The results agree closely with Bohr's recent calculations of the arterial oxygen pressure which might be expected during rest if diffusion alone were in play.

2. When a much higher percentage of CO is breathed (0.2 per cent. or more) the oxygen pressure in the arterial blood rises to nearly double that of the alveolar air, and considerably above that of the external air. With intermediate percentages of CO there are intermediate rises in the arterial oxygen pressure.

It is thus evident that, although under normal resting conditions absorption of oxygen occurs only by diffusion, want of oxygen in the tissues of the body brings into play a supplementary secretory activity by which oxygen is *actively* absorbed from the alveolar air into the blood. This process is presumably analogous to that by which oxygen at a partial pressure of sometimes as much as 100 atmospheres above that in the sea water is secreted into the swim-bladder of deep-sea fishes.

It is satisfactory to find that the results by the carbon monoxide method agree closely with those hitherto obtained by the aerotonometer method. The reasons why Fredericq and Krogh have obtained no evidence in favour of the secretion theory are also evident. Still more satisfactory is it to find that the process of absorption of oxygen by the lungs is regulated, just as is the breathing itself, in accordance with the physiological requirements of the organism. But for the secretory process the blood would be very incompletely saturated during muscular work, when five, or even ten, times as much oxygen is absorbed as during rest. During rest, on the other hand, the secretory process is not required, and would be a waste of physiological effort.

REFERENCES.

[1] A comprehensive account of this controversy is given by Bohr in Nagel's *Handbuch der Physiologie*, vol. i, p. 142, 1905. [2] Skand, *Archiv für Physiologie*, vol. xxiii, pp. 179-278, 1910.

AUSCULTATORY FRICTION:

A LITTLE-USED METHOD OF PHYSICAL EXAMINATION.

BY HERBERT H. BROWN, M.D., F.R.C.S.,

SURGEON, IPSWICH AND EAST SUFFOLK HOSPITAL.

OLD students at University College Hospital will well remember the four methods of physical examination: "First, inspection; secondly, palpation; thirdly, percussion; fourthly, auscultation." To this a fifth should be added, which, for want of a better term, may be called "auscultatory friction" or "auscultatory percussion."

It is a common practice with physicians to make use of a method of auscultatory percussion in mapping out the stomach. By placing the stethoscope over the stomach and tapping lightly with the finger a hollow sound is conducted to the ear as long as the percussing finger and the stethoscope are over the area where the stomach is in contact with the body wall. If the stethoscope is shifted away from this area, the sound becomes notably diminished in intensity, and the same thing occurs if the stethoscope remains in contact with the stomach area and the percussing finger moves off it. In this way it is possible to map out with considerable accuracy the area of a hollow viscus, such as the stomach.

But it is especially in dealing with solid organs that auscultatory friction is so valuable. Information may be obtained in this way which no other method of physical examination can elicit. So far as I know, it is not taught in the medical schools, and is not practised by the generality of practitioners.

By percussion it is only possible to define the outlines of a solid or fluid in contact with a viscus containing air, but by auscultatory friction it is perfectly easy to determine the outline of a solid organ in contact with another solid or with fluid.

For instance, in percussing the heart, the lower margin where it rests over the liver cannot be defined, but auscultatory friction readily shows this. Also to mark out the spleen when there is a pleural effusion on the left side is impossible by percussion alone, and can only be done by the combined method. Again, a pleural effusion of limited extent on the diaphragmatic surface of the right lung is easily overlooked if percussion alone is relied upon; the dullness of the liver is continuous with the dullness of the fluid, and one cannot tell where one begins and the other ends, but by auscultatory friction a sharp line of demarcation between the liver and the fluid is readily obtained.

It is obvious that it is important to practise a simple and easy method by which such information is available.

Some five or six years ago I found that by placing the chest-piece of a binaural stethoscope or phonendoscope over the liver or the heart, and gently rubbing the skin in the neighbourhood with the tip of the finger, a loud sound was conveyed to the ear as long as the finger was over the solid organ; as soon as it passed off the area which covered the organ the sound became almost inaudible, the solid organ under the abdominal wall acting as a stethoscope in conveying the sound to the ear. If the stethoscope is placed over the liver, and gentle friction made with the tip of the thumb, the upper limit of the organ can be defined with the greatest accuracy, even when a layer of fluid is above it, or another solid organ, such as the heart. If the stethoscope is placed over fluid, such as a pleural effusion, the sound becomes lost when the finger passes over a solid or air-containing organ.

I thought at the time I had made an important discovery, but I have since found that the method had already been described and practised. Sir Lauder Brunton tells me that he has made use of it for at least ten years, but agrees with me that it deserves wider recognition.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

TREATMENT OF TUBERCULOUS MENINGITIS.

IN his most interesting lecture on Meningitis in Children, Dr. Guthrie Rankin, in speaking of the tuberculous form, says, "Cases of recovery are so rare that many observers believe the disease to be invariably fatal."

Many years ago I was asked to see a little boy in the second week of tuberculous meningitis. As he was extremely emaciated and profoundly anaemic, a mixture containing potassium chlorate, tincture of ferric chloride, and glycerine was prescribed. The chlorate was given in the somewhat empirical hope that it might somehow yield oxygen to the tissues. The mixture was steadily continued for three or four weeks. An improvement was almost immediately evident, and the child eventually made a good recovery, although his head remained slightly but distinctly enlarged. I have always felt convinced that the boy owed his recovery to the potassium chlorate. I have never since had an opportunity of trying it in tuberculous meningitis, and I only venture to mention the case now in the hope that some one else may be induced to give this mixture a further trial.

G. H. YOUNGE, F.R.C.S.I.,
Lieutenant-Colonel, R.A.M.C. (R.P).

HAEMOPHILIA IN A FEMALE.

THIS condition is, I think, sufficiently uncommon to be recorded. I merely give the history of the child itself; I could obtain no family history of haemorrhages (except from the lungs in members of the parents' families known to be phthisical) on going back two generations beyond the parents.

Born December, 1907. At birth brown patch over left eye, which cleared up in a few days, showing disease, probably congenital. Mother often noticed that the child easily bruised on falling.

December, 1908. Sharp attack of bronchitis with melaena, much blood being lost.

Spring, 1909. Severe haemorrhage lasting three to four days from mere scratch on finger.

April 9th and 16th, 1910. Bleedings from mouth, on both occasions stopping spontaneously.

April 18th. Further attack of bleeding from two points in mouth, death ensuing.

Child well nourished, had had a liberal and varied diet. No history of swollen joints, or suggesting purpura; no signs of scurvy. One brother, showing no disposition to haemorrhages.

Reading. E. W. SQUIRE, M.B., B.S.Lond.

Obituary.

FREDERICK CHARLES HITCHINS, F.R.C.S EDIN.

WITH much regret we record the death of Dr. Frederick Charles Hitchins, of Trevarrick, St. Austell, Cornwall. It occurred at his mother's house in the same neighbourhood on Sunday, May 8th, as the issue of a trying illness. Dr. Hitchins, a Guy's student, became M.R.C S., L R.C.P. in 1897, and some eight years later was admitted to the Fellowship of the Royal College of Surgeons of Edinburgh. Before settling down in practice on his own behalf in Cornwall he supplemented his school work by holding an unusually large number of residential appointments at hospitals in various parts of England. Among the institutions at which he thus gained clinical experience were the Royal Hants County Hospital at Winchester, Stamford and Rutland General Infirmary; the Children's Hospital, Bradford; the South Devon and East Cornwall Hospital at Plymouth, at all of which he served a term of office as either assistant or senior house-surgeon. The matured man himself and the nature of his career in Cornwall are well described in the following lines from the pen of a personal friend and colleague: "A native of St. Austell, and belonging to a family well known and respected there, Dr. Hitchins commenced practice some years ago in his native town, and the saying, 'A prophet is not without honour,' etc., did not in this instance apply; for, in spite of the friendly opposition of other medical men, he had worked up a good practice and was respected by all, and by none more than his professional *confrères*. Though comparatively a young man, and in general practice, it was especially as an operating surgeon that he was sought after, not only in St. Austell, but in the neighbourhood around. Many medical men owe him many a debt of gratitude for kindly help, both in consultation at operations and as an anaesthetist; he was a particularly good anaesthetist, and always so willing to lend a helping hand. I made his acquaintance a little over three years ago, and the acquaintance then formed ripened into a friendship which, had his life been spared, would never have been broken. For many acts of personal and professional kindness to me and mine my saddened heart is deeply grateful. Cheery and genial in manners, a staunch friend, and absolutely straight in his dealings with all, he will be greatly missed. To his sorrowing widowed mother, his brothers, and sister, all who knew and loved him will offer their heartfelt sympathy, and pray that God will comfort them in their sorrow."

BY the untimely death of HERBERT NELSON CAPPE, M.R.C.S., L.R.C.P., the Surrey County Council has lost a trustworthy officer and all who knew him a sincere friend. He was the only son of Mr. Walter Cappe, who was appointed Clerk and Steward of Brookwood Asylum when it was completed in 1867. Educated for his profession at University College Hospital, he qualified in 1888, and immediately acted as locumtenent at the asylum for three months. For a short time thereafter he went into private practice, but returned to Brookwood as Junior Medical Officer sixteen years ago, being appointed to the Senior position on Dr. Gayton leaving to take charge of the new asylum at Netherne late in 1908. The circumstances of his death were peculiarly sad, as within a short time he had every reason to believe that he would have realized the height of his ambition and have been appointed Medical Superintendent at the place where the greater part of his life had been spent. While conducting a *post mortem* examination he became infected, and after a gallant struggle for a month, and in spite of everything that could be done for him, he died of septicaemia on April 22nd at the age of 44. Always painstaking and conscientious in the performance of his duties, an able physician, and an agreeable colleague, his loss will long be felt by both the staff and patients of the asylum. The *Surrey Advertiser*, in recording his death, says: "Possessing a winning personality, he was immensely popular with both staff and patients, and his death has cast quite a gloom over the whole institution. A fine all-round sportsman, Mr. Cappe was perhaps best known outside the precincts of Brookwood as a cricketer. He was a member of the Surrey Cricket Club; and he captained the asylum team, upon whose ground, one of the finest in Surrey, he made many centuries in faultless style, while his fielding was quite up to county form."

DR. JAMES MORRIS, Dunfermline, one of the oldest medical practitioners in Scotland, passed away on May 2nd. Born eighty-four years ago, he began his career as a chemist's apprentice in Dunfermline. He then applied himself to the study of medicine, and took the diploma of the Faculty of Physicians and Surgeons of Glasgow in 1849. He spent all his professional life in Dunfermline. Of a somewhat blunt manner, he had a kindly disposition, which was manifested in the care which he bestowed upon his patients, even in minor ailments. The ideal of the family doctor, he took an interest in the father, the mother, and the whole of the family, and many visits which he made to the home were never charged for. Especially was this so in the case of the poor, to whom he was a warm friend. Dr. Morris held various public appointments. On the occasion of his jubilee as a doctor, Dr. Morris was, in 1899, the guest of the Fifeshire Medical Association and the Corporation of Dunfermline, from whom and others he received substantial tokens of goodwill. He will be much missed by the medical profession in the west of Fife, by whom he was held in great esteem.

WE regret to record the death at Old Colwyn of Dr. GEORGE HENRY WHITAKER, formerly of Horwich. To most of the inhabitants of that locality his was a face of almost lifelong familiarity, and the year or two which had elapsed since he bade it farewell had not sufficed to diminish the affection and esteem in which he was held. Born in Rawtenstall, Lancashire, Dr. Whitaker received his professional education partly at Glasgow University, partly at University College, London, became L.R.C.P., L R.C.S. Edin., in 1875, and celebrated his release from the schools by a voyage to China in charge of one of the steamships of the Oceanic Company. Not long after his return he settled down in Horwich, and he and the village grew, so to speak, together. It was a small hamlet when he first joined it as a young man of 24, and a township of some 16,000 inhabitants when he left it on the eve of old age. He was in charge of the sanitary affairs in the locality almost from the beginning of his connexion with it, being appointed Medical Officer of Health by the Local Government Board in 1875, and subsequently elected to the same office by the Urban District Council in 1895. He also held appointment under the Poor Law, and was Certifying Surgeon under the Factories Act, and had charge of the Joint Isolation Hospital. On his retirement from these various offices some fifteen months ago, the Urban District Council presented him with an illuminated address recording its appreciation of his services. At a somewhat earlier date he had been appointed to the commission of the peace for the county, an honour which both the public and his professional brethren regarded as a just recognition of his abilities. In private life Dr. Whitaker was an active Freemason, and as a man of musical taste and ability made an excellent president of the Horwich Orchestral Society. He was, too, a good sailor, and spent most of his holidays on the water. Dr. Whitaker was married and is survived by his wife. His last resting place overlooks Colwyn Bay.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Professor Hermann Lenhartz, Director of the Eppendorf Hospital, Hamburg, aged 56; Dr. Ernst L. V. Oedmansson, sometime Professor o Syphiligraphy in the Medical Faculty of Stockholm; Dr. Van Beneden, Professor of Comparative Anatomy in the University of Liége, member of nearly every learned society of Europe, a holder of honorary degrees from the Universities of Cambridge, Edinburgh, Leipzig, Jena, and Brussels; and Dr. M. Afanassieff, sometime Professor of Anatomy and afterwards Professor of Internal Medicine in the Army Medical Academy of St. Petersburg, and Director of the Grand Duchess Helena Pawlawna Clinical Institute in the same city, author of numerous writings on medicine and pathology, aged 60.

Universities and Colleges.

UNIVERSITY OF CAMBRIDGE.

Medical Degrees.

WE take the following important statement from the *Times* of May 5th:

For nearly two years a committee of the Special Board for Medicine has been considering the regulations for the degrees of Bachelor of Medicine and Doctor of Medicine. The changes and developments made in 1900 were only partially successful, and the Special Board have felt for some time past that further revision of the examination was inevitable, especially as newer subjects have been advancing ever-increasing claims.

In the changes made in 1900 pathology and pharmacology were included in the first part, leaving surgery, midwifery, and medicine for the second part of the final examination. This was so far satisfactory that the student gained a scientific foundation for a study of disease and of treatment; but the second part now became somewhat unwieldy. Moreover, it was thought that there was a tendency on the part of those who had passed the first part of the examination to consider that it was no longer necessary to study pathology or pharmacology, even in connexion with the cases they were studying in hospital; and the result has been that in the later years too little time has been devoted to clinical and practical work and too much to the study of textbooks. Then, again, although candidates were able to obtain credit for any two of the larger sections—surgery, midwifery, or medicine—and at a later date to qualify for a degree by passing the third, many candidates were tempted to force their preparation and to present themselves prematurely for all three sections at once. Under the new regulations pharmacology and general pathology, along with bacteriology, are separated from the final examination and are introduced as a second part of the second examination. This examination will be more of the nature of a test of the results of teaching, and may be taken six months after the first part—anatomy and physiology—has been passed.

The final examination will be divided up as formerly, up to 1900, surgery and midwifery being included in the first part, which may be entered for, should the student wish, at the end of five years' study and two years' hospital practice. The principles and practice of physic (including the diseases of children, mental diseases, and medical jurisprudence), pathology (including hygiene and preventive medicine), and pharmacology (including therapeutics and toxicology) may be taken as the second part of the third examination after the student has passed both parts of the second M.B. examination and after he has completed three years of hospital practice. At this date, of course, should the student wish it, he may take both first and second parts. In this way the examination will not press so heavily upon men of average ability, and the arrangement will encourage them to devote themselves to a more thorough preparation for the various parts of the examination. Further, owing to the rearrangement of the times for examination in pathology and pharmacology, the student will be able to clear this examination out of the way in time for him to begin his studies in the London or other hospitals, and there will be no unnecessary loss of time during the curriculum.

In view of the increasing amount and complexity of the work involved in the examination of theses for the degree of M.D. and in some measure to lighten the labours of the Regius Professor of Physic, a Degree Committee consisting of four additional members of the Special Board for Medicine will, in future, assist the Regius Professor and his assessor in dealing with theses and keeping of acts for the M.D. degree. The whole of these suggested amendments appear to make for efficiency. They will secure a better arrangement of both preparation and examination, and will encourage practical and clinical work wherever possible.

UNIVERSITY OF LONDON.

UNIVERSITY COLLEGE.

Advanced Lectures in Physiology.

DR. GORDON HOLMES delivered the first of his course of eight lectures on the mechanism of co-ordination in the central nervous system in the Institution of Physiology on May 9th. The lectures will be continued on May 23rd and the following Mondays at 5 p.m.

UNIVERSITY OF SHEFFIELD.

Anatomical Department.

IN the notice of appointments published last week, p. 1149, it should have been stated that Mr. Alexander Wilson, M.B., B.Ch. Aberd., had been appointed Demonstrator in Anatomy in succession to Mr. John Annan, M.B., Ch.B., appointed Demonstrator in the University of Bristol. Mr. A. Garrick Wilson, F.R.C.S., who has been appointed Tutor in Surgery, has resigned the appointment of Honorary Demonstrator.

UNIVERSITY OF BIRMINGHAM.

THE Ingleby Lectures before the University of Birmingham will be given this year by Professor R. F. C. Leith on May 27th and June 3rd, at 4 p.m., the subject being tumours of the body of the uterus. Professor Peter Thompson will give two post-graduate lectures in anatomy in the anatomical lecture theatre of the university, on some early human embryos, on June 7th and 14th, at 4 p.m.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

THE following constitute the Boards of Examiners for the year 1910-11:

COURT "A." (for the conjoint diplomas, D.P.H. and Preliminary Examination).—*Anatomy:* A. Campbell Geddes, G. Jameson Johnston. *Surgery:* C. A. K. Ball, Alexander Blayney, R. J. Harvey, Seton Pringle. *Physiology and Histology:* E. L'Estrange Ledwich. *Pathology and Bacteriology:* A. Hamilton White. *Midwifery and Gynaecology:* F. W. Kidd. *Biology:* J. J. Burgess. *Ophthalmology:* A. H. Benson, H. H. B. Cunningham. *Chemistry:* R. J. Montgomery. *Sanitary Law and Vital Statistics:* E. F. Stephenson. *Engineering and Architecture:* J. H. Fergusson. *Languages:* William Kennedy. *Mathematics, Physics, Dictation, and English Essay:* J. W. Tristram.

COURT "B." (F.R.C.S.I., L.R.C.S.I., L.M. and L.D.S.).—*Anatomy:* A. Campbell Geddes, G. J. Johnston. *Surgery:* C. A. K. Ball, Alexander Blayney, L. G. Gunn, R. J. Harvey. *Physiology and Histology:* E. L'Estrange Ledwich, J. A. Scott. *Pathology and Bacteriology:* L. W. Rowlette, A. Hamilton White. *Midwifery and Gynaecology:* F. W. Kidd. *Chemistry and Physics:* E. Lapper, R. J. Montgomery. *Dental Surgery and Pathology:* G. M. P. Murray, W. G. Story. *Mechanical Dentistry:* D. L. Rogers, E. Sheridan.

The annual report of the Council will be submitted at a general meeting of the College on Saturday, June 4th; the election of President, Vice-President, Council, and Secretary takes place the following Monday. The names of candidates must be in the hands of the Registrar on or before Tuesday, May 24th; notices of motion for which priority is desired at the general meeting should also be sent in before that date.

APOTHECARIES' HALL OF IRELAND.

THE following candidates have been approved at the examinations indicated:

BIOLOGY.—M. Burke Kennedy, D. J. Chadwick.
PHYSICS.—H. Hutchinson.
PHYSIOLOGY.—J. M. J. Levens, W. MacArgan Scott.
PATHOLOGY.—G. M. Mayberry.
PHARMACY.—M. Neary.
MEDICAL JURISPRUDENCE AND HYGIENE.—M. Neary.
MEDICINE.—W. J. Fletcher.
SURGERY.—W. J. Fletcher, W. S. Dervoux.
MIDWIFERY.—W. J. Fletcher, W. S. Dervoux, G. M. Mayberry, A. Ardill, J. V. Pestana.

EXAMINATION FOR REGISTERED PRACTITIONERS.
M. P. Desmond, P. V. Dolan, R. McDonnell.

Public Health AND POOR LAW MEDICAL SERVICES.

INSPECTION OF MEAT IN GLASGOW.

THE annual report of the Veterinary Surgeon to the Corporation of Glasgow, on the inspection of the city's supply of meat, fish, and milk, deals especially with the subject of tuberculosis in cattle. Of 65,033 home cattle slaughtered at the abattoirs 9,385 were affected with tuberculosis; of 49,881 swine, 2,547 were affected; and of 19,229 foreign cattle, 317 were affected. There is therefore a very strong incentive to adopt stringent measures to eradicate as far as possible this disease. Mr. Trotter says that it is incomprehensible that the British authorities have not carried out the recommendations of the Royal Commission of 1898 or made any attempt to deal with the bovine scourge, seeing that it not only causes an enormous loss in food and money, but is a menace to the health of the citizens. No attempt has been made to prevent the infection of young stock. During the past year 45 cows in city cowsheds were found affected and dealt with, and of 15,736 milch cows outside the city supplying milk for the city, 160 were found affected. The report gives a number of interesting details on the food supply of Glasgow and the sources of contamination.

REPORTS OF MEDICAL OFFICERS OF HEALTH.

Paisley Burgh.—Dr. Trotter, M.O.H., in dealing in his annua report with the question of antenatal influences, states that 61 children did not survive a week after birth, the deaths of 56 being due to prematurity, or congenital debility. Visitation in such cases was of little use as these children were doomed. With the mother who knew all about babies because she had had eight and buried five, little progress could be made. But with young mothers in the case of the first or second child visitation and advice was more valuable, and in a general way good results were to be hoped for. An investigation made into the home conditions in cases of infants born of working mothers was satisfactory; and the report states that as an industrial town where female labour predominates, the home conditions in Paisley are most creditable. One result of the work of the health visitors, however, was the revelation that in many cases no food was cooked for school children, bread and jam being given for breakfast and the same on return from school. Constitutions were thus undermined and rendered unable to withstand tuberculosis, rickets, etc.

office has been superseded by another practitioner, it has of late years been the practice of the Local Government Board to inquire from the district council the reason for the non-election of the retiring officer. A medical officer of health who seeks re-election is quite justified in canvassing for the appointment.

CERTIFICATION OF LUNATICS FOR ASYLUMS.

WE have received the following in reference to this subject:

Kencott House, near Lechlade, Glos.,
May 7th, 1910.

Sir,—Your answer to "M.O.'s" query in the JOURNAL of May 7th, p. 1148, may seriously mislead many practitioners who wish to prevent their private patients from passing into the union medical officer's hands. All "M.O." need do is to provide himself with the proper lunacy forms, call in the nearest magistrate, certify the case, and then send the certificate to the relieving officer for the district in which it occurs. The guardians will pay him the guinea fee in due course.—Yours truly, F. W. PILKINGTON.

*** We may point out to our correspondent that the few lines on the subject to which he refers, which appeared in the BRITISH MEDICAL JOURNAL of May 7th, were for the purpose of giving an answer to a special question asked by "M.O.," namely, whether it is necessary for patients of the class described by him to be certified by the district medical officer, and our reply was to the effect that such form of certification was *not* necessary. We made no attempt to enlighten either "M.O." or others on other points of lunacy law. We cannot say that we regard the method of dealing with lunacy cases suggested by our correspondent as being one to be advocated. The process is more or less irregular throughout, and not in accordance with the spirit of the Lunacy Act, and we have grave doubts as to whether it meets all the requirements of that Act. It seems to us to partake rather too much of a private arrangement by medical practitioners and magistrates, the relieving officer being altogether ignored till the last part of the business, instead of having been applied to at first, and so put in the position of an automaton in the case.

Medical News.

THE Council of the Royal Society of Medicine has decided to postpone all further meetings of sections until after the date of the funeral of His late Majesty.

IN consequence of the death of His Majesty King Edward, no meeting of the Royal Society, of which he was a patron, will be held until further notice.

THE next session of the General Medical Council will open on Tuesday, May 24th, when the President, Sir Donald MacAlister, K.C.B., will take the chair at 2 o'clock.

THE following members of the medical profession have been appointed vice-presidents of the Royal Institution for the ensuing year: Sir Thomas Barlow, Bart., Sir Francis Laking, Bart., and Sir James Crichton-Browne (treasurer).

THE first meeting for the vaccine-therapy discussion before the Royal Society of Medicine, to be held at Morley Hall, George Street, Hanover Square, W., has been postponed from Wednesday, May 18th, at 5 p.m., until Monday, May 23rd, at the same place and the same hour.

THE President and Council of the Medical Society of London will give a conversazione in the rooms of the society, 11, Chandos Street, W., on Monday, May 23rd. A reception will be held by the President at 8.30 p.m., and at 9 p.m. Mr. W. H. Battle will deliver the Annual Oration, the subject selected being Internal Injuries.

AN examination of candidates for not less than ten commissions in the Royal Army Medical Corps will be held on July 27th and following days. Candidates who are over the regulated limit of age at the date of the examination will be permitted to deduct from their actual age any period of service in the field after October 1st, 1899, that they could reckon towards retired pay and gratuity if such deduction would bring them within the age limit. Applications to compete should be made to the Secretary, War Office, London, S.W., not later than July 18th.

THE first course of post-graduate instruction at the Hospital for Sick Children, Great Ormond Street, W.C., on surgical diseases of children, by members of the surgical staff, will begin on Tuesday next at 5 p.m. The courses are of three months' duration, and the classes will be held on Tuesdays and Fridays of each week at 5 p.m. From May 17th to June 9th Mr. George Waugh will discuss diseases of the joints, and from June 14th to July 7th Mr. O. L. Addison general surgical diseases; from July 13th to August 4th Mr. H. G. T. Fairbank will give instruction on deformities. The fee for the course is £5, but tickets for part of course may be obtained by arrangement with the secretary.

THE annual conference of the Child Study Society commences next Thursday at Tunbridge Wells, and concludes on the following Saturday. The first day's proceedings are limited to a reception of delegates and members at the Town Hall at 8.30 p.m., followed by an address from the President of the Society, Sir James Crichton-Browne, F.R.S. Friday's work, beginning at 9.30 a.m., includes the reading of reports from the constituent societies, and of three papers: (1) The Social Life of a Child at a Co-Educational School; (2) The Child as Citizen; (3) The Hand as the Gate of Knowledge and Social Relationship. The following morning is to be read a paper by Miss Alice Ravenhill, recording the results of an investigation into the Play Interests of English Children, based on a preliminary examination of 10,000 returns. The Council of the Society extends a cordial invitation to attend the meeting to all those interested in its objects, and such hospitality as is possible will be offered to delegates and visitors. The local secretary is Miss F. M. Watt, 35, Church Road, Tunbridge Wells.

THE 1910 Tournament of the Medical Golfing Society will be held on Thursday, June 2nd, at Burnham Beeches, by kind invitation of the Burnham Beeches Golf Club. Anyone on the *Medical* or *Dental Registers* can join by payment of the annual subscription, which includes entrance to the tournament. The annual subscription is five shillings. Play will be as follows: Eighteen holes match play *v.* Bogey under handicap; Class I handicaps, 12 and under; Class II handicaps, over 12. The "Henry Morris" challenge cup and the Medical Golfing Society's gold medal will be awarded for the best score under handicap. A first and second prize and a prize for the best last nine holes will be given in each class (no player shall take a first or second prize *and* the prize for the best nine holes). No previous play will be allowed on the day. Members of the Burnham Beeches Golf Club will deduct two from their handicaps. A foursome sweepstake will be arranged in the afternoon. Players must send entry with their annual subscription (five shillings) on or before Monday, May 30th, to L. Eliot Creasy, honorary secretary and treasurer, Medical Golfing Society, 36, Weymouth Street, London, W. (telephone, 904 Paddington). The telephone number of Burnham Beeches Golf Club is 050 Burnham, Bucks. Conveyances will meet the trains at Burnham Beeches Station (G.W.R.).

THE Devonshire Branch of the Red Cross Society has issued a pamphlet entitled *Devonshire Voluntary Aid Organization*, which has been drawn up by Mr. J. S. C. Davis, of Ebberly, Beaford S.O., North Devon, the honorary County Director. It well merits its subtitle, "a handbook for workers;" for though the booklet relates ostensibly only to Devonshire, the information given as to what is being done and what may be done in that county in the direction of voluntary aid to the sick and wounded in time of need is so succinct, compact, and comprehensive, that it might well be found of much use in other counties where Red Cross organization is in progress. The frequency with which accounts of meetings in furtherance of the objects of the Red Cross Society appear in provincial and other papers is good evidence that interest in the subject is not decreasing, and that the work of voluntary aid associations is steadily spreading over the whole country. The latest instance in point is a meeting held at the Mansion House on May 2nd. The Lady Mayoress presided, and in the course of the proceedings announced that Lady Mackinnon, the wife of General Sir Henry Mackinnon, who commanded the C.I.V.'s during the South African war, had consented to take in hand the organization of the Red Cross Society in the City of London, and that a small advisory committee had been appointed to assist her. Ten detachments for men and ten for women would be formed, and steps taken to expand in case of need the general hospitals and establish convalescent homes. It was also stated that several large business houses had undertaken to form first-aid classes among the members of their male staffs, and first-aid and nursing classes among their female employees.