

The phenomenon was found to occur in several cases of human pernicious anaemia, and one case examined of anaemia from malaria, but it was absent or only existed to a very slight and negligible extent in normal human blood, and was not noted in single cases of chlorosis, scurvy, or rectal haemorrhage, and was absent also in one case of pernicious anaemia.

Table II shows examples of these counts.

TABLE II.

| Nature of Case. | Hb. per Cent. | Red Cells per c.mm. | | Toisson per Cent. of Hayem. | Colour Index. | |
|----------------------------|---------------------|------------------------|--------|--------------------------------------|---------------|--------|
| | | Toisson. | Hayem. | | Toisson. | Hayem. |
| Normal man ... | 96 | 4.78 | 4.82 | 99 | 1.01 | 1.0 |
| " " ... | 94 | 4.66 | 4.75 | 98 | 1.01 | 0.98 |
| " " ... | 100 | 5.56 | 5.78 | 96 | 0.90 | 0.86 |
| " " ... | 102 | 5.86 | 5.93 | 98 | 0.87 | 0.86 |
| Pernicious anaemia (1) | 23 | 0.61 | 0.86 | 71 | 1.8 | 1.3 |
| " " (2) | 35 | 1.06 | 1.52 | 70 | 1.66 | 1.16 |
| " " (3) | 58 | 2.37 | 2.76 | 85 | 1.2 | 1.05 |
| " " (4) | 40 | 1.36 | 1.32 | 103 | 1.50 | 1.53 |
| " " " | 42 | 1.35 | 1.40 | 96 | 1.53 | 1.50 |
| Malarial anaemia ... | 62 | 2.98 | 3.55 | 84 | 1.0 | 0.8 |
| Chlorosis ... | 60 | 4.33 | 4.23 | 102 | 0.69 | 0.71 |
| Scurvy ... | 66 | 3.82 | 3.90 | 97.9 | 0.86 | 0.84 |
| Haemorrhage from rectum | 82 | 4.92 | 4.99 | 98 | 0.83 | 0.82 |

To obviate this production of pale red cells, Toisson's fluid was replaced by Hayem's solution, which was prepared according to the following receipt: Distilled water, 200 c.cm.; perchloride of mercury, 0.5 gram; sodium sulphate, 5 grams; sodium chloride, 1 gram. The phenomenon now no longer appeared.

Toisson's fluid does not haemolyze the red cells, as may be shown by adding normal and anaemic blood to Toisson's fluid in bulk and subsequently centrifugalizing. The pale cells seem to have acquired a refractive index identical with the solution, and thereby to have become invisible. It is suggested that the cells having this character are new formed cells, and that it may be possible from this observation to estimate the rate of regeneration of red cells in these anaemic cases.

It is, however, manifest that Toisson's fluid, as prepared above, is apt to give very unreliable and fallacious results, and should not be used for counting red cells, unless a control is simultaneously made with Hayem's solution.

Memoranda:

MEDICAL. SURGICAL. OBSTETRICAL.

A CASE OF PROLONGED ABSTINENCE.

A WOMAN, aged 66, was seen by me on March 18th last. She complained that "for three days she had not been able to keep anything down." Examination disclosed a cancerous mass in the rectum. Matters were fully explained to her and her husband, but she deliberately refused all operative treatment from the first visit, and towards the end declared she did not regret her decision. She died on May 10th.

There was complete stoppage of the bowels throughout the duration of the case, nothing passing but a little foul discharge.

Vomiting took place after the drinking of even a mouthful of fluid but at no other time. The abdomen became distended but caused her very little distress. Occasional pains in the back were relieved by hypodermic injections of morphine, and during the last month these were given every six hours. She became very emaciated and

developed a bedsore over the sacrum. Her mind was clear all through and she recognized and talked to her son five minutes before she breathed her last.

For fifty-six days she had been absolutely without food and, one might add, drink, as everything in the way of fluid was always immediately rejected. This period seems to be about the limit to which life may be prolonged during complete abstinence. Drs. Guy and Ferrier mention a case of voluntary starvation which lasted sixty-one days, but this person took water and lemon juice at intervals, whereas in my case the abstinence was complete. Considering the presence of the cancer and the bedsore, one must regard this case as remarkable and unusual.

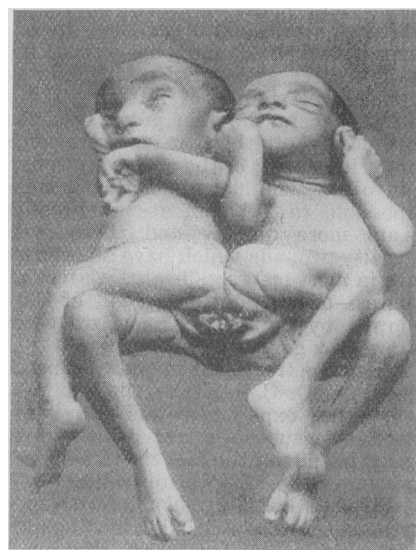
West Mersea, Colchester.

B. HALL, M.B.Lond.

UNITED FEMALE TWINS.

IN the BRITISH MEDICAL JOURNAL of April 30th, 1910, p. 1050, Surgeon R. M. Riggall, R.N., gives an interesting

account, with a photograph, of a case of united male twins, possessing a common rectum and anus, which he considers unique. When on the Malabar Coast of India, I was given the accompanying photograph, with a full account in pencil, by the native photographer who took the picture. It shows two female infants, united to one another in a very similar manner to the case recorded, possess a common anus and vulva (common cloaca); but the exact anatomical relations of the vaginae and urethrae are not known to me, as I did not personally see the twins. (The original photograph shows the infants sitting on their maternal grandmother's right hand, the grandmother merely wearing a loin cloth, as is the custom with women in those parts.) These twins were born on September 22nd, 1906, to respectable local native parents, who exhibited them for money, and in this way are said to have made a good deal, since over 400 persons visited them daily in connexion with a superstition of a "devil's birth," for they were born in a locality called "Bhootapara" or Devil's Rock, which is believed to be haunted. The twins, I have heard, are no longer living.



Newport, Mon. D. G. CARMICHAEL, M.B. (Capt. R.A.M.C.).

PRACTICAL POINTS IN THE TREATMENT AND CLINICAL HISTORY OF SYPHILIS.

To the excellent article on syphilis by Dr. Coates in the JOURNAL of May 7th, page 1093, the following facts may be added: that a woman may develop a primary sore from a syphilitic man who has no cutaneous lesion.

CASE I.—A man, aged 30, contracted syphilis two years before his marriage; he underwent only about six months' treatment. I saw him just before he married. He was free from all eruptions—no sore throat nor white patches in the mouth, no sores on the genitals, no sign of gonorrhoea. He married against my advice. A few weeks after the marriage his wife came to see me, complaining of vaginal discharge. I could find nothing to account for it but a hyperaemic patch at the posterior fourchette; no induration. I advised her to use some disinfectant. A fortnight later this hyperaemic patch was showing signs of erosion, but as yet no induration. I forgot to notice

particularly the condition of the inguinal glands at this stage. In another fortnight the patch had formed an eroded ulcer, the size of a shilling, with indurated floor and edges, and the inguinal glands were the size of walnuts, but painless. She developed secondaries and sore throat later, and was under my treatment for nearly a year, when she moved out of the neighbourhood.

CASE II.—A woman, aged 21, living under the protection of a gentleman of whose history I knew nothing at the time came to me complaining of vaginal discharge, and swore there was nothing wrong with her "husband." When I examined her there was a hyperaemic patch similar to that seen in Case I. There was no induration, but the glands felt slightly nodular. My suspicions were aroused, owing to the previous case. When I saw her a fortnight later the patch was eroding, but there was no induration, and nothing to draw attention to it, but the patient had been scratching herself, which gave the outside vulva an itchy appearance. She was taken by her "husband" to a physician in Harley Street, who said she was suffering from itch, and advised her to use sulphur ointment, and certified that the husband was free from any venereal signs. She came to see me again six weeks afterwards, when I found a well-marked eroded ulcer where the patch had been, with indurated edges and floor; the inguinal glands were painless but the size of walnuts. She subsequently developed secondaries, and was treated at the Lock Hospital. When the nature of the complaint became manifest beyond the shadow of a doubt, her "husband" confessed he had syphilis six years ago.

I have no doubt the converse is also true—that is, a man may develop a primary sore from a woman who has no cutaneous lesion, but unfortunately in these cases I have not had the opportunity of examining both parties at the same time.

The above cases also illustrate the fact that a syphilitic subject is infective in the latent stage; but this is by no means always true.

CASE III.—A man contracted syphilis twenty years ago and had treatment for it. He afterwards married and had a family of six, all living and perfectly healthy. His wife was quite healthy and never aborted during this period. Two years ago he came to me with tertiary sores on the right shin, and soon afterwards I had to attend his wife for an abortion, and again in a few months' time she aborted. She aborted a few weeks ago a third time. As she began aborting after the husband developed tertiaries it is perfectly certain that she was not infected before the appearance of tertiaries in the man, and consequently the children have no hereditary taint. The explanation forces itself on one's mind that during the latent period the germs had probably lodged in some tissue, probably nervous, and that the blood was then free from them. When they again gained access to the blood, as evidenced by the tertiary sore, the infective character of the man asserted itself.

CASE IV.—A man consulted me about his wife who had developed a nodal swelling on the left clavicle. I noticed at the same time that he had an eczematous eruption on the scalp and the back of the neck. The eruption had appeared six months previously. He said he had suffered with a sore on the penis about fifteen years earlier, that it was cured after a few weeks' treatment, and that he neither had rash nor sore throat after that, and was free from any venereal sign, till this eczematous eruption appeared. He had been married nearly twelve years and his wife never aborted nor showed any signs of eruption till this swelling came on a few weeks back. He has four children who look perfectly healthy. Here, again, one cannot but conclude that as the germs found their way into the circulation, as was shown by the eruption, the wife became infected, but not before. As she had no abortions and the children are quite healthy, it would be interesting to know whether the wife will miscarry after this. Under treatment by mercurials and potassium iodide the wife's node and the husband's skin eruption have disappeared.

That syphilis can be contracted a second time is now beyond all dispute; I have within the limit of my by no means large practice come across two instances.

D. N. COOPER, L.R.C.P., M.R.C.S.Eng.

Reports

ON

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

GOVERNMENT CIVIL HOSPITAL, KANDY, CEYLON.

A CASE OF STRANGULATED INGUINAL HERNIA WITH
APPENDICITIS: OPERATION: HERNIOTOMY:
APPENDECTOMY: RECOVERY.

(By F. R. BARTHOLOMEUSZ, L.R.C.P. and S.E., etc.,
House-Surgeon.)

IN the BRITISH MEDICAL JOURNAL, vol. ii, 1908, p. 260, Dr. Horace Brown, Assistant Surgeon, Tredegar Hospital, related a case (in a female) in which the appendix, "much thickened by the formation of young fibrous tissue outside the muscle coat and in the mesentery," was removed from the sac during an operation for strangulated hernia. The following case is an instance of a similar occurrence in the male:

A fairly well-nourished Cingalese, aged 40, was brought in a rickshaw to hospital at 7.30 p.m. on February 2nd, 1909. He was a vegetable seller, and stated that he had suffered from a reducible inguinal hernia on the right side for about five years. He had walked that morning a distance of about five miles with a bag containing 150 oranges on his head, and on arriving at the market-place at about 2 p.m. he felt a sudden pain in the right groin, and found that he could not replace the hernia. He complained of severe colicky pains in the right groin. He gave a history of constipation. The temperature was subnormal, the pulse 100 and of fair volume; the tongue was dry and coated, and he complained of thirst and nausea. In the right inguinal region was a large, well-defined mass, very painful to touch ("cutaneous hyperalgesia") and resonant on light percussion. The muscles of the abdomen were rigid and the right leg flexed.

I diagnosed the condition to be one of strangulated hernia. He was given an enema in the ward, and brought to the operating theatre at 8.30 p.m.

Chloroform was administered by Mr. Dharmaratne, the apothecary. An incision about 3 in. long was made over the swelling, which was oval and about the size of a large orange. The coverings were divided and the sac, which was surrounded by many adhesions, was opened. Its contents were the ascending colon, caecum, and appendix; there was also a certain amount of turbid fluid with lymph exudation. The constricting band at the neck was divided, the gut was examined and bound, but the appendix was reddened and inflamed.¹

I protected the bowel by a sterilized mop rinsed in warm saline solution, and having divided the meso-appendix after ligaturing its vessels, I removed the appendix in the manner described by Rose and Carless. I then replaced the viscera and treated the case as an ordinary hernia by means of Fergusson's method, the cord not being interfered with. Finally, the muscular aponeuroses were united, and the skin flaps brought together by interrupted silk sutures.

The sutures were removed on February 10th. The wound healed by first intention, and the patient was discharged on March 4th, one month after the operation.

I must express my gratitude to Mr. Dharmaratne, the apothecary, for his assistance, and to Dr. Allan de Saram, the medical officer in charge, for having given me the permission to report this case.

¹ Appendicitis within a Hernial Sac. Thompson and Miles's *Manual of Surgery*, p. 386, vol. ii, 1904 edition.

THE Managing Committee of the Sleeping Sickness Bureau have received from the Agent-General for the Transvaal the sum of £500 as a contribution to the funds of the Bureau made by the Transvaal Government on behalf of the four South African Colonies.

be found. On the other hand, if we find a case of pustular acne from whom we can obtain a pure culture of the acne bacillus time after time with only an occasional culture showing staphylococci, and if in the pus films we can only rarely find an occasional staphylococcus, I think we have a strong case for the bacillus being the cause of the suppuration. Such a case was a man who had suffered from pustular acne for many years, and who for at least eighteen months had been treated with staphylococcus vaccine without the slightest change in his condition. On repeated examination of the pus, however, the state of things alluded to above was found. A vaccine of the bacillus was administered, and in about two months the pustules had practically disappeared. The bacteriological findings and the result of the vaccine treatment are, I maintain, clear proof that in this case the bacillus was responsible for the pustulation.

Dr. Molesworth states that most of my conclusions seem to have been based on opsonic estimations, but a little thought would show that no conclusion as to the cause of the pustulation could have been arrived at from such observations, as, if the patients had pustules, they also had comedones, which we are agreed are caused by the acne bacillus, and so, being infected with the acne bacillus, they would tend to give abnormal opsonic indices.

Dr. Molesworth seems to have been unfortunate in that his work on the characters of my bacillus was done with cultures apparently obtained indirectly from me, which did not show the characters which I described in my paper. For instance, he states that the bacillus will grow readily on ordinary agar in forty-eight hours, but if he refers to my paper he will find the statement that on ordinary agar no growth can be obtained. It is true that I added a footnote just before the paper was published that I had obtained a growth of a bacillus on ordinary agar apparently similar to the acne bacillus, but in the light of some subsequent work I regard this not as acne bacillus but as a skin diphtheroid. It is curious to note that Dr. Molesworth was surprised when, about last November, he obtained from me a culture which agreed with my description of the organism. Surely it would be more reasonable to have been surprised when he found that the earlier culture did not agree with my description, and it seems to me that it would have saved him much trouble had he, when he found that the earlier culture did not fit my description, returned it to me with the suggestion that possibly some contamination had occurred.

The only culture which I have any recollection of giving direct to Dr. Molesworth is the last one he mentions, which he says is the true bacillus of acne. This bacillus, which he states is essentially an anaërobie, was isolated aërobically on acid agar in pure culture from an acne pustule in November, 1908, and was grown through very many generations of aërobic subcultures until November, 1909, when I handed the culture to Dr. Molesworth.

The case from which this bacillus came and the result of treatment with a vaccine derived from this strain of bacillus were described in my first paper on the subject.

I am quite in agreement with Dr. Molesworth as to the great advantage of anaërobic methods in the isolation of the acne bacillus from the lesions, and, whereas in my early work I found it almost impossible to separate the bacillus from staphylococcus, by using anaërobic methods as suggested by Sudmersen and Thomson I have found that it can be isolated with ease from every case.

If one uses a suitable medium, however, it is quite unnecessary in most cases to use anaërobic methods for subcultures, as the bacillus will grow well aërobically in many cases in the first subculture, and in practically all after one or two anaërobic cultivations. On glucose agar as recommended by Halle and Civatte, and later by Hartwell and Streeter,¹ and by Dr. Molesworth in the paper under discussion, one obtains cultures readily, but these cultures, as Dr. Molesworth says, take four days to appear, and it is difficult to obtain aërobic cultures. Whereas, on a more suitable medium, growth appears in twenty-four to forty-eight hours, and, as I have said before, it is very easy to educate the bacillus to aërobic growth. The medium I have used is ordinary agar (neutral) + one quarter of its volume of an emulsion made by shaking 10 parts of ascitic fluid with 1 part of oleic acid. To this is added a sufficient quantity of a solution of neutral red to give a

distinct red colour, so that the white colonies may readily be detected. I have made comparative tests of this medium with glucose agar and acid serum agar, and in all cases growth was more vigorous and appeared earlier in the oleic acid serum agar.—I am, etc.,

London, W., May 23rd.

ALEXANDER FLEMING, F.R.C.S.

Medical News.

IN consequence of the lamented death of His Majesty King Edward VII, the annual dinner of the Indian Medical Service will not take place this year.

AT the recent examination for sanitary inspectors under the Public Health (London) Act, 1891, held by the Sanitary Inspectors' Examination Board, thirty-four candidates passed, of whom twenty were women.

THE visit of the Irish Medical Schools' and Graduates' Association to Bath, which was postponed in consequence of the lamented death of His Majesty King Edward, has now been definitely fixed for June 18th, 19th, and 20th.

SIR DOUGLAS POWELL has resigned his position as a member of the consulting staff of the King Edward VII Sanatorium, and has been succeeded as chairman by Dr. Theodore Williams. Dr. Bertrand Dawson has been elected honorary secretary, in the place of Dr. Williams.

THE Annual Founders' Day Commemoration of the Middlesex Hospital was celebrated by a service in the hospital chapel on May 26th. A new organ has recently been erected by private benefactions, and among the gifts to the chapel during the past year is a marble font of remarkable design. The chapel is entirely free of debt.

AT a meeting at the Royal Sanitary Institute on Wednesday next Lieutenant-Colonel C. H. Melville, Professor of Hygiene at the Royal Army Medical College, will give an address on the Sanitary Service of the Territorial Force. The Chair will be taken by General Sir Harry Prendergast at 7.30 p.m.

MR. WILLIAM ROSE, Emeritus Professor of Surgery in King's College, and consulting surgeon, King's College Hospital, died in London on May 29th. Mr. Rose recently underwent an operation on the tongue, which unfortunately was not attended by any permanent benefit. We hope to publish some account of his career in a future issue.

THE following members of the medical profession are included in the list of persons accompanying Captain R. T. Scott upon his Antarctic expedition: Dr. E. A. Wilson, chief of scientific staff, zoologist and artist (Western party); Surgeon G. M. Levick, R.N., doctor, zoologist, etc. (Eastern party); and Surgeon E. L. Atkinson, R.N., doctor, bacteriologist, and parasitologist. Dr. E. A. Wilson acted as surgeon to the *Discovery* in the Antarctic expedition, 1901-4.

AT a council meeting of the Association of Medical Officers of Health held in London on May 25th, a letter was read stating that the Council of the British Medical Association had given its consent to a general meeting being held in London during the approaching annual meeting of the Association, and it was arranged that the meeting should be held on Friday, July 29th, and be followed by a dinner. Provisions of the draft Public Health Officers Bill of the British Medical Association were considered, and it was resolved to take steps to oppose in Parliament any bill differentiating between part-time and whole-time medical officers of health in respect of condition of tenure. It was decided to issue a memorandum stating the position of affairs at the present time and defining the policy of the Association of Medical Officers of Health.

THE Lunatic Asylums Visiting Committee of the Surrey County Council has addressed a letter to the members of the medical profession practising in that county, calling attention to the fact that for some time past an improper use of the county pauper lunatic asylum had been made by those whose social position should preclude their admission to such institutions, and stating that the committee has made arrangements for the reception of private patients at the new county asylum at Netherne, at rates varying from 1 guinea upwards. The committee hopes that by the co-operation of the medical profession the abuse of the provision made for paupers may be prevented, and that the county rates may cease to be burdened with an expenditure which should be met by relatives or friends of the patients, who thereby would prevent the stigma of pauperism attaching to the sufferers.

¹ Boston Medical and Surgical Journal, December 16th, 1909.

Universities and Colleges.

UNIVERSITY OF CAMBRIDGE.

Praelectorship in Biochemistry.

F. G. HOPKINS, M.B., D.Sc.Lond., F.R.S., tutor and Fellow of Emmanuel College, has been appointed by Trinity College to a Praelectorship in Biochemistry. The appointment has been made "in the confident hope that the university will not relax its efforts to secure at the earliest opportunity the foundation of a professorship" in biochemistry, which the Senate has represented as an urgent need.

Degrees.

The following degrees have been conferred:

M.D.—A. W. D. Coventon, Trin.; A. N. Walker, Queens'.
M.B.—G. B. Fleming, King's; C. B. Heald, Caius.

UNIVERSITY OF LONDON.

MEETING OF THE SENATE.

A MEETING of the Senate was held on May 11th.

The Death of the King.

On the motion of the Vice-Chancellor, it was resolved—all the members standing—that a respectful address of condolence and congratulation be presented to King George V, and that the Vice-Chancellor should transmit to Her Majesty the Queen Mother an expression of the profound sorrow of the Senate on the death of His Majesty King Edward, and their respectful sympathy with Her Majesty in her grief.

Report of the Francis Galton Laboratory Committee.

The report on the work of the Francis Galton Eugenics Laboratory for 1909-10 was received from Professor Karl Pearson. Reference was made in the report to Miss Elderton's investigations into the influence on children of alcoholism in parents and of parental occupation, and to the researches in other branches of the subject conducted by Miss Barrington and Miss Ryley. Professor Pearson appealed for a more emphatic recognition by the university of the need for full provision for teaching and research in his department. Mr. Heron, Miss Elderton, and Miss Barrington were re-appointed for another year Galton Research Fellow, Scholar, and Computer respectively.

Dates for Submission of Theses.

It was resolved that the note in Section 4 of the Regulations under Statutes 113 and 129 (Red Book, September, 1909, p. 18) be amended to read as follows:

NOTE.—The expression "two years" in this regulation will be interpreted in the case of students registered in October as the period from that month to the June in the second year following; in other cases it will be interpreted as two calendar years.

Appointments.

The following appointments were announced: Mr. A. Pearce Gould to be a member of the University College Committee for the remainder of the year beginning March 1st, 1910; Dr. E. G. Graham Little to be governor of the University College of North Wales, Bangor; Sir William H. Allchin to be governor of the Cranbrook Grammar School; Professor H. R. Kenwood to represent the university in respect of the University College at the congress of the Royal Institute of Public Health at Birkenhead in July, 1910.

Carpenter Medal.

In 1881 the university received from the Carpenter Testimonial Committee a sum of money in order that an annual prize should be instituted and associated with the name of Dr. William Benjamin Carpenter, registrar of the university from 1856 to 1879. The Senate has resolved to establish a Carpenter medal under the following regulations:

1. A Carpenter medal of the value of £20 (or its pecuniary equivalent, at the option of the successful student) will be awarded every three years by the Senate for a thesis of exceptional distinction in experimental psychology, including the physiology of the central nervous system and special senses, presented for a doctor's degree during the previous three years.
2. The Carpenter medal will be open both to internal and external students.
3. No award will be made unless in the opinion of the Senate a thesis of sufficient merit is presented.
4. The Carpenter medal will be awarded for the first time for a thesis for which a doctor's degree has been granted during the three years ending May 31st, 1913.

Alteration in Price of Calendar.

The price of the *Calendar*, which will now contain a complete alphabetical list of the living graduates of the university, with dates of degrees and indications as to whether each graduate took honours and is a member of Convocation, has been increased from 5s. to 6s.

THE following candidates have been approved at the examinations indicated:

THIRD M.B., B.S.—W. R. W. Asplen, C. Banks, H. L. Barker, J. N. Beadles, J. D. Benjafield (a), University College Hospital; L. C. Blackstone, E. S. Calthrop, A. Camacho, B. A. Cheadle, G. H.

Chisnall, Ethel M. Connan, A. K. Contractor, Emily S. Cooke, Nina G. Cotton, G. M. Davies, D. F. Dobson, J. P. Elias, E. L. Elliott, S. F. Fouracre, H. Gardiner, *E. G. Gauntlett (a, c, d), *University Medal*, King's College Hospital; D. Green, H. Hings-ton, E. L. Horsburgh, S. Hoyte, A. E. Iles, Anne L. J. Kann, D. Kennedy, N. C. Lake, B.Sc., T. S. Lukis, G. Maxted, Marjorie E. Middleton, Ethel M. Morgan, H. O'Meara, Dossibai R. C. Patell, W. N. Pickles, W. L. Pink, A. B. Porteous, S. I. Rabinowitz, N. L. M. Reader, E. E. A. T. Rigg, Mary C. Scott, E. G. Stanley, T. Stansfield, *T. D. M. Stout (a), Guy's Hospital; H. H. Tanner, H. L. Tasker, N. Tattersall, C. C. Tudge, W. R. M. Turtle, R. W. W. Vaughan, P. J. Veale, *F. M. R. Walshe, B.Sc. (c), University College Hospital; A. L. Weakley, W. Weir, R. H. Wilshaw, R. N. Woodsend.

B.S.—H. Hartley, M.D., †Olive McDougall, M.D.
M.B., B.S. (Group I only)—Kathleen Bayliss, F. L. Brewer, H. A. Grierson, W. S. Kidd, M. A. Nicholson, J. V. Rees, C. Witts.
M.B., B.S. (Group II only)—T. K. Boney, E. G. H. Cowen, A. N. Cox, R. B. Edwards, T. C. C. Evans, T. W. George, Katherine A. Gill, E. H. Jones, E. R. Jones, A. E. Lees, K. D. Marriner, R. Montgomery, A. Renshaw, A. L. Robinson, H. G. Smith, H. Thwaite, S. van Someren Boyd, Elsie Warren.

* Honours. (a) Distinguished in Medicine. (c) Distinguished in Forensic Medicine. (d) Distinguished in Surgery.

† For Students who Graduated in Medicine in or before May, 1904.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

AN extraordinary Comitia was held at the College on Thursday, May 26th, the President, Sir Thomas Barlow, in the Chair.

Death of King Edward VII.

Before the business of the day was commenced, the President addressed the Fellows, all standing, on the irreparable loss which the College, the nation, and the civilized world had sustained since their last meeting through the death of their Sovereign, King Edward VII. He dwelt more particularly on the late King's manifold sympathy with poverty and suffering, as evinced by his work on the Commission on the Housing of the Poor, the Cancer Research Fund, the Hospital Fund bearing his name, and numerous measures for the relief and benefit of his poorer subjects. The President concluded by saying that he felt sure that he would be only anticipating the wishes of the Fellows by moving the following resolutions:

That this College humbly approach His Majesty King George, and express its profound sorrow at the loss which His Majesty and the Royal Family have sustained, and at the same time assure Him of the loyalty and devotion of the College to His Throne and Person.

That the College humbly approach Her Majesty Queen Alexandra, and express its profound sorrow at the irreparable loss she has sustained.

Fellowship.

The gentlemen elected at the last meeting, with the exception of Dr. Rudolph, were admitted Fellows of the College.

The Registrar moved that the following temporary by-law be enacted for the first time, namely:

That Robert Dawson Rudolph, M.D. Edin., elected to the Fellowship on April 28th, being resident in Canada, be admitted *in absentia*, any by-law to the contrary notwithstanding.

This was seconded and carried.

Membership.

Kekobad Cowasji Anklesaria, L.R.C.P., was admitted a Member of the College.

Communication.

The following communication was received: From the Secretary of the College of Surgeons, dated May 17th, 1910, on the proceedings of the Council of that College on May 16th.

Emeritus Librarian.

The Senior Censor moved:

That the title of Emeritus Librarian be conferred on Dr. Payne.

This was carried by acclamation.

Chelsea Physic Garden.

On the motion of the President, Sir Wm. Allchin was elected the representative of the College on the Committee of Management of the Chelsea Physic Garden.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

The Licence in Surgery.

THE Council has adopted new regulations for the granting its licence in surgery to registered practitioners. In future all candidates will have to attend the examinations ordinarily held by the Conjoint Board in Ireland so far as the surgery group of the subjects of the final examination for the Conjoint licence are concerned, and must be approved in all the divisions of this group on the same occasion. No more special examinations will be accorded in any circumstances. Besides fulfilling the usual requirements as to courses of study, candidates must also satisfy the Council that they have not within three months been rejected by any other licensing body in any of the subjects of the examination. The fee for examination has been fixed at 5 guineas, and is not returnable in any circumstances.