which was closed without drainage. The wound healed per primam, and the vein, after discharging for three days, became completely obliterated five days after the operation. From the date of the jugular operation the patient had neither circulatory nor thermic disturbance, and seemed quite comfortable. On October 15th he complained of his sight being dim and of being unable to read his papers. His eyes were examined for the first time by us and by Mr. Wilfrid Lawson, ophthalmic surgeon to the hospital. He had intense double optic neuritis. We decided to relieve his pressure by lumbar puncture. At the first tapping his cerebro-spinal fluid pressure was 13 in. by Eve's instrument; 3iv were removed, and the pressure reduced to 1 in. He was thus tapped successively on November 2nd, 5th, and 10th, removing on each occasion 3vi, 3iv, and 3vij respectively, and leaving the pressure at 1 in. every time. The improvement after each aspiration was marked but transient, and so we decided to submit him to a subtemporal decompressive operation. On removing the disc of bone, the dura balged out of the opening, but no pulsations were discernible. The dura was sit open by a crucial incision. A large amount of cerebro-spinal fluid escaped. On inspection the following were the striking features: There was an interval of about half an inch or more between the brain and the skull. The tips of the four dural flaps were brought together, leaving four minute slits for Grainage. The wound was closed in the usual way. Convalescence was uneventful. The patient's sight rapidly improved, and the papilloedema had entirely subsided on December 12th.

Peculiarly enough, we had the opportunity of watching another case presenting einilar features but involving the

Peculiarly enough, we had the opportunity of watching another case presenting similar features, but involving the left mastoid, and, though the antrum, sinus, and jugular procedures were carried out, there was no optic neuritis.

With regard to the advisability of performing a decompressive operation in these cases Barr and Rowan disagree with Sir Victor Horsley. They state that, in their experience in these otitic cases, the optic neuritis clears up without operative interference. Their attitude is right in a sense, as compensatory venous return does get esta-blished in most instances by canalization of the clot or otherwise; but in severe types of papilloedema delay may cause irremediable damage to vision, while a decompressive operation—a minute opening is sufficient in these cases—is a precautionary measure the delay of which entails greater danger than its performance. In this connexion the words of a renowned surgeon (!), Oliver Cromwell,11 are worth bearing in mind:

But as in quinsy or pleurisy where the humour fixeth in one part, give it scope; all diseases will gather to that place to the hazarding of the whole, and it is natural to do so till it destroy life in that person on whomsoever this befalls. So will these diseases take accidental causes of aggravation of their distemper, if a timely remedy were not applied.

We are indebted to Sir Victor Horsley for his kindness in reading our contribution, for the encouragement he has given us, and for drawing our attention to Schieck's

REFRENCES.

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2 F. W. Mott, On the Cerebro-spinal Fluid (Oliver-Bharpey Lecture), Lancet, July 9th, 1910.

3 F. W. Mott, On the Cerebro-spinal Fluid, ibid., July 16th, 1910.

4 Barr and Rowan, Optic Neuritis and Suppurative Otitis, British Medical Journal. March 26th. 1910.

5 F. W. Mott, Cerebral Tumours, Gibson's Textbook of Medicine.

7 Review of Glaucoma.

8 Review of Glaucoma. British Medicane.

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9 Review of Glaucoma. British Medicine.

10 Cliver Cromwell, Letters and Speeches (Carlyle). Speech IV.

11 Physiology and Pathology of the Cerebral Circulation.

12 Oushing and Bordley, Johns Hopkins Hospital Bulletin, 1909.

14 Cunningham, Practical Anatomy, 1907.

15 Schieck, Archiv für Ophthalmologie, Bd. 78, 1911.

THE CURATIVE EFFECT OF SALVARSAN SERUM IN A CASE OF SYPHILIS.

CHARLES GIBBS, and F R.C.S.,

SURGEON TO CHARING CROSS HOSPITAL AND THE LONDON LOCK HOSPITAL.

E. S. CALTHROP, M.B., B.S.Lond., HOUSE-SURGEON TO LONDON LOCK HOSPITAL.

HAVING read the interesting article of Dr. Henry Alston in the issue of the British Medical Journal for February 18th, we applied this treatment to a patient suffering from syphilis in the Lock Hospital, Harrow Road.

It will be remembered that Dr. Alston produced a blister on patients who were suffering from framboesia and were under the influence of salvarsan. He then injected the serum obtained into other patients suffering from framboesia, with excellent results.

The history of the case in which we adopted the same method is as follows:

X. Y., aged 19 years, was admitted into hospital on February 8th, 1911, suffering from syphilis
1. Generalia.—The vulva and anal regions were covered with large vegetating condylomata and mucous tubercles discharging

a watery fluid.

2. Skin.—Universal areas of raised papular, somewhat scaly, syphilide, the face being also involved; syphilitic alopecia was

3. Glands of groin and neck discrete, soft, moderately large.
4. Mouth and Throat.—Fauces normal; general stomatitis; tongue normal.

The patient was also suffering from scables.

Date of infection about July, 1910.

Weight 6 st. 23 lb.

Date of infection about July, 1910.

Weight 6 st. 23 lb.

Wassermann + +
February 14th. The patient's general condition being very feeble she was ordered sulphur baths and inunction of mercury. Three baths and one inunction only were administered.

February 19th. The patient weighed 5st. 8 lb., having lost 8½ lb. The scables was better but the syphilitic signs were worse. The patient was injected with '10 c cm. of a serum ob'sined from a cautharides blister on the abdomen of another syphilitic patient who four days previously had had an intravenous injection of 0.4 gram of salvarsan.

February 24th. Genitalia better, condylomata and mucous tubercles drier. Rash clearing up. Mouth practically well.

February 25th. 15 c.cm. of similar serum were given. After the third bath a good deal of sulphur irritation was noticed; baths were therefore discontinued. Mucous tubercles were now present on the toogue. Weight 5 st. 112 lb.

March 3rd. 18 c cm. of a similar serum were administered. Genitalia much better, condylomata flatter and drier. The patient was feeling much better in health.

March 25th. 10 c.cm. of a similar injection from a patient seven days after an injection of salvarsan. Weight 5st. 13 lb.

March 12th. 10 c.cm. of a similar injection.

March 12th. 10 c.cm. of a similar injection.

March 13th. Genitalia much drier, condylomata much flatter, mucous tubercles gone. Rash fading fast, being flat and showing no hyperaema. Mouth, fances, and tongue quite well. Glands as before. Weight 6 st. 12 lb.

Wassermann + ± March 7th.

REMARKS.

The noteworthy features of this case are:

1. The marked improvement in general health and increase in weight as soon as the scrum treatment was begun. Previously the patient had lost 8½ lb. during the eleven days she was in hospital in spite of being carefully nursed and tended.

2. The effect on the Wassermann reaction is most striking; a deviation of 15 per cent. (++) of complement is reduced to a partial deviation of 15 per cent. of complement (++) in sixteen days; this compares very avourably with any known treatment.

3. In our experience of some 30 or 40 cases of intravenous injection of salvarsan the results of the serum treatment are found as good as those of the drug, while the treatment produces no signs of illness.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

POST-ANAESTHETIC ACID INTOXICATION. WITH reference to the two cases of pest-anaesthetic acid intoxication reported by Dr. Gilbert Brown, I should like to point out that the administration of sodium bicarbonate in large doses, although ideal theoretically, practically never appears to have the slightest effect, or, if any, in the wrong direction.

There is, however, a remedy, tincture of iodine, which appears to quiet the stomach, and, as I have thought, to lessen also the smell of acetone in the breath. I believe that, if it had not been for its use, I should have lost a little patient who had been operated upon for tuberculous glands, and who vomited for four days, gradually getting worse, but who rapidly improved after the administration of single drop doses of tincture of iodine in a tablespoonful of water. I can well remember the smell of acetone in his breath.

Whilst resident in different hospitals I saw several mild cases, but owing to the early administration of this simple remedy I never saw any severe symptoms follow the prolonged administration of anaesthetics.

Not very long ago a rather stout virgin, from whom I removed some caruncles, suffered from severe vomiting, acid breath, etc., on the third day. The first administration

of tinctura iodi my in a tablespoonful of water was instantly rejected, but I immediately gave her another similar dose, and ten minutes later got her to swallow rapidly a tumblerful of sherry whey, and with repeti ion of this every hour, and afterwards every two hours, substi-tuting milk and soda water for the whey, she rapidly improved.

No doubt the iodine acts primarily as a sedative to the stomach, but I also think it steadies the poisoned liver cells. After a severe attack of acute alcoholism a similar condition may occur and often yields to a similar treatment

In pointing out the little benefit derived from large doses of sodium bicarbonate, I must admit having seen benefit follow the washing out of the stomach with alkaline warm water. Diabetic coma is a condition in which acetone is present, and sodium bicarbonate is usually tried, in my experience with no benefit.

F. WILLIAM INMAN, M.B., Ch.B. Vict.

A SUGGESTED OPERATION FOR SUPRAPUBIC DRAINAGE OF THE BLADDER.

THE object of this operation is to provide a channel for drainage of the bladder lined by mucous membrane, and



therefore less likely to contract than one formed by ordinary puncture. A prostatic catheter, or a sound with a similar curve, is passed into the bladder, and made to press upon the anterior wall sufficiently to be felt above the pubes. Above this an incision is made and the point of the sound protruded, carrying a small section of bladder wall before it. Silkworm-gut sutures are then passed through the edges of the incision. The protruded bladder wall is then stitched to the skin by fine silk interrupted sutures, the mucous coat not being perforated. Finally, the eilk-

worm gut sutures are tied. The slightly protruded por-tion of bladder wall may be left until adhesion has taken place, and then incised for the passage of an india-rubber catheter; or, if necessary, this may be done at the time.

J B. PIKE, M.R.C.S.E., Honorary Surgeon, Loughborough Hospital.

CONGENITAL ABSENCE OF THE KIDNEY. THE case of this anomaly reported by Dr. Maughan in the British Medical Journal for January 28th, leads me to

record the following case:

M. L., aged 75, a widow who had had two children, was admitted into the Suffolk District Asylum on February 19th, 1908, in a state of senile dementia, and died on March 20th, 1908, from acute bronchitis.

The necropsy showed no evidence of any previous abdominal operative procedure. The right kidney was very large and prominent occupying a position considervery large and prominent occupying a position considerably anterior to the usual site. No trace of a left kidney, its vascular supply, or ureter could be found, nor any evidence of a ureteric attachment to the bladder on this side. The vascular supply of the right kidney was dissected out before removal of the organ, and consisted of two arteries about equal in size, arising directly from the aorta, and two veins also of about similar calibre entering the vena cava separately. The capsule of the hypertrophic organ (weight, 222 grams) was somewhat adherent in places, but otherwise it was healthy, presenting an unusual depth of cortex. The attachment of the right ureter to the bladder was normal. There was a fibroid about the size of a marble attached to the fundus of the about the size of a marble attached to the fundus of the uterus, and the left ovary was replaced by a thick-walled cyst about the size of a walnut containing pale yellow fluid and anchored by a slender pedicle 6 in. in length. The left ventricle of the heart was considerably hyper-trophied. The urine, tested a few weeks before death, was found to be normal.

Suffolk District Asylum, Melton.

STEPHEN G. LONGWORTH.

FATAL CASE OF MELAENA IN THE NEWLY BORN.

THE following case of melaena neonatorum, which occurred in my practice two years ago, resembles the case reported by Dr. W. J. Lord in the JOURNAL of January 14th, 1911, p. 83

On December 5th, 1908, I attended a woman in the

country in her confinement, and, after rather a difficult labour, I delivered with forceps a girl well developed and

apparently healthy, weighing 8 lb.

On visiting the house the next morning the nurse told me that the child had vomited a small clot of blood just staining the linen. In the evening I was called again, as the child was vomiting blood and passing dark, jelly like clots of blood per rectum. Every time the child strained she evacuated quite large clots of blood, and continued to do so until she died at 1.30 am. on December 7th, about forty hours after birth.

I did not perform a post-mortem examination, unfortunately. The mother stated that her first child had died very young some years previously; the cause of death I do not remember. The parents both appeared to be strong and healthy people, and have since removed from the district.

My father, Dr. P. W. Rolston (R.N., retired), when prac-

tising in Manitoba, had about twenty years ago a case of melaena in a child which died within a week of birth.

CECIL MICHELL ROLSTON, M.D., C.M.

Duncans, Vancouver Island, B.C.

Reports

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

THE SEAMEN'S HOSPITAL, ROYAL ALBERT DOCK.

A CASE OF EXTENSIVE PLEURAL EFFUSION. (Reported by L. Erasmus Ellis, M.D Brux., M.R.C S., L R.C P., House Surgeon)

The patient in the following case, a Zanzibar native, aged about 35, a seaman, was admitted with a history of having been ill on board for some six days. During this time he had complained of pain in the right side of his chest, accompanied by cough. No history of any past illness or of any tropical disease was obtainable.

of any tropical disease was obtainable.

State on Examination.—The patient's breathing was obviously distressed, the respirations numbered 28 to 30 per minute, and were very shallow. The heart's action was laboured, the beats 100 to the minute, and the apex beat was in the fifth intercostal space, 1½ in outside the nipple line. The right side of the cheet was absolutely dull and board-like up to the clavicle, with practically no respiratory movements nor breath sounds. The temperature was 98°.

Paracentesis.—A diagnosis of pleural effusion having been made, I inserted a trocar and cannula into the pleural cavity, through the seventh intercostal space, in the posterior axillary line, and siphoned off fluid which on careful measurement proved to be 8½ pints in quantity.

This fluid was dark and blood stained, and on bacteriological examination proved to be sterile.

While withdrawing this effusion, I watched the patient's condition carefully, in the expectation that he would show some signs of distress. This, however, was not the case, and he suffered but slightly from cough. It was, therefore, possible to withdraw the whole quantity at once.

Result.—The patient was immediately much relieved; the heart came back towards its normal position, the apex beat being in the nipple line at the end of the operation; his general condition was also greatly improved.

A somewhat strange feature about this patient's sym-

A somewhat strange feature about this patient's symptoms was that he had pain in the right deltoid muscle; it was immediately relieved on the removal of the fluid from the chest.

The patient suffered from a slight cough, and brought

a cortain small amount of expectoration. This, on up a certain small amount of expectoration. This, on being examined, proved to contain tubercle bacilli. Other

signs of tuberculosis, however, were not marked.

In conclusion, I wish to tender to Sir Patrick Manson, under whose care the patient was admitted, my thanks for allowing me to publish this note upon it. Owing to the extraordinarily large amount of the effusion, it may be of some general interest.

the Malarial Conference opened by Lord Minto at Simla in 1909. He received the C.I.E. in 1909.

He leaves a widow and two daughters to mourn his loss; to them the sympathy of all old friends and brother officers is heartily extended.

LIEUT.-COL. SIMPSON POWELL, M.D., R.A.M.C., S.M.O. RANGOON.

WE regret to announce that Lieutenant-Colonel Simpson Powell, M.D., R.A.M.C., died of pneumonia at Rangoon, where he was Senior Medical Officer, on March 23rd,

Colonel Powell was the eldest son of the late Christopher Bolland Powell, of Southborough, Kent. He was educated at Bury St. Edmunds School, and received his medical education at King's College, London, where he held in succession the appointments of House-Physician and House-Surgeon. He took the diploma of L.S.A.Lond. in 1880, and that of M.R.C.S.Eng. in 1882. He was also a graduate of Durham University, having taken his M.B. degree (with honours) in 1883, and that of M.D. in 1896. Among other distinctions he gained the Parkes Memorial Bronze Medal for Hygiene and the Todd Memorial Medal for Clinical Medicine. He was also elected a Fellow of the Royal Geographical Society in 1904, and of the Linnean Society in 1910.

He entered the Army Medical Service in 1885, and from that year until 1892 he served in India; he then returned to England, and was attached to the Grenadier Guards as Surgeon for five years. In 1897 he again went to India, and served there until 1904. During 1902 he was for a few months in charge of the Boer Camp at Trichinopoly, leaving there for Tientsin, China, to take up the appointment of Senior Medical Officer at that place; this was just after the Boxer rising, when the European troops were

occupying the city.

On returning to England he was appointed Officer-in-charge of the Louise Margaret Hospital (the hospital for the wives and children of the soldiers of the Aldershot Command). He held this appointment for three and a half years, and after that was in temporary charge of the Military Isolation Hospital at Aldershot. He was gazetted Lieutenant-Colonel in 1905. In 1908 he again sailed for India and was appointed to Secunderabad, and the following rear he was nosted to Burms. and the following year he was posted to Burma. He is survived by his widow and four daughters.

Dr. LEONARD W. SEDGWICK, who died recently at his residence in Gloucester Terrace, Paddington, at the age of 82, had practised there for over forty years. He received his medical education at St. Thomas's Hospital, and took the diplomas of M.R.C.S. and L.S.A. in 1850, and the degree of M.D. (St. Andrews) in 1859. Dr. Sedgwick was a member of the British Medical Association, and was President of the Metropolitan Counties Branch in 1894. In that capacity he delivered an address on the personal factor in disease, which was published in the BRITISH MEDICAL JOURNAL. He was at one time Vice President of the Medical Society of London, and was for many years a familiar figure at its meetings and at other medical gatherings in London. He is perhaps best known to the profession as the joint author with Mr. Power of the excellent Lexicon of Medicine issued by the New Sydenham Society.

Anibersities and Colleges.

UNIVERSITY OF OXFORD.

UNIVERSITY OF OXFORD.

Diploma in Ophthalmology.

The next examination for the diploma in ophthalmology commences on July 17th, and in anticipation thereof a special course of instruction will commence on May 1st, and continue daily for six weeks. It includes systematic and clinical lectures in ophthalmology, practical pathology, anatomy and physiological optics. For the systematic lectures a special panel of lecturers has been prepared. The clinical lectures will be given by the Reader in Ophthalmology (Mr. R. W. Doyne). A certificate of satisfactory attendance at the course of instruction is one of those which a candidate for the diploma must present, but in certain approved cases candidates of obvious experience may be exempted from attendance except on Wednesdays and Thursdays. The lectures on ophthalmology have been so arranged that those doing clinical work in London may leave by the 1.45 train from Paddington. Parts of the

course are open as a form of post-graduate work to those not seeking the diploma. Other information concerning the course seeking the diploma. Other information concerning the course and the diploma can be obtained on application to the Assistant Registrar, Clarendon Buildings, Oxford, or, if only of an informal character, from the Reader in Ophthalmology, 30, Cavendish Square, London, W.

UNIVERSITY OF LONDON.
The following candidates have been approved at the examinations indicated:

ions indicated:

SECOND M.B. (Part I: Organic and Applied Chemistry).—D. R. Alexander, B. P. Allinson, A. R. Balmain, F. G. L. Barnes, S. Batchelor, A. L. Blunt, F. H. Bray, C. M. Brophy, J. E. Cheesman, Dorothy Chick, J. E. Clark, Lilian A. Clark, Mabel C. Clark, C. Cooke, E. J. Coombe, P. G. S. Davis, A. D. d'Avray, J. N. Deacon, C. I. de Silva, H. Ellis, H. A. Faweett, I. Feldman, H. B. Friedlander, E. D. Granger, A. E. Gravelle, H. S. Griffith, E. F. Guy, S. A. Hall, Norah Hamill, A. G. P. Hardwick, C. E. Harrison, Jessie E. Hart, H. W. Hay, S. H. Hodges, H. F. T. Hogben, R. N. Hunter, G. M. Jackson, L. P. Johns, Mary E. Joll, C. O. H. Jones, R. T. Jones, S. W. M. Jones, T. A. Jones, N. E. Kendall, W. M. Lansdale, R. H. Leigh, A. S. Liebson, G. C. Linder, O. C. Link, E. R. Lovell, Helen M. M. Mackay, S. S. Malkani, P. S. Marshall, A. Menzies, V. M. Métivier, S. Miller, D. G. F. Moore, J. B. Mudge, Violet Newmarch, O. Parry-Jones, Margaret R. Paterson, A. H. Pemberton, A. C. Perry, L. D. Phillips, Emma C. Pillman, L. E. Pimm, Mary C. Poonen, C. L. G. Powell, A. L. Punch, K. N, Purkis, J. S. Ransson, T. W. Robbins, Violet I. Russell, P. Sai, B. Sampson, S. K. Sanyal, Hilda M. Scarborough, P. R. J. Schmidt, Edith A. Shaw, B. B. Silcock, A. G. Simmins, J. F. H. Stallman, Elsie Stansfeld, J. G. Stevens, F. R. Sturridge, T. C. Summers, E. B. Sunderland, W. E. Tanner, D. G. O. Tasker, J. O. Thomas, G. M. Vevers, Katharine A. Waring, C. M. Williams, L. H. W. Williams, M. S. Woolf, J. M. Wyatt.

*Awarded a mark of distinction.

*Awarded a mark of distinction.

Second M.B., Part II (Anatomy, Physiology, and Pharmacology).—
F. D. Annesley, J. Appleyard, B. W. Armstrong, Elizabeth L. Ashby, E. Bach, W. C. P. Barrett, J. R. Barrow-Clough, F. V. Bevan-Brown, A. C. L. O'S. Bilderbeck, Marjorie A. Blandy, J. Bostock, A. E. Bullock, P. Butler, G. M. Comnan, M. B. Cooper, J. A. Cowan, W. L. G. Davies, F. H. Dodd, H. W. Evans, J. T. E. Evans, W. S. Evans, H. J. O. Ewing, H. Gould, Olive G. M. Gray, C. F. Hacker, A. C. Hancock, Mary E. Harding, C. C. Harrison, J. Higgins, E. S. W. Hirsch, A. H. Hudson, G. B. Jameson, Mildred A. Jukes, M. M. Khan, B. M. Kharegat, W. J. T. Kimber, W. E. Kingdon, E. A. C. Langton, W. Leslie, W. H. Lister, R. J. McN. Love, Helena R. Lowenfeld, *†Edith M. Martland, †W. E. Milligan, P. J. Montgomery, L. Page, S. G. Papadopoulos, T. B. Paul, A. F. Potter, R. A. Preston, J. L. Priston, A. L. H. Rackham, A. E. Roberts, T. E. Roberts, H. E. Robinson, E. D. Scott, R. Silcock, †J. S. Sloper, Margaret E. E. Smith, T. R. Snelling, E. S. Sowerby, W. C. Spackman, C. W. Sparks, J. E. Stacey, Grace Stapleton, E. J. Storer, C. K. Sylvester, H. Thomas, E. W. Wade, G. A. Walker, F. C. Watson, Mary Woods.

* Distinguished in Anatomy, † Distinguished in Physiology, † Distinguished in Physiology,

*Distinguished in Anatomy. †Distinguished in Physiology.
†Distinguished in Pharmacology.

UNIVERSITY OF DURHAM.

THE following candidates have been approved at the examinations indicated:

THIRD M.B. (All Subjects).—*J. S. Arkle. E. Babst, Theonie R. Burrell, *H. G. Dodd, L. E. S. Gellé, W. J. Hickey, F. S. Rood, S. Scott.

* Second-class honours.

DEGREES. At a Convocation on Saturday, April 1st, the following were

At a Convocation on Saturday, April 1st, the following were among the degrees conferred:

M.D.-G. Denholm, Helen M. Gurney, T. C. Hunter, A. C. H. McCullagh.

M.D. (for Practitioners of Fifteen Years' Standing).—P. Barragry, G. Bryce, J. J. Fitzgerald, L. G. Hill, J. S. Mackintosh, J. Robinson.

M.B.-W. G. Bendle, R. Errington, F. P. Evers, H. T. Hunter, E. P. Martin, T. A. Peel, J. A. Sacco, Matilda A. Sinclair, A. T. Thompson, Olivia N. Walker, T. R. West.

B.S.-W. G. Bendle, R. Errington, F. P. Evers, H. T. Hunter, T. A. Peel, Matilda A. Sinclair, Olivia N. Walker.

B.H.-T. L. Bunting, M.D. Edin., Ruth Nicholson, M.B., B.S. Durh.

UNIVERSITY OF EDINBURGH.

THE following were among the degrees conferred at a meeting of the Senate on March 31st:

M.B., CH.B.—A. G. Brown, M.A., C. M. Ganapathy, S. Hodkinson, G. Macdonald, M.A., J. P. M'Gregor, R. C. Malhotra, C. K. Pole, A. Simpson, T. Singh, and J. Watson.

D.Sc.—A. C. MacGilchrist, M.D., Captain, I.M.S.

The following candidates have been approved in the subjects

ndicated:

FIRST M.B., CH.B.—Botany: T. Bahadur, Isabel Mitchell, B.Sc., H. P. Rudolf. Physics: F. A. Anderson, J. M. Anderson, J. S. Armstrong, T. Bahadur, F. W. W. Baillie, Dorothea I. Baird, T. Y. Barkley, G. E. Besson, I. Block, I. Borrah, R. B. Boston, J. Brown, J. G. L. Brown, F. J. Cahir, A. F. Campbell, A. G. Carmichael, A. Chapelle, J. E. Chow, W. M. Christie, A. G. Clark, T. L. Clark, I. A. Clarke, W. A. Cochrane, C. H. H. Coetzee, R. C. Crawfurd, M. W. Danzig, H. J. Davidson, J. Dick, D. Dunlop, R. B. Eadie, H. F. Ferguson, G. W. M. Findlay, F. J.-N. Fook, E. Fullerton, E. L. Galgut, Helen M. Gall, A. B. Grant, R. G. Haggarty, F. M. Halley, J. A. Henderson, J. Hepburn, H. A. Hewat, Helen G. Hewat, R. M. Hume, A. I. Humphreys, J. E. Hurwurth, O. D. Jarvis, F. J. C. Johnstone, C. W. S. D. Jones, A. Kennedy, S. A. Kuny, Jean E. Lazche, N. B. Laughton, A. R. Laurie, R. Lawson, A. J. E. G. Lim, H. H. I. G. Lim, J. G.

QUEEN'S UNIVERSITY OF BELFAST. THE following candidates have been approved in the subjects indicated:

THE following candidates have been approved in the subjects indicated:

First M.B. (Chemistry).—W. L. Agnew, J. B. Alexander, R. G. B. Calvert, P. Clarke, D. Corry, J. Cullenan, C. F. Davey, T. W. E. Elliott, Lizzie Finnegan, Mary A. Gallagher, A. Gaston, Mary E. Henry, S. J. Hutchinson, P. Kane, R. G. M. Elney, J. W. M. Kee, T. B. M. Kee, J. C. M. Millan, Sylvia Marsh, J. F. Meenan, A. J. Millar, T. Milling, J. B. Minford, F. P. Montgomery, W. N. Montgomery, H. Moore, J. J. Murray, A. Porter, W. Russell, J. P. Smyth, A. C. Taggart, W. A. Thompson, Elizabeth S. Walker, R. F. Walker, D. K. Watterson, N. W. F. Wheeler, T. K. Wheeler, Physics.—W. L. Agnew, J. B. Alexander, R. G. B. Calvert, P. Clarke, D. Corry, C. F. Davey, J. Dunlop, Lizzie Finnegan, Mary A. Gallagher, A. Gaston, W. J. Harvey, S. J. Hutchinson, P. Kane, J. J. Kerr, R. G. M'Elney, J. C. M'Millan, J. F. Meenan, T. Milling, F. P. Montgomery, A. Porter, J. P. Smyth, W. A. Thompson, L. Tweedie, T. K. Wheeler, Zoology.—L. Jefferson, J. J. Kerr, A. J. Millar, J. N. Smith, J. J. Walker, J. G. Wilson, F. N. Woods, R. Woodside, Botany.—C. F. Davey, S. J. W. Donald, G. Gordon, C. C. Humphries, L. Jefferson, J. J. Kerr, J. R. M. Mackenzie, R. J. Maguire, W. Russell, F. B. Sinclair, J. N. Smith, R. F. Walker.

Second M.B. (Anatomy and Physiology).—*N. Beattie, †E. C. Emerson, W. Gault, H. P. Hall, H. M. Jackson, W. S. Lynd, W. M. K. H. M. Cullagh, V. Magee, V. C. Monigomery. Anatomy only.—T. M. Adamson, F. L. Cleland, S. M'Comb, E. U. M'William, S. E. Picken, H. R. Sinclair, Physiology only.—E. W. Mann, A. G. Mitchell, B. S. Ross, Marths J. M. Stewart.

THIRD M.B. (Pathology, Medical Jurisprudence, and Hygiene).—W. F. Algeo, †J. H. Beverland, Sarah E. Calwell, F. Casson, S. H. Davison, *S. R. Foster, C. L. Gaussen, J. M'I. Gibson, *N. B. Graham, *N. C. Graham, J. V. Holmes, J. T. Kyle, H. H. C. Lynch, J. Lyons, J. M'Fadden, M. M'Ging, E. M'Sorley, I. W. M'N. Walker, Medical Jurisprudence and Hygiene.—J. Porter. Pathology and Materia Medica, and Hysione, and H

* With honours. † With honours and recommended for a prize. , ‡ With second-class honours.

UNIVERSITY OF SHEFFIELD.

THE Council has made the following appointments:

Mr. R. J. Pye-Smith, Ch.M.Shef., F.R.C.S., to be Emeritus Professor

MT. R. J. Pye-Smith, Ch.M. Shet., F.R.C.S., to be Emeritus Professor of Surgery.
Mr. Arthur M. Connell, F.R. C.S. Edin., to the Lectureship in Surgery, which was rendered vacant through Dr. Sinclair White's appointment to the Professorship of Surgery.
Mr. J. D. Fiddes, M.A., B.Sc., M.B., Ch.B. Aberd., to the Demonstratorship in Anatomy, in succession to Mr. Alexander Wilson, resigned.

Professor Beattie has been appointed representative of the university at the celebration of the five hundredth anniversary of the foundation of the University of St. Andrews, to be held from September 12th to 15th next.

UNIVERSITY OF TORONTO.

UNIVERSITY OF TORONTO.

President's Report.

From the report of the President of the University of Toronto for the academic year ending last June it would appear that, despite the fact that a higher matriculation standard has been applied and the length of the curriculum for some of the degrees increased, the number of undergraduates is growing rapidly and steadily. In the year under consideration the total was 4,044. The university has six faculties, which, placed in the order of the relative number of students, are as follows: Arts (2,314 students); Applied Science (730); Medicine (641): Education (237); Household Science (85); Forestry (40). The degrees granted numbered 704, and included, besides those specifically indicated by the names of the faculties, degrees in music, law, veterinary science, and pharmacy. It is stated that for some professions more students are being educated than can find employment in the province of Ontario itself, but that there is plenty of room for them in other parts of Canada. In the faculties of medicine and of forestry there are combined courses which lead to degrees in arts as well as to those of the faculty primarily concerned. In the Medical Faculty this combined course takes seven years, and is known as the physiological and bio-chemical sciences course; the B.A. being obtained in four years, and the M.B. in three more years. A corresponding course in the Faculty of Forestry takes six years.

ROYAL COLLEGE OF SURGEONS IN IRELAND. Prize Awards.

THE following are the winners of the first and second prizes THE following are the winners of the first and second prizes awarded for the work of the winter session:—Systematic Anatomy: W. H. Carden, and L. S. O'Grady and R. P. Weldon (bracketed equal). Practical Anatomy (first year): A. F. Carbury and P. J. Polson. Practical Anatomy (second year): M. Shipsey and W. Morrow. Practice of Medicine: M. J. Hillery and V. J. White. Surgery: M. J. Hillery and V. J. White. Midwifery: M. J. Hillery and V. J. White. Physiology: W. H. Carden and B. P. Weldon, Chemistry: L. M. Rowlette and P. J. Polson. Pathology: G. N. Smyth and G. E. Pepper. Physics: J. W. E. Graham and J. C. Fergusson. In each subject the first prize was a medal and £2 in money, and the second a certificate and £1 in money. Work for the summer session commenced on April 3rd.

Medico-Negal.

CERTIFICATE OF MEDICAL OFFICER TO A FRIENDLY SOCIETY.

SOCIETY.

A CASE of some interest to the medical profession has been decided by Sheriff Gardner Miller, Glasgow, in which a man named Rowan sued Dr. Dunning, Glasgow, for £275 damages for granting a certificate excluding him from benefits given by a society of which the pursuer was a member. The Sheriff Substitute found in favour of the doctor, and the pursuer appealed against this judgement, which, however the Sheriff Principal has now confirmed.

In his "note," the Sheriff said pursuer was a member of the Glasgow and West of Scotland District Branch of the Irish National Foresters, and defender was the surgeon employed by that society to examine the cases of injured members with a view of certifying their condition to the society. There was no privity of contract between pursuer and defender, as pursuer's contract was with the society, under which he was entitled to that society to examine the cases of injured members with a view of certifying their condition to the society. There was no privity of contract between pursuer and defender, as pursuer's contract was with the society, under which he was entitled to certain benefits. Defender was not employed by pursuer, but by the society, to which he acted as an independent adviser with regard to the cases brought before them. Accordingly, the present action could not be on the ground of breach of contract, and the only ground was that of a delict committed by defender on pursuer. The Sheriff had some doubt whether pursuer had stated a relevant case upon that ground. The delict was said to be that defender gave a certificate with regard to pursuer which he knew to be false, or otherwise that he culpably and recklessly granted this certificate. Pursuer's remedy, if he were deprived of the benefits of the society, seemed to him to be against the society itself for breach of their engagement. He seemed to have taken full advantage of his recourse against the society in the method open to him, because he said he appealed from the decision of his section of the Branch Arbitration Committee of the society when the decision went finally against him, and now he sought to make defender liable in respect of his certificate. Assuming that the action was relevant, the Sheriff was clearly of opinion that pursuer had failed to prove that defender's certificate of September 14th, 1909, was false, or that defender had any reason to believe that it was false, or that defender had any reason to believe that it was false, or that the certificate was either culpably or recklessly granted. Defender had stated in the witness box that he believed the certificate to be true, and that evidence was supported by the evidence of Sir George Beatson, Dr. Alexander Moffat, and Dr. George Henry Edington, who stated that, from the examination of pursuer's arm which they made shortly before the proof, he had quite recovered; but, while they differed from the d

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REGIMENTAL MEDICAL EXERCISE.

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THE Lowland Mounted Brigade Field Ambulance carried out a most interesting and instructive medical exercise in Ayrshire on March 19th, under the direction of Lieutenant-Colonel Gordon Hall, R.A.M.C., and Major W. D. Erskine, R.A.M.C., Staff Officer to the A.M.O. Lowland Division. All the officers of the unit took part, and also Major Shaw and Captain James A. Aitken of the 2nd Lowland Field Ambulance, and Captain Fraser, R.A.M.C., Adjutant of the School of Instruction. The preliminary work entailed the study of a scheme of a hostile landing at Stranraer, the work of the cavalry from Maybole towards the various crossings of the River Ayr. and the possible developments as they affected the work of medical officers and units. Two tasks were set each officer for a meeting on March 18th, when the results were discussed. Thereafter the company proceeded to Ayrshire, and studied the problems on the ground, covering the distance from Girvan to Maybole, Coylton and Ayr by motor car. Meals were served at Turnberry and Ayr, and lectures delivered by Colonel Gordon Hall and Lieutenant-Colonel Halliday, commanding the unit. Fresh tasks were also set and discussed. This was the first tour undertaken by the unit, but arrangements are being completed for further interesting work during the season.

Medical Aews.

THE annual meeting of the Society for the Study of Inebriety will be held in the Rooms of the Medical Society of London, 11, Chandos Street, Cavendish Square, W., on Tuesday, April 11th, at 4 p.m. A short address will be delivered by the President, after which a discussion on "Alcohol and Insanity" will be opened by Dr. F. W. Mott, F.R.S. F.R.S.

BEFORE finally choosing the London memorial to King Edward VII, the Mansion House Committee is to consider a proposal urged by the National League for Physical Education and Improvement. It holds that the best memorial to him who said, "If preventable, why not prevented?" would be a centre for all popular health crusades created by building in Kingsway a permanent exhibition or museum of hygiene with conpermanent exhibition or museum of hygiene with connected lecture rooms. Copies of a pamphlet detailing the scheme can be obtained from the Secretary of the League,

4, Tavistock Square, London.

4, Tavistock Square, London.

THE council of the Nightingale Fund has presented to Mr. Lunn (late Medical Superintendent of the St. Marylebone Infirmary, W.) a picture, entitled, "Flooding," by Reginald Jones. It bears the following inscription: "Presented to Mr. John R. Lunn, F.R.C.S., in recognition of the valuable services rendered by him to the training school of nurses at the St. Marylebone Infirmary, at the time of its establishment by the guardians of St. Marylebone with the co-operation of the late Miss Florence Nightingale until his retirement, July 9th, 1910, and in remembrance of the interest she took in it, and the sympathy she showed in its success." sympathy she showed in its success.

THE St. John Ambulance Brigade has placed the whole THE St. John Ambulance Brigade has placed the whole of its metropolitan corps at the disposal of the police authorities during the Coronation festivities for day and night duty, and has undertaken to bring up from the various provincial corps as many more members as may be deemed necessary. The metropolitan corps numbers 2,000, the provincial corps bringing up the total strength available to over 20,000. During the funeral procession last year the brigade had upon duty 1,400 men, and attended between 6,000 and 7,000 cases of injury and illness

illness

A NURSING conference has been in progress during the current week at the London County Council Technical Institute in St. Vincent Square, the proceedings commencing on Tuesday and concluding on Friday. On Tuesday massage was discussed in the afternoon, under the chairmanship of Dr. May Thorne, and in the evening midwifery, under the chairmanship of Dr. Elizabeth Macrory. On Wednesday the subject was mental nursing, the speakers including Sir James Crichton Browne, Dr. Robert Jones, and Sir William Collins. The rest of the programme included a discussion on district nursing and midwifery, under the chairmanship of Sir Francis Champneys, on Thursday; and on Friday a discussion on race degeneration and eugenics, introduced by Dr. Murray Leslie, with Dr. G. E. Shuttleworth in the chair Mrs. S. A. Barnett has reprinted in a small pamphlet the paper which she read at the Church Congress last

the paper which she read at the Church Congress autumn on the State treatment of widows who have children dependent on their personal exertions. Mrs. Barnett contends that the money spent by boards of guardians in assisting such women is for the most part at present wasted, either because it is inadequate in amount or because the mothers are too ignorant, too careless, or too busy to spend it properly. Mrs. Barnett, as the outcome of the experience of thirty-three years' work in Whitechapel, would have these cases treated in one of several ways. Briefly summarized, these are as follows: (a) If the mother has the same sort of qualities as those habitually sought for in the foster parents of boarded-out children, the State should board out with her her own children, subjecting her to the supervision of an ordinary boarding out committee; (b) less competent mothers she would group in cottages under supervision, employing them for part of the day at one of the official institutions for the infirm or imbeciles scattered all over the country; (c) widows too ignorant to be effective mothers she would educate to rear their own children at the expense of the State; (d) to women already suitably employed, but too busy to attend to their household duties, she would afford relief on condition that they so arranged their work as to allow them to attend to their household duties or to secure proper assistance. From other widows requiring assistance she would remove their children altogether, sending them for choice to the colonies, in order that when of wage-earning age they may not be ruined by a bad parent.