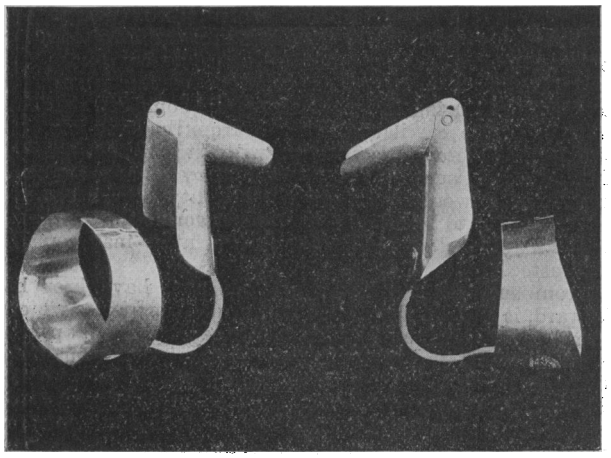
and sometimes relaxed. But the principle of flexion is correct, and the idea is supported by the fact that the newborn child naturally adopts the flexed position for some few weeks after birth, and always sleeps in this posture. On occasions the legs are stretched out, but they always return more or less to the flexed position. It is the child's position *in utero*, and we cannot expect it to alter suddenly. Hence we are right in assuming that flexion is the position of greatest muscular relaxation.

If further proof were necessary, it is to be found in a rapid examination of the fracture under an *x*-ray screen. This must be done very rapidly in a very dark room, for Roentgen rays can do small children no good. With the child in a horizontal position, the thigh is gradually flexed, and the fragments can be seen to come into line and apposition with each other when the limb is all but touching the abdomen. Professor John Cleland, Professor of Anatomy at Glasgow, says that:

> When the spinal column is in its natural position in the newly-born, the hip-joint is in full extension when the femur is at right angles to the spinal column. If, then, the thigh be pressed down so as to bring it in a line with the trunk, the change is effected not at the hip-joint, but in the lumbar region by turning the pelvis backwards. This is not a natural position in the newly-born.

He further says:

> What happens naturally is up to the time of birth the cervical, thoracic, and lumbar parts of the vertebral column present a continuous concavity forwards.



At birth the head is thrown back and lies naturally on the mother's arm, the cervical convexity thus making appearance. When the child begins to try to walk it throws its pelvis back, and produces the lumbar convexity, and the stretched thigh is thus made to revolve a quarter of a circle or a right angle.

These observations he confirms by anatomical dissection. Surely this supports Credé's flexed position and the view that traction is not necessary. Hence, an apparatus that will keep the fractured limb flexed, and just a little off the abdomen, is all that is necessary.

The accompanying figure illustrates the splint. Roughly speaking, it is shaped like the letters Z O, the latter being attached to the Z at a right angle at the lower right-hand corner. The foot is not included in the splint, which reaches only to the tendo Achillis. A small trough-shaped piece takes the calf, and the trough is continued up the back of the thigh—two-thirds of the way is enough. A small bar clearing the buttock is attached at the upper end to a 2 in. wide loop surrounding the abdomen. The end of this loop or belt is fixed in a slot, so that the diameter can be readily altered. The whole is made of aluminium, and weighs, unpadded, $1\frac{3}{4}$ oz. The splint is best padded with a few layers of lint, soaked in olive oil to prevent contamination, which at the most is but slight. Aluminium is not only very light, but practically pervious to *x* rays, hence the fractured ends can be seen with the splint applied to the limb.

The sound limb, as a rule, is placed by the child in the same position as the fractured. This is an advantage, as one limb supports the other and makes it easier for the mother to hold and nurse the child. In fact, the child can be nursed just like an ordinary child, can be taken out into the open air, and need not be kept in its cot; it may also be taken into bed by the mother at night time. All cumbersome appliances become unnecessary. When the child is clothed there is nothing to indicate the presence of the splint, and by the mother's arms the slight additional weight passes unnoticed.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

TREATMENT OF RHEUMATIC OR RHEUMATOID ARTHRITIS BY RADIANT HEAT AND CATAPHORESIS.

I HAVE no doubt as to the efficacy of the American apparatus, with its 500 candle-power lamp, referred to by Dr. Bailey (p. 13) and by Dr. Gamlen (p. 371), but, like Dr. Gamlen, I am uncertain as to which of the rays it emits one must attribute its superiority, or whether, indeed, such superiority be due to any special rays, or only that by its use free ventilation of the part under treatment is ensured and moist heat avoided. I have often noticed that during its application patients will perspire over the body generally, while the part on which the rays are directed remains dry and becomes red and mottled.

I always employ cataphoresis, but whether its good results are due as much to the introduction of iodine or other ions as to the passage of the current itself I am sceptical. I have used solutions of iodide, usually in the form of KI and have also used solutions of NaCl, and so far I cannot find a marked superiority of the one over the other. Whatever substance be used it is ionized through the skin, but I believe that the portion that reaches the region of lymph channels and blood vessels is at once swept away into the general system; and I question, in the case of a given joint, when two electrodes, moistened with the solution which it is desired to introduce by ionization, are placed one on either side of the joint, and the necessary current passed, whether the ions thus introduced directly reach the joint itself, or, even if some do find their way there, whether their number is sufficient to have a therapeutical effect. I grant that they get into the circulation, but that is not the point.

This is no place to discuss at length the action of a constant current on living tissue. Suffice it to say that there is an alteration of metabolism and an improvement in nutrition, and it is this very condition of malnutrition that we are trying to combat.

I believe that in a large number of cases the joint changes are due to a trophoneurosis set up by an absorption of toxins from the alimentary tract. I therefore endeavour to put my patients on a suitable diet and course of medicinal remedies such as will tend towards the maximum of nutrition and the correction of any gouty or other tendencies, and I further order a systematic lavage of the large bowel on the Plombières system.

J. CURTIS WEBB, M.B., B.C.Cantab.,
London, S.W. M.R.C.S., L.R.C.P.

LOSS OF HAIR IN EXOPHTHALMIC GOÎTRE.

ONE of the symptoms of exophthalmic goître which is little mentioned is the loss of hair. If patients are carefully questioned on this point, I think it will be found in most cases, particularly in women, that this symptom is present. That has been my experience. One case in particular, of which I have the notes, was instructive:

> The patient, a young lady about 28, complained of "palpitation" and weakness. She was anaemic, and a haemic murmur was recognized at the base of the heart. The thyroid was not enlarged, and there were no nervous symptoms. Under tonic treatment she recovered.
>
> About two years afterwards the patient consulted me again, her chief trouble being loss of hair, which was going on rapidly. She complained of being easily upset and worried, and attributed this to the alopecia. Although anaemic she otherwise felt well. Both appetite and digestion were good, and she slept well. She was able to bicycle, but of late palpitation of the heart had made this difficult. She had been under medical treatment, but neither iron tonics nor local applications to the hair had done any good. I asked if any enlargement in her neck had been detected, and was told it had not. One medical man, whose name was mentioned, I feel sure would have certainly diagnosed the disease had the thyroid been enlarged or the other symptoms been present when he saw the case.
>
> When I examined the patient the right lobe of the gland was increased in size, the eyeballs were slightly prominent, and

von Graefe's sign was obtained. Stellwag's and Moebius's symptoms were not present. The loss of hair was distressing. In addition to large patches of alopecia at the back and top of the head, the forehead became affected, and later the eyebrows and eyelashes commenced to fall off. The anaemic condition increased. The patient was of slender build, and emaciation was not marked. The hair was falling off so rapidly that I decided she should see a dermatologist in consultation. His opinion was that the alopecia was due to exophthalmic goître and to no other cause.

With regard to treatment: at the time of which I write radogen was unknown. Thyroid gland tabloids were first given, but I do not think they did any good, nor did the symptoms increase under their administration. Next thymus tabloids were tried, without effect. Iodine was applied over the gland, and I think it was of use in preventing increase in size; it may, perhaps, have reduced it. Palpitation was treated with tincture of digitalis at first; the symptoms were relieved, but although the drug was exhibited for some little time it was evident that it had no effect in quieting the heart effectually. Tincture of strophanthus was next tried, and in a short time the pulse fell from 120 to 80.

I see that in vol. iv of the *System of Medicine* (Allbutt and Rolleston) Dr. Hector Mackenzie is of opinion that digitalis and strophanthus are of little or no use for palpitation in Graves's disease. Professor Murray of Newcastle-on-Tyne also thinks little of them. In the *Manual of Medical Treatment* (Yeo, Crawford, and Buzzard) I find "several trustworthy observers testify to strophanthus" in doses of 5 minims three times a day. In my patient strophanthus certainly succeeded after digitalis had failed.

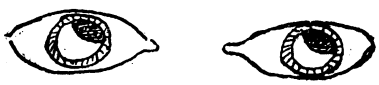
As regards the administration of thyroid tabloids for simple goître, I can confirm the results of Dr. Murray and others. In a case which I saw last year—the lady having lived nearly all her life in Worcestershire—I tried the method recommended, I think, by Captain McCarrison, I.M.S., of giving thymol. It was continued for some weeks but had no appreciable effect. Since then thyroid extract in tabloid form has been given. The gland has much diminished in size. The patient has removed to a more bracing place, and I am informed her health has much improved in consequence.

HERBERT W. G. MACLEOD, B.Sc., M.D.Edin.,
M.R.C.P.Lond.,
Physician, Western General Dispensary.
London, W.

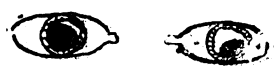
CONGENITAL DISLOCATION OF THE LENS.

THESE two cases, occurring in a brother and sister, are interesting chiefly because the displacement is atypical and is different in each child, and also because the maternal grandmother had the same condition. Unfortunately she was not available for examination.

CASE I.—Frank McB., aged 9. His mother stated that the grandmother also had "dislocated lens." The boy's eyes had the normal appearance except for tremulous iris. V. = $\frac{2}{60}$ e.e. + 12 D.sph. = $\frac{6}{24}$. Near vision = 2 D. Snellen; not improved by glasses. The boy uses his own lens in near vision. Both lenses were dislocated up and to the left, leaving slightly more than half the dilated pupil uncovered. In the left eye were a few faintly visible membranous filaments running downwards and inwards from the lens, waving slightly on movement of the eye. There was nothing else abnormal in either eye, and there were no other congenital abnormalities.



CASE II.—In Nora McB., aged 5, the sister of Case I, the right lens was dislocated downwards and outwards, covering three-quarters of the dilated pupil. The left lens was dislocated down and out, covering less than half of the dilated pupil. No other abnormalities were detected.



In both children the visible edge of the lens is part of a perfect circle.

CYRIL SHEPHERD, M.R.C.S., L.R.C.P.,
Sydney, N.S.W. Assistant Ophthalmic Surgeon, Sydney Hospital.

DESTRUCTION OF SWEAT GLANDS BY THE ROENTGEN RAYS.

MAJOR F. J. W. PORTER'S interesting memorandum in the BRITISH MEDICAL JOURNAL of January 30th, p. 277, giving an account of a method of treating excessive axillary sweating by operation seems a very drastic method when a much less severe treatment, with no operation, attains the same result. My attention was called four years ago to the fact that the effect of *x* rays on the sweat glands was to destroy them. The first case that came to my notice was that of a joiner to whom I applied *x* rays for the treatment of a tuberculous condition of the skin over the hip. Some months after he was cured he volunteered the information to me that he no longer perspired on the part of his body on which the *x* rays had fallen. Since that case I have noticed the same condition in many others in which I have applied *x* rays for the treatment of tuberculous glands in the neck. Children lose permanently not only the downy hairs on the side of the neck by this treatment, but also the sweat glands. To destroy the sweat glands six efficient *x*-ray treatments is all that is necessary—one treatment a month, giving at each sitting the maximum dose that the skin will stand. The sweat glands are the most readily affected of all the glands in the body by the *x* rays, and the most readily destroyed. By efficiently *x*-raying the axilla in the way described, not only are the sweat glands destroyed but also the hairs of the axilla.

A. HOWARD PIRIE, M.D.,
Chief Assistant, *X*-ray Department,
St. Bartholomew's Hospital

ANEURYSM OF THE HEART IN WOMEN.

CARDIAC aneurysm is rare in the male, and even more so in the female. On that account it has been thought that this case is worthy of record.

J. D., aged 57, the widow of a seafaring man, had had no children, and there was no history of miscarriages. She had been a drinker of spirits to excess for some years, and was admitted into Newcastle City Asylum suffering from depression. During the eleven years of her life there she had various skin lesions, which were cured by potassium iodide.

On admission to the asylum a mitral murmur was noticed to be present. Though always a rather feeble-looking woman she never made any complaint of pain or distress in the cardiac region. She nevertheless had occasional syncopal attacks. A fortnight before her death she fainted three times in one day, and was consequently put to bed. Nothing abnormal was detected in the heart sounds; the pulse was small, regular, and accelerated. She now had considerable pain and a feeling of tension over the heart. During the last week of her life a considerable pleural effusion developed. She became unconscious, and remained in that condition three days before she died.

The *post-mortem* examination showed a considerable pleural effusion, nutmeg liver, and cirrhotic kidneys. The heart weighed 540 grams. The aneurysm was situated in the middle third of the outer wall of the left ventricle; it was the size of a pigeon's egg. It contained a quantity of semi-organized clot. The myocardium covering the aneurysm was thinned and was fibrotic. Immediately above the opening of the sac the heart muscle had undergone distinct interstitial changes.

In all probability the condition was the result of a gumma, but it is difficult to say why the secondary lesion followed, as the woman was of sedentary habits, and never exerted herself.

Warwick County Asylum. COLIN M'DOWALL, M.D.

spending pretty freely on organization work. He also drew special attention to the necessity of getting patients in the very first stages of the disease. With the help of the medical superintendent of Benenden he had been able to classify 80 cases which had received complete treatment, according to the stage of their disease on admission. The patients were divided into three classes: Class I, early stage, only one lobe of the lung affected, 33 cases; Class II, moderately advanced, two lobes affected, 25 cases; and Class III, advanced, three or more lobes affected, 22 cases.

Table showing in Percentages the Results of Treatment in Each Class.

Class.	Arrested.	Improved.	Unimproved.	Died.
I	78½	18¼	3¼	0
II	48	32	20	0
III	4½	54½	36	4½

Thus the arrested cases are far greater in number in the earlier stage, while failures are immensely increased in the advanced stage. The society had made a strong endeavour to get all cases in an earlier stage by publishing descriptions of the early symptoms. The result had been most gratifying, and had fully justified any expense incurred. An attempt had also been made to prevent the unjust ostracism of consumptives. They had found that there was an exaggerated idea of the infectiousness of the disease, and that consumptives were often treated almost as lepers. They wished it to be known that the infectiousness of consumption was quite different from that of fevers. In the first place, in the early stage it was not infectious at all. Dr. Bulstrode had pointed out in a recent report to the Local Government Board that from the records of consumption hospitals it was difficult to believe that phthisis is in any degree personally communicable. At any rate, it requires prolonged exposure and lowering of the resistance before it is communicated. Recently one patient whose disease had been arrested and practically cured returned to work in a town post-office where telephone work was done, and there was a strong protest by his colleagues in the office, who thought they were running some risk by using the telephone mouthpiece after him. The matter was referred to Dr. Wilkins, who had had charge of the patient, and he said the man was not infectious and could not infect the telephone. In any case the breath was not infectious except in extreme cases, and then the only fear was from coughing into the telephone. Dr. Lister quite agreed with Dr. Wilkins, and the secretary pleaded for a more charitable treatment of patients before, during, and after their residence at a sanatorium. Women members of the society had equal rights with men members, and five women members for whom the society had obtained treatment had cost the society from £40 to £76 each. He concluded by thanking the Post Office Department for the sympathy and help it had given to the society. After adoption of the reports of the secretary and the treasurer, a new rule was discussed and finally carried, to the effect that officers in the employ of the Post Office might become members of the sanatorium society by allowing a deduction of "one shilling or more" from their salaries every six months, which amount would go to the society. It was also arranged to hold a conference every two years subject to an annual statement. Mr. C. H. Garland was reappointed secretary and Mr. H. Trollope treasurer, and a committee of management was appointed containing representatives from the chief towns of the kingdom.

THE MIDWIVES ACT.

THE position of medical practitioners under the Midwives Act, 1902, was discussed at two recent meetings of the Midland Medical Union. Attention was called to the fact that during successive quinquennia from 1881 the birth-rate had declined as follows: 33.5, 31.4, 30.5, 29.3, 28.1, while the rate for the last two years was 26.3. The members of the Union, feeling strongly that it is the duty of the State to ensure that the highest and best care shall be given to those women who are producing the future race, adopted at their meeting on April 8th the following resolution, which has been forwarded to the Departmental Committee appointed by the Lord President of the Council to consider the working of the Midwives Act:

> That it should be illegal for a midwife to attend a woman in her confinement unless a medical practitioner is retained, so that he may be called in in case of abnormality or disease in connexion with parturition. When the wages are less than 18s. a week and 2s. per child under 14, the public assistance authority shall, if requested, issue an order requisitioning the services of a medical practitioner. This order shall entitle the medical practitioner to a fee of 5s. for a preliminary examination and advice on the preparation for labour, and to adequate remuneration in the event of his having to take charge of the case on account of abnormality or disease in connexion with parturition.

Medical News.

DR. ARRIGO TAMASSIA, Professor of Forensic Medicine in the University of Padua, has been created by the King of Italy a Senator of the Kingdom.

THE King has conferred the new Territorial Decoration on Lieutenant-Colonel John Daniel Lloyd, of Chirk. Dr. Lloyd has served for thirty years in the Shropshire Yeomanry.

THE Lord Chancellor has placed the names of Dr. John M. Cuthbertson, of Droitwich, and Dr. Cordley Bradford, of Acocks Green, on the Commission of the Peace for Worcestershire.

THE Hon. John McCall, M.D., who has been appointed Agent-General for Tasmania, is expected to take up his duties in London on May 1st. Dr. McCall graduated at the University of Glasgow in 1881.

DR. F. M. SANDWITH, Gresham Professor of Physic, will deliver four lectures at Gresham College, E.C., on April 20th, 21st, 22nd, and 23rd, at 6 p.m. on each day. The first three lectures will deal with cancer, and the fourth chiefly with certain tropical and subtropical diseases.

A MEETING of the directors of the International Cancer Research Association will be held at Berlin during the Congress of the German Surgical Society. Among the proposals to be considered is a scheme of international statistics as to the prevalence of cancer, and as to the results of operations for its cure.

AT a special meeting in March the Brighton and Sussex Medico-Chirurgical Society passed a resolution to the effect that it was no part of the duty of a hospital staff to fill up medical certificates for out-patients, and that it was not advisable that such certificates should be given.

DR. A. S. BOSTOCK, on the occasion of his leaving Chichester, where he has practised for many years, was the recipient of a very gratifying testimonial signed by a large number of residents. The testimonial, which was accompanied by a cheque, was presented by Sir R. Turing on behalf of the subscribers.

WE are requested to state that forms of application for the admission of children into the Lord Mayor Treloar Cripples' Home and College, Alton, Hants, can be obtained from Sir William Treloar, 122, Mansion House Chambers, London, E.C. Special consideration is given to applications for the admission of children suffering from tuberculous disease of the bones and joints.

AT a missionary exhibition to be held at the Agricultural Hall in June, a section dealing with outfits suitable for travellers in the tropics is to be provided by the Livingstone College, Leyton. It is desired to make a special feature of appliances intended to protect travellers and residents in hot climates from the bites of mosquitos and other insects; and Dr. C. F. Harford, the President of the College, will be pleased to hear from any one interested in the subject.

THE Shakespeare memorial service at Southwark Cathedral, which has been arranged by a committee of which Dr. R. W. Leftwich, 125, Kennington Park Road, S.E., and the Rev. Canon Thompson, D.D., Southwark Cathedral, London Bridge, S.E., are honorary secretaries, will take place at 3.30 p.m. on Friday next, April 23rd. After the anthem the Poet Laureate will recite an ode to Shakespeare's birthday, and Mr. Forbes Robertson will give an address on Shakespeare. The service will conclude with the singing of a hymn specially written for the occasion by the Rev. Canon Rawnsley. The collection will be given to the fund now being raised for the erection of a Shakespeare memorial in the cathedral, the poet's old parish church; this it is expected will cost about £650. The decoration of the Shakespeare window in the cathedral with the flowers of Ophelia and Perdita has been undertaken by Miss Ellen Terry, with the assistance of other Shakespearian actresses.

and so forth, did not exist; and then would not argue with us, not at all, but would just tell us, in slow-measured words, what we had got to do and even to think. And the worst of it was, the dear, kind, good fellow was always mainly, and, for the most part, altogether right. Such strong succour as this was precious indeed to his suffering or bereaved patients, and no man gave his services to them more generously or more unostentatiously.

Morning, noon, and night after night he laboured, making a rich harvest indeed, but not of money. Perhaps few men ever worked so loyally and so simply for others, and for so little pecuniary reward. Methodical in all else, he never seemed to lay any plans for money making; and when to his other engagements he added the office of Surgeon to the Midland Railway Company, even Wheelhouse's enormous capacity for work was tried to the full. How well I remember one day seeing his carriage forging slowly up a hill out of Leeds, with the horses half asleep, the coachman more than half asleep on the box, and Wheelhouse himself fast asleep inside. One foggy night, worn out with fatigue, he was called at a late hour to Wakefield. He fell asleep in the carriage, was taken to Wakefield and carried back again to Leeds, where the coach was shunted; later still it was made up into another train and returned to Wakefield, where the sleeper, hearing the call, stepped gaily out, to find it was 2.30 a.m., and no train home again that night. But next morning there was an early lecture, so he procured a cab, but, owing to the fog, had to walk most of the eight miles home, carrying a lamp to show the horse the way.

His Presidency of the Association at Leeds can scarcely pass without mention in these recollections. Ardent worker for the Association as he had been, he never schemed for the Presidency. In his own methodical and just way he informed me—yet, as I used to tell him afterwards, with a rather wistful look in his face—that by the conventional precedency of medicine before surgery, the office was mine. High-minded man as he was, he left it to me to recall his seniority in years and, far more than this, the long and loyal services he had rendered to the Association, services far greater than any other man in the Riding, and, furthermore, his gifts for business and organization, in which he surpassed us all. When I stipulated only for the office of proposing him for the Presidency he accepted the position frankly and gladly, and discharged its duties admirably, as we knew he would.

Nor, again, can I forbear to allude, if it can be no more than allusion, to the remarkable and perhaps unique West Riding Medical Charitable Society. If the task of nurturing this society in its early years belonged to others, to none more perhaps than to Chadwick—yet its earlier nurses handed it over to Wheelhouse as a wise and powerful guardian. How under his fostering care its growth and prosperity grew more and more was warmly testified to at a meeting of his colleagues a few years ago. We men of the West Riding who have seen the beneficence of this society fail to understand how it can be that other counties of the United Kingdom have not gone and done likewise.

Wheelhouse was too thoughtful a man to suppose that labours like his could be carried on into the autumn of life; with his habitual precision he had decided to retire at sixty, and it was only a few years after this age that he withdrew from practice and retired to his eyrie at Filey.

How there among the coastguardsmen and seamen he nevertheless made his great qualities felt, and became, after a fashion, in county business as necessary to his East Riding neighbours as he had been to us in the West, is well known, and is a story I am less well able to tell. What I can say is that my old friend—our old friend—lived to a ripe age, a simple and magnanimous, wise and courteous, useful and charitable, and, I believe, as he well deserved, a very happy life.

We are indebted to Mr. T. PRIDGIN TEALE, F.R.S., for the following note of appreciation:

My association with Mr. Wheelhouse began in 1856, when, on commencing practice in Leeds, I joined him in the teaching of anatomy at the Leeds School of Medicine. Our association in work for the school and infirmary was very close, constant, and cordial, and lasted until, at the end of our twenty years as colleagues at the infirmary, we accepted retirement as consulting surgeons, with the privilege of using six beds each, when the need for our co-operation in teaching ceased. A few years later he retired to his charming cottage at Filey. It is not too much to say that Wheelhouse did more than any single individual to hold up the Leeds School of Medicine at a very critical time.

As a lecturer he was clear, accurate, and interesting, and able to command the attention of his class. He had a remarkable memory, and was able to work hard without worry. Few people worked as hard, as continuously, or for as long hours as he did during the greater part of his professional life.

Coming to Leeds an unknown youth with a widowed mother, and commencing his career as a hard-worked assistant in general practice, he achieved first his position as a Lecturer on Anatomy at the Medical School. He then became Surgeon to the Infirmary, was returned as one of the first Direct Representatives on the General Medical Council, was Chairman of Council of the British Medical Association, was elected to the Council of the Royal College of Surgeons, and finally President of the British Medical Association at its meeting in Leeds in 1889. Such a position is eloquent testimony to the high value set by his medical brethren on his professional acquirements, his personal integrity, and his exceptional capacity as a man of business.

On his retirement to Filey, in good health and mental vigour, he still devoted his trained energy and experience to good public work in his adopted town, and to the district as a county magistrate.

Dr. A. T. H. WATERS, who was President of the Association in 1883, the year in which the annual meeting was held at Liverpool, writes:

The death of Mr. Wheelhouse removes from amongst us a prominent figure in the Association and one to whom the Association is largely indebted. It must be nearly, if not quite, fifty years since I first met him as a member of the Committee of Council of the Association. We used to meet in Birmingham once a quarter, and no one was more active or took a greater interest in the welfare of the Association than Mr. Wheelhouse. He was a good speaker, a thoroughly good man of business, and he made an excellent President of Council during his years of office 1881-4. He was one of the group of men who during the Sixties and Seventies and later on devoted a great deal of time and energy to promote the progress and interests of the Association, and whose efforts were crowned with success. For many years I used to meet him at the annual and quarterly meetings, and it is a satisfaction to me, as a survivor of the group I have referred to, and one of the oldest members of the Association, which I joined in 1854, to give expression to my feelings on the loss we have sustained. Mr. Wheelhouse was a man of high principle, and he possessed great personal charm. His work deserves full recognition.

Universities and Colleges.

UNIVERSITY OF LONDON.

MEETING OF THE SENATE.

A MEETING of the Senate was held on March 24th.

Recognition of Teachers.

The following were recognized as teachers of the university in the subjects indicated:

Middlesex Hospital Medical School.—Dr. Reginald John Gladstone (Embryology).

London School of Medicine for Women.—Miss Helen Chambers (Pathology and Bacteriology); Mr. Leonard S. Dudgeon (Pathology).

Physiological Laboratory.

Dr. Waller was reappointed director and Dr. Mears treasurer of the Physiological Laboratory for the year 1909-10, and Sir Lauder Brunton was appointed a member of the Physiological Laboratory Committee for the remainder of the period 1908-9 in the place of Dr. Pye-Smith, resigned.

The annual report of the Physiological Laboratory Committee which was presented stated that three courses of eight lectures each had been delivered. The lectures on the therapeutics of circulation delivered by Sir Lauder Brunton, and on the intracellular enzymes by Dr. H. M. Vernon, had, with the authorization of the Senate, been published by Mr. John Murray. The report also contained a list of published papers, the outcome of work conducted in the laboratory.

Dr. Arthur Harden, D.Sc., Ph.D., was added to the panel of ecturers in physiology.

Reappointments.

Professor E. H. Starling, M.D., F.R.S., has been reappointed the representative of the Faculty of Medicine on the Senate, and the Faculty of Science has reappointed Professor Sir William Ramsay, K.C.B., M.D., F.R.S., as one of its representatives.

Sir John Williams, K.C.V.O., M.D., has been re-elected for a further period of five years as the Chancellor's representative on the Court of Governors of the University College of South Wales and Monmouthshire.

Exemptions in Regulations for Medical Degrees.

It was resolved that Section 5 (IV) of the exemptions from the normal course of study and examinations for internal students (Red Book, September, 1908, appendix to regulations in medicine, p. v) and Section 5 (III) of the exemptions for external students (Blue Book, September, 1908, appendix to regulations in medicine, p. iv) be amended to read as follows:

Students who have passed or entered for the preliminary scientific examination, Part I, or the first examination for medical degrees, in or before July, 1910, will be permitted to enter for the third examination for medical degrees after a period of not less than two academic years from the date of their passing in anatomy and physiology at the intermediate examination in medicine or at the second examination for medical degrees, Part II, provided they satisfy the regulations in other respects.

Presentation Day.

The presentation of graduates will take place at the university at 3 p.m. on Wednesday, May 12th.

Studentships in Physiology.

Applications for the Lindley Studentship, of the value of £100, to be awarded to a student qualified to undertake research in physiology, must reach the university not later than May 1st.

The University Studentship, of the value of £50 for one year, will be awarded to a student qualified to undertake research in physiology, and will be tenable in the Physiological Laboratory of the university or of a school of the university. Applications must be received by the Principal on or before May 31st.

Advanced Lectures in Physiology.

The following courses of advanced lectures in physiology will be delivered during the third term:

Eight lectures on the Chemical Biology of the Yeast Cell will be given by Dr. Arthur Harden on Tuesdays, at 5 p.m., beginning on May 4th.

Eight lectures on Nerve Cells and Nerve Fibres, by Dr. W. Page May, at University College, on Wednesdays at 5 p.m.

Eight lectures on Recent Advances in Physiology, by Professor E. H. Starling, F.R.S., at University College, on Fridays at 5 p.m., beginning on May 14th.

Eight lectures on the Senses of Hearing, Smell, and Taste, by Dr. C. S. Myers, at King's College, on Fridays at 4.30 p.m., beginning on May 7th.

Four lectures on the Secretion of Urine, by Dr. T. G. Brodie, F.R.S., at King's College, on Mondays at 4.30 p.m., beginning on June 7th.

Four lectures on the Regulation of Respiration, by Dr. J. S. Haldane, F.R.S., at Guy's Hospital Medical School, on Thursdays at 4 p.m., beginning on May 6th.

Four lectures on the Accessory Factors of an Efficient Dietary, by Dr. F. G. Hopkins, F.R.S., at Guy's Hospital Medical School, on Thursdays at 4 p.m., beginning on June 3rd.

Four lectures on Statistical Methods in Physiology and Medicine, by Mr. M. Greenwood at the London Hospital Medical College on Fridays at 4.30 p.m., beginning on May 21st.

Courses (1) (2) (3) and (4) have been recognized by the Senate as courses of advanced lectures which a candidate at the B.Sc. (Honours) examination in physiology may name for part of his practical examination.

Lectures by Professor of Protozoology.

A course of twenty-three lectures on protozoa will be given at the Lister Institute, Chelsea, by Professor E. A. Minchin, at 5 p.m. on Mondays, Wednesdays, and Fridays, during May and June, beginning on May 3rd.

LONDON (ROYAL FREE HOSPITAL) SCHOOL OF MEDICINE FOR WOMEN.

Sir Patrick Manson will deliver a course of ten lectures on Tropical Diseases illustrated by lantern slides, on Tuesdays at 4.30 p.m., beginning on May 4th.

UNIVERSITY OF ABERDEEN.

DEGREE DAY.

THE following were among the degrees conferred on April 6th:

M.D.—*W. Angus, R. Chalmers, H. W. A. Cowan, J. A. Davidson, J. Raffan, *A. H. Skinner, M.A.

CH.M.—*J. Robertson.

M.B., CH.B.—†A. G. Anderson, M.A., W. Anderson, D. M. Baillie, J. A. Beattie, J. C. Bell, D. W. Bruce, A. J. D. Cameron, A. H. Duckett, W. Duguid, N. Dunn, M.A., J. Elder, J. D. Fiddes, M.A., B.Sc., G. C. Grant, A. Gray, H. Hargreaves, J. Inkster, W. W. Jameson, M.A., H. G. R. Jamieson, J. Johnston, C. R. Macleod, J. McPherson, A. Macrae, C. A. Masson, M.A., J. L. Menzies, R. J. Merson, H. S. Milne, J. Mitchell, D. C. Robertson, F. G. M. Ross, H. A. Smith, G. C. Soutter, D. M. Spring, A. G. Stewart, M.A., R. Sturrock, C. C. Twort, A. J. Williamson, M.A., A. Wilson.

On the same occasion Diplomas in Public Health were handed to:

Messrs. G. Davidson, J. Ferries, A. F. MacBean, M.A., R. McRae, A. J. Milne, W. G. Watt, T. C. McC. Young.

* Awarded honours for thesis.
† Second class honours.

VICTORIA UNIVERSITY OF MANCHESTER

DEGREE DAY.

AT a degree ceremony held in the Whitworth Hall on March 31st, Professor Stirling, as pro-Vice-Chancellor, admitted a number of graduates to the roll.

Professor Hickson presented for the degree of M.A. Mr. S. Saloman. Principal Reynolds presented for the degree of Master of Technical Science Mr. W. Cramp and Mr. C. F. Smith. Mr. W. Sims presented Mr. A. Renshaw for the degree of Bachelor of Dental Surgery. Sir W. Sinclair presented the following for the degree of Bachelor of Medicine and Surgery: B. W. E. Trevor-Roper (second-class honours), J. A. Bateman, N. Booth, J. I. Halstead, E. Howe, M. C. S. Lawrance, T. M. Popple, J. Ramsbottom, W. W. Uttley, H. V. White, and J. Whitehead.

Professor Stirling expressed regret at the absence of the Vice-Chancellor, and hoped that his holiday in the East would enable him to recover his usual health. Professor Stirling said he thought that the menu of studies placed before the medical student was too elaborate and overcrowded. His mental digestion would be improved if some of the items were struck out or simplified. One wondered whether the products of his mental digestion were ever assimilated. Access to the profession of medicine was, perhaps, the most difficult of all, for the aspirants had to devote at least five years to arduous studies. Though medicine could not be considered an exact science, it was based on science, and every day its progress as a practical art was becoming more and more dependent on the advances made by the sciences on which it was based. In no department had the knowledge of causes produced such a revolution as in that of surgery. A similar success would be soon obtained in medicine if the public would only waken up to its responsibilities. Ague had disappeared, hydrophobia was almost non-existent, cholera and plague had been banished from our shores, and malaria and yellow fever were under control. Consumption, however, still claimed its victims in thousands, and the apathy of the public was extraordinary. Professor Stirling recommended to his hearers the cultivation of hobbies, and went on to speak of the arduous nature of the medical profession. Manchester, he said, possessed almost unrivalled opportunities for the study of medicine and surgery in its numerous hospitals, and he thought that Oxford Road might well be renamed the *Boulevard des Hôpitaux*. He referred to the new Dental Hospital, and said that the day marked a new era in the history of the school of dentistry, as the degree of Bachelor of Dental Surgery had been conferred for the first time. In concluding, Professor Stirling referred to the deaths of Dr. T. Harris, Professor Dreschfeld, and Mr. Collier, and the retirement of Professor Young. He also gave expression to the regret caused by the death of Professor Gamgee, to whom the medical school owed so much.

THE UNIVERSITY OF LIVERPOOL.

DIPLOMA IN TROPICAL MEDICINE.

THE following candidates have been approved at the examination for the "Diploma in Tropical Medicine":

R. G. Abercrombie, J. B. P. Allin, H. P. W. Barrow, P. Carr-White, W. S. Clark, R. Cope, W. D. Hayward, W. P. Meldrum, J. C. Murphy, M. G. Samuel, M. H. Thornely, W. S. Webb.

UNIVERSITY OF DURHAM.

DEGREE DAY.

AT a Convocation on April 3rd the following degrees were conferred:

M.D. (*ordinary*).—G. I. Cumberlege, R. A. Morris, W. W. Stainthorpe, P. E. Turner.

M.D. (*for practitioners of fifteen years' standing*).—G. T. B. Blick, A. A. Hill, E. W. G. Masterman, E. J. F. Moore, J. P. Oliver, W. J. E. Sumpter.

M.S.—B. Glendining.

M.B.—K. B. Allan, Harriett A. R. Apps, E. C. Braithwaite, L. F. Browne, C. E. L. Burman, L. W. Evans, J. R. D. Holtby, H. F. Iliewicz, D. M. Johnston, Annie V. Mack, Jessie M. Murray, F. Rahtkens, W. Rollin, R. H. Smallwood, T. W. Stallybrass.

B.S.—K. B. Allan, Harriett A. Apps, E. C. Braithwaite, L. F. Browne, C. E. L. Burman, L. W. Evans, J. R. D. Holtby, Annie V. Mack, Jessie M. Murray, F. Rahtkens, W. Rollin, R. H. Smallwood, T. W. Stallybrass.

B.HY.—G. R. East, J. T. Johnson, W. R. Macdonald, Elizabeth N. Neil, A. J. R. O'Brien, Gertrude E. O'Brien.

EXAMINATION RESULTS.

The name of Mr. Edward Phillips, of the London Hospital, was accidentally omitted from the list of successful candidates at various stages of the examinations for the M.B. degree, published at page 931 of our issue for April 3rd. He was one of the only two candidates successful in all four subjects of the First M.B. (elementary anatomy and biology, chemistry, and physics), and was awarded honours.

LONDON SCHOOL OF TROPICAL MEDICINE.

THE following candidates were approved at the examination held at the end of the twenty-ninth session:

*J. A. Beamish, *I. Davenport Jones (Captain, I.M.S.), *†G. M. Gray, *L. Garnin, *J. H. McDonald (Major, I.M.S.), S. A. Winsor, †J. W. Archibald, Dora Watney, †E. M. Franklin, D. C. Master, R. Mortimer Johnson, †T. Hood Rankin, †C. W. O'Keeffe, J. C. Spillane, †T. F. Lumb, †A. W. Grant, †G. B. Mason, A. H. Fyzee, R. C. Thomas.

* Passed with distinction. † Colonial Service.