in the organic acidity above the normal. We have unfortunately no exact data as regards the food taken, but the gradual diminution of nitrogen coincidentally with the ingestion of more food, is an index that in this case nitrogenous metabolism was in a good condition, and that the patient was able to recuperate somewhat from the starvation incident to a severe operation. The fall in ammonia with the accompanying fall in mineral acidity was the result of giving sodium bicarbonate. As an example of a moderately severe case of diabetes we give the following data from a middle-aged woman who was on a diet almost free from carbohydrate.

Quantity 3,635 c.cm., acidity 981, ammonia 1.323 gram, mineral acidity 54.5, organic acidity 1,563, phosphates 3.44 grams P.O., total nitrogen 20.7195, ammonia-nitrogen coefficient 6.3 per cent.

As a contrast to this, take the following figures from the case of a young man who on a less restricted diet was passing exactly the same amount of urine:

Quantity 3,635, acidity 1,163, ammonia 3.56 grams, mineral acidity −181, organic acidity 3,944, phosphates 3.88, total nitrogen 17.78 grams, ammonia coefficient 20.06 per cent.

Some cases of diabetes have been followed for weeks, and interesting results have been obtained, which will be communicated in a joint paper with Dr. Arthur Hall.

In order to obtain figures for the changes occurring during starvation, a case of rectal "feeding" was examined:

The patient, a woman aged 30, had apparently a gastric neurosis, and one day, after severe retching and vomiting, had a slight attack of haematemesis. She was admitted and fed exclusively per rectum for seven days, at the end of which the following figures were obtained: Quantity 511 c.cm., acidity 183, ammonia 1.234 gram, mineral acidity −15, organic acidity 1,131, phosphates 0.82 grams, total nitrogen 4.57 grams, ammonia-nitrogen coefficient 26.7 per cent. This at once raised the question of pregnancy, but we were unable to decide with certainty as a vaginal examination was refused. Nothing could be felt from the abdomen, and there were no other indications of pregnancy.

The patient subsequently got quite well. The above cases afford illustrations of the general applications of this method, which in our opinion provides a rough estimate of several factors which are very important in the treatment of many conditions, and has the great advantage of being applicable to ordinary clinical work by a man with the usual training of a modern medical student. A vast field of work is open to the ordinary worker in such conditions as cirrhosis of the liver, eclampsia, pernicious vomiting of pregnancy, the effects of narcosis, many cases of so-called neuroses (which may, as in one described by Voegtlin, be accompanied by an acidosis due to some unknown fatty acid), rheumatoid arthritis (also sometimes accompanied by an acidosis), and the acute infections. Cases of marasmus in infants promise to afford very interesting results in view of recent Continental work. In fact, they seem to open the door for the admission of recent work in metabolism to the practice of the general physician.

It may be objected that the methods here described are not accurate. This objection applies especially to the method of ammonia determination, which was first published by Malfatti; it has been used also by other workers, and has been tested by Macpherson[1] against the Folin method. He found that it gave slightly higher results, and this may be due to the fact that it estimates at the same time the amino acids. The method of determining the organic acids has been adopted for original research on metabolism at the Johns Hopkins Hospital,[2] and has given satisfactory results. It has given results in our experience which accord with clinical observation, and is so easily applied that we draw attention to it in the hope that some highly qualified chemist may test its accuracy, and either condemn it or show that it gives results sufficiently accurate for clinical purposes.

I have great pleasure in thanking the medical staff of the Infirmary for permission to use their cases, and Dr. Hall for kind help in preparing this paper.

REFERENCES.

[1] Macpherson, BRITISH MEDICAL JOURNAL, March, 1909. [2] Reports from the Laboratories of the Johns Hopkins Hospital, July and August, 1907.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

LOCAL INJECTIONS OF STRYCHNINE IN NEURITIS.

I DESIRE in all humility to ask for a trial of the following simple treatment for neuritis—namely, the injection twice daily of $\frac{1}{100}$ gr. of strychnine in about 20 minims of sterilized water along the course of the affected nerve. The "cure" never in my experience takes longer than four weeks.

London, E.C. GEORGE H. R. DABBS, M.D.

TREATMENT OF RINGWORM.

THE several antiseptics advocated for outward application in cases of ringworm are far from satisfactory, the prolonged duration of the disease proving their inefficiency. In dealing with the numerous cases of pediculosis in our fever wards we always employ the essential oil of sassafras, which, without exception, we find acts as a specific in such cases. When both pediculosis and ringworm occurred in the same scalp, it was noticed that the latter disease also reacted favourably to this preparation. This led me to test the possible usefulness of the oil for ordinary cases of ringworm, and so far the results have been most happy. The hair is cut closely around in order to identify the patches, the application of the oil being made twice a day by means of a camel-hair brush. This is continued for a few weeks, as the case indicates. No irritation is produced, while the preparation is most pleasant to use. Not only is the spread of the infection prevented, but that the fungus is being destroyed with certainty is recognized in two or three weeks, by commencing development of fine hairs.

In country practice, where treatment by x rays is impracticable, this method will, I venture to think, prove a valuable addition to the several means recommended by various authorities.

E. LYNN JENKINS, M.B., B Sc.,
Medical Officer, Isolation Hospital, Hinckley and District.

CASE OF COMPLETE INVERSION OF THE UTERUS: REDUCTION AND RECOVERY.

MRS. H., aged 24, a primipara, was delivered with forceps at 7 p.m. on December 2nd, 1909, after a tedious labour, presentation being occipito-posterior. Delivery with forceps was easy, no severe traction being required. I waited expecting the contractions which would expel the placenta, and meantime used no undue traction on the cord nor pressure on the fundus. After an hour and twenty minutes contractions began, and increased in violence every minute, and latterly were extremely violent. The placenta began to be extruded, was finally expelled, and was followed by a hard mass and much haemorrhage. I placed my left hand on the abdomen, and found the uterus gone. I grasped the neck of the mass between my knitted fists and controlled the bleeding very largely. The patient was blanched and gasping, and the situation was alarming in the last degree. I sent for the assistance of my nearest colleague, and, pending his arrival, held the bleeding in check. I tried to separate the edges of the placenta where it was still undetached, and was astonished at the very close incorporation of placenta and uterus. Presently my colleague, Dr. Mackay, arrived. I requested him to sluice the mass with biniodide solution (1 in 1,000), and then to detach the placenta. He experienced the same difficulty, and remarked upon the extremely close adhesions. I still held the mass firmly by the neck and plugged the sinuses with my fingers as the difficult and tedious detachment of the placenta proceeded. When it had been finally accomplished as well as we could do it, the uterus was well washed with biniodide solution. My colleague gave chloroform. I squeezed the organ into a smaller volume as a first step and then tried reduction by inverting the fundus. It was almost at once evident that that method would not succeed for two reasons: (1) the tissue of the uterus was too friable and would not bear the pressure of the fingers; (2) it formed a very unnecessary bulk in passing the os.

I therefore passed the fingers and thumb of the right hand into the sulcus, and pressed gradually upward, and from side to side, kneading it the while. By this method I found reduction perfectly easy, and a few minutes sufficed to complete the operation.

The patient was in the last stages of exhaustion, having lost a great volume of blood and suffered a very severe shock. Rectal infusion of saline with infundibular extract had marvellous effects, and as she could from the first take small quantities of fluid by the mouth she made a good recovery, and is now (January 8th, 1910) up and walking about the house.

My reasons for publishing this case are its great rarity. Playfair says it was only met with once in 190,800 cases in the Rotunda. Again, there is a difference of opinion as to whether the placenta should be removed before or after reduction. In this particular case after-removal would have been wellnigh impossible, and I hardly think reduction with the mass attached could have been done. In removing the placenta before reduction we had the bleeding sinuses at once plugged, and saw all haemorrhage stopped before it was returned.

C. L. FRASER, F.R.C.P., F.R.C.S.Ed.

Berwick-on-Tweed.

POISONING BY OIL OF EUCALYPTUS.

CASE I.—A man, married, aged 28, who had been suffering from a bad cold for several days, had been dosing himself for two or three days with oil of eucalyptus (2 to 3 drops), inhaling it from a pocket handkerchief, and sucking numerous eucalyptus and menthol gum lozenges. He had taken very little nourishment. Just before leaving his office, where he kept two bottles, one containing ammoniated tincture of quinine and the other oil of eucalyptus, he poured himself out a dose, as far as he remembers between two and three teaspoonfuls, of oil of eucalyptus, in mistake for the tincture. His home is situated ten to fifteen minutes' walk from his office, and he noticed nothing until he had been walking about ten minutes, when he was seized with sudden giddiness and faintness and ataxic gait, as though he had taken an excess of alcohol. He just managed to reach his house when the following symptoms showed themselves: His breathing became very laboured, and dyspnoea was very acute and distressing; his pupils were dilated, and pulse very weak and thready; the temperature was subnormal (95°–96° F.). Violent vomiting occurred before any emetic was given. His skin was a greenish-yellow colour, and he complained of a girdle-like constriction around the abdomen. He was very drowsy, and complained also of shivering and great cold, with intense frontal and occipital headache.

In about half an hour after taking the oil he had violent diarrhoea, with very painful and excessive micturition; the urine was dark in colour and the faeces smelt strongly of the oil. His skin also smelt of the oil. He was given a simple emetic, stimulants administered, and put to bed; four hot-water bottles and many warm thick blankets were used, as the collapse was severe. In the course of a few hours he felt better, the temperature rose, and the pulse became more satisfactory. For three days the skin retained the chlorotic hue, which only very gradually passed off. He was very depressed, his mental faculties were blurred, and he was unable to make any effort. Drowsiness continued for three days, and his gait was somewhat ataxic. For nearly a fortnight his breath, urine, faeces, and skin all smelt strongly of the oil, and it was a clear fortnight before he really felt well.

CASE II.—On January 5th at 11.50 p.m. I was called to see a girl, aged 18, who had swallowed about a drachm of eucalyptus oil, with which she had been rubbing her gums to allay toothache, as well as sucking lozenges. All the symptoms observed in the first case were present, but to a less degree—namely, intense headache, vomiting, collapse, bodily and mental; feeble pulse, subnormal temperature, girdle-like constriction around the abdomen, and dilated pupils.

In the BRITISH MEDICAL JOURNAL of December 4th, 1909, page 1656, it is stated that larger doses than ʒj to ʒij have been given, with little or no untoward effects; further, that mothers in certain districts have been accustomed to give ʒj doses for colds to their children. Evidently oil of eucalyptus (and in this case it was a quite pure essential oil of eucalyptus, being a sample from a well known first class London manufacturing company) does not affect all people alike. Its dosage, according to Mitchell Bruce and Hale White, is ½ minim to 3 minims only. It seems to be closely allied in composition to oil of turpentine, containing several isomeric terpenes, all having the formula of $C_{10}H_{16}$, and no doubt the fact that it causes similar respiratory, nervous, cardiac, gastric, and urogenital symptoms from over-dosage is due to these isomeric hydrocarbons.

Portsmouth. W. RONALD KIRKNESS, L.R.C.P., M.R.C.S.

PERSISTENCE OF ITCH MITE INFECTION IN CLOTHES.

THE following data furnish evidence of the vital tenacity of itch mite removed from its human host.

The subject of the attack was a young adult, of cleanly habits, who had never been attacked before. The symptoms of the first attack began to manifest themselves early in February, 1909. Ordinary knitted woollen gloves were worn at the time, and they covered the infected areas on both wrists.

They were put away, and nothing further thought of them. The attack yielded readily to treatment. The gloves were again worn towards the end of October, 1909, and about four weeks later the disease again appeared in the same parts.

Hence (in the extremely probable event of the infected gloves being the cause of the second attack) one may fairly conclude that here we have an instance of itch mite infection preserving its vitality, apart from a human host, for over seven months.

JOHN N. LAIRD, M.A., M.D., D.P.H.Trin.Coll.Dub.

Macclesfield.

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

MANCHESTER CHILDREN'S HOSPITAL, PENDLEBURY.

DEPRESSED FRACTURE OF THE SKULL IN AN INFANT ONE DAY OLD: TREPHINING: RECOVERY.

(By J. W. BRIDE, M.B., B.S.Lond., M.B., Ch.B.Vict., Senior Resident Medical Officer.)

I AM indebted to the kindness of Mr. J. Howson Ray, Senior Surgeon to the Manchester Children's Hospital, for permission to publish the following case, which may be of interest as showing the ability of the new-born infant to undergo successfully a severe cranial operation.

The infant, aged 36 hours, was admitted on November 11th, 1909. It had been born at 1.30 a.m. on the previous day. The position was left occipito anterior; labour was rather tedious and considerable suprapubic pressure was applied. Artificial respiration had to be resorted to at birth. Twelve hours later there were convulsions, though there was no definite information as to whether these were general or localized. There was no vomiting.

On admission the child was healthy looking and quite conscious. The pulse was slow, regular, and forcible. The pupils were equal, normal in size, and reacted to light. The whole area of the left parietal bone was considerably depressed below the general surface of the skull.

The following operation was immediately performed, A.C.E. mixture being employed as the anaesthetic. A piece of bone the size of a sixpenny piece was trephined from the centre of the left parietal bone, and about 2 drachms of dark fluid blood escaped. The dura mater was found not to be lacerated. The bone was readily elevated and restored to its normal shape. The brain resumed its natural convexity. The child was in the theatre about half an hour.

On returning to the ward there was a convulsion limited to the right side of the body, and another on the following day. With this exception recovery was uneventful. The sutures were removed on the eighth day, and on the ninth day the child returned home and resumed breast feeding.

At the present date, seven weeks after operation, I learn that the child is thriving, and both the local and general conditions are quite satisfactory.

I strongly support the appeal of Sir William Treloar, who will be glad to receive subscriptions at his address, 69, Ludgate Hill, London, E.C.—I am, etc.,

London, N.E., Jan. 25th. THOMAS RIPPON.

MISCONCEPTIONS CONCERNING THE RIVIERA.

SIR,—As the letter published in your issue of January 15th from the Syndicat des Hoteliers de Menton in no way contradicts, but merely protests against the statements I made in my paper at Belfast—which indeed were well within the truth—it is not necessary for me to discuss it.

At the same time it raises the question, ever of growing importance, whether the medical faculty is justified in allowing the prejudice against consumptives to spread as it does, from hotel to hotel and from town to town.

It took centuries for the profession to discover that phthisis was infectious, and it is doubtful, had we depended upon clinical observation and experience alone, whether it would not have taken centuries more. We cannot make up for lost time by overdoing the thing now, and exaggerating its dangers. Is a phthisical patient who is taught to expectorate into a suitable receiver a danger to any one? If not, why should he be treated as an outcast? Till two years back I had in my house here the captain of a yacht whom I wanted to help. No one in the house had any doubt that the man was dying of phthisis, as nearly every symptom was pronounced; but all accepted my assurance that there was nothing to fear. The man died early in the first winter that I refused to have him back, and, of course, no one here was infected.

The late Professor Straus of Paris wrote—and no one knew better than he—that the air expired by a phthisical patient does not contain tubercle bacilli nor any other bacilli, and yet people will cross the street to avoid a consumptive. Sir Douglas Powell has given his opinion in these words: "My own personal experience and observation convince me that, apart from artificial conditions, such as those brought about by experiment, and in the ordinary circumstances of life, phthisis is not an infectious malady."[1] Laënnec's experience was the same.

The patient experiments of many observers seem to me to show how difficult it is to disseminate phthisis, and how impossible it is when elementary precautions are adopted by invalids. Why should the phthisical patient, as such, be held responsible for an evil of which 90 per cent. is the indirect consequence of overwork, carelessness, bad hygiene, influenza, pneumonia, etc.? Why, too, should crowds of people now suffer from discomfort, insomnia, rheumatism, neuralgia, or bronchitis, in their endeavours to avoid the risk of phthisis, by prematurely treating themselves for it in their panic, and adopting, even at night time, the "open air" craze?

The popular persecution of the consumptive, and alarming of the healthy, is a disgrace to science and civilization. To science, because the case against the criminal is so weak, and to civilization because he is the victim and scapegoat of cupidity, selfishness, and prejudice, against which he has no appeal. It is for the profession to do him justice.—I am, etc.,

Mentone, Jan. 17th. D. W. SAMWAYS.

[1] *Diseases of the Lungs*, 1893, p. 348.

THE *New York Medical Journal* states that interesting reports on the practice of medicine and pharmacy in foreign countries continue to be issued by the Bureau of Manufacturers of the Department of Commerce and Labour. In response to an inquiry regarding conditions in Norway, Consul-General Henry Bordewich, o Christiania, reports that the relation existing between physicians and pharmacists is generally very friendly. The inspection of pharmacies is conducted in the smaller towns by the district physicians, who are sometimes assisted by practitioners appointed for the purpose by the Government medical board, under whose direction the examinations are made. A pharmacist's licence may be revoked after he has been convicted of drunkenness, fraudulent actions in his business, and for bankruptcy. The pharmaceutical examination boards are permanent. They are appointed by the Government, through its medical board, whose chief is a physician. Norway has a permanent pharmacopoeia commission, consisting of three proprietors of pharmacies and three professors of medicine. The first Norwegian pharmacopoeia was published in 1854, the second in 1870, and the third in 1895.

Medico-Legal.

FEES OF PLAINTIFF'S DOCTOR FOR ATTENDING EXAMINATION BY DEFENDANT'S DOCTOR.

AN important decision bearing on the medical examination of plaintiffs in cases of actions for damages for personal injuries was given in Dublin in the King's Bench Division on January 21st. The action was one in which the plaintiff had sued the Dublin United Tramway Company and had recovered damages. Prior to the trial the defendants, in the exercise of their right, required the plaintiff to be examined by their own medical adviser. This was done twice, and on each occasion the plaintiff's doctor also attended, and the fees for these two attendances were included in the plaintiff's costs, for which the defendants were liable. The defendants objected to this item on the ground that the attendances of the plaintiff's doctor were purely voluntary, but the Taxing Master overruled the objection, and in consequence the matter was referred to the King's Bench. The Lord Chief Baron, in giving judgement, upheld the decision of the Taxing Master, and said that it had become a settled practice that, in a case such as the present one, when an independent medical examination was applied for, there should be a doctor present on the other side. That was most desirable in the interests of the administration of justice, and he had never known a case of an inspection by the defendant's medical man at which the plaintiff's medical man had not also an opportunity of being present. Furthermore, the Taxing Master had jurisdiction to allow the costs of such attendance in cases where the plaintiff had obtained a verdict. The plaintiff's doctor, when he came to give evidence, should be in a position to know what to expect from the doctor who would be called on the other side, and for the purpose of showing that what took place on the examination by the defendant's doctor was not inconsistent with his own direct evidence, he should, of course, be present at such examination and be allowed his fees accordingly.

WORKMEN'S COMPENSATION.

Alleged Death from Hernia.

IN a case heard before the Judge of the County Court, Carmarthenshire, last month, a widow claimed compensation on account of the death of her husband, a seaman, who had been injured in April, 1908, while at sea. It was contended that the injury had caused hernia on the left side, and medical evidence was called to prove that the hernia was irretainable by a truss, and that death was due to exhaustion produced by vomiting and pain. Dr. Anstey-Chave, medical inspector of seamen to the Board of Trade, Cardiff, attributed death to Bright's disease, and expressed the opinion that the hernia could have been retained by a suitable truss. Similar evidence was given by Dr. J. Barry, medical examiner to the Shipping Federation, Cardiff. His Honour found that the man died from Bright's disease, and gave judgement against the applicant.

This case is interesting not only from the point of view of the conflict of medical evidence, but from the fact that there does not appear to have been a necropsy. The Court had to find a verdict on the evidence placed before it, and His Honour was, of course, entitled to draw his own conclusions. The responsibilities of the Court would have been less onerous, and much greater satisfaction would have been afforded to all parties if it had been possible to produce *post-mortem* records.

PARTNERSHIP ACCOUNTS.

H. writes: When a partnership is entered into, and a portion only of an account is paid by a patient containing items due both to the period before and after the partnership, what proportion, if any, is to be paid to the partnership account?

*** The whole of the earlier items must be paid before anything can be claimed as due to the partnership account. The legal aphorism is, *Qui est prior in tempore, potior in lege.*

Universities and Colleges.

UNIVERSITY OF CAMBRIDGE.

THE following degrees have been conferred:

M.C.—J. P. Hedley, King's; A. S. B. Bankart, Trin.
M.B., B.C.—E. H. V. Hodge, Cla.; F. G. Cawston, Gonv. and Cai.
M.B.—D. G. Pearson, Pemb.
B.C.—L. Meakin, Trin.; F. R. Thornton, Trin.; H. Chapple, Joh.; H. G. Rice, Joh.; H. L. Duke, Gonv. and Cai.; G. Holmes, Gonv. and Cai.; H. E. Humphrys, Gonv. and Cai.; J. G. Saner, Gonv. and Cai.; W. B. G. Angus, Christ's.

The following candidates are entitled to receive the Diploma in Tropical Medicine and Hygiene:

Roy Fearon Baird (Captain I.M.S.), John Francis D'Mello, Arthur Brownfield Fry (Captain I.M.S.), Thomas Henry Gloster, Ernest Charles Hodgson (Captain I.M.S.), Robert McCheyne Linnell (Joh.), Krishnaji Shripat Mhaskar, Edward Pigott Minett, Herbert James Walton (Major I.M.S.).

Professorship of Biology.

R. C. Punnett, M.A., Fellow of Gonville and Caius College, has been elected to the Professorship of Biology.

UNIVERSITY OF BIRMINGHAM.

PROFESSOR J. W. TAYLOR has resigned the Chair of Gynaecology, and the Council has passed the following resolution:

> That the Council accepts the resignation of Professor Taylor with great regret. It desires to convey to him its thanks for his services to the university and its best wishes for his restoration to health.

Dr. Robert Simon, F.R.C.P., Physician to the General Hospital, has been elected to the Chair of Therapeutics, as successor to the late Professor Foxwell.

On the nomination of the Dean of the Medical Faculty, the council has appointed Professor Peter Thompson Sub-Dean of the Faculty. Mr. George Heaton, F.R.C.S., has been appointed Lecturer in Operative Surgery, and Dr. Edgar P. Hedley Demonstrator in Chemistry.

VICTORIA UNIVERSITY OF MANCHESTER.

SIR W. J. SINCLAIR, Professor of Obstetrics and Gynaecology at the university, has been appointed Pro-Vice-Chancellor, in place of Professor William Stirling, whose term of office has expired.

Professor Conway has been elected Dean of the Faculty of Arts, and Dr. Carroll Dean of the Faculty of Music, the deans of the other faculties being re-elected.

At a recent meeting of the university council a resolution was passed expressing regret at the death of Dr. Ludwig Mond, and placing on record its sense of his service to the cause of science and his great generosity to the university.

Mr. F. H. Gravely, M.Sc., has resigned his position at the university to take up his new duties as Assistant Superintendent of the Natural History Section in the Indian Museum, Calcutta. Mr. J. H. Koppern, of the University of Freiburg, has been appointed Temporary Assistant in the Department of Zoology.

The committee for the election of the honorary medical officers at the Manchester Royal Infirmary has co-opted the following representatives of the university: The Vice-Chancellor, Sir Frank Forbes Adam, Sir Edward Donner, Mr. Hermann Woolley, and Mr. Ivan Levinstein.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

A COUNCIL meeting was held on January 13th, Mr. H. T. Butlin, President, in the chair.

Lecturers.

Mr. Edmund Owen was appointed Hunterian Orator for 1911, and Mr. A. Pearce Gould Bradshaw Lecturer for 1910.

The Working of the Midwives Bill.

It was reported that the following letter had been addressed by the President to the Clerk of the Privy Council:

Royal College of Surgeons of England,
Lincoln's Inn Fields, W.C.,
15th December, 1909.

Sir,

In July, 1906, the Council of this College drew the attention of the Lord President of the Privy Council to the fact that no adequate provision has been made in the Midwives Act for the "Remuneration of Medical Men summoned on the advice of Midwives," and they contended that the Act would not work efficiently until such provision had been made. The uncertainty as to the payment of Medical Men under these circumstances has thus far been attended with grave injustice to the Medical Men who have been summoned; with great anxiety to the Midwives who have summoned them, lest they should fail to obtain assistance when it was most needed; and with consequent danger to the poor women for whom assistance was required.

The Council of the Royal College of Surgeons therefore view with great satisfaction the Recommendations (with the exception of No. 7) on this subject (*b*), which are contained in the "Report of the Departmental Committee appointed by the Lord President of the Privy Council to consider the Working of the Midwives Act, 1902," and earnestly trust that the Report will lead to the introduction of an Amending Act early in the course of the next Session.

With regard to No. 7 of the Recommendations, the Council would point out that the onus of obtaining the fee would be thrown upon the medical man who had been summoned by the midwife, and that he might even be compelled, in accordance with the Recommendation, to attempt to recover his fee in Court before he could claim it from the local authority.

The Council of the Royal College of Surgeons also desire to express their satisfaction with the Recommendations in the Report which deal with Prematurely-born Children (*d.* 6) and with those which refer to Ophthalmia Neonatorum (*d.* 7). The number of cases of blindness which are due to that form of Ophthalmia is very large, and many of the individuals who thus become blind are a permanent burden to the State.

I am, Sir,
Your obedient servant,
HENRY T. BUTLIN,
President.

Sir Almeric FitzRoy, K.C.V.O.,
Clerk of the Privy Council.

REPLY FROM PRIVY COUNCIL.

Privy Council Office,
London, S.W.,
17th December, 1909.

Sir,

Referring to your letter of the 15th instant, I am directed by the Lord President of the Council to say that His Lordship notes with satisfaction that the recommendations of the Midwives Act Committee on the subject of the "remuneration of medical men summoned on the advice of midwives" (with one exception) commend themselves to the Council of the Royal College of Surgeons.

With regard to the recommendation to which exception is taken (see paragraph 80 of the report), I am to request you to be good enough to call the attention of the Council to the evidence of Mr. J. Smith Whitaker, who was a witness on behalf of the British Medical Association (Nos. 5605–8, 5718–9), Dr. Woods (Nos. 1692–5), and Dr. Hope (3034–8). A perusal of that evidence will probably satisfy your Council that the interpretation they have placed upon the recommendation in question (which is described by Mr. J. Smith Whitaker as "a desirable and reasonable arrangement") is a somewhat strained one, and that the intention of the recommendation was not to cast on the medical man "the onus of obtaining the fee," but merely to secure that he shall at least test the patient's willingness to pay before applying to the Poor Law authority for payment of his fee.

I am, Sir,
Your obedient servant,
ALMERIC FITZROY.

The President of
The Royal College of Surgeons of England,
Lincoln's Inn Fields, W.C.

CONJOINT BOARD IN SCOTLAND.

THE following are the lists of successful candidates at the quarterly examination of this Board concluded on January 21st:

First Examination.—Rastamji Ratanji Dadina, Bombay; A. E. F. L. Forbes, France; L. Lazarus, Natal; W. Ashworth, Halifax, England; Prayag Deb Banerji, Allahabad; W. N. P. Williams, Holywell, Flints; Pasupulet Krishnasaumi Kuppuswami Naidu, Madras; Nallamma Williams, Ceylon; G. L. Pierce, Llangollen; A. B. Bull, Cape Colony; J. H. Cooper, Lancashire; and J. Calder, Lanarkshire; and 9 passed in Physics, 3 in Biology, and 4 in Chemistry.

Second Examination.—M. McL. Bainbridge, Roxburghshire; W. Brennan, County Clare; W. A. Reardon, Rangoon; W. Chapman, British Guiana; Mary W. Doran, Magheralin; W. E. P. Briggs, Rochdale; Jamshed Hirjibhoy Appoo, Bombay; M. P. Power, County Cork; J. B. Wilman, England; J. McCagie, Edinburgh; J. Scott, Scotland; J. Hegarty, Belfast; W. A. Rees, Wales; and P. W. Laidler, Gateshead; and 8 passed in Anatomy and 3 in Physiology.

Third Examination.—G. F. Hegarty, Cork; E. C. A. Smith, Ballary; E. L. Matthew, Corstorphine: A. E Mackenzie, India; Furdon Framji Keravalla, India; I. J. McDonough, Melbourne; H. Russell-Macnab, co. Down; W. J. H. Davies, Liverpool; H. Mathewson, co. Tyrone; F. M. Stewart, Portree; R. W. D. Hewson, Cheshire; M. J. Ahern, co. Kerry; A. M. Billings, Birmingham; Rastamji Ratanji Dadina, Bombay; Badrinath Varma, India; Maganlal Maneklal Daru, Bombay; Framroze Limji Bhajiwalla, Bombay; and Triloki Nath Sinha, Benares; and 1 passed in Pathology and 5 in Materia Medica.

Final Examination.—Bikrama Jit Sani, India; J. Young, Newcastle-on-Tyne; A. A. Campbell, Canada; I. C. Pratt, Sierra Leone; Samuel Henri Siung, British Guiana; W. Tregea, Birmingham; G. M. H. Osborne, New Zealand; Badrinath Varma, Allahabad; Saravaiya Amritaraj Chetti, Bangalore; G. W. Rundle, Australia; C. L. Ievers, co. Clare; Noshir Shapoorji Bhedwar, Bombay; Manakshy Emperumal Naidoo, Madras; E. A. S. Carrington, Barbados; Ampattu Thomas Kuriyan, Travancore; E. P. Maitland, India; J. H. Bennett, co. Cork; R. W. A. Brown, Chester; and V. D. Griffen.

Sixteen candidates passed in Medicine and Therapeutics, 3 in Surgery and Surgical Anatomy, 17 in Midwifery, and 20 in Medical Jurisprudence.

SOCIETY OF APOTHECARIES OF LONDON.

AT the examination held in January the following candidates passed in the subjects mentioned:

SURGERY.—*†K. Baylis, †J. A. Jones, †E. D. Richardson, *†J. W. Williams.

MEDICINE.—*†J. N. Beadles, †J. A. Jones, *†G. S. Richardson.

FORENSIC MEDICINE.—J. N. Beadles, R. J. Cyriax, S. K. Poole.

MIDWIFERY.—G. J. F. Elphick, J. A. Jones.

* Section I. † Section II.

Diploma.—The diploma of the society was granted to the following candidates, entitling them to practise Medicine, Surgery, and Midwifery: J. N. Beadles, R. J. Cyriax, S. K. Poole, and J. W. Williams.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are: Dr. L. Malassez, member of the Paris Academy of Medicine; Dr. P. Lesshaft, formerly Professor of Anatomy in the Medical Faculty of Kazan; Dr. Erik Johan Widmark, Professor of Ophthalmology in the University of Stockholm; Dr. Assanto Spediacci, Professor of External Pathology in the University of Siena; Dr. Otto Kölpin, Lecturer on Mental Diseases in the University of Bonn; Professor Clodomiro Bonfigli, Director of the Public Asylum for the Insane at Rome, a member of the Italian Chamber of Deputies, and author of numerous publications; and Dr. Queirel, Professor of Clinical Midwifery in the Medical School of Marseilles, and author of three volumes on gynaecology, in his 68th year.