boards of Studies in the Faculty, care being taken by the proper proportioning of the numbers of representatives from each board, and by the addition of members directly elected by the Faculty to ensure that the opinion of the Faculty Board should really represent the opinion of the Faculty as a whole. A board of twenty-four to thirty would be workable in size, and might have somewhat the following constitution :

One representative of each of the subjects, Chemistry, Physics, Biology, Pharmacology, Ophthalmology, Hygiene, Mental Diseases, Dentistry=8.

Two representatives of each of the subjects, Anatomy, Physiology, Pathology, Gynaecology=8.

Five representatives each of Medicine and Surgery=10.

This would give eight members of the board representing the Preliminary and Intermediate Medical Studies and eighteen representatives of the Advanced Studies. In a

body of this size it should be possible to secure representation on the board of every school of the university. The board would have to meet regularly at least once a month in order to get through the business, and it would therefore be essential to elect only such men as are able to devote this amount of time to the work of the Faculty.

The following series of resolutions are designed for the purpose of carrying these alterations into effect. It is important to remember that the Faculty, in carrying these or similar resolutions and making a bid for Home Rule in the Faculty, would be practically requesting the Academic Council to abrogate certain of its powers in favour of a board which is not recognized by the present statutes. The change, therefore, can only be carried out by consent of the Senate and its Councils, and if the recommendations of the Faculty are to have sufficient weight with the Senate to persuade this body of their advisability, it is essential that they should be carried by a large majority at a full meeting of the Faculty, and not, as usually happens, by a chance majority at a meeting which only just exceeds the necessary quorum. The question is vital for the future of the Medical School of London, and is much more important than the election of one or other individual as a representative on the Senate. It is hoped, therefore, that the members of the Faculty will make a special effort to attend the meeting at which these resolutions will be brought forward.

Draft Scheme Proposed by Professor Starling and Mr. Leonard Hill.

The scheme recommends that the Board of the Faculty of Medicine shall consist of:

- (i) The Dean of the Faculty of Medicine, who shall be *ex officio* Chairman of the Board.
- (ii) The Secretary of the Faculty of Medicine, who shall be *ex officio* Secretary of the Board.
- (iii) The Chairmen of the Boards of Studies in the following subjects:

Preliminary Medical Studies.
Intermediate Medical Studies.
Advanced Medical Studies.
Dentistry.
Hygiene and Public Health.
Physiology and Experimental Psychology.
Human Anatomy and Morphology.

- (iv) Representatives of the following boards appointed by the Faculty after report from the Board in question, namely:

Two representatives of the Board of Preliminary Studies.
Two representatives of the Board of Intermediate Medical Studies.
Four representatives of the Board of Advanced Medical Studies.

- (v) Four members to be elected from the Faculty by the Faculty.
- (vi) The three Representatives of the Faculty of Medicine on the Senate.

- (vii) The two members of the Senate appointed by Convocation on the election of the registered graduates in Medicine and in Surgery.
- (viii) All members of the Faculty of Medicine not included in the foregoing categories who are also members of the Senate.

The Board will thus consist of at least twenty-six members, and it is proposed to fix its quorum at ten.

It is recommended that the Board of the Faculty of Medicine be empowered to report to the Senate on any subject within the purview of the Faculty through the Academic Council, or through the Council for External Students, as the case may be, provided that, if any six members of the board, at any meeting of the board, request that a question shall be reserved for the consideration of the Faculty as a whole, no action shall be taken thereon until the Faculty has considered it.

Resolution.

The following is the text of the resolution which is to be proposed by Professor Starling, seconded by Mr. Leonard Hill:

That the Senate be requested to resolve that until further order no action on any of the following subjects be taken by the Senate until they shall have received a report thereon from the board of the Faculty of Medicine through the appropriate council or councils in accordance with the scheme set out below:

Subject.	Appropriate Council.
(a) Recognition of teachers and courses of instruction in medical subjects	Academic Council.
(b) Medical curriculum	Academic Council and External Council.
(c) Medical examinations, including appointment of Examiners	Ditto.
(d) Admission of schools in the Faculty of Medicine	Academic Council.
(e) Constitution of the Faculty of Medicine	Ditto.
(f) Organization of higher teaching and research in medicine	Ditto.

UNIVERSITY OF CAMBRIDGE.

THE date of the Third M.B., Part II, in next Easter term, has been altered from Tuesday, June 15th, to Tuesday, June 8th, owing to the Darwin celebration.

R. C. Pannett, M.A., Gonville and Caius College, has been appointed Superintendent of the Zoology Museum.

Sir Victor Horsley will deliver the Linacre Lecture at St. John's College on May 6th, the subject of the lecture being the Motor Area of the Brain.

The following degree was conferred on February 25th:

M.B., B.C.—F. A. Julien, Trin.

UNIVERSITY OF ABERDEEN.

HONORARY GRADUATES.

At a meeting of the Senatus of Aberdeen University held on February 23rd it was agreed to confer the following honorary degrees at the April graduation:

The Degree of Doctor of Divinity.—Rev. David S. Cairns, M.A. Edin., Professor of Dogmatics and Apologetics, United Free Church College, Aberdeen; Rev. James Riddoch Leslie, M.A. Aberd., Principal of the Episcopal Training College, Edinburgh; Rev. John Scott Lidgett, M.A. Lond., Warden of Bermondsey Settlement, London.

The Degree of Doctor of Laws.—Allan Rennie Andrew, M.A. Aberd., Chief Inspector of Schools, Hamilton; Alexander Bruce, M.A. Aberd., M.D. Edin., Edinburgh; Donald Crawford, K.C., Sheriff of Aberdeen, Kincardine and Banff; Frederic Harrison, Philosophical Writer, London; James Pittendrigh MacGillivray, R.S.A., Sculptor, Edinburgh; Paul Sabatier, French Author.

Dr. Alexander Bruce had a brilliant career as a student at Aberdeen University. He was first Bursar in Arts in 1870, and graduated in 1874 with first-class honours in classics, and gained the Simpson Greek prize, the Seafield gold medal in Latin, and the Town Council gold medal as the best student of his year. He studied medicine in Edinburgh, and graduated in 1879 M.B. and C.M. with first-class honours, gaining the Grierson and Tyndal Bruce bursary and the Ettles and Leckie Mactair scholarship. Later he took his M.D. degree, gaining the gold medal for his thesis. For many years he was Lecturer in Pathology in the Edinburgh Medical School, and held the post of Pathologist in the Edinburgh Royal Infirmary and in the Royal Hospital for Children. He is now Lecturer on Practice of Medicine and Physician to the Royal Infirmary, Edinburgh.

UNIVERSITY OF BRUSSELS.

THE following candidates were successful at the last examination for the degree of Doctor of Medicine:

Dr. B. J. Macaulay, Eastbourne; Dr. H. F. Briggs, Eastbourne; Dr. A. B. Rendle, Harrow; Dr. J. J. Bradley, Colonial Medical Officer, Seychelles.

TRINITY COLLEGE, DUBLIN.

FINAL EXAMINATION IN MEDICINE (PART I).

THE following candidates passed this examination in Hilary Term:

*J. H. Woodroffe, *M. A. Diemont, *Hilgard Müller, A. K. Henry, A. C. Hallows, Beatrice M. Hamilton, C. H. Denham, R. H. Mathews, P. G. Leeman, J. W. Flood, J. B. Burgess.

* Passed on high marks.

SOCIETY OF APOTHECARIES OF LONDON.

Gillson Scholarship in Pathology for 1909.—This scholarship has been awarded to Mr. P. N. Paton, M.A., M.B., C.M. Camb., M.R.C.S., L.R.C.P. Lond., of Cambridge University and St. Thomas's Hospital.

The following candidates passed in February in the subjects indicated:

SURGERY.—W. C. D'Eath, Charing Cross.

MEDICINE.—N. B. Benjafield (Sections I and II), University College Hospital; J. Bramley-Moore (Section I), University College Hospital; J. H. Clarke (Sections I and II), St. Mary's.

MIDWIFERY.—J. H. Clarke, St. Mary's; M. Graves, London; H. V. Humphry, Westminster.

Medico-Legal.

ACTION FOR ALLEGED NEGLIGENCE.

In the Aberdeen Sheriff Court evidence was led last week in an action at the instance of the husband of a patient of Dr. J. A. Mearns and Dr. W. J. Bryce for £125 as damages from each of the defenders for alleged negligence in treating the pursuer during her confinement in February, 1908. She alleged that she was severely scalded by the use of hot water approaching boiling point. The allegations were denied.

In deciding the case, Sheriff Begg finds that the pursuer has failed to prove any fault or negligence on the part of the defenders, and he assoilizes them with expenses, finding, however, that no higher charges are to be allowed than would have been incurred if the defenders had lodged joint defences, and been represented by the same law agent. The sheriff remarked that this was a most painful case to decide, on account of the mutual aspersions of the parties. On the one hand, he did not think there was any ground for accusing the pursuer of shamming or malingering. On the other hand, he could hardly understand how she suffered so severely from the application of water not hot enough to scald the two doctors' hands, or how the