

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

ACUTE ASCENDING PARALYSIS.

THE case of acute ascending paralysis reported by Dr. Dean in the BRITISH MEDICAL JOURNAL of February 27th, p. 529, reminds me of a case which occurred very early in my professional career, fifty-three years ago. I had joined the Indian Medical Service the previous year, and had proceeded to Kurrachi, in Scinde from Bombay, on general duty, as it was termed, before being definitely attached to a regiment as medical officer. In 1856 I was temporarily placed in charge of the civil medical duties of the station, which included the members of the staff of Government House, and whilst so serving General John Jacob, Commandant and Political Officer of the Frontier, came down to act as Commissioner in Scinde during the absence of Sir Bartle Frere in England. I was called to see a native officer on his establishment who had been seized with paralysis. I found that he had but recently recovered from an attack of choleraic diarrhoea, when symptoms of loss of power over the lower extremities had set in, commencing with the feet, and rapidly—that is, within a day or two—had extended upwards.

When I saw him the paralysis of motion was complete as high up as the diaphragm, and respiration was becoming difficult, but the arms were only slightly affected. I learned that the symptoms had very rapidly extended during the past few hours. It occurred to me that this was a case in which strychnine might be of signal service, and I proceeded at once to administer it in full doses, and pushed it in my youthful zeal to an extent which in later years I might have hesitated to adopt. The treatment was entirely successful; within a few hours the upward ascent of the paralysis was stayed and improvement began and progressed downward as steadily as the attacking symptoms had done in the opposite direction, until he was, in the next twenty-four hours, able to sit up in bed, then regained the use of his legs, and within a few days had recovered from any symptom of paralysis.

This was ten or twelve years before Landry published his notable paper on this disease, and although I have since had great opportunities of watching disorders of the nervous system I have never personally met with another case. It may possibly have been a case of spontaneous recovery, but the sequence of events did not suggest this to my mind at the time. I may, perhaps, be allowed to add that the case proved a stepping-stone in my career, which led to a series of kindly acts of good fortune whose influence I can trace through a long period of service.

HENRY COOK, M.D., F.R.C.P.,

Lee-on-the-Solent.

Surgeon-General (retired).

ETIOLOGY OF OXALURIA.

In this part of the Sylhet district of Eastern Bengal there are several races—Bengalis, Manipuris, Tipperas, Kookies, and Coolies, the last imported natives of the Central Provinces.

None of these races suffer from renal gravel in any form except the Manipuris, among whom it is very common. The Manipuris, the Tipperas, and the Kookies are all tribes of Mongolian origin, closely related in manners, customs, and language, and in appearance are the same people.

All the afore-mentioned races live under more or less the same circumstances, being agriculturalists. They have all more or less the same habits, with one great difference—namely, the Manipuris live on nothing but vegetables and fruit; they eat nothing in the nature of flesh, not even eggs, except one caste amongst them, which eat sometimes putrid fish. The gravel they suffer from is calcium oxalate. The urine is always very acid, contains blood and enormous quantities of oxalate of lime crystals, ranging in size from those requiring a one-sixth objective to a stone large enough to temporarily stop a normal urethra.

These urines when looked at fresh contain no other crystals. They complain of the ordinary symptoms of renal gravel. The symptoms and the pathological condition of the urine entirely disappear on the administration of urotropine and potassium citrate.

All the water in this part is prominently deficient in calcium salts when examined chemically. The soil is peat for about 20 ft. deep, and underneath that is yellow clay for huge depths. Man, clinically speaking, suffers greatly from the want of lime. He gets covered with boils, carbuncles, etc.; he suffers from conditions clinically allied to scurvy. Imported Australian horses suffer from similar diseases. All these ills in man and horse are quickly cured by liberal doses of calcium chloride, and are also prevented by regular doses of this salt. If imported horses are given slaked lime in their water they remain healthy. This clearly shows that for the animal economy there is a great deficiency of calcium in both the water and vegetation of this neighbourhood. Therefore, for the formation of calcium oxalate crystals excess of calcium is not required; some other factor or factors must be the cause.

Considering the above remarks on the similar habits and surroundings of these different races, and of three which are of the same blood, and that only the purely vegetable eaters suffer, and that those who eat along with their vegetables a certain amount of animal food do not suffer, and also considering the great deficiency of lime here, one is driven to the conclusion that a purely vegetable diet is here, at all events, the cause of oxaluria.

Chandkira P.O.

R. W. BURKITT, F.R.C.S.I.

ERYTHEMATOUS ERUPTION FOLLOWING NITROUS OXIDE ANAESTHESIA.

NITROUS oxide gas was administered in the usual manner (valves) to a young man aged 21, perfectly healthy and free from organic disease, but of neurotic temperament. At 10.45 a.m. six teeth were extracted, and the operation calls for no comment; the patient was perfectly quiet throughout it. Recovery was normal without excitement, and haemorrhage soon ceased. The patient rested for an hour and a half, and then went home some few miles by tram.

On arrival at his destination, he felt some slight pain in the jaw with some vertigo, and in consequence lay down again. About 3 p.m. a dusky red patch appeared on the right cheek, in colour resembling a birth mark; the margin was sharp but irregular, not raised, and unattended by any sense of heat or itching. This faded in about one hour, and the patient partook of a little bread and milk. At 6 p.m. there was a feeling of slight nausea, and he vomited once. Almost concurrent with this a rash appeared all over the face. It had the same deep-red appearance as the former; at first mottled, it slowly became uniform. Circumoral and nasal pallor, with a well-defined irregular margin all round, was marked. The discoloration involved the ears and forehead, but did not extend on to the neck or scalp. There was no rash else where. It faded completely in two hours, and has not recurred.

I have been unable to find any other factor to account for this, and there had been no previous attack. The patient was in my company from 6 p.m. the preceding evening, till the final fading of the rash, so I can vouch personally for all the circumstances. I am unaware of any similar instance of an eruption following nitrous oxide.

T. W. S. HILLS, B.A. Cantab., L.S.A. Lond.

London, W.

ACUTE RHEUMATISM WITH UNUSUAL SEQUENCE OF COMPLICATIONS.

THE following case is remarkable, owing to the occurrence of so many separate complications in one patient at one time, and yet all appearing at short though well-marked intervals.

On December 8th I was called to see E. W., aged 18; he had rheumatism in both wrists and knees and at times in the ankles; the tonsils had been "sore" for a day or two. The temperature was 100°. These symptoms yielded in the course of a few days to the ordinary treatment by milk diet and sodium salicylate. The temperature was down to normal in three days, and on December 21st the patient got up without leave.

On the evening of December 23rd I was sent for and found him out of bed, with a very flushed face, dry skin, and rapid and painful respirations. The temperature was 102.6°. There was tenderness over the outer half of the left thorax, which was dull on percussion; on auscultation

a slight pleuritic rub was heard, but no râles or rhonchi anywhere; the heart sounds were perfectly normal. Next day the pleurisy had extended slightly, and there was now a well-marked triangular dullness over the cardiac region and a distinct pericardial rub. The temperature was 102°. The same evening slight crepitations were to be heard over the right base behind.

On December 25th the pleuritic pains were less, but there was pain over the heart area and râles, loss of tactile vocal fremitus, and dullness over the entire lower lobe on the right side behind.

On December 29th pleurisy had nearly cleared up, but râles and dullness appeared over a small patch of the left lower lobe behind. The temperature remained very steady at 102°. The patient was now taking sod. salicylate gr. x every four hours, and from this day started brandy 3ss every four hours; the precordial area was painted with linimentum iodi fort.

On December 31st the pericardial rub had almost gone, but in its place appeared loud presystolic and systolic mitral bruits.

On January 1st, 1909, the patient was put on tinct. digit. and tinct. nuc. vom. with sp. aeth. nit. There was pain over the heart, and the impulse was now outside the nipple line.

On January 7th the temperature came down to 101°. The ears were very blue, but breathing was not very difficult.

On January 9th the temperature was 99° and the pain had nearly gone. From this date the patient made an uninterrupted recovery, except that after his first walk outdoors on January 25th he had a slight return of rheumatic pains in the knees which quickly yielded to sodium salicylate. On January 22nd the heart's impulse was in the nipple line, and by February 2nd the impulse was normal and all bruits had entirely disappeared.

The point chiefly noticeable in this case is the well-marked sequence of rheumatism, pleurisy, pericarditis, and pneumonia of first one and then both sides, and finally rheumatism again. The delayed crisis was due to the onset of pneumonia in the left lung five days after its appearance in the right lung. The excellent effect of brandy was very apparent.

Lowestoft.

C. M. L. COWPER, M.R.C.S., L.R.C.P.

UNNA'S METHOD OF TREATING ULCERS OF THE LEG.

I was very interested in Dr. Pernet's paper (p. 463), as I have for some time past been carrying out a modified form of Unna's treatment.

When I was in South Shields Hospital we added, at Dr. Hunter's suggestion, some charcoal to the paste we were then using. This addition causes the paste, or "splosh," to be of a porous nature, and the occluded oxygen helps to keep the ulcer sweet.

Formula.			
Charcoal	...	...	18 parts
Zinc oxide	...	...	6 "
Boric acid	...	...	6 "
Gelatine	...	...	16 "
Glycerine	...	...	20 "
Water	...	...	50 "

Soak gelatine and portion of glycerine and water for twelve hours. Make paste with all remainder. Mix together and heat on water-bath, stirring. Pour into shallow vessel.

The method of using also varies. A carbolic (resin) bandage is wound tightly round the leg covering the ulcer, and going a handbreadth above and below it. The "splosh" is painted well over the site of the ulcer. If much discharge is feared, it may be dabbed with cotton-wool.

An ordinary bandage is wound round all. If the ulcer is much punched out, I have been in the habit of putting a small piece of the carbolic bandage, cut to size, on its bed. This avoids leaving a space in which pus might gather, which I take it is the object of the flattening of the edge Dr. Pernet describes.

To begin with, I generally order boric fomentation for a week or so to clean the ulcer, or if it tends to be sluggish I find red lotion helps. At first the paste is left on for a week; later, when healing well, it can be left a fortnight.

The waxy nature of the bandage prevents it adhering and tearing off the epithelium. The method has not only

been the means of much saving of time and labour, but many ulcers of years' duration have quite healed up, and that usually while the patients were on their feet.

It is advisable in chronic cases which have healed to bandage the leg firmly for a considerable period to prevent recurrence. If ulcers are recent (and not haemorrhagic) simple dressing, venous congestion combined with rest in bed, appears to me to be the quickest method of obtaining healing.

Lambeth Workhouse.

HUGH BARR, M.B., Ch.B. Glas.

Reports

ON

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

CHRISTCHURCH HOSPITAL, NEW ZEALAND.

PERFORATION OF INTESTINE BY PLUM STONE.

(By P. CLENNELL FENWICK, M.D.(N.Z.), F.R.C.S.Ed.,
Honorary Surgeon to the Hospital.)

H., a very fat woman, aged 38, was admitted under my care on February 8th.

On admission she was in a state of semi-collapse, cyanosed, with feeble pulse (144), subnormal temperature, and cold, clammy skin. She was quite conscious, and gave her history clearly.

History of Illness.

She had been in good health until February 5th, when she had severe pain in the lower part of the abdomen, and vomited. The bowels were not opened on this day, and remained unopened till admission. The vomiting returned on February 6th and continued till the day of admission. The vomit was foul-smelling, yellow, but not distinctly faecal in character.

Condition on Admission.

The abdomen was not markedly distended; it was soft, and palpation was painful. A large area of hardness was felt, chiefly on the right side. There was no sign of fluid in the abdomen. The patient was so fat (weight 15 st.) that examination was difficult. The rectum was empty. Vaginal examination, which was painful, was negative.

Operation.

As the patient was not then in a condition to undergo operation, I decided after consultation to wait for a few hours to see if she would rally. At 9 p.m. she had rallied enough to bear an anaesthetic, and I opened the abdomen. A great quantity of most foul-smelling pus escaped, and I found intense peritonitis of all the small intestine. The coils were matted together, and in some parts were black and lustreless. I could not find the appendix, and, not wishing to delay, I put a Paul's tube into one coil of the intestine, which seemed less inflamed than most of the rest, and drained by a tube pushed down into the pouch of Douglas. The patient died some hours later.

Necropsy.

On post-mortem examination by Dr. Crooke, R.M.O., a condition of extremely severe peritonitis was revealed. The entire small intestine shared in the inflammation. In parts the gut was almost gangrenous. The large intestine was normal but very distended; the appendix was normal. Twelve inches above the anus a gangrenous patch was found measuring about 2 in. by 4 in. In the centre of this area was a perforation which admitted the tip of the finger, and lying in the gut just underneath the perforation was a large plum stone.

REMARKS.

Neither my colleague, Dr. Nedwill, jun., nor I had met with a similar case, the perforation being so near the anus that it seemed curious that the stone had not been passed in the ordinary way after having travelled so far.

Now, in the first instance, I have no wish to minimize in any way the importance of the work done by the medical profession for insurance companies. I admit, too, that it is done, with a few exceptions, conscientiously and with thoroughness. The real question is, Are the fees paid by life offices adequate and reasonable? It is to that I wish to address myself, and at the outset protest strongly against Dr. Farrar's suggestion that there is any attempt on the part of the life assurance companies to "sweat" the profession. I have had considerable experience of insurance companies, and I know that it is their practice to pay a fee of £1 ls. in the case of the larger insurances. In the case of small insurances of, say, £100 or £200, however, the fee is limited to 10s. 6d., and it is to this limitation, I presume, that Dr. Farrar objects. If he will look at the rates of premium charged by the average company he will find that the amount payable yearly by a proposer of, say, age 30, for a policy of £200 would be about £4; and when it is remembered that out of this first premium must be paid agent's and overriding commissions, policy stamp, head office and branch expenses, as well as the medical fee of 10s. 6d., it will be seen that there is very little remaining to cover the cost of the risk of death. But how much more difficult is it to adjust matters when, say, only a quarterly premium is paid on the assurance? This quarterly premium would amount, in the case of an assurance of £200, to approximately £1; in the case of an assurance of £100 to, say, 11s. Here, then, is nearly the whole of the first premium swallowed up by the payment of the medical fee, with the possibility that before three months have expired the assured may have changed his mind either as to the desirability of assurance generally or the company to which he proposed in particular, the policy lapsing as the result. It may be said that the cases I have taken are extreme examples, but the Blue Books issued by the Government will prove to your readers that the average amount proposed for is not in excess of £200.

If it is impossible to pay a larger fee in these cases, how much more so would it be in the case of small industrial assurances? Here the practice is to pay a fee of only 2s. 6d., and an examination is insisted upon in cases where the sum assured is £25 and the premium only 2d. or 3d. a week. Again, it will be seen that the medical fee exhausts the company's receipts in respect of that particular case during the whole of the first ten or fifteen weeks, and that the company is obliged to wait patiently until the expiry of that period before it has a chance of recouping itself for the money spent in expenses and on agent's and procurator fees, which are so much higher in the case of industrial assurances than in respect of proposals of £100 and upwards, with the prospect that the policy may lapse, as so many do, before even the medical fee is covered.

Dr. Farrar suggests that very frequently large sums are lost to the companies through early industrial claims which would otherwise be prevented by the expenditure of a guinea on medical examination. How much greater, and how much more certain, would the loss to the companies be if an expense of this kind were to be incurred in connexion with those cases! As a matter of fact the companies would all prefer to have a medical examination in every case, but the cost, as has just been shown, is prohibitive.

Instead of the profession being "sweated," I think it will be admitted by reasonable men that it is generously treated by the offices; and I would warn the members of the profession that if any change is instituted in the present state of affairs it will rather be in the direction of employing medical men for certain areas who will give their whole time to the service of the companies for fixed salaries, and thus perform more economically the work which is so widely distributed at present at such a considerable expense.

May I make one further remark—a reference to Dr. Farrar's suggestion that members of the profession, when asked by patients to give advice as to the best office in which to insure, should follow his lead and recommend only those offices which, in his opinion, pay adequate remuneration for professional service? Evidently his conscience, which he told his audience, in almost the same breath, would not allow him to perform half-heartedly the work done for those companies who paid him insufficiently,

was not alert enough to suggest to him that where advice was asked for by a confiding client it should be given solely with a view to the best interests of that client, and that the best company from a policy-holder's point of view should be selected, without regard in the slightest degree to whether the doctor was consulting in any way his own interests in making the selection.—I am, etc.,

Liverpool, March 12th.

A. A. SNODGRASS, F.C.I.S.

Universities and Colleges.

UNIVERSITY OF EDINBURGH.

SPRING GRADUATION CEREMONIAL.

THE Spring Graduation Ceremonial took place on Friday, April 2nd, at 10 a.m., when the Vice-Chancellor, Principal Sir William Turner, presided.

The degree of Doctor of Laws was conferred on Mr. J. M. Barrie, Emeritus Professor Crum Brown, and Surgeon-General Sir Alfred Keogh, K.C.B., Director-General of the Army Medical Service, and the degree of Doctor of Science in the Department of Public Health on William Burney Bannerman, M.D., B.Sc. (Lieutenant-Colonel, I.M.S.).

Ordinary Degrees.

The following were presented by Professor Harvey Littlejohn, Acting Dean of the Faculty of Medicine, for the degrees of Bachelor of Medicine and Bachelor of Surgery:

C. R. White (*in absentia*), W. Rainbridge, J. H. Bell, J. J. P. Charles, W. C. Frago, K. Fraser, D. M'D. Grant, J. A. Harley, J. Hewat, V. D. O. Logan, A. S. Macbeth, D. M'Carroll, G. M. Mackay, M.A., J. C. Mackenzie, A. C. M'Killop, A. K. MacLachlan, W. M. Menzies, H. L. Morrow, W. G. Riley, Eleanor M. Thompson, N. J. Watt, W. C. Whiteside.

The degree of B.Sc. in the department of public health was conferred on J. R. Dickson, M.B. (*in absentia*); and the diploma in Tropical Medicine and Hygiene on S. A. M'Clintock, S. M'Naughton, and H. L. Sells. Professor Kirkpatrick delivered the address to the graduates on reform in the Faculties of Arts and Law.

Examination Results.

The following candidates have been approved at the examinations indicated:

FINAL M.B., CH.B.: *Forensic Medicine and Public Health*.—Janet Armstrong, J. G. Boal, W. Dunlop, T. R. Evans, R. W. Greatorex, R. R. Kerr, C. G. Kurien, W. G. M'Affee, A. D. M'Kenzie, Mary Macmillan, H. F. Pantou, H. R. A. Philp, S. Pinion, J. P. du Plessis, Ella F. Pringle, C. S. Sandeman, T. Welsh.

Midwifery.—T. A. Adams, Janet Armstrong, Eveline R. Benjamin, L. A. P. Burt, A. Campbell, J. P. Charnock, H. A. Cookson, J. Crockett, W. Dunlop, R. W. Greatorex, T. E. Guthrie, R. R. Kerr, C. G. Kurien, Lina Kurz, Janet Leiper, L. Leslie, H. Lipetz, W. G. M'Affee, R. B. Macfie, A. D. M'Kenzie, A. G. Macleod, R. J. A. Macmillan, G. M. Miller, J. M. Moyes, Rhoda M. Murdoch, W. J. Nisbet, F. H. Noronha, H. R. A. Philp, G. R. Pillai, S. Pinion, J. P. du Plessis, Ella F. Pringle, J. Renwick, Agatha M. Robinson, A. C. Russell, C. S. Sandeman, J. M. Scott, J. D. Skinner, Mary M. M. Turpie, T. Welsh, S. Williams.

Medicine and Surgery.—T. A. Adams, F. Armstrong, Alice E. M. Babington, B.A., T. H. Balfour, R. A. Bell, F. A. J. Brodziak, G. S. Brown, A. N. Bruce, B.Sc., W. F. Buist, O. S. Bulloch, W. L. Burgess, L. A. P. Burt, A. W. Burton, Sarah E. Buyers, J. Argyll Campbell, G. L. Cawwell, R. B. Chamberlain, A. D. Child, J. Crockett, J. K. M. Dickie, Adelaide A. Dreaper, A. M. Elliott, H. G. Feltham, G. F. Fisser, E. L. Galletly, Mary M. Gardner, A. W. Gill, W. E. Goss, W. T. Graham, A. G. M. Grant, A. G. Hamilton, H. F. Hamilton, R. C. Harkness, T. E. Harwood, B.A., J. Henderson, G. R. Inglis, Flora Innes, W. C. Jardine, A. M. Jones, G. E. King, J. H. Lawry, L. Leslie, H. Lipetz, W. R. Logan, Mary Low, M.A., H. F. Lumsden, D. C. Macaskill, M.A., A. J. M'Connell, W. Macdonald, J. Mackail, M.A., G. E. G. Mackay, A. D. Mackenzie, A. G. Macleod, R. J. A. Macmillan, A. J. Macvie, J. Malloch, C. G. Marais, T. H. R. Mathewson, W. Messer, E. L. Middleton, A. F. W. Millar, A. M. Minford, L. M. V. Mitchell, S. P. Moore, W. Morrison, J. A. Mortimer, J. M. Moyes, R. M. Nicholson, W. J. Nisbet, H. R. A. Philp, J. Renwick, D. G. Robertson, W. S. Robertson, D. M. Ross, R. P. Rosser, C. M. Schaffter, J. M. Scott, J. J. M. Shaw, M.A., K. Simpson, G. H. Sinclair, H. F. Smith, B.A., T. C. Smith, G. S. Sowden, M.A., J. Sprent, B.Sc., W. Stevenson, M. Stewart, W. Stewart, C. P. A. Stranaghan, J. Swan, A. L. Taylor, B.Sc., H. W. Teague, J. A. Thompson, W. S. Thomson, Mary M. M. Turpie, A. Watson, J. P. Whetter, J. Wilson, J. D. Wilson, M.A., Margaret C. Young.

UNIVERSITY OF GLASGOW.

THE following candidates have been approved at the examinations indicated:

FINAL M.B., CH.B.—J. Allan, J. G. Anderson, W. H. S. Armstrong, D. M. Borland, M. W. Browdy, J. A. G. Burton, J. Cameron, M. I. T. Cassidy, W. B. Cunningham, J. C. Dick, A. G. Gilchrist, G. S. Gordon, E. O'D. Graham, J. Harper, M.A., W. Howat, M.A., J. P. Kinloch, D. N. Knox, A. M. Macdonald, M. D. Mackenzie, G. Macleod, M.A., A. M'Pherson, T. Marlin, H. N. Rankin, A. Roemmele, W. W. Rorke, W. Rutherford, J. J. Sinclair, A. Turnbull, M.A., B.Sc., J. B. Whitfield, J. A. Wilson.

UNIVERSITY OF LEEDS.

THE following candidates have been approved at the examinations indicated:

FIRST M.B., CH.B. (*Part I*).—C. M. Gozney, H. R. Knowles, M. Peto, H. P. Shackleton, H. A. Sinson, H. W. Symons, H. L. Taylor, C. Ward, J. Wilkinson, and J. Wright.

SECOND M.B., CH.B. (*Part I, Anatomy and Physiology*).—A. L. Bastable, H. Caplan, L. Dunbar, C. J. H. Little, G. E. Macvie, N. V. Mitton, F. W. Nunneley, W. Robinson, J. B. Sinson, J. P. Walker, T. L. Walker, F. Wigglesworth, B. W. F. Wood.
Part II.—H. N. Ingham, C. B. Richardson.

UNIVERSITY OF DUBLIN.

The following candidates have been approved at the examinations indicated:

INTERMEDIATE MEDICAL (*Part I*).—A. Chance, F. Crosbie, O. C. S. Tandy, G. G. P. Beckett, H. G. Holdbrook, W. A. Taylor, S. A. Lane, R. G. M'Entire, L. Shiel, J. C. Kelly.

INTERMEDIATE MEDICAL (*Part II*).—H. L. W. Woodroffe, R. W. Murphy, A. F. B. Shaw, H. J. Smyly, F. C. Crossle, J. M. Elliott, H. M. Fleming, T. G. Harpur, A. E. Malone, C. O'Brien, Mary G. Caskey, G. J. Meldon, E. N. Bateman, G. G. P. Beckett, F. Crosbie, M. M'Knight, J. Beckett, R. G. M'Entire.

FINAL (*Part II, Midwifery*).—*T. A. Hughes, *D. M. Moffatt, *C. P. Smyly, H. R. Kenny, W. P. H. Smiley, D. Drew, J. P. R. Poch, B. H. Moore, W. R. Allen, C. G. S. Baronsfeather, P. H. Lemass, D. J. Stokes, W. D. Mitchell, H. S. Metcalfe, J. E. N. Ryan.
 * Passed on high marks.

UNIVERSITY OF DURHAM.

The following candidates have been approved at the examinations indicated:

FIRST M.B. (*All Subjects*).—W. S. Murray.

Elementary Anatomy and Biology.—B. E. Bell, G. A. Berkeley-Cole, G. Carse, H. G. Dodd, C. Duncan, I. D. Evans, R. A. Hooper, R. L. Kitching, Nora Murphy, Carinna A. B. O'Neill, A. Patterson, L. G. Pearson, J. M. Phillips-Jones, E. Ritson, D. C. Scott, C. O. Shackleton, A. Sutcliffe.

Chemistry and Physics.—R. Babst, P. Gunn, F. W. C. Hinings, S. E. Murray, C. T. G. Pearce, S. Scott, A. Smith, H. J. Shanley.

Chemistry, Elementary Anatomy, and Biology.—J. S. Arkle.

Elementary Anatomy.—W. A. Elliott.

SECOND M.B. (*Anatomy, Physiology, and Materia Medica*).—*S. P. Bedson, B.Sc., *F. E. Chapman, W. L. Clements, H. Fairclough, L. E. S. Gellé, J. K. J. Haworth, W. J. Hickey, E. Kidd, W. G. Lidderdale, C. Mearns, B. B. Noble, J. A. C. Scott, W. A. Slater, R. W. Smith, R. V. Steele, H. R. G. Vander Beken.

THIRD M.B. (*Pathology, Medical Jurisprudence, Public Health, and Elementary Bacteriology*).—*W. G. Bendle, B. G. H. Connolly, R. Errington, F. P. Evers, E. L. Hancock, H. T. Hunter, Eva Lumb, E. P. Martin, A. T. Thompson, T. R. West.
 * Second-class honours.

VICTORIA UNIVERSITY OF MANCHESTER.

The following candidates have been approved at the examinations indicated:

SECOND M.B., CH.B.—K. D. Bean, C. E. Butterworth, C. W. Fort, *A. H. Holmes, L. W. Howlett, *W. H. Kauntze, W. H. Laslett, T. W. Martin, N. Matthews, F. Oppenheimer, H. G. Peake, S. B. Radley, J. Rothwell, C. M. Stallard, W. Stirling, J. S. B. Stopford, H. D. Willis.

THIRD M.B., CH.B.—*A. E. Ainscow, R. Briercliffe, S. J. Clegg, J. Cowan, C. Davies, C. B. Davies, H. A. Dunkerley, E. R. Eatoock, A. W. Gaye, E. Grey, H. Heathcote, *R. C. Hutchinson, R. B. Jackson, G. Lapage, Mabel E. May, A. Reid, J. B. Rigg, J. B. Scott, *W. A. Sneath, J. Walker, Charlotte E. Warner.

FINAL M.B. AND CH.B. (*Forensic Medicine and Toxicology*).—*H. E. Allanson, Estelle I. E. Atkinson, G. M. Benton, *C. G. Brentnall, W. A. Bullough, J. F. Cocker, *D. I. Connolly, G. T. Cregan, *F. H. Diggle, J. Gow, *T. T. Higgins, R. A. Jackson, N. T. K. Jordan, N. McDonald, *Edith M. Marsden, *C. B. Marshall, G. E. E. Nicholls, H. Platt, *A. Porter, *A. A. Smalley, *N. Tattersall, R. H. Titcombe, W. B. Wamsley, *J. F. Ward, *F. G. Wrigley.

FINAL M.B., CH.B. (*All Subjects*).—J. A. Bateman, N. Booth, *E. Howe, M. C. S. Lawrence, T. M. Poppel, J. Ramsbottom, *B. W. E. Trevor-Roper, W. W. Uttley, H. V. White, J. Whitehead.

* With distinction in one or more subjects. † University medal.
 † Second-class honours.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

An extraordinary Comitia was held at the College on Monday, April 5th, the President, Sir R. Douglas Powell, in the chair.

University of Geneva.

The President announced that he had appointed Dr. Pasteur to represent the College at the commemoration of the 350th anniversary of the University of Geneva to be held in July next.

Presidential Address.

The President gave his annual address, in which he offered congratulations to the diplomates of the College who had gained distinctions, and referred to the lectures that had been delivered and the gifts accepted by the College during the past academic year. He gave brief obituary notices of the ten Fellows of the College who had died during the same period, these being Drs. Cullingworth, Rickards, Bertram Abrahams, and Ashby, Sir T. Stevenson, Sir Henry Pitman, and Drs. C. E. Beevor, Horrocks, Cotes, and Arthur Gamgee.

Election of President.

Sir Douglas Powell then vacated the chair and voting took place for the post of President for the ensuing year. Sir Douglas Powell was re-elected by an almost unanimous vote.

Communications.

The following communications were received:

1. From the Secretary of the College of Surgeons, reporting

proceedings of the Council on February 11th and April 1st last.

2. From Miss Amy Maxwell, offering through Sir William Allchin for the acceptance of the College a photographic copy of a miniature portrait of her grandfather, Dr. Anthony Todd Thomson, a former Fellow of the College. The gift was accepted, and thanks returned to the donor.

Admission of Women to the Examinations of the College.

The following by-law was enacted for the first time:

Women shall be eligible for admission as Licentiates and Members of the College and for the grant of a Diploma in Public Health on the same terms and conditions as men, and so far as is necessary to give effect to this By-law, words in the By-laws and Regulations importing the masculine gender shall include females, and all proper alterations shall be made in the forms of the Letters Testimonial and the Licence granted by the College.

Provided always that women shall not be eligible for election as Fellows of the College, or be entitled to take part in the government, management, or proceedings of the College.

Anniversary of the Birth of Dr. Caius.

The Harveian Librarian, Dr. F. Payne, announced that the year 1910 would be the 400th anniversary of the birth of Dr. Caius, a former distinguished President of the College, and on his recommendation it was resolved to co-operate with Caius College, Cambridge, in reprinting the works of Dr. Caius to commemorate the occasion.

Report.

A report was received from the Committee of Management recommending that the University of St. Andrews be added to the list of institutions at which the complete curriculum of professional study required for the diplomas of the Royal Colleges may be pursued, and whose graduates may be admitted to the Final Examination of the Examining Board in England on production of the required certificates of study.

The recommendation was adopted.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

A QUARTERLY Council was held on April 1st, Mr. Henry Morris, President, in the chair.

The late Mr. James Hardie.

A vote of condolence was passed to the relatives of Mr. James Hardie, of Manchester, lately deceased, a past member of council.

Entozoa in the Museum.

Dr. R. T. Leiper, of the London School of Tropical Medicine, was appointed to revise and renovate the collection of entozoa in the College museum.

Jacksonian Prize.

The Jacksonian Prize was awarded to Mr. J. P. Lockhart Mummery, F.R.C.S., for his essay on Diseases of the Colon Relievable by Operation. The subject chosen for the next essay is Tuberculous Disease of the Urinary Bladder and Male Genital Organs.

Court of Examiners.

The vacancy on the Court of Examiners, occasioned by the retirement of Mr. Gould, will be filled up at the council meeting on May 13th. Mr. Gould is not applying for re-election.

The Geneva Celebration.

Sir Jonathan Hutchinson was nominated as the delegate of the College to the University of Geneva on the occasion of the celebration of the 350th anniversary of its foundation, from July 7th to July 10th, 1909.

Representative of Midwives Board.

The best thanks of the council were given to Mr. Ward Cousins for his very efficient services as representative of the College on the Central Midwives Board during the past six years. Mr. C. H. Golding-Bird was elected in Mr. Ward Cousins's place. In his annual report, Mr. Ward Cousins points out that the number of deaths attending childbirth has not diminished since the Midwives Act came into operation in April, 1903; no guarantee at present exists for the payment of medical practitioners who are summoned to assist certified midwives, and in consequence serious trouble in all parts of the country still exists; hence the Act requires considerable alteration. The details will be submitted to the Departmental Committee appointed by the Government, and, he reports, there is every reason to hope that the defects will be removed.

John Tomes Prize.

The John Tomes Prize was awarded to Mr. Arthur Swayne Underwood.

University of London.

Mr. H. H. Clutton was reappointed one of the two representatives of the College on the Senate of the University of London.

Election of Fellows.

The following Members of twenty years' standing were elected Fellows of the College: Sir Shirley Forster Murphy, Medical Officer of Health for the County of London; George Dancer Thane, Professor of Anatomy, University College, London.

Admission of Women.

The formulae for the alteration of Section XXI and for a new Section XXVI (Admission of Women) were approved; and the Solicitor of the College was instructed to submit the new by-laws to the proper authorities for sanction and ratification.