the real cause. There were, however, excusable reasons, such as the lack of any microscopic test as in malaria, and the fact that a large proportion of cases bear a considerable general resemblance to malaria. It is for these reasons that the best guide to diagnosis in parts of the world where undoubted large outbreaks of the disease have occurred, is the presence of the *Stegomyia* in abundance. This is the case in German, as well as in the British and French West African colonies.

Vigorous anti-stagnant water ordinances have been introduced and enforced in Togoland.

X.

YELLOW FEVER IN DAHOMEY.

Within recent years Dahomey has been the seat of numerous recorded outbreaks. In 1905 cases occurred at Lomé and at Agone, where several deaths took place.

In 1906 an outbreak occurred at Grand Popo In the same year yellow fever was present in Porto Novo and Koonu, and 11 deaths are said to have taken place.

It is very generally recognized amongst merchants that the coast and river towns in Dahomey and Togoland are very liable to yellow fever.

Considering that these towns are close to Lagos, it would be exceedingly strange if Lagos should have been free from yellow fever in this period; even admitting that yellow fever was not endemic in that city, it was obviously liable to be imported at any time.

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SUMMARY.

I think I have brought forward sufficient evidence, based upon accurate records, clinical and historical, written by men of admitted ability and experience in yellow fever, to conclusively prove that yellow fever has been of far more frequent occurrence than is usually supposed on the West Coast. That in fact it has appeared annually over a very large number of years, practically, as my figures show, for the last one hundred years.

A few gaps of a few years have occurred, such as between 1852 and 1858, 1868 and 1872, 1873 and 1878, 1878 and 1883, 1884 and 1890

But from 1890 to the present date, I am of opinion, from the data which I have examined, that there is an unbroken line.

During the whole hundred years there is no large interval which would make it reasonable to suppose that yellow fever had completely died out on the Coast.

In my opinion this evidence is so strong that we are obliged to assume that the disease is endemic upon the West African Coast for at least the last hundred years. The question now therefore arises, By whom has the virus been kept up?

In the first place, we know positively that the transmitting agent, the *Stegomyia*, is present in overwhelming quantity. It only remains to prove how a continuous source of infection has been maintained.

To those who would adopt the theory of importation, it would mean a continuous importation from, say, the West Indies, Central or South America, and there is no history of such importation. Therefore, in my opinion, the most reasonable explanation is the one which has proved correct in the West Indies, Central and South America, and is adopted by the most recent English, French, and German investigators in yellow fever—namely, that the disease exists amongst the natives in a mild form; in other words, that it is endemic.

A little consideration will show that the whites have not been the source of the continuous infection for the reason that the total number of whites on the whole West African Coast has never been large enough to admit of continuous keeping up of the virus; the whites are in the very small minority. Therefore, precisely as in the case of the sister disease, malaria, the continuous or endemic source of infection is the comparatively dense native population of the West Coast.

The evidence which I have brought forward also conclusively points, both in English, French, and German colonies, to a vast amount of *mistaken diagnosis*. Yellow fever was not suspected in its mild form, and it was not found out; it was only discovered when fatal cases made their appearance, and, as my evidence shows, these cases were as often as not mistaken for other diseases. These same mistakes in diagnosis have occurred over and over again in yellow-fever countries, especially in the commencement.

I therefore conclude from the evidence that a comparatively large number of deaths and mild cases have occurred from yellow fever in the past, and which have been attributed to malaria—chiefly the "bilious remittent fever." Most authorities upon yellow fever are agreed that in a very large number of instances "bilious remittent fever" is another name for yellow fever.

It must be recollected that it is only last year that effective sulphur fumigation of the infected *Stegomyia* has been attempted on the West Coast after outbreaks.

Therefore, infected *Stegomyia* were left in the past to live on and to carry infection into a succeeding year.

Finally:

1. The historical record of outbreaks and sporadic cases, as recorded above;
2. Mistaken diagnosis;
3. The absence of any destruction of infected *Stegomyia* in the past; and
4. The comparative immunity of the native,

is evidence overwhelmingly in favour of the disease being endemic on the Coast, and of its having been repeatedly mistaken for other diseases, or entirely overlooked, and of its being kept up in a mild form by the natives, just as formerly in Cuba, Rio, and the West Indies.

Years in which Yellow Fever has appeared in Sporadic or Epidemic Form in West Africa.

1807	1828	—	—	1891
—	1829	1850	—	—
1809	1830	—	1872	1893
—	—	1852	1873	1894
—	—	—	—	1895
1812	—	—	—	1896
—	—	—	—	1897
1814	1835	—	—	1898
—	1836	—	1878	1899
1816	1837	1858	—	1900
1817	1838	1859	—	1901
1818	1839	—	—	1902
1819	1840	—	—	1903
1820	1841	1862	1883	1904
1821	1842	1863	1884	1905
1822	—	1864	—	1906
1823	1844	1865	—	—
1824	1845	1866	—	1908
1825	1846	1867	—	1909
1826	1847	1868	—	1910
1827	—	—	1890	

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

THE IPECACUANHA TREATMENT OF DYSENTERY AND HEPATITIS.

THE paragraph in the BRITISH MEDICAL JOURNAL of December 31st, 1910 (page 2039), on the discussion in the medical section of the Asiatic Society of Bengal on the treatment of dysentery and hepatitis by ipecacuanha is very interesting, more especially to those of us who have had considerable experience of the tropics.

I shall always regret that my earlier efforts at the healing of these diseases were all directed by ideas as to inefficacy of ipecacuanha. In the Indian Medical Congress held at Calcutta in 1894, irrigation of the bowels with various lotions, and the use of sulphate of magnesia, were the lines of treatment most strongly urged, and the new arrivals in India were led away from the teaching of older days.

One case which I had under my care in Kalna Mission Hospital in May, 1909, illustrates very wonderfully some points in the ipecacuanha treatment. The patient was a Bengali Mussulman, with amoebic abscess of the liver. I excised a rib, and opened into the abscess. Then I made the experiment of employing the Sprengel pump to secure

continuous evacuation, and found considerable benefit, as compared with drainage by ordinary tubing. But the discharge went on, and I was in despair. Finally I tried pulv. ipecacuanhae, and in a remarkably short time—a few days merely—the discharge had ceased, and the opening closed. Then to my vexation—though our newer ideas quite explain its advent—dysentery set in. The patient seemed too weak to stand much more, but he gradually rallied, and went out cured.

I may add that in Kalna Hospital we found the administration of ipecacuanha quite a satisfactory thing, and even in the case of the out-patients the more intelligent frequently realized its usefulness, and were very ready to take every precaution against nausea, very often with complete success.

Leven, Fife. MALCOLM MACNICOL, M.B., C.M.Glas.

PYLORIC OBSTRUCTION.

JOHN J., aged 42, was sent to me by Dr. McAlister Hewlings, of Leicester, on June 26th, 1909, with symptoms and signs of pyloric obstruction and dilatation of the stomach. There was a doubtful history of an attack of appendicitis in August, 1907. For the last year he had had much pain in the epigastrium after food. Vomiting had commenced three months before I saw him, and occurred each day, large quantities of sour, acid stomach contents being thrown up. There had been marked loss of weight. There was no history of jaundice.

The stomach was found to be considerably dilated, peristalsis of the organ being visible through the abdominal wall. No tumour could be felt. A diagnosis of pyloric obstruction, due to probable contraction round an old ulcer, was made, and operation advised.

This was performed on June 30th, when the stomach was found to be enormously dilated; the pylorus and gall bladder were densely adherent, and several stones could be felt through the wall of the latter. On opening the gall bladder ten small stones were removed; one large one, of cylindrical shape, about 1 in. long and ¾ in. in diameter, was found wedged tightly in the pylorus like a cork. On extracting this, stomach contents at once gushed up freely through the wound in the gall bladder. The latter was sewn up carefully, and a posterior no-loop gastro-jejunostomy performed. A drainage tube was inserted down to the gall bladder. After a somewhat tedious convalescence, due to suppuration in the abdominal wound, the patient went home free from all his gastric symptoms.

The gall stone had evidently ulcerated its way into the pylorus, and from the appearance at the operation it was difficult to imagine how any stomach contents ever got into the duodenum.

Leicester. F. BOLTON CARTER, M.S., F.R.C.S.

A CASE OF POISONING AFTER SMALL DOSES OF ASPIRIN.

THE following case is, I think, of sufficient interest to record, owing to the rarity of the aspirin idiosyncrasy, and the fact that it appears to be little known that there are people affected in an alarming way by even small doses of the drug:

First Incident.—Mrs. A., aged 60, was, last spring, advised by a friend to try aspirin for her rheumatism. She therefore took one 5-grain tablet some little time after a meal at which she partook of fish and cocoa. In half an hour she noticed that her lips were swollen. The swelling spread rapidly all over her face, and finally her tongue and throat became affected. My partner, Dr. Barber, who was called in, was inclined to ascribe the symptoms to fish poisoning, although the patient herself put the blame upon the tablet, and refused to take another. In twenty-four hours all swelling had disappeared.

Second Incident.—On December 8th Mrs. A. consulted Dr. Barber about her rheumatism, and he prescribed for her aspirin, gr.v., three times a day. She took the first tablet at 5.15, allowing it to dissolve in her mouth, and using no liquid to wash it down. At 5.30 she had a meal consisting of coffee, bread-and-butter, and some preserved greengages (not tinned).

Conditions Noted.—I was called to see her shortly after 6, my partner being out. I found her very anxious and restless, her face enormously swollen, especially the eyelids, lips, and nose. The tongue was swollen so much that it was with difficulty protruded between the teeth. The fauces also were much swollen, and she complained of great discomfort in her throat. There was no headache, but she complained of her head being "funny and uncomfortable." On her hands and forearms there was an urticarial rash. The pulse was 110, feeble. The pupils were moderately dilated, and the conjunctiva of both eyes was bloodshot.

Result.—My partner saw her shortly afterwards, and we both feared that oedema of the glottis might supervene. Next morning the swelling was much less, but the eyelids were still very puffy, and the vessels of the conjunctiva engaged; in fact, this symptom did not disappear for a week. The pulse was 80, and she felt well.

REMARKS.

On both occasions the drug used was the product of the Bayer Company, made into tablets by the Standard Tablet Company, of Hove, and there can be no doubt as to the purity of the drug. The Bayer Company, to whom I wrote giving a description of the case, replied that a few reports of somewhat similar conditions, resulting from the use of aspirin, had been sent to them.

This, then, appears to be a case of a rare idiosyncrasy to aspirin, a vasomotor neurosis, allied to angeio-neurotic oedema, but without visceral symptoms. It is important to bear in mind the possibility of such cases, and that the symptoms may be of a very alarming nature, since aspirin is a drug so freely prescribed and so freely taken without consultation with a medical man. Moreover, it seems to point to the wisdom of always starting treatment with a small dose. In this case, had two or three tablets been taken instead of one, it is quite possible that a fatal oedema of the glottis might have occurred.

Hastings. CONWY MORGAN, M.D.Lond.

Reports

ON

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

KENT COUNTY ASYLUM, MAIDSTONE.

A CASE OF ANEURYSM OF THE HEART.

(By B. C. A. LEEPER, L.R.C.P.S.I. and L.M., Assistant Medical Officer to the Asylum)

H. T., 62 years of age, a pensioner, R.M.L.I., married, was admitted on January 10th, 1907.

Family History.—Unimportant.

Previous History.—After pension from R.M.L.I. he went to Chatham Dockyard, where he performed hard work as a fitter. He had influenza two years before admission, and had had rheumatic fever once when abroad.

On Admission.—His general health good. The heart impulse beat beyond the nipple line. Action weak. Sounds impure. Pulse 82, good volume. The other organs were healthy.

After Admission.—He was very depressed, and said he wanted to die. Cried in a piteous fashion, and stated that twelve months ago something seemed to strike him like an electric shock, which worked into his inside, causing him great pain, which he said he continued to feel in his chest, stomach, and testicles. He worked fairly well in the wards, but at times took to his bed for two or three days at a time, when he got more depressed than usual, and begged to be shot. There were no more evident signs of any cardiac trouble than he had on admission.

On September 7th, 1910 (three years and eight months after admission), he was at tea in the ward, and suddenly fell off his chair and expired immediately.

Post-mortem Examination.—Pericardium and heart weighed 33¼ oz. The heart was firmly fixed by dense fibrous adhesions to pericardium. The walls of ventricles were very friable and chiefly fibrinous. All cavities were enormously dilated, especially the left ventricle, to which there was attached a sac (about the size of a cricket ball) communicating with the ventricle by a small orifice. This sac was filled with layers of laminated clot. All other thoracic and abdominal organs were healthy.

REMARKS.—The chief features of interest in this case were: (1) The absence of any physical signs of the aneurysm, which had clearly been present for some considerable time; also (2) that it did not appear to hinder the patient in any way from performing hard work as a fitter; (3) the rare position for the aneurysm to be situated.

Obituary.

JUSTIN THEODORE VULLIAMY, L.R.C.P., M.R.C.S.,

ASSISTANT SURGEON, RUGBY HOSPITAL.

IT is with much regret that we record the unexpected death of Mr. Vulliamy, which took place at his residence in Rugby on January 23rd, in his 42nd year.

Mr. Vulliamy was the eldest son of Mr. Theodore Vulliamy of Ware. He was born at Nonancourt, in the department of the Eure in Normandy, France, and passed his early boyhood in the pleasant scenery which characterizes that district. He there acquired the thorough knowledge of French which proved so useful to him in after-life. His education was continued at Uppingham School and afterwards at St. Thomas's Hospital Medical School, where he was a dresser in the surgical wards to Mr. Pitts. He did not take a specially high place in examinations, but devoted himself to acquiring a good general knowledge of his work from the practical side, and gained the esteem of those with whom he was associated for his steady devotion to duties of every kind. In 1897 he obtained the qualifications of the Conjoint Board in London and became M.R.C.S.Eng. and L.R.C.P.Lond.

For a time he acted as one of the Resident Medical Officers to the Royal Free Hospital; he then became House-Physician to the Hospital for Consumption and Diseases of the Chest, Brompton; House-Surgeon to the French Hospital, London; and Assistant House-Surgeon to the Lincoln County Hospital. Some ten years ago he joined Messrs. Simpson and Relton in their practice at Rugby, and soon made himself known as an enthusiast in his desire to advance the welfare and knowledge of important health subjects of those with him he was brought into contact He gave lectures on nursing, hygiene, and ambulance duty for the Midland Counties Educational Union, and became Surgeon to the Rugby Provident Dispensary. A few months ago he was appointed Assistant Surgeon to the Rugby Hospital, and perhaps was happier in this appointment than in any other, for his previous training had well fitted him for dealing with the more important surgical operative work which came to him. He was essentially a man devoted to his profession, and never refused to obey the call of duty, however great the inconvenience caused to himself. Duty always came first, indeed it is very probable that this intense and somewhat over-anxious devotion to his work undermined his health and rendered him less able to withstand the attack of influenzal pneumonia which so quickly proved fatal. During his short illness, the anxious inquiries which were made at all hours, and the expressions of regret at his loss received since his death show that his efforts to do good were appreciated, whilst the large attendance at the memorial service in Rugby shows the general esteem in which he was held by all who knew him. Three years ago he married Dora Ann, daughter of Mr. Dunbar Kilburn, of Gloucester Square, London.

Medico-Legal.

ACTION FOR ALLEGED NEGLIGENCE.

IN the Sheriff Court of Lanarkshire at Glasgow, Sheriff Craigie has issued his judgement in an action raised by Mrs. Parkhill, wife of a marine engineer, with consent of her husband, against Dr. Paul Stewart, Glasgow, for alleged negligence in treatment. The defendant denied negligence, and stated that his treatment of the patient was careful and skilful. Preliminary pleas were also stated that the plaintiff had no title to sue, and that the action was irrelevant. Mr. D. Cook, solicitor, Glasgow, appeared for the plaintiff, and Mr. William Findlay, instructed by the Medical and Dental Defence Union of Scotland, Limited, for the defendant

The Sheriff has dismissed the case with costs against the plaintiff In delivering judgement, his Lordship said: "In this action the wife of a marine engineer, with the consent of her husband, sues a doctor for damages in respect of alleged careless treatment. But she is met at once with the plea that she has no title to sue; and it seems to me that she has no answer to the plea. She no doubt says that she herself called in the doctor to give her advice; but she did so as the agent of her husband. The contract for medical attendance was therefore between the husband on the one hand, and the doctor on the other. Now there is abundance of authority for the view that in such a case the husband alone—not the wife—can sue for damages for breach of contract, and the husband's consent will not make competent an action at the instance of the wife. Seeing that I hold that the pursuer has no title to sue, I do not require to consider whether the pursuer's averments are relevant or irrelevant. They are certainly very loosely put together."

BURIAL, WITHOUT INQUEST, OF CHILDREN WHO HAVE DIED WITHOUT MEDICAL ATTENDANCE.

G. H. writes that he was asked to visit a child. He was unable to do so, and an hour later was told the child was dead. He knew nothing of the child or its parents. The coroner telegraphed to the police, "Tell doctor to give certificate child died from convulsions." Our correspondent refused to certify. The coroner subsequently issued a certificate to the parents, and the child was buried without an inquest. Our correspondent asks: Did I do right in refusing to certify, and is the coroner entitled to grant a certificate for burial without holding an inquest? Our correspondent rightly declined certifying the cause of death of a child he had never seen.

*** The coroner cannot authorize the burial of any body "*except upon holding an inquest*," but he can certify to the registrar of the district that, after considering the report made to him in reference to the death, he does not consider an inquest necessary. This enables the registrar to register the death without the usual medical certificate if such cannot be procured. The coroner would, we think, find it very difficult to defend his telegram if the matter were brought to the notice of a higher authority.

Universities and Colleges.

THE NATIONAL UNIVERSITY OF IRELAND.

Scholarships.

AT the last quarterly meeting of the County Dublin County Council it was decided to instruct the secretary when considering his estimates for the year 1911-12, to include such sum as the council might decide, not exceeding a rate of 1d. in the £1, for the purpose of assisting the National University of Ireland, and establishing scholarships therein.

The Services.

ROYAL ARMY MEDICAL CORPS COMMISSIONS.

THE following is the list of successful candidates for commissions in the Royal Army Medical Corps at the recent competition in London, and for which thirty-one candidates entered:

	Marks.
B. Biggar, St. Bartholomew's, M.B., B.S.Lond., M.R.C.S.Eng., L.R.C.P.Lond.	617
J. D. Kidd, Glasgow University, M.B., B.Ch.Univ.Glasgow...	617
C. M. Finny, Dublin University, B.A., M.B., B.Ch.Univ. Dublin	569
G. Wilson, Edinburgh University, M.B., B.Ch.Univ.Edin. ...	554
W. S. R Steven, Queen's College, Belfast, M.B., B.Ch.Royal Univ.Irel.	550
*E. G. S. Cane, St. Bartholomew's, B.A.Cantab., M.R.C.S. Eng., L.R.C.P.Lond.	548
W. A. Frost, Catholic University, Dublin, M.B., B.Ch.Roy. Univ.Ireland	545
W. T. Graham, Edinburgh University, M.B., B.Ch.Univ. Edinburgh	542
F. A. Robinson, Durham University, M.B., B.Ch.Univ. Durham	542
D. Reynolds, Guy's Hospital, M.B., B.S.Univ.London, M.R.C.S.Eng., L.R.C.P.Lond.	538
J. S. Levack, Edinburgh University, M.B., B.Ch.Univ.Edinburgh	531
P. M. J. Brett, Catholic University, Dublin, M.B., B.Ch.Roy.Univ.Ireland	527
P. Hayes, University College, Cork, M.B., B.Ch.Roy.Univ. Ireland	516
T. A. Weston, Cambridge University, St. Thomas's Hospital, B.A., M.B., B.Ch.Cantab., M.R.C.S.Eng., L.R.C.P. Lond.	516
*W. Bisset, Edinburgh University, M.A., M.B., B.Ch., B.Sc. Univ Edinburgh	512

[The gentlemen marked (*); being in possession of certificates obtained in the Officers' Training Corps, were awarded service marks under paragraph 71 of the Regulations for the Officers' Training Corps.]

ROYAL ARMY MEDICAL CORPS.

EXAMINATION FOR PROMOTIONS.

Home Stations.

THE following is the list of the successful candidates at the December Examination for Promotion of Majors of the Royal Army Medical Corps in Technical Subjects (unless otherwise stated the officers named have yet to pass in a "Medical Staff Tour"—Part II, Appendix XIV, King's Regulations):

Major T McDERMOTT, M.B., (*d*) ii; .75; has yet to pass in Part I, Appendix XIV, King's Regulations. Major W. D. ERSKINE, M.B., Part I, Subject ii, Appendix XIV, King's Regulations; already passed in (*d*) ii and in Part I, Subjects i and iii; exempt Part II, Appendix

XIV, King's Regulations. Major H. W. K. READ, (*d*) ii; has yet to pass in Part I, Appendix XIV, King's Regulations. Major B. W. LONGHURST, Part I, Subject iii, Appendix XIV, King's Regulations; .8; already passed in (*d*) ii and in Part I, Subjects i and ii; exempt Part II, Appendix XIV, King's Regulations. Major H. A. BERRYMAN, (*d*) ii and in Part I, Subject i, Appendix XIV, King's Regulations; .75 in (*d*) ii; already passed in Part I, Subjects ii and iii; exempt Part II, Appendix XIV, King's Regulations. Major J. B. ANDERSON (*d*) ii and in Part I. Appendix XIV, King's Regulations.; exempt Part II, Appendix XIV, King's Regulations. Major E. S. CLARK, M.B., Part I, Subject ii, Appendix XIV, King's Regulations.. already passed in (*d*) ii and in Part I, Subjects i and iii; exempt Part ii, Appendix XIV, King's Regulations. Major W. S. HARRISON, M.B., (*d*) ii and in Part I, Appendix XIV, King's Regulations; .75 in (*d*) ii; exempt Part II, Appendix XIV, King's Regulations. Major D. LAWSON, Part I, Subject i, Appendix XIV, King's Regulations; has yet to pass in (*d*) ii; already passed in Part I, Subjects ii and iii; exempt Part II, Appendix XIV, King's Regulations. Major C. W. PROFEIT, M B., (*d*) ii; .75; already passed in Part I; exempt Part II, Appendix XIV, King's Regulations. Major F. KIDDLE, M.B., Part I, Appendix XIV, King's Regulations; already passed in (*d*) ii; exempt Part II, Appendix XIV, King's Regulations. Major S. H. FAIRRIE, M.B., (*d*) ii; .75; has yet to pass in Part I, Appendix XIV, King's Regulations. Majors E. C. HAYES and E. T. F. BIRRELL, M B., Part I, Appendix XIV, King's Regulations; already passed in (*d*) ii; exempt Part II, Appendix XIV, King's Regulations. Majors A. H. O. YOUNG and S. O. HALL, (*d*) ii; have yet to pass in Part I, Appendix XIV, King's Regulations. Major R. H. LLOYD, (*d*) ii; already passed in (*h*) for rank of Major. Capt. D. E CURME, (*d*) ii; already passed in (*h*). Capt H. E. M. DOUGLAS, V.C., D.S O., (*d*) ii; .75; already passed in (*h*). Capts. L. WOOD and F. S. WALKER, F.R.C S.I., (*d*) ii; already passed in (*h*). Capt. C. H. STRATON, (*d*) ii; .75; already passed in (*h*). Capt. W. S. CROSTHWAIT, (*d*) ii; already passed in (*h*). Capt. S B. SMITH, M.D., (*d*) ii; .75: already passed in (*h*). Capt. M. F. FOULDS, (*d*) ii; already passed in (*h*). Capt C. A J. A. BALCK, M.B ,(*d*) ii; .75; already passed in (*h*). Capt. J. H. GURI EY, (*d*) ii and (*h*) i and ii; .75 in (*d*) ii; has yet to pass in (*h*) iii for rank of Captain, already passed in (*b*). Lieut. H. T. TREVES, (*d*) ii and (*h*) i and ii; has yet to pass in (*b*) and (*h*) iii Lieut. A. C. H. SUHR, M.B., (*d*) ii and (*h*) i and iii; .75 in (*d*) ii; has yet to pass in (*b*) and (*h*) ii. Lieut. W. E. MARSHALL, M.B., (*d*) ii; has yet to pass in (*b*) and (*h*). Lieut. D. E. C POTTINGER, M.B., (*d*) ii and (*h*); already passed in (*b*). Lieut. C.D. SHERLOCK, M.D. (*h*); already passed in (*b*) and (*d*) ii. Lieut. A. T. J. MCCREERY, M.B., (*h*) i; already passed in (*b*), (*d*) ii, and (*h*) ii and iii. Lieut. W. H. O'RIORDAN, (*d*) ii; has yet to pass in (*b*) and (*h*). Lieut. R. C. PRIEST, M.B., (*d*) ii and (*h*); .8 in (*h*); already passed in (*b*). Lieut. F. W. M. CUNNINGHAM, M.D., (*d*) ii and (*h*) i and ii; has yet to pass in (*b*) and (*h*) iii. Lieut. A. D. STIRLING, M.B., (*d*) ii and (*h*); 75 in (*d*) ii; already passed in (*b*). Lieut. G P TAYLOR, M.B., (*d*) ii and (*h*) ii and iii; has yet to pass in (*h*) i, already passed in (*b*). Lieut. R. C. PARIS (*d*) ii and (*h*): has yet to pass in (*b*). Lieut. E. C. LAMBKIN, M.B., (*d*) ii and (*h*); .75 in (*d*) ii; already passed in (*b*). Lieut. O. W. MCSHEEHY, M B., (*d*) ii; has yet to pass in (*h*): already passed in (*b*). Lieut. M. WHITE, M.B , (*d*) ii and (*h*); has yet to pass in (*b*). Lieut. J. J. D. ROCHE, M.B., (*d*) ii; has yet to pass in (*h*); already passed in (*b*). Lieut. H F. JOYNT, M.B., (*d*) ii; has yet to pass in (*b*) and (*h*). Lieut. A. S. M. WINDER, M.B., (*d*) ii and (*h*); .75 in (*d*) ii; has yet to pass in (*b*). Lieut J. R. YOURELL, M.B., (*h*); has yet to pass in (*d*) ii; already passed in (*b*). Lieut. P. G. M. ELVERY, (*d*) ii and (*h*) ii and iii; has yet to pass in (*h*) i; already passed in (*b*). Lieut. J. J. H. BECKTON, (*d*) ii and (*h*); has yet to pass in (*b*).

INDIAN MEDICAL SERVICE.

THE result of the January examination was announced on January 28th. There were 26 candidates, of whom 20 qualified, the first 14 being admitted as Lieutenants-on-Probation with effect from January 28th, 1911. The names of the successful candidates with the marks obtained by each out of a possible total of 5,100 are given below, together with their degrees and medical schools:

Name.	Degrees, etc.	Medical School.	Marks.
J. Scott	M.B., Ch.B.Edin., D.P.H., D.T.M. and H.	Edinburgh University	3,691
A. R. S. Alexander	M.B., B.S.Lond.	University College Hospital	3,502
F. W. Hay... ...	M.B., Ch.B.Edin.	Edinburgh University	3,362
Indurjit Singh ...	M.B., B.C.Cantab.	Cambridge University and King's College Hospital	3,357
S. M. Hepworth ...	M.B., Ch.B.Leeds	Leeds University	3,284
H. S. Cormack ...	M.B., Ch.B.Edin., M.R.C.S., L.R.C.P.	Edinburgh University	3,240
G. Tate	L.M.S.S.A.	King's College Hospital and Edinburgh University	3,203
G. S. Brock ...	M.B., Ch.B.Edin.	St. Andrew's University and Endinburgh University	3,203
E. S. Goss	M.R.C.S., L.R.C.P.	Middlesex Hospital	3,118
J. F. H. Morgan ...	M.R.C.S., L.R.C.P.	Bristol University	3,111
K. G. Pandalai ...	M.B.M.S.Madras. M.R.C.S., L.R.C.P.	Madras Medical College and Middlesex Hospital	3,105
J. L. Sen	M.B.Calcutta	Calcutta Medical College and Middlesex Hospital	3,035
C. A. Wood ...	M.B.B.S.Lond., M.R.C.S., L.R.C.P.,	Guy's Hospital	3,012
P. S. Connellan ...	M.R.C.S., L R C.P	Bristol University	2,914

THE AFRICA GENERAL SERVICE MEDAL.

AN Army Order dated February 1st states that the King has approved of the Africa General Service Medal, with clasp inscribed "Somaliland, 1908–10," being granted to the officers and men who took part in the operations in Somaliland between August 19th, 1908, and January 31st, 1910, whose claims are approved.

BRITISH RED CROSS SOCIETY, GLASGOW BRANCH.

A MEETING, called by the Lord Provost, was held on January 31st to promote the organization of voluntary aid detachments in Glasgow in connexion with the Scottish Territorial Red Cross Brigade. The Lord Provost, in opening the proceedings, referred to the work of Red Cross societies which existed among all civilized nations. Scotland had taken its rightful place by the formation of a Scottish Branch, and in Glasgow it was important that nothing should be left undone to make the organization as complete as possible. Sir George Beatson explained the need for Red Cross societies, and outlined the position and duties of voluntary aid detachments which would fill up the gap in the Territorial Medical Service between the field units and the general hospitals. Already in Scotland sixty-four such detachments had been raised with a personnel of about 2,000 men and women. Major-General Spens proposed a resolution commending the work and aims of the Red Cross Society, impressing on the citizens the value of preparation in time of peace. Another resolution approving of steps being taken to promote the formation of detachments in Glasgow was proposed by Sir Thomas Glen Coats, Bart., and seconded by Sir David McVail. The Glasgow Committee has now been considerably augmented, and active work is being undertaken. The honorary secretary is Dr. R. T. Halliday.

Medical News.

DR. CLOUSTON of Edinburgh has been elected a corresponding member of the Société de Psychiatrie of Paris.

LORD CHARLES BERESFORD will preside at the annual dinner of the London School of Clinical Medicine on Friday, March 24th, at Prince's Restaurant, Piccadilly.

SIR CHARLES BALL, M.D., F.R.C.S., has been elected President of the Royal Zoological Society of Ireland for the coming year.

DR. GLASCOTT, late Lecturer on Ophthalmology, Manchester University, and Senior Consulting Surgeon, Royal Eye Hospital, on his retirement from practice, has been elected one of the vice-presidents of the hospital.

THE anniversary dinner of the Medical Society of London will take place at the Whitehall Rooms, Hôtel Métropole, London, on Wednesday, March 8th. Particulars can be obtained from the Honorary Secretaries, 11, Chandos Street, W.

MR. AND MRS. SIDNEY WEBB will deliver, for the National Committee for the Prevention of Destitution, a course of four lectures at the Caxton Hall, Westminster, on Monday evenings, beginning February 20th, at 8.30 p.m. The first lecture by Mrs. Webb will deal with the utilization of voluntary agencies in the prevention of destitution, the second by Mr. Sidney Webb with unemployment and sickness insurance in relation to the prevention of destitution.

ON February 2nd, at the West London Hospital, Hammersmith, Dr. Andrew Elliot, who has just retired from the office of honorary medical registrar, was presented on the occasion of his marriage with a massive silver tray by some past and present members of the hospital. Mr. L. A. Bidwell, Dean of the Post Graduate College, presided, and made the presentation, and Dr. Elliot suitably replied.

THE Council of the Irish Medical Schools' and Graduates' Association has adopted the following resolution: "The Council of the Irish Medical Schools' and Graduates' Association take this, the earliest, opportunity of congratulating Mr. Charles Ryall, F.R.C.S., on the triumphant result of the recent trial. They further desire to assure him that the complete vindication of his action in the case, the evidence in which only served to show the surgical skill that he displayed in saving his patient's life, has given this Council much gratification, confirming the high esteem in which he is held by his professional brethren generally."

A LIST of the optical appliances of Winkel, of Göttingen, reaches us from his agents in the United Kingdom, Messrs. H. F. Angus and Company (83, Wigmore Street, London, W.). Some of the microscopic outfits described have been specially arranged with a view to affording a good combination for the medical student. Included among them is a microscope designed for the examination of brain sections, bearing a stage of a shape suitable for that purpose. Other instruments have been devised so as to afford sufficient working space for dissection of objects. The lenses in the objective systems of this maker reach a very high level of excellence, and care has been bestowed upon their standardization, more particularly as regards focal length and chromatic and spherical correction.