

they have recently directed their attention, ought to be carefully examined, and that such of their work as shows the same indifference to fact as the Alcohol Memoirs we have discussed should be publicly withdrawn. In view of the national importance of the scientific study of eugenics and its bearing on social reforms we venture to urge that the course we have suggested is one deserving immediate attention.

Finally, the questions of parental alcoholism, of the wage-earning efficiency, physique and mentality of the alcoholic workman and his children, remain exactly where they were before Miss Elderton and Professor Pearson began publishing in May, 1910. Consequently those social reformers who have been led by their publications to believe that previous information and knowledge on this subject was wrong may rest satisfied that it is not.

## Memoranda :

### MEDICAL, SURGICAL, OBSTETRICAL.

#### A CASE OF ACUTE FAILURE OF SIGHT TREATED WITH OIL OF TURPENTINE.

IN a paper on the internal use of oil of turpentine which appeared in this JOURNAL on May 23rd, 1908, I referred to the treatment of iritis by the use of this remedy in substantial doses. The treatment of inflammatory conditions of the eye by oil of turpentine dates from the year 1829, when it was first adopted by Carmichael for cases of iritis, both rheumatic and syphilitic, which showed little disposition to yield to mercurial treatment. The undoubted success of the method commended it at once to practical men, and for many years it continued to be resorted to in appropriate cases. After a time, however, as has happened to many other serviceable remedies, this plan of treatment fell gradually into disuse, and is now almost forgotten. I have spoken on the subject to many practising oculists of large experience, but have rarely found one who had even heard of this use of turpentine—none, with the exception of Sir John Tweedy, who had ever used it himself in his practice. Sir John learnt it, he told me, from the late Mr. Wharton Jones, with whom it was a favourite remedy. The following case may be interesting to oculists, as it shows very clearly the remedial value of the oil in cases where mercurial treatment has proved disappointing.

Some time ago I saw, with Dr. Leslie Earle, a little girl of 10 who, after an attack of measles some few months previously, had begun to complain of failure of sight. Dr. Earle, finding the case little amenable to treatment, had called in Sir John Tweedy, and by his advice the eye had been treated with mercurial inunctions, with the addition of iodide of iron internally to improve the general health. The patient was naturally hypermetropic, and the retina, as Sir John was good enough to report to me, was in a congested oedematous state in the neighbourhood of the macula—a condition which hardly, indeed, amounted to retinitis, but was a cause for anxiety as the child's sight was growing steadily worse and her general health had begun to suffer. It was for this latter condition that I was asked to see the patient. I found her thin, anaemic and fragile looking, and was told that a blood count had shown a great excess of large lymphocytes (41 per cent.). I could, however, discover no sign of organic disease. With Sir John Tweedy's consent the form of medication was altered. The inunctions were stopped and the child was made to take two drachms of oil of turpentine with an equal quantity of castor oil every night at bedtime. This change was followed in the course of only a few days by great improvement in the sight and general health. The normal appearance of the retina, indeed, was only slowly restored, but the acuteness of vision quickly returned and the sight was soon as good as ever. Some months later I heard that the condition of the patient both as to sight and general health was in every way satisfactory. This striking improvement in both local and general conditions followed so quickly upon the change in treatment that we all attributed it, and I think rightly, to the action of the turpentine. The child took the remedy continuously every evening for one month. It produced one action of the

bowels on the day following each dose, but there was no sign of irritation of the kidneys or other unpleasant symptom. At the end of the month the oil was discontinued and perchloride of mercury was given in conjunction with perchloride of iron three times a day.

In using this method of treatment it is important to remember that the turpentine must not be given in smaller quantities than those recommended above, and that it should be combined with an equal quantity of castor oil and given once in the twenty-four hours at bedtime. Our object, which can only be attained by a substantial dose, is to act upon the bowels and not upon the kidney. To be of use, therefore, the dose must be an aperient one, and as turpentine is by no means a drastic purgative it may be given in this quantity with perfect confidence that we are doing no harm to the patient as long as it produces an aperient effect. If it do not produce this effect, the dose should be increased or the draught, as above, given in the morning as well as at night. In the case of patients of the age of the child referred to I have often given half an ounce of both oils every night with great benefit. It is only when the remedy does not act upon the bowels—in other words, when the dose is insufficient—that any risk is run of irritation of the kidneys; but even if this symptom occur it is of no consequence, as it ceases quickly when the remedy is discontinued. I am convinced that in laying aside this method of medication oculists have let slip a safe and useful remedy which is capable of doing them good service in obstinate inflammatory or semi-inflammatory conditions of the eye such as that which forms the subject of this memorandum.

EUSTACE SMITH, M.D., F.R.C.P.,  
Senior Physician to the East London Hospital  
for Children.

#### A CASE OF ECLAMPSIA TREATED BY SALINE INFUSION.

THE patient, a poorly nourished woman, aged 34, had previously four confinements, all normal, and one miscarriage. Her present confinement at eight months occurred before the arrival of the midwife, who noticed nothing abnormal, and after attending to the mother and child left. Five hours later the patient was seized with convulsions; the midwife was recalled, and sent for me.

When I arrived the patient was unconscious, pale, pulse imperceptible at the wrists, the heart beats irregular in force and frequency, but very rapid, about 200 per minute; the extremities were cold and flaccid, respiration irregular and stertorous. (There had been no excessive haemorrhage.) At intervals of from five to ten minutes she developed convulsions of an epileptiform character; they commenced with a tonic stage, during which the face became cyanosed, the limbs rigid and hands tightly clenched, and blood oozed from the vagina.

A clonic stage then commenced, during which the convulsions were general; the duration of the whole fit was about five minutes. Hot-water bottles were placed at her feet, and I proceeded to infuse a solution of normal saline at the rate of about two pints per hour into the subcutaneous tissue of the axillae and thighs, the total amount infused being 4 pints. During the infusion her condition gradually improved. She had one or two more fits, but these became much less severe. When the infusion was stopped she became conscious, though very drowsy, her respirations quieter and more regular, the pulse steady and beating at the rate of 90 per minute. There was no subsequent return of the fits. The urine examined in a specimen obtained by catheter after the infusion of saline showed 3.5 per 1,000 by Esmarch's albuminometer.

The points of interest in this case are, I think, the length of time after delivery before the onset of any symptoms—namely, five hours. When the infusion of saline was commenced the patient was *in extremis*, and the case if left to itself could only have terminated fatally, and that in a very short time. The patient ultimately made a very satisfactory recovery.

Monmouth. A. KEITH ARMSTRONG, M.R.C.S., L.R.C.P.

**FATAL CASE OF MELAENA IN THE NEWLY-BORN.**  
A CASE which I have recently met with presents features which, on account of their rarity, seem to me worthy of mention.

A male child (of, as far as I could find, exceedingly healthy parents) was delivered by me by means of forceps on October 8th, 1910, after a protracted labour caused by uterine inertia. The mother (primipara, aged 31) recovered from the effects of the labour quite satisfactorily, and is still doing well. The child—a fine, apparently healthy infant, weighing 8 lb. at birth—took the breast well, and to all appearances thrived for three days.

On the fourth day, when I saw it, it was markedly jaundiced, and I was informed by the nurse that it had just passed a large quantity of black blood per rectum. This again took place while I was present, and I saw the discharge, which flowed away easily and without straining, and closely resembled black-currant jelly. There had been no vomiting, and the child still continued to take nourishment well, although it appeared somewhat restless. There was no wasting, and the abdomen was perfectly flaccid, there being no sign of tumour or any apparent tenderness. The liver did not seem abnormally large. The skin did not show any haemorrhagic spots, and there was no rise of temperature. The discharge continued, and, in spite of treatment, death occurred suddenly six hours later.

I was, unfortunately, unable to obtain a *post-mortem* examination.

On referring to such works as Goodhart and Still's *Diseases of Children*, and Osler's *Practice of Medicine*, I find that the former describe similar cases under the name of "Melaena neonatorum," and the latter under that of "Morbus maculosus neonatorum."

As these authorities both agree concerning the rarity and fatality of the disease, I have ventured to report the above case.

WILLIAM J. LORD, M.R.C.S.Eng., L.R.C.P.Lond.

Faringdon, Berks.

#### ECZEMA CAPITIS.

I HAVE lately had a case of the above troublesome complaint in a girl aged 12 years, with no previous history of seborrhoea. The whole of the scalp was affected when I first saw the child, and the head was covered with scab, which, when removed, left a raw, inflamed surface, from which serum freely oozed. The disease extended behind both ears, and fissures had developed. Both meatuses were attacked. No other parts were affected. I put the child on cod-liver oil, and then tried one remedy after another with failure to cure. Many of the things I tried made it worse. I clipped the child's head with clippers at least a dozen times, and often got a certain amount of improvement; but then came a relapse, and in a few days the case was as bad as ever.

Finally I made up an application consisting of:

Acid. salicylic.	...	...	...	...	3j
Ol. eucalypti	...	...	...	...	3j
Ol. olivae	...	...	...	ad	3vj

and this I rubbed into the scalp twice a week. A speedy and, so far, permanent cure has resulted. I attribute it to the eucalyptus oil, as I had tried salicylic acid in ointment and in lotion before. The ears I syringed with a carbolic solution of 1 in 80, and then applied the above oil to the meatus by means of a pledget of cotton-wool on a probe. I also dipped a strip of gauze in the oil and placed it behind each ear to prevent the ear from touching the scalp.

For more than a year this child had been coming to me for treatment, all in vain. Now in about three weeks a cure has been effected. I hope others will try this remedy. They will not find it in the textbooks.

Dr. McWalter asks, "Is eczema on the increase?" Judging from my own experience, I should say, "No." But then one nowadays excludes probably cases of seborrhoea and impetigo which, twenty or more years ago, would have been dubbed eczema.

Chadwell Heath.

T. REVELL ATKINSON.

#### A FATAL CASE OF INTRAPERITONEAL HAEMORRHAGE FROM AN UNUSUAL SOURCE.

AT 5 a.m. I was called to see Mrs. J., aged 35. She was dead when I saw her at 5.20 a.m. The history given at the inquest was as follows: She was nine months pregnant and expecting her confinement. The previous day she had done a hard day's work washing, and finished up by moving a heavy mangling machine across the room. Late in the evening she did not feel well, and had some pain in the abdomen. Thinking that labour was coming on, she sent for the midwife who was to attend her. The nurse came and said that there were no signs of labour. The patient had a restless night, and the pain got worse in the early morning.

A *post-mortem* examination was made the same afternoon. The patient was a short fat woman. There were no signs of violence. Rigor mortis present. On opening the abdomen a large quantity of fluid blood escaped from the peritoneal cavity. The uterus was intact and contained a full-term male fetus. There was an interstitial fibroid, the size of a cocoanut, on the right side. Appendages normal. Liver pale and fatty, but uninjured. Large quantity of blood clot in the left hypochondrium. Mesenteric vessels normal. The spleen was normal; the tissues behind the gastro-splenic ligament were considerably ecchymosed and torn up. As far as I could make out by dissection, a branch of the splenic artery had given way just before it got to the hilum. The lungs were normal. The stomach and oesophagus were normal. There was no trace of aneurysm. Kidneys rather hard, but fairly healthy. The heart was fatty, and there was some recent endocarditis on the mitral valve. The question then arose, Why did this particular artery give way, and what share in the event did the endocarditis have? Was it (1) a previous embolism and consequent weakening of the vessel wall with rupture during the strain of moving the mangle? or (2) was the passage of the embolus the determining factor of the rupture by its impact in the narrow part of the vessel during the period of increased pressure? Against the first theory is the fact that there was no infarct in the spleen. There was no atheroma in any of the vessels to account for the weakening. If a medical man had been called in earlier, it would have been a case of some difficulty to treat surgically, the abdomen being so filled up by the uterus.

H. B. WILLOUGHBY SMITH, M.B., F.R.C.S.

Gainsborough.

## Reports

ON

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

#### METROPOLITAN ASYLUM, CATERHAM.

EXTRA EXTRINSIC HEPATIC LOBE.

(By J. P. PARK INGLIS, M.B., Ch.B., Assistant Medical Officer.)

THE following case seems to me of some interest on account of the rareness of the condition which was found *post mortem*.

#### Physical Signs.

The case is that of a woman admitted to Caterham Asylum some nineteen years ago suffering from chronic mania. For the past few months the patient had been entirely confined to bed owing to her feeble physical condition and to advanced cardio-vascular disease. She came under my notice early in July of this year; she was then a feeble emaciated old woman, with markedly atheromatous arteries and consequent cardiac hypertrophy; she looked ill and wasted, but no further symptom than "pain in the back" could be elicited from her, and this pain was attributed to haemorrhoids. After a thorough examination, I found that a tumour was palpable in the upper part

## REFUSE DESTRUCTORS.

TOWN COUNCILLOR.—A refuse destructor constructed on the most modern and approved lines and efficiently managed should not deposit fine dust on surrounding objects. The nuisance connected with such a destructor is usually associated with the conveyance to it of the refuse in improperly covered-in vehicles, a defect which it ought to be possible to remedy.

## Medico-Legal.

## RESPONSIBILITY FOR FEES.

IN the Hungerford County Court, Wiltshire, on November 25th, 1910, a claim was made by a medical man for attendance on a young woman who had been knocked down and injured by the defendant's motor car.

The defendant admitted that he had asked the medical man to take charge of the case and promised to pay all the expenses, but claimed that this undertaking had been fulfilled in the following way: The injured girl brought an action against him, putting in her medical expenses as part of her special damages. The jury before which the case was tried had an account of these expenses before it, and their amount was taken into consideration by it when determining what damages to award the injured girl. The medical man admitted in the present case that he had sent his claim for fees in the first place to the lawyers of the injured girl, at their request, and had also given evidence as to this claim when her case was tried.

The court therefore ruled that in the present action the verdict must be against him. The defendant had discharged his liabilities by the payment made to the injured girl in consequence of the verdict of the jury in the case brought by her, that payment including a sum for medical expenses, and it was to her that the medical man must now look for payment.

## WORKMEN'S COMPENSATION ACT.

*Employment of a One-eyed Man.*

In the Whitechapel County Court (December 8th, 1910) Counsel asked Judge Bacon to review the circumstances of a case of distress under the Workmen's Compensation Act. The applicant, an able-bodied seaman, met with an accident on a vessel, and lost the sight of one eye. Last April, Judge Bacon was assured by evidence that the applicant could be further employed as a seaman, though he had only one eye, so he suspended the award and kept it alive by ordering a payment of one penny weekly. Mr. Abinger said the man was destitute. He had been refused work by eight shipping lines. He had walked the streets at night, and on one occasion had fell down in an exhausted condition, and was taken to an infirmary. The man said that when he applied at one ship he was told that they did not carry cripples. He walked the streets for about eight days. The Shipping Federation did not offer him any work. Judge Bacon said that at first he thought it was not possible for a seaman with one eye to do his work properly, but he made the alteration in accordance with the evidence which had been given to him that the man could be employed. He did not agree with the contention that the man had been unable to obtain employment owing to the state of labour in the Mercantile Marine. He now reviewed the circumstances, and directed that the man should receive 10s. a week, the order to be dated back to October.

*Consent to Undergo an Operation.*

In *Hamblet v. Sutton Manor Colliery* (St. Helens, October 12th) the applicant was working in a colliery, and when lifting a box he felt a pain in his groin, and could not go on with his work. He reported the accident, and the manager told him to go and see Dr. Tough. Dr. Tough told him that he must undergo an operation. He ordered a truss at the expense of the colliery company, and it was supplied to Hamblet. The only point in dispute was that of capacity.

Hamblet was asked if he was now willing to undergo the operation.

Applicant: I don't know.

Judge Shand: I suppose if the doctors say that you will be put all right by the operation you will be willing?

Applicant: Yes.

Judge Shand said he would make the award of 14s. 8d. during incapacity. When the operation was done the man would no doubt get perfectly well and the matter come to an end in a perfectly natural way. He allowed costs on scale B, and a qualifying fee for Dr. Evans.

*Loss of an Eye.*

W. A. C. asks to what allowance, either as part of usual weekly wage or as a lump sum, a farm labourer would be entitled for the total loss of an eye as the result of an accident.

.\* The man would be entitled to half his weekly wages during total incapacity. After recovery from the immediate effects of the injury it would then be for the county court judge to decide what amount of incapacity existed for this particular work. The remaining eye being perfect, a one-eyed person is held to suffer from certain disabilities, such as disqualification for certain occupations and loss of the chance of

promotion in others, owing to loss of one-sixth of the visual field and loss of binocular vision and loss of stereoscopic vision. In old individuals there may be permanent loss in judging distances and recognizing the depth of solid bodies. Younger persons may recover from this in from a few months to a year or two; the deformity itself may prevent a man from getting work.

## Medico-Ethical.

*The advice given in this column for the assistance of members is based on medico-ethical principles generally recognized by the profession, but must not be taken as representing direct findings of the Central Ethical Committee, except when so stated.*

UNITED is recommended to bring the matter to the notice of the executive committee of the local Division of the British Medical Association.

## Universities and Colleges.

## UNIVERSITY OF LONDON.

## UNIVERSITY COLLEGE.

DURING the temporary absence of Professor Starling, F.R.S., owing to ill-health, Dr. W. M. Bayliss, F.R.S., has been appointed Acting Professor of Physiology in University College, London.

## LISTER INSTITUTE OF PREVENTIVE MEDICINE.

*Statistical Department* (Session 1911).—The following courses of instruction will be provided:

1. Elementary. Not less than eight classes (lectures and practical work) suitable for medical men taking up public health or administrative work, commencing in the third week of January.

2. Lectures on problems of applied statistics (four lectures on work done in the institute's department) in February.

3. Advanced lectures on special problems in the mathematical theory of statistics which are of importance in medical inquiries (four lectures in March).

No fee will be charged in connexion with these courses, and those who desire to attend are requested to apply in writing to the secretary as soon as possible, stating at which course they desire to be present, when particulars as to dates will be furnished.

## UNIVERSITY OF EDINBURGH.

## THE ANNUAL REPORT, 1910.

THE following statements are among those made in the annual report of the university authorities for the recently concluded year:

*Number of Students.*

During the past year the total number of matriculated students (including 624 women) was 3,366. Of these, 382 (including 19 women) were enrolled in the faculty of science; 1,370 (including 21 women) in the faculty of medicine. In the faculty of science a record has been made, the number of students for 1909 having been exceeded by 38. Of the students of medicine, 615, or nearly 45 per cent., belonged to Scotland; 257, or nearly 19 per cent., were from England and Wales; 105 from Ireland; 96 from India; 245, or nearly 18 per cent., from British colonies; and 52 from foreign countries. These figures show that the proportion of non-Scottish students of medicine is well maintained. Besides these matriculated students, 95 non-matriculated students have paid the 5s. entrance fee, 28 of whom were women, chiefly attending music, and French and German literature classes. The number of women attending extra-academical lectures, with a view to graduation in medicine in the university, was 58.

*Degrees Conferred.*

The ordinary degrees conferred during the year include: Bachelor of Science, 58 (a record number); Doctor of Science, 5; Bachelor of Medicine and Master in Surgery, 1; Bachelor of Medicine and Bachelor of Surgery, 214; Doctor of Medicine, 76; Master of Surgery, 2.

The diploma in Tropical Medicine and Hygiene was conferred on five candidates.

The General Council of the University now numbers 11,241.

*Scholarships, etc.*

The total annual value of the university fellowships, scholarships, bursaries, and prizes now amounts to about £18,870, of which £1,585 is in the Faculty of Science, and £3,890 in the Faculty of Medicine. A number of bursaries are in the gift of private patrons, but the great majority of the university bursaries, prizes, etc., are awarded by the Senatus after competitive examination. In addition to the above, a sum of upwards of £660, being the income of the Earl of Moray Endowment Fund, is annually available for the encouragement of original research.

*Lectureships and New Courses.*

Several new lectureships have been instituted by the University Court, and a sum of over £5,000 has been given to the university by Robert Munro, Esq., M.D.Edin., LL.D., of Elm Bank, Larne, Ayrshire, for the foundation and endowment of a lectureship in the university to be known as "The Munro Lectureship on Anthropology and Prehistoric Archaeology." Dr. Munro has himself been appointed first lecturer, and he is expected to deliver the first course of lectures during the academic session 1911-12. The Court has appointed Mr. A. Murray Drennan, M.B., Lecturer on Practical Pathology.

*Personal Changes.*

Several vacancies in the teaching staff fall to be recorded. At the end of the summer session Dr. T. S. Clouston resigned the Lectureship in Mental Diseases, of which he was the first holder, having been appointed in 1879. It is a matter of great regret to the university to be deprived of the services of one who was connected for so long with its Faculty of Medicine, who, by his teaching and writing, did so much to advance the scientific study of mental disorders, and who wrought such improvements in the treatment of the insane. The post of university librarian, rendered vacant by the death of Mr. Alexander Anderson, has been filled by the appointment of Mr. Frank C. Nicholson, M.A. There has been one change in the personnel of the Court of Curators, Dr. Joseph Bell having succeeded the Hon. Lord Stormonth Darling as one of the members elected by the University Court. Mr. A. B. Fleming, W.S., has been appointed Secretary of the Curators in succession to the late Mr. R. Herbert Johnston, W.S. At the general parliamentary election in January, Sir Robert B. Finlay, M.D., LL.D., etc., was elected, and in December he was re-elected, without a contest, member of Parliament for the Universities of Edinburgh and St. Andrews. Mr. William Brown, M.A., B.Sc., is successor to Mr. J. W. Bews, as Lecturer on Plant Physiology. Mr. R. B. Thomson, M.B., is now second Lecturer in Anatomy, a vacancy having been occasioned by the resignation of Dr. David Waterston. Messrs. David Wallace, M.B., C.M., J. M. Cotterill, M.B., C.M., and J. W. B. Hodsdon, M.B., C.M., have been appointed Lecturers in Clinical Surgery. Dr. C. G. Knott has been appointed to the important post of Official Adviser in the Faculty of Science.

*Grants and Benefactions.*

The Lords of His Majesty's Treasury, acting upon the recommendation of Lord Elgin's Committee, have informed the University Court that they are prepared to make a substantial increase in the annual grant from public funds to the University of Edinburgh.

As in former years, the university has to make grateful acknowledgment of numerous benefactions. The Carnegie Trust for the Universities of Scotland continues to make generous provision for some of the needs of the university, especially in regard to the endowment of lectureships, the purchase of books for the library, buildings, permanent equipment, and apparatus; while of the large sum devoted by the Trust to the payment of class fees, about one-third comes to Edinburgh students. A gift has been made by Emeritus Professor Alexander Crum Brown for the use of the department of chemistry, as a class library, of the books which he lent for the same purpose when he retired from office; a gift by Dr. Henry Barnes, Carlisle, of a bust of William Harvey; gifts by Mr. James Lyle, Queen's Crescent, Edinburgh, of a gong of Manipur workmanship (now rare), to the anatomical museum of the university, and of an excise certificate in the handwriting of Robert Burns, to the library. Emeritus Professor Campbell Fraser has presented to the university a portrait of himself, painted by Sir George Reid; and Mr. John Storer Beveridge has gifted to the university an engraved portrait of Alexander Monro, M.D., secundus. The accumulation of funds on the Gunning Foundation has rendered possible the institution of a twelfth Gunning Prize of £50 in the Faculty of Medicine, the new prize to be in the subject of public health. There has also been instituted an additional Hope Chemistry Prize of £30.

*The Library.*

Additions to the University Library for 1910 numbered 4,902, among them being the library of Dugald Stewart, late Professor of Moral Philosophy in the University of Edinburgh (1785-1820), consisting of some 4,000 volumes, having been consigned to the custody of the University by the United Service Club, London, to whom it had been bequeathed by the Professor's son, Colonel Matthew Stewart, in 1852.

The recataloguing of the library having been finished in 1906, and the alphabetical arrangement of the entries and insertion of cross-references being also practically complete, the question as to the printing of the catalogue will have to be seriously considered at a near date. No funds are at present available for this purpose, but perhaps some generous donor may ere long be found willing to associate his name with this important work.

*Rector's Address.*

The Lord Rector, the Right Hon. George Wyndham, M.P., LL.D., delivered his Rectorial Address to the students in the M'Ewan Hall, on October 28th, 1910, his subject being *The Springs of Romance*. The meeting, which was also attended by the chief office-bearers of the university, and by many ladies and other guests, was admirably organized by the Students' Representative Council.

*Miscellaneous.*

A new scheme of examination for first year bursaries in arts has been adopted, and will come into operation in September next. Under this scheme the choice of subjects has been somewhat enlarged, and equal value is attached to each subject. Regulations have been drawn up, and are now in operation, for a new M.A. Honours Group—that is, in the subjects of Latin and French. Accommodation was again given in August by the university authorities for a scheme of vacation courses in modern languages; also, in September, for a scheme of post-graduate courses in medicine held under the joint auspices of the university and the Royal Colleges of Physicians and Surgeons, and both of these schemes proved highly successful.

## UNIVERSITY OF BIRMINGHAM.

THE Chancellor of the University, Mr. Joseph Chamberlain, has addressed an appeal to the City Council for a further grant from the rates to the university. Ten years ago the council authorized an annual grant equivalent to a halfpenny rate. The appeal states that the number of students has since increased from 678 to 957, the professorial staff from 29 to 37, and the junior staff from 42 to 83. The income at present is inadequate, and the University Council has for want of means been compelled for some time past to practise a harmful economy, and to decline to sanction new developments. The deficit for 1910-11 is estimated at £10,606. The university pays £2,250 annually to the city in rates. The appeal points out that the Chancellor of the Exchequer has appointed a special committee to apportion the additional annual grant of £50,000 a year to University Colleges on certain defined principles. The committee is to take into consideration the amount of local support, and the share in the grant is to a considerable extent to be proportionate to that support. The appeal concludes by pointing out that other modern universities are aided by municipal grants, and asks Birmingham to increase its contribution to the extent of another halfpenny rate, so as to enable the university to claim its fair share in the new Treasury grant.

## SOCIETY OF APOTHECARIES OF LONDON.

THE following candidates have been approved in the subjects indicated:

CHEMISTRY.—C. A. Hepburn.

MATERIA MEDICA AND PHARMACY.—H. Cox, R. Jones.

ANATOMY.—A. Abdelal, D. Blair, H. Dudley, N. E. Farr, F. C.

Godding, G. B. Holroyd, R. Jones, H. E. Rose, A. H. Taymour.

PHYSIOLOGY.—A. Abdelal, H. Dudley, F. C. Godding, R. Jones, H. E.

Rose.

*Medical News.*

THE King has approved of the appointment of Dr. Theodore Dyke Acland and Dr. StClair Thomson to the Consulting Staff of the King Edward VII Sanatorium, Midhurst.

THE presidential address before the Royal Microscopical Society will be delivered by Professor J. A. Thomson, F.R.S.E., at 20, Hanover Square, on Wednesday next, at 8 p.m.

THE memorial erected in the Enfield Public Garden to the memory of the late Dr. J. J. Ridge, founder of the Medical Temperance Association, will be unveiled by the Lord Mayor of London on January 21st.

THREE lectures on the Comparative Anatomy of the Vertebrate Ear will be given by Mr. R. H. Burne at the Royal College of Surgeons, Lincoln's Inn Fields, on Thursdays, January 19th and 26th and February 2nd, at 5 p.m.

THE Philosophic Faculty of the University of Marburg has conferred the degree of Doctor *Honoris Causa* upon Mr. Ernst Leitz, of Wetzlar, the principal of the firm of Leitz, microscopic and photographic apparatus manufacturers.

AT the annual general meeting of the Royal Meteorological Society to be held at the Institution of Civil Engineers, Great George Street, Westminster, S.W., on Wednesday next, at 7.45 p.m., the president, Mr. Henry Mellish, F.R.G.S., will give an address on "The Present Position of British Climatology."

THE adjourned discussion on the Workmen's Compensation Act will be resumed by Mr. Arthur S. Morley, F.R.C.S., at the meeting of the Medico-Legal Society to be held at 11, Chandos Street, W., on Tuesday, January 24th, at 8.30 p.m. Dr. Walter Asken will read a paper on traumatic neurasthenia and the Workmen's Compensation Act.

IN addition to the papers announced in the Diary (SUPPLEMENT, p. 24) as to be read at the Royal Society on Thursday next, we are informed that Colonel Sir David Bruce and others will read two papers on experiments to ascertain whether the antelope and the domestic fowl of Uganda may act as reservoirs of the virus of sleeping sickness (*Trypanosoma gambiense*).