

and a posterior mesentery. In 16 specimens of the 95, the mesentery was well developed; in 3 it was vestigial. In 6 of the specimens with a well developed mesentery a single artery passed to the diverticulum near the free border of the mesentery. In 10 preparations there was no mesentery, only a cord of varying length passing from the mesentery of the ileum, to end in the fundus of the diverticulum (Fig. 9, C). There can be no doubt now as to what that cord is; it is a persistent free border of the original mesentery of the diverticulum—usually containing a remnant of the vessels to the diverticulum, the rest of the mesentery having undergone the normal process of atrophy (Fig. 9, D). This interpretation was forced on me some years ago by the study of intermediate forms, but I found from Dr. Ernst Schwalbe's excellent textbook²⁰ that Neumann had given the correct explanation years before me. A diverticulum provided with such a cord forms a snare in which a loop of bowel is apt to become strangulated; indeed, most cases of strangulation occur with this form. In three cases the apex of the diverticulum was adherent to the mesentery of the ileum—an adhesion which may be the result of inflammation or of merely a contraction of the mesenteric cord. In three cases the diverticulum was turned up and almost adherent to the front of the mesentery of the ileum owing to a peculiar shortening or contraction of the mesentery of the diverticulum.

The ileum often shows a marked constriction or narrowing in the neighbourhood of a Meckel's diverticulum. In 12 of the preparations the constriction was just above the diverticulum, in 8 below it, and in 7 almost opposite to it. These constrictions are of two kinds: (1) those due to the pressure or traction exercised by the mesentery of the diverticulum as it crosses the ileum; (2) those due to an irregular growth or expansion of the Meckelian loop of the ileum—the last part of the intestine to be differentiated from the yolk sac.

In twelve preparations, all of them derived from subjects under 12 years of age, Meckel's diverticulum ended at or near the umbilicus. In nine of the twelve there had been an umbilical fistula at birth, which had become closed spontaneously or by operative measures; in the remaining three specimens the diverticulum terminated imperiously as a cord which was attached to the umbilicus or to the abdominal wall some distance below. The most remarkable specimen of this group is No. 548 B in the college collection (Mr. Bilton Pollard's case), where the diverticulum is 90 cm. long, and arises from the jejunum 60 cm. below the pylorus. In this case there was also an umbilical hernia.

Many cases have been reported recently where masses of glandular tissue, similar to the pancreas in structure and in function, have been found embedded in the wall of a Meckel's diverticulum, even in those which open at the umbilicus. I met with no example of an accessory pancreas attached to a Meckel's diverticulum, but it is possible that a microscopic examination may reveal pancreatic tissue in some of the museum preparations. Those which I have examined showed the same microscopic structure as the ileum, and it is not impossible that the diverticulum in many cases represents not a part of the yolk sac, but a part of the ileum which has been imperfectly separated from the yolk sac. As already mentioned, Drs. Lewis and Thyng found that an accessory pancreatic outgrowth may be formed in any part of the bowel. In explanation of the occurrence of an accessory pancreas in Meckel's diverticulum, one must remember that at an early stage of development—the end of the third week—the mouth of the yolk sac extends up to the second stage of the duodenum, where the pancreas has its origin.

Omphalo-mesenteric Cords formed by the Vessels of the Yolk Sac.

The intra-abdominal part of the vitelline duct (neck of the yolk sac) may undergo a normal atrophy, and yet the artery of the sac may persist, forming a stout cord between the umbilicus and mesentery of the ileum, over which the bowel may become strangulated. There is such a specimen in the college collection and three others in museums attached to medical schools in London (see Fig. 9, B). The cord is also present in two specimens of umbilical hernia in the college collection. In newly-born puppies and kittens these cord-like remnants of the yolk sac vessels are found

constantly, a fact which Hunter was familiar with, and their nature was fully understood by Meckel. In kittens and puppies the cord representing the vein ends at the lower border of the pancreas; that representing the artery ends in the mesentery of the ileum. I have seen no remnant of the vein in human subjects, but in two malformed human fetuses with umbilical hernia I found the superior mesenteric vein, which is derivative of the vein of the yolk sac, terminating in the placenta in place of in the portal vein. Dr. H. E. Jordan²¹ found that there may be two veins to the yolk sac in the human embryo. Kittens sometimes show two cords of venous origin. A preparation presented recently to the college collection by Mr. J. D. Malcolm, shows a cord-like remnant of the artery of the yolk sac in the adult, but the cord had lost its connexion with the umbilicus.

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Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

A CASE OF FOREIGN BODY IN THE OESOPHAGUS REMOVED BY THE DIRECT METHOD.

AN elderly gentleman whilst taking his lunch felt a piece of bone pass into the oesophagus and become fixed there; he was unable to take any more food, and as he was suffering great pain he went to the hospital. No foreign body could be seen by the ordinary laryngeal examination; the probang was therefore passed several times, but no foreign body was extracted, nor did the instrument catch on anything. On examination in the x-ray room with the screen no foreign body was seen. He, however, persisted that he could feel it there, and he was sent on to me. On examination both arytenoid regions were seen to be swollen, and there was a small wound on the left. As the patient said that this was where the pain on swallowing could be felt, and as no foreign body had been revealed by the x rays, I thought that this would probably account for the pain, and I therefore advised him to wait a few hours before having any further examination.

The pain continued to increase; I therefore had him anaesthetized, and by means of a Brüning's tube I was able at once to see and extract a large piece of bone from a point about 2 in. down the oesophagus. The bone was firmly fixed right across the oesophagus, and had to be broken in half to be removed; it was about 1½ in. long and was a piece of the temporal bone with a large zygomatic process, which was embedded firmly in the anterior wall of the oesophagus. After the removal the patient made a rapid recovery.

The case is reported, first because of the fact that the x rays showed no foreign body, and secondly on account of the ease with which foreign bodies in the oesophagus and the air passages can be seen and removed by this method.

GEORGE N. BIGGS, M.B., B.S.

Surgeon to the Ear and Throat Department, Evelina Hospital for Sick Children; Assistant Surgeon, Ear and Throat Department, Seamen's Hospital, Greenwich.

London, W

by the "Red Cross" Indemnity Association can be obtained on application to Mr. Guy Elliston, Secretary and Agent, Medical Insurance Committee, 429, Strand, London, W.C. The Committee is in a position to allow a rebate of 10 per cent. off premiums on policies effected through it.

MOTOR CYCLE.

DR. CECIL E. REYNOLDS (Coldash, Newbury) writes: I have ridden about 15,000 miles on a machine made by one of the firms mentioned during this year, and although the engine is more efficient now than ever, the cycle part has been an endless source of annoyance and expense. It seems a little unkind to recommend to a medical man, to whom reliability means so much, a twin cylinder machine with automatic inlet valves, belt drive, and epicyclic two-speed gear. I have had experience of these also, and consider the combination abominable. Two machines stand out clearly at the head of the poll, namely: (1) The Phelon and Moore for sidecar and solo work; (2) the Triumph for solo work only. Let "H. K." compare the performances of these two machines with the heavy belt-driven twins in the quarterly trials of the Auto-Cycle Union, and I think his difficulty will be settled. The Phelon and Moore won the medal for the best team. It is amply powerful enough with its two-speed gear for sidecar work, and if the rider did stop on an unusually severe hill it is no hardship to drop the passenger, engage the low gear from free engine position, and go up alone. Apart from workmanship and material, the advantages are mainly (1) one cylinder only to keep in order, thus abolishing the worries of synchronization; (2) a light and simple two-speed gear; (3) lowest possible saddle position; (4) no belt troubles. This latter advantage is a host in itself. Added to this the machine is weatherproof. If "H. K." wishes further proof, let him submit ten names of machines with a number to each to the editor of a motor-cycling paper asking him to arrange the numbers in order of merit. Lastly, let him remember that if a machine does not suit him and he wishes to sell it, some makes fetch almost list price, others fetch next to nothing even if they have only been once on the road. I advise a castor-wheel sidecar, not a flexible.

THE INTERNATIONAL MEDICAL CONGRESS, 1913.

THE first move in preparation for the seventeenth International Congress of Medicine, which is to be held in London in 1913, was made last Monday, when a meeting was held in the hall of the Royal Society of Medicine for the purpose of forming a general committee and of taking such preliminary steps as should be considered advisable. At the last meeting of the National Committee, held at Budapest last summer, that body dissolved, but determined that its officers should continue their duties pending the constitution of the General Committee for the Congress in London. Dr. Pavy took the chair, and Mr. D'Arcy Power and Dr. Clive Riviere supported him as the Acting Secretaries. The Chairman, having explained the position, called upon Mr. D'Arcy Power to read a list of 360 names of those who had intimated their willingness to serve on the committee. To this number must be added those who had served on the National Committee. A few names were added to the list at the suggestion of some members present, and the General Committee was thereupon elected *en masse*. It was then resolved, on the motion of Dr. Pavy, that the office of President of the General Committee (not of the forthcoming Congress) should be filled by the President of the Royal College of Physicians for the time being, and Sir Richard Douglas Powell, on taking the chair, moved a hearty vote of thanks to Dr. Pavy for his valuable services. The vote was carried by acclamation.

At the suggestion of Mr. Pearce Gould, supported by Professor Osler and Mr. Butlin, an Advisory Board was appointed to consider nominations for the posts of President, Treasurer, and Secretary of the Congress as follows:

Sir T. Clifford Allbutt, K.C.B., F.R.S.
Sir William Allchin, M.D.
Sir Charles B. Ball, Dublin.
Sir Thomas Barlow, Bart., K.C.V.O.
H. T. Butlin, President of the Royal College of Surgeons of England.
Sir W. Watson Cheyne, Bart., C.B.
Sir William S. Church, Bart., K.C.B.
Clinton Dent, F.R.C.S.Eng.
The Director-General of the Navy (Inspector-General J. Porter, C.B.).
The Director-General of the A.M.S. (Surgeon-General W. L. Gubbins, C.B., M.V.O.).

The Director-General of the Indian Medical Service (Surgeon-General A. M. Branfoot, C.I.E.).
G. A. Gibson, M.D., Edinburgh.
A. Pearce Gould, F.R.C.S.Eng.
Percy Kidd, M.D.
Sir William Macewen, Glasgow.
G. H. Makins, C.B.
Norman Moore, M.D.
Sir Malcolm Morris, K.C.V.O.
Sir Shirley Murphy.
George Newman, M.D. (Board of Education).
Arthur Newsholme, M.D. (Local Government Board).
Professor Osler, F.R.S., Oxford.
F. W. Pavy, M.D., F.R.S.
Sir Douglas Powell, Bart., President of the Royal College of Physicians, London.
D'Arcy Power, F.R.C.S., Acting Secretary, General Committee, Seventeenth International Congress of Medicine.
Seymour J. Sharkey, M.D.
Charters J. Symonds, F.R.C.S.Eng.
Sir John Tweedy, F.R.C.S.Eng.
Sir John Whitla, M.D., Belfast.

The reference to the Board was extended by instructing it to suggest the composition of the Executive Committee. The date of the Congress will be fixed after the meeting of the International Committee at the Hague in March.

The meeting was very well attended, and the General Committee contains members representing the various educational and other public bodies, including the Local Government Board and the medical services of the navy and army, as well as most of the specialities. It was a little difficult to follow and bear in mind all the names in so long a list, but the impression conveyed was that the mass of the profession, the general practitioners, are certainly not adequately represented.

Medical News.

HIS MAJESTY THE KING has graciously granted permission to Dr. George Ogilvie to accept and wear the Insignia of Knight of the Royal Order of Nossa Senhora de la Conceição de Villa Viçosa conferred on him by the King of Portugal.

SIR HENRY BELL LONGHURST, Surgeon-Dentist to the King, has been appointed a Commander of the Royal Victorian Order.

DR. A. T. GORDON BEVERIDGE has been appointed Police Surgeon for the City of Aberdeen, in room of Dr. Matthew Hay, who recently resigned the appointment.

DR. W. R. FRIE has been appointed Certifying Surgeon under the Factory and Workshop Act for the County and the City of Aberdeen, in place of Dr. Angus Fraser, resigned.

THE French Association for the Advancement of the Sciences will hold its thirty-ninth annual meeting at Toulouse in August next under the presidency of Professor Gariel. The foundation stone of a new suburban hospital will be laid on the occasion.

ON Wednesday evening, February 9th, the Battersea Borough Council, by 41 votes to 4, decided to adopt a recommendation of its Highways Committee "that steps be taken with a view to the removal of the Brown Dog drinking fountain, and its return to the donors."

THE annual meeting of the After-care Association for Poor Persons discharged from Asylums for the Insane will be held in the library of the Royal College of Physicians, London, on February 16th. Sir Richard Douglas Powell, Bart., will take the chair at 4 p.m.

LORD SANDHURST will preside at a meeting of the Indian Section of the Royal Society of Arts on Thursday, February 17th, when a paper on the Bombay housing question will be read by Mr. G. Owen Dunn, Chairman Bombay City Improvement Trust, 1904-9. The chair will be taken at 4.30.

A DISCUSSION on pericarditis with effusion, as determined by operation or *post-mortem* examination, will be opened by Dr. Samuel West at a meeting of the Medical Section of the Royal Society of Medicine to be held at 5.30 p.m. on Tuesday, February 22nd. Fellows and others wishing to take part in the discussion are requested to send their names to the honorary secretaries as soon as possible.

THE London County Council on February 8th decided to continue to require the notification of epidemic cerebro-spinal meningitis in the county of London for another year. It was stated that since the notification of cerebro-spinal fever had been compulsory in London, 317 cases had been notified, and detailed information, which might at any time become of importance, had been obtained.

work, openly pushed by the whole-timers, Dr. Larking asks us to believe that they are the friends of the general practitioners.

I maintain that all these things which have been enumerated ought to be in the hands of general practitioners; it is their birthright, and I believe they are as capable of doing the work as well as any other official class, but I much fear that their birthright is being sold for a mess of pottage.

The comparison of the salaries of medical officers of health with clerks is a very striking illustration of the wretched business aptitude of medical men, but will, I feel sure, show on comparison that in districts where part-time medical officers of health are employed, they are proportionately (to the clerks) better than in districts where whole-timers are employed.

This letter is already too long, but the subject is capable of considerably more expansion to show how very short-sighted a policy it is for general practitioners to be led by "officials" who are out of touch and sympathy with the work of general practitioners, to curtail their sphere of work so enormously, while curtailing the "number of practitioners" so very slightly.—I am, etc.,

Northwich, Feb. 6th.

HENRY EDWARD GOUGH.

GYNAECOLOGICAL DIFFICULTIES OF THE GENERAL PRACTITIONER.

SIR,—I am glad to find that Dr. Hastings Tweedy regards the conclusions I drew from his paper on endometritis as "erroneous and extraordinary."

Nevertheless I think they follow from the plain meaning of his language. I ask leave to quote a few sentences. He said: "All these symptoms" (that is, symptoms complained of by nearly every woman who is tired or run down) "may be wanting in *severe types* (italics mine) of endometritis, the presence of which can only certainly be ascertained after miscarriage, abnormalities of the pregnant or parturient state, such as *ante-partum* or *post-partum* haemorrhage, abortions, hydatidiform mole, hydrorrhoea gravidarum, etc. Or again, the accidental discovery of a large uterus may alone direct attention to the condition. Therefore, *whether symptoms are present or not* (italics mine), if dealing with a condition which you have a reasonable suspicion will cause endometritis, treat your patient for endometritis, *irrespective of precise symptoms*" (italics mine). I submit that this amounts to advising the young practitioner to curette every patient who will let him do it, whether there is anything the matter or not, on the ground that if she has any kind of symptoms these may be due to endometritis; and if she has no symptoms then she may be going to have endometritis. Dr. Hastings Tweedy says that "it is self-evident that a disease must precede its symptoms." Yes, but till the symptoms appear, how can any one tell that the disease is there?

To Dr. Hastings Tweedy's incidental question about a case of ventral fixation, I reply that the uterus was not curetted.—I am, etc.,

London, W., Feb. 8th.

G. ERNEST HERMAN.

THE MEDICAL PARLIAMENTARY ROLL.

SIR,—Dr. Keenan says that in assuming the Parliament held by James II in Dublin after his deposition to be irregular, I am "thinking too Britannically," as James had not been deposed from the crown of Ireland by his loyal Irish subjects. I have never heard that James received the crown of Ireland from his loyal Irish subjects. I have always understood that he was crowned King of the three Kingdoms at Westminster, and deposed from the same position at the same place.

I have to thank Mr. John Patching of Brighton for pointing out the following serious omission from my Parliamentary Roll:

Robertson, Sir William Tindall, M.D. Edin., F.R.C.P. Lond. (Brighton, November 29th, 1886—October 6th, 1889). Sir W. T. Robertson was originally in practice in Nottingham, and when, in 1857, the British Medical Association visited that town, he delivered the Address in Medicine. In 1873 his eyesight failed and he went to live at Brighton. At Brighton he became very popular, and was sent to Parliament without opposition. In May, 1889, while leaving the House of Commons, he slipped and sprained his ankle. The enforced idleness produced by this

accident and by the blindness acting upon a hypersensitive nature brought on a condition of melancholia, which it is to be feared ended in suicide (see obituary notice in the BRITISH MEDICAL JOURNAL, October 12th, 1889). Dr. Robertson received the honour of knighthood, January 1st, 1888.

The Borough of Brighton is singular in having, during its comparatively short enfranchisement, sent two blind members to Parliament—Sir W. T. Robertson and Professor Fawcett.—I am, etc.,

London, W., Feb. 4th.

S. D. CLIPPINGDALE.

Universities and Colleges.

UNIVERSITY OF CAMBRIDGE.

THE following degrees have been conferred:

M.D.—E. H. Coleman, Johns; W. B. Swete-Evans, Clare.
M.B.—F. R. Thornton, Trin.
B.C.—H. G. Monteith, Pemb.

UNIVERSITY OF BIRMINGHAM.

Number of Students.

THE report of the Principal (Sir Oliver Lodge) states that the registered students last session numbered 984, of whom 565 were matriculated students. They were distributed as follows, some previous years being given for comparison:

	1908-9.	1906-7.	1904-5.	1903-4.	1902-3.
Faculty of Science	245	207	134	99	69
Faculty of Arts	215	170	124	85	57
Faculty of Commerce	30	18	16	13	6
Faculty of Medicine	75	66	92	89	89
Total matriculated	565	461	366	286	221
Unmatriculated	419	483	479	554	586
Total	984	944	845	840	807

Two matriculation examinations were held, one in July and one in September, in addition to other University examinations, with the following result:

	1909.			In 1908.
	July.	Sept.	Total.	
Number of candidates entered	298	135	433	373
Number passed in all subjects	143	53	196	165
Completed examination previously begun	4	15	19	21
Total number rejected	148	58	206	183
Withdrawn from examination	3	9	12	5

Financial Statement.

The financial statement for the year ending September 30th shows that the income was £48,981, as compared with £47,330 in 1908. It included, general endowment £5,267, special endowments £1,950, Government grants £11,000, local authorities' grants £7,581, students' fees £14,361, examination fees £2,483, day training colleges £2,349, bacteriological department £1,578, brewing school £1,092, and Treasury special grant £900. The expenditure amounted to £56,206, as compared with £52,264 in 1908. The chief items of expenditure were: Principal's and Vice-Principal's departments £3,352, stipends of professors, lecturers, and demonstrators £24,671, scholarships £578, university examinations £2,479, departmental expenses £8,261, library £1,058, interest of a mortgage and bank interest £3,338, general management £3,486, maintenance £4,681, brewing school £1,469, contributions to superannuation fund £819, Queen's College Hall of Residence £483, and women's hostel £789. The excess of ordinary expenditure over income was £7,225. In addition, there was £3,208, the expenses connected with the royal visit, and £3,247 expenses in respect to structural alterations, etc., at the Edmund Street buildings, making the total deficiency for the year £13,680. The special appeal for funds which was made last year resulted in promises of donations amounting to £78,493, and £52,170 had been collected at the end of the financial year. Included in this total was the generous donation of £30,000 received from Sir Charles Holcroft, Bart., bringing his contributions to the university funds to the munificent sum of £100,000.

The Libraries.

The libraries received many additional books. During the long vacation the works on mathematics, physics, and chemistry

were transferred from the library at Edmund Street to the Harding Library in the new buildings of the university. The number of volumes in the two libraries is now over 65,000. Arrangements have been continued with the Birmingham Medical Institute, whereby its members are permitted to use the libraries for purposes of reference and study.

Hostels and Clubs.

The women's hostels, the buildings of which were taken over by the university in October, 1908, now contains 37 residents. The number of residents in Queen's College, which is for men students, is now 28 as compared with 21 a year ago. Both institutions are thriving, but until the numbers are made up to the full complement, cannot fail to be a drain on the funds of the university. The university has become responsible for the working of the university club. Heretofore the club has consisted only of a portion of the students, admitted by election, occupying the Great Charles Street premises only, and financing itself, with private guarantees behind it, but without risk to the university. The removal of important departments to the new university buildings materially altered the situation. Thereall the students have had the benefit of common rooms and refectory without any club subscription. The object of the rearrangement is to abolish the distinction between the privileges in the two places, and therefore an annual subscription of £1 ls. is collected by the university as part of the fees in order that the students in both places may be in the same position in regard to their clubs.

UNIVERSITY COLLEGE, LONDON.

Ludwig Mond Laboratory.

In memory of the late Dr. Ludwig Mond's scientific eminence and his generous gift of £3,000 towards the building of the Institute of Physiology at University College, the College Committee has resolved to name the biochemistry research department of the Institute "The Ludwig Mond Biochemistry Research Laboratory."

Research Studentship on Biometrics.

The University College Committee will shortly proceed to elect a Crewdson-Benington Research Student. The studentship, of the value of £50, tenable for one year in the Biometric Research Laboratory of the College, is for the promotion of research in anthropometry and craniology in relation to evolution. Candidates should send their applications, together with any statement of qualifications that they desire to submit, not later than March 1st to the Secretary of University College, Gower Street, W.C., who will furnish particulars of the studentship.

Medico-Legal.

DAMAGES FOR DENTAL INJURIES.

ON February 2nd, at the Glasgow Sheriff Court, Sheriff Fyfe issued decision in an action against the Hygienic Institute, Glasgow, by James Lawson, who sued for damages for alleged injury caused through an unskilful dental operation. His lordship found that the pursuer, a man aged 45, contracted through a canvasser of defenders to supply him with a set of teeth for the sum of £6, payable by instalments. The contract contained a condition, "Painless extractions with our own 'anaesthetic' done free of charge to those ordering artificial teeth." On September 19th, 1909, pursuer attended defenders' premises at 30, Elmbank Crescent, Glasgow, and an operator was entrusted to extract seventeen teeth to make room for the artificial set. In course of the operation the pursuer's jaw was broken and his mouth very much lacerated. The formation of his mouth has been so altered that it was not likely that he could now be fitted with a set of artificial teeth, and, if he could, a surgical operation, involving much suffering and considerable expense, would most likely be required. His lordship further found that the injuries which the pursuer had sustained were the result of the incompetency, or carelessness, or negligence of the defenders' employee, the operator. He therefore awarded the pursuer £100 damages with expenses. In a note his lordship said it was, unfortunately, within the law for people who were not registered dental practitioners to make contracts to remove teeth. It was a striking illustration of the wide gulf which often existed between the letter and the spirit of a statute that under the Dentist Act of 1878 it was not legal for an unqualified person to take the title of dentist, but it was quite within the law for an unqualified and unregistered person to undertake, for payment, to do dental work. The defenders' firm, the Hygienic Institute, seemed to his lordship about the most barefaced evasion of an Act of Parliament which ingenuity could suggest, for they went as near to designing themselves dentists as it was possible to go.

In the second division of the Court of Session judgement has been given by the Lord Justice Clerk and Lords Low, Ardwall, and Dundas, in an appeal from the Sheriff Court at Airdrie, where Bethia Campbell Dickson, 32, Commonhead Street there, sued the Hygienic Institute, Main Street, Coatbridge, for £50 damages for personal injuries sustained by her in a teeth-drawing operation. Sheriff-Substitute Glegg found that in August, 1908, the defenders' operator subjected the pursuer's mouth to unnecessary violence, tearing away a piece of the

jawbone, and causing permanent enlargement, and awarded her £30 damages. Sheriff Millar, on appeal, adhered to the Sheriff-Substitute's interlocutor with expenses, and the defenders appealed to the Court of Session. That Court affirmed the interlocutor appealed against, and found the appellants liable in expenses.

Lord Dundas, who delivered the opinion of the court, said in the course of his observations that the defendants admittedly employed assistants who were not qualified dentists or dental surgeons. Any man who performed a service of art for another was responsible up to the limit of his own profession—that was what he professed or announced to the employer. The question came to be whether or not the actings of the defenders or of their employee had come up to the professions made by them to the pursuer. The first matter therefore for consideration was what the defenders held out or professed to the pursuer. On that point his lordship said he was content to take the order form as embodying what the defenders held out or professed to the pursuer. It was quite idle to contend, as the defenders' counsel did, that the document held out the defenders merely as makers of artificial teeth and not as dentists. It was plain that they also held themselves and their assistants or employees out as extractors of teeth and practisers of dentistry. The lump sum to be paid by the pursuer included the extraction of her teeth. She was, in his lordship's judgement, entitled to expect that the defenders' employees could perform the necessary dental operations with ordinary success and with ordinary care and prudence. That being the fair scope and meaning of the contract between the parties, one turned to the proof to consider whether or not the defenders' actings fell short of their contractual professions to her, and he agreed with the sheriffs that the answer upon that issue must be in the affirmative. There seemed to be no doubt that bone and flesh were in fact torn away from the pursuer's upper jaw with serious and distressing consequences, and no other cause was suggested than the operation; and it was plain upon the evidence that such an operation was a grossly careless one. If, then, the defenders held themselves and their operators out as competent to perform dentistry with ordinary care and success, as his lordship held they did, they must be liable in damages.

At the West London County Court on February 3rd judgement for £100 damages and costs was entered against the London Hygienic Institute and Portman Teeth Institute, Limited, Baker Street. The plaintiff was the wife of a policeman, who had been persuaded by a canvasser of the institute to have certain teeth removed and others substituted. She understood that the whole operation would be painless, whereas, according to her statement, she suffered severe pain, a root was left in, and she had to remain in bed for three weeks.

THE RESPONSIBILITY OF HOSPITALS.

A CASE of importance to medical practitioners and hospitals has been decided in Glasgow Sheriff Court. In the winter of 1907 a man was removed to Ruchill Fever Hospital (belonging to Glasgow Corporation), suffering from scarlet fever, and died there. His widow sued the Corporation of Glasgow for £1,000 in respect of its failure to take proper care of her husband in removing him to hospital, and whilst there allowing him when delirious from fever to escape into the grounds and get a chill, which led to his death. She also claimed for a *post-mortem* examination, but this was regarded as irrelevant, and was not insisted in. The proof of the main averments lasted several days, and both parties were represented by counsel. The Sheriff has now issued his judgement assailing the defenders with expenses, as the pursuer has failed to prove that death was caused by fault or negligence of defenders. In a "note" the Sheriff goes into the case very thoroughly. The first point was as regards the removal, the case for the pursuer being that the nurse in charge of the ambulance van, who was a probationer, allowed the patient to walk to it in place of being carried. The Sheriff finds that the patient elected to walk, and that there is no proof he suffered from doing so. The main issue was, however, that defenders were negligent in allowing the patient, while delirious, to escape. The ward was admittedly full above normal, containing on the night in question 32 male patients, 25 of whom were boys, 3 were lads, and 4 were adults. More than half of the 32 were convalescents who needed no attention during the night. In normal circumstances one staff nurse was considered sufficient during the night. On this particular night there was a nurse in charge, a night sister within call, a male attendant watching this particular man, and another available in emergency. The resident doctor was under the same roof within call. The patient was delirious, imagined he was being maltreated, and got out of bed more than once. Each time he was coaxed back, and at 11 p.m. the doctor gave him a sedative. It did not act as was anticipated, and at 11.30 the patient got up, evaded the male attendant and nurse, ran about the ward for a bit, and then suddenly broke a window and escaped through it into the grounds. He was captured and brought back and then put in a restraining sheet, and four hours later he died. The Sheriff finds that the attendance provided was sufficient, and there the responsibility of defenders ended. The attendants had not failed in their duty, and there was no evidence that the use of the restraining sheet was improper. He did not consider that either the doctor or male attendant committed any error of judgement, and even if it were proved that the doctor committed an error of judgement, there was no liability on the defenders.