

## SALVARSAN IN YAWS.

BY

HENRY ALSTON, M.B.,

MEDICAL SUPERINTENDENT, ST. AUGUSTINE YAWS  
HOSPITAL, TRINIDAD.

I AM able to give the results of the treatment of 500 cases of framboesia with salvarsan at the St. Augustine Yaws Hospital, Trinidad, from January to October, 1911. Intramuscular injections only were used, and the usual dose was 9 grains (0.6 gram) for an adult.

The 500 cases were injected as follows: January (20), February (1), March (14), April (87), May (68), June (75), July (101), August (17), September (87), October (30).

The first case was injected on January 4th and the 500th case on October 14th.

The injections were made by Drs. Rost and Cleaver and by myself. Dr. Cleaver kindly acted for me when I had a holiday, and gave most of the injections.

I write this on November 28th, when six weeks and four days have elapsed since the 500th case was injected.

*Results.*

498 cases are cured (99.6 per cent.).

409 cases were cured with one injection (82.0 per cent.).

75 cases were cured after a second injection.

14 cases were cured after a third injection.

The total number of injections was 603.

*Stubborn Cases.*

Two of the cases are not yet cured:

S. C., aged 7 years, male. Injected on September 16th. I reinjected him on November 11th.

T. M., aged 14 years, male. Injected on October 2nd. I reinjected him on November 8th.

Both cases show amelioration. Each will be given a third injection next week.

*Relapses.*

Only 5 cases discharged cured came back, and they were cured with a reinjection. Before salvarsan was used relapses were 12 to 14 per cent.

*Complications and Deaths.*

When Dr. Cleaver was acting for me, 4 deaths occurred among cases that had been injected by him. Dr. Cleaver is of opinion that none of the deaths were the result of the injections with salvarsan. No local gangrene, no nerve or ear complications, and no dimness of sight occurred in any case. The only complication was the formation of an abscess at the seat of injection in 2 cases.

*Deaths at the St. Augustine Yaws Hospital from May to September this Year.*

E. S., male, 60 years. Injected May 2nd. Took ill May 18th. Died May 30th. Cause of death certified by Dr. Cleaver to be stomatitis and diarrhoea.

Rammarine, male, 3 years. Injected July 8th. Took ill July 16th. Had fever. Passed 50 ascarides. Died on July 19th. Death certified by Dr. Cleaver to be due to fever associated with worms.

Meenaram, male, 65 years. Injected twice, June 5th and July 15th. Had gonorrhoea. Took to bed August 2nd. Died September 3rd. Cause of death, malarial fever and diarrhoea.

Seecharan, male, 11 years. Injected September 16th. Took ill on September 27th and died same day. Cause of death, fever and convulsions.

There were 103 deaths at the St. Augustine Yaws Hospital during the ten years preceding the use of salvarsan—an average of ten deaths per annum. Seventy-four per cent. of the yaws cases admitted to the St. Augustine Hospital have conspicuous painless enlargement of the femoral lymphatic glands. When discharged cured a minority are noticed to have lost the femoral swellings; a majority retain them, but they are reduced in size and softer.

The absence of complications (except a local abscess at the rate of 1 for every 301 injections) shows that salvarsan is not in itself harmful, and that the deaths and serious complications in the treatment of syphilis attributed to the drug must be due either to the method used or to complications which belong to syphilis alone.

It is usually stated that the active agent for curing in salvarsan is the arsenic. I have proved by experiments that such organic arsenic compounds as sodium cacodylate and arsacetin have no effect in yaws cases, and that the

efficacious preparations soamin and orsudan are far behind salvarsan in curative power.

Mercury utterly failed at the St. Augustine Hospital as a cure for yaws, so if there be the choice of two drugs for syphilis there is no such choice in the case of yaws.

*Conclusion.*

Salvarsan is a specific for yaws, and there is no danger attending its use for this disease.

## AN EXAMINATION OF ABOR ARROW POISON.

BY

F. N. WINDSOR, B.A., B.Sc., M.B., MAJOR, I.M.S.,

CHEMICAL EXAMINER TO GOVERNMENT, BENGAL.

THE material here discussed was scraped off an arrow-head removed from a wounded man. It was moist and earthy looking.

*Resinous Body.*

An oleaginous resinous body was extracted which was soluble in alcohol (90 per cent.) and dilute acetic acid, also in ether and in chloroform, but insoluble in water. It gave the "croton oil reaction" on the tongue and in the pharynx. A little rubbed on the skin of the forearm raised a crop of minute papules in twenty hours. This patch was slightly reddened and itched; it was not painful, and only slightly tender on pressure; after ten hours more it had faded and slowly resolved. Croton oil itself will vesiccate the skin. Inoculation of half the extract from this one arrow-head into a guinea-pig gave rise to no symptoms of poisoning.

*Residue.*

The insoluble residue was dry and powdery. It consisted of vegetable fibres, cells, and detritus, with some earthy matter, but no animal tissue; it gave no physiological reaction. A minute trace of an alkaloid-like body was obtained which had a slightly bitter taste, but no other characters by which it could be recognized. There was no aconite present in the poison.

*Conclusions.*

I suggest that aconite is not used by the Abors, and that the idea that it is present on their arrow-heads is due to the somewhat similar physiological tongue test. Using the frog test no confusion between the two could arise. There is no anaesthesia with croton, and to an "educated tongue" the burning, tingling sensation is different.

It would seem that the "arrow poison" is a paste made by pounding the soft parts of *Croton tiglium* plant, and not obtained from the seeds.

## Memoranda:

## MEDICAL, SURGICAL, OBSTETRICAL.

## HYDRAMNIOS: TWINS: ADHERENT PLACENTA.

Mrs. McD., aged 35, who had had four children, complained of pain over the right lower ribs, with sickness and vomiting. Pleurisy was detected, and treatment ordered accordingly. The abdomen was noted to be markedly distended, and the patient calculated she was about six months pregnant or thereabout. It was obvious that there was much discrepancy between the size of the abdominal tumour and the period of gestation. No heart sounds could be ascertained, nor any fetal parts palpated. Hydramnios was diagnosed, and the case watched.

The pleurisy and stomach symptoms cleared up, but the patient remained confined to bed on account of abdominal distress and vague pains. The urine contained some sugar, but no albumen. Her previous labours had been normal in every respect. The swelling gradually increased in size until, before delivery, the abdominal distension was enormous, the patient's general condition meanwhile keeping quite good.

Labour set in ten days after the case was first seen. The pains went on slowly, and a bag of membranes could be felt presenting. The patient, whose general condition continued satisfactory, was allowed to progress for a time in the hope that a moderate amount of cervical dilatation might take place. This, however, proved an exceedingly slow process, and after the patient had been in labour for

a few hours, the os then admitting two fingers, it was decided to rupture. Fluid, which was carefully collected, escaped freely, the hand meantime in the vagina, and the wrist used to plug the opening from time to time. During this escape an attempt to turn proved impracticable, owing partly to insufficient dilatation of the os, and eventually a head presented. After a little difficulty in applying forceps this child was delivered easily.

A twin pregnancy was now ascertained. Moderate abdominal pressure caused the second child to present transversely. Delivery was quite soon effected, the amniotic sac in this case being complete with little liquor. Both children were males, and the latest born showed signs of life for a time.

The placenta of the second child came away normally, but that of the first was adherent, necessitating extensive separation right up to the fundus. At once, after completion of this stage ergotin was administered hypodermically, and a hot intrauterine douche containing lysol given. The fluid constituting the hydramnios was afterwards ascertained to measure four and a half gallons.

The puerperium was quite uneventful, and the patient made an excellent recovery.

Manipulations and procedure in the case were much facilitated through excellent assistance given by the Queen's district nurse.

J. G. McDougall, M.B.Ed.

Kinlochleven, Argyllshire.

#### EFFECT OF CANE SUGAR ON THE UTERINE MUSCLE.

I read with interest Dr. Carter's "Case of Cardiac Failure Treated by Cane Sugar," reported in the *BRITISH MEDICAL JOURNAL* of November 25th, 1911.

The effect of cane sugar on heart muscle seems to have been known for some time, though, I believe, the knowledge is by no means widespread. The effect of cane sugar on uterine muscle is, on the other hand, well known, both to medical men and to the laity.

"It is said to be of considerable assistance in increasing the energy of the uterine contraction in labour" (*Practitioner*, September, 1907, p. 439). This has been made use of by French people in inducing an otherwise slack uterus to produce good effective labour pains. Sugar is thus given either in solid form or in solution with, I believe, very good results.

In Egypt it is usual to give infusion of caraway seeds, well sweetened with sugar, for at least one week after delivery. This is believed to hasten and increase the mammary flow, as well as to bring about a speedy involution of the uterus. What good effect there may be is attributed to the caraway seeds, while sugar is considered only as a sweetening agent. To medical men, familiar with the physiological and therapeutical action of cane sugar, it is only natural that a good deal of these beneficial effects should be attributed to the good offices of cane sugar.

This beneficial effect suggests to me the employment of this home remedy in such cases as subinvolution of the uterus when the administration of drugs may have some retarding influence on the mammary secretion.

Cairo.

H. SHAHEEN, M.R.C.S.

#### OEDEMA OF THE EYELIDS TREATED BY BURIED STRANDS OF SILK.

It is acknowledged that treatment of this condition has hitherto been unsatisfactory. Mr. W. Sampson Handley<sup>1</sup> suggested artificial lymphatics in the form of sterile silk threads, and Mr. A. B. Mitchell,<sup>2</sup> of Belfast, has published a successful case. A report of a case I have had may be of interest.

N. N., aged 30, came to the Ophthalmic Institution, Glasgow, in February, 1911. In 1909 she received a slight cut in the skin above the right eye, and this, in two weeks' time, was followed by erysipelas, which began at the wound and spread over the forehead, affecting the right side more severely than the left. After the attack the upper eyelids remained swollen, the right more so than the left; they were soft, bulging and overhung the eyeballs. The lower lids were unaffected.

The method of procedure was practically that suggested

by Mr. Handley. I used a long, somewhat blunt needle threaded with No. 8 tubular silk. A small incision was made just outside the outer canthus, and through this the needle was passed and carried in the substance of the lid along its lower margin towards the inner canthus, where it was brought out through a small incision. The needle was then unthreaded, and again threaded with the end emerging at the outer canthus. It was inserted again at the outer canthus and thrust downwards in the cheek for an inch or more and brought out through a small incision and unthreaded. The needle, threaded with another thread, was once more inserted at the outer canthus incision and this time carried through the upper part of the lid and out at the opening at the inner canthus. The end emerging at the outer canthus was carried into the substance of the cheek as before. The ends of the threads were shaved off and the wounds closed with collodion. A general anaesthetic was employed and the usual antiseptic precautions observed.

For a week there seemed little improvement; then the swelling went down, and now, while the lids are not quite normal, they are nearly so. There was a little suppuration over one of the threads in the left cheek, and part of the thread had to be removed; thereafter the suppuration ceased, and now scarcely any trace of the operation is noticeable.

It seems probable that the small incision at the outer canthus may be followed by sufficient cicatricial contraction to cause some obstruction in the line of drainage at a place where there is no depth of soft tissues. I think this could be obviated by entering a long curved needle at the inner end of the lid and carrying it through into the cheek without interruption.

J. ALEXANDER WILSON, M.D.,

Assistant Surgeon, Ophthalmic Institution, Glasgow.

#### ANTE-PARTUM HAEMORRHAGE.

I HAVE read with great interest Dr. Herman's paper on *ante-partum* haemorrhage. There is one cause of this trouble not referred to, and that is the traction caused by an unusually short cord. I can remember two striking instances of this. In one there was very profuse haemorrhage, the os was fully dilated, but the head although coming down somewhat with the pains, which were strong, was pulled back again. The patient's condition when I got to the house, which was many miles from my own, was getting serious from loss of blood. I at once proceeded to deliver by forceps, and when the head was brought down the cause of the trouble was at once seen—the cord was wound five full times around the neck. As soon as possible the cord was tied and severed and the placental end shot up out of sight. The rest of the birth was rapid once the restraining cord was cut. The long end of the tape used for tying was a guide for the short end of the cord. The placenta showed how much had been detached before birth. The cord was under the average length, and only a very short piece led from the child's neck to the placenta. Recovery was uneventful and the child lived.

In a second case the total length of the cord was only about ten inches. It was not around the child's neck. The haemorrhage was much less. Forceps had to be used and the cord tied, cut, and let go. Recovery of mother and child took place normally.

With regard to plugging the vagina I cannot understand Dr. Herman describing this as "horribly painful." Discomfort there is, but a rational method of plugging only causes discomfort and not pain. Personally I always carry a Sims speculum in my bag. If I have to plug I put the patient on her side, introduce the large end, and get the nurse to hold the perineum well back. The first few inches of the bandage or lint is covered with vaseline dusted over with boracic powder. The vagina can be readily packed, using the retractor, a sponge holder, or even the handle of a long spoon. As the upper part of the vagina is filled the speculum is gradually drawn down. In the absence of a Sims speculum, the handle of a big tablespoon can be used to retract the perineum, and the vagina can easily be packed with only a moderate amount of discomfort. If Dr. Herman will use either of these methods he will, I feel sure, readily qualify his statement as to packing the vagina being "horribly painful."

The plugs excite uterine contractions, and so help to control haemorrhage.

LEONARD W. BICKLE, F.R.C.S. Edin.

Adelaide, S. Australia.

<sup>1</sup> *BRITISH MEDICAL JOURNAL*, April 9th, 1910.

<sup>2</sup> *Ibid.*, November 20th, 1909.

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#### PROVISIONAL PROGRAMME.

The following is the provisional time table for the Liverpool Meeting:

##### FRIDAY, JULY 19TH, 1912.

10 a.m.—Annual Representative Meeting.

##### SATURDAY, JULY 20TH.

9.30 a.m.—Representative Meeting.

##### MONDAY, JULY 22ND.

9.30 a.m.—Council Meeting.

10 a.m.—Representative Meeting.

7 p.m.—Secretaries' Conference and Dinner.

##### TUESDAY, JULY 23RD.

9.30 a.m.—Representative Meeting.

2 p.m.—Annual General Meeting.

8.30 p.m.—Adjourned General Meeting, President's Address.

##### WEDNESDAY, JULY 24TH.

9 a.m.—Council Meeting.  
10 a.m. to 1 p.m.—Sectional Meetings.  
12.30 p.m.—Address in Medicine.  
3 p.m.—Religious Services.

##### THURSDAY, JULY 25TH.

10 a.m. to 1 p.m.—Sectional Meetings.  
12.30 p.m.—Address in Surgery.  
7.30 p.m.—Annual Dinner.

##### FRIDAY, JULY 26TH.

9 a.m.—Council Meeting.  
10 a.m. to 1 p.m.—Sectional Meetings.

##### SATURDAY, JULY 27TH. Excursions.

## Medical News.

MR. LYNN THOMAS, C.B., has been appointed a member of the Advisory Committee of the British Red Cross Society.

THE usual course of lectures and demonstrations at the Hospital for Sick Children, Great Ormond Street, will be resumed on Thursday next at 4 p.m., when Dr. Still will give a lecture on asthma in early life.

THE private view of a collection of oil paintings and water colours by Dr. Leonard Hill, F.R.S., which has been arranged at Baillie's Gallery, Bruton Street, Bond Street, takes place this day, January 6th. Those of our readers who visited the previous collection by the same artist-physiologist will anticipate with pleasure the opportunity of visiting his new exhibition, which remains open until January 29th.

THE Committee of Organization of the Seventh International Congress of Dermatology and Syphilography has fixed April (8th-13th) as the date of the Congress, which is to be held in Rome immediately before the International Congress against Tuberculosis (April 14th-20th). The definitive programme of the Congress of Dermatology will be printed during the latter half of the month of January, and fresh communications can still be inserted up to January 15th.

THE next 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, January 9th, at 4 p.m. (afternoon meeting). Mr. Hastings Gilford, F.R.C.S. (author of *The Disorders of Post-natal Growth and Development*), will open a discussion on "Alcoholism and Problems of Growth and Development."

THE sixth annual dinner of the Royal London Ophthalmic Hospital will take place at the Imperial Restaurant, Regent Street, W., on Wednesday, February 7th, when Mr. Richardson Cross will take the chair at 8 p.m. Further particulars may be had from Mr. J. Herbert Parsons, 54, Queen Anne Street, W.

DR. W. B. BROAD, Superintendent of the Cardiff Sanatorium, was, on the occasion of his 50th birthday, presented with a beautiful silver centre-piece at a dinner given in his honour by a large circle of friends. Professor Hepburn, who presided, referred to his association with Dr. Broad at Edinburgh, when he was a popular sergeant-major in the University Medical Corps.

DR. R. MURRAY LESLIE, Senior Physician to the Prince of Wales's General Hospital, has been presented by the French Consul-General to M. Cambon, the French Ambassador, who personally conferred upon him the decoration of Officier de l'Instruction Publique et des Beaux-Arts, recently awarded to him by the French Government.

A CIRCULAR has been issued to members of the British Medical Association in Kensington, Hammersmith, Chelsea, and Fulham, announcing that it has been decided to unite the local members in a "British Medical Association Reform Committee" in opposition to the decision of the Council concerning the present position of the profession under the National Insurance Act. It is further announced that a meeting will be held under the chairmanship of Dr. Fred. J. Smith, at the Town Hall, Hammersmith, on Tuesday next, at 4 p.m., for the purpose of forming this committee for the Kensington and Chelsea Divisions. The basis of agreement, the circular states, is an attempt to remedy the failure of the present Council of the British Medical Association to obtain the just demands of the profession, and the object of the committee is to consider how this attempt may be made successful. Medical men from other districts will, it is stated, be welcomed.

## Universities and Colleges.

### UNIVERSITY OF LONDON.

#### MEETING OF THE SENATE.

A MEETING of the Senate was held on December 13th, 1911.

#### Recognition of Teachers.

The following were recognized as teachers of the university in the subjects and at the institutions indicated:

*King's College.*—Mr. Charles Frederick Myers-Ward (Physiology).

*St. Thomas's Hospital Medical School.*—Mr. John Prescott Hedley (Diseases of Women), Mr. Walter Goldie Howarth (Laryngology), Dr. Maurice Alan Cassidy (Clinical Medicine).

*King's College Hospital Medical School.*—Dr. Harold Waterlow Wiltshire (Clinical Medicine), Dr. Herbert Willoughby Lyle (Ophthalmology), Mr. Thomas Percy Long (Clinical Surgery).

*St. Mary's Hospital Medical School.*—Dr. Joseph Blumfeld (Anaesthetics), Dr. George Coats (Ophthalmology), Dr. Robert Henry Cole (Mental Diseases), Dr. Vincent Zachary Cope (Clinical Surgery), Captain Stewart Ranken Douglas (Bacteriology), Mr. Bernard Henry Spilsbury (Pathology).

*Bethlem Royal Hospital.*—Dr. John George Porter Phillips (Mental Diseases).

#### Royal Dental Hospital and London School of Dental Surgery.

The Royal Dental Hospital and London School of Dental Surgery was admitted as a school of the university in the Faculty of Medicine (in dentistry only) for a period of five years as from October 1st, 1911.

#### Imperial University Congress.

It was reported that Dr. Alex. Hill, M.A., M.D., F.R.C.S., formerly Master of Downing College, Cambridge, had been appointed Secretary to the Imperial University Congress to be held in London next July, in place of the late Dr. R. D. Roberts.

#### Readmission to the Faculty of Medicine.

Mr. C. F. Myers-Ward, L.R.C.P., M.R.C.S., has been readmitted to the Faculty of Medicine.

#### Appointment of Representatives.

Dr. R. H. Cole has been appointed a Governor of the Slough Secondary School.

Professor H. R. Kenwood, M.B., D.P.H., has been appointed in respect of University College as the representative at the Congress of the Royal Sanitary Institute to be held at York in July, 1912.

#### Advanced Lectures in Physiology.

The following advanced lectures in physiology are announced to be given during the second term:

1. Dr. A. Waller, F.R.S., at the university: Four lectures on recent work in physiology relating to the circulation and to the nervous system, with special reference to the human subject, on Tuesdays at 5 p.m., beginning January 23rd.

2. Dr. Henry Head, F.R.S., at University College: Eight lectures on the afferent nervous system, on Fridays at 5 p.m., beginning January 26th.

3. Dr. Otto Rosenheim, at King's College: Four lectures on some questions of chemical pathology related to physiological processes (for instance, diabetes, fatty degeneration, cancer), on Mondays at 4.30 p.m., beginning January 29th.

4. Dr. M. S. Pembrey, at Guy's Hospital: Eight lectures on milk, on Thursdays at 4 p.m., beginning on January 18th.

Courses 2 and 4 have been recognized by the Senate as courses of advanced lectures which a candidate at the B.Sc. (Honours) Examination in physiology may name for part of his examination. Course 1 was originally announced as eight lectures and as such had been similarly recognized, but in view of the fact that the course now consists of four lectures only, this recognition has been withdrawn.

#### Lectures by Professor of Protozoology.

Professor E. A. Minchin, F.R.S., will give a course of fourteen lectures on the haemoflagellates at the Lister Institute of Preventive Medicine, Chelsea, on Tuesdays and Fridays, at 5 p.m., commencing on January 16th.

#### Chadwick Lectures.

Sir Alexander Binnie, M.Inst.C.E., will deliver, at the Institution of Civil Engineers, the four Chadwick Lectures on water and water supply on Thursday, February 1st, 8th, 15th, and 22nd, at 5.30 p.m.

#### Lectures of Superintendent of the Brown Animal Sanatory Institution.

Mr. F. W. Twort, M.R.C.S., L.R.C.P., Superintendent of the Brown Animal Sanatory Institution, will deliver, in the theatre of the Royal College of Surgeons, Lincoln's Inn Fields, a course of five lectures on a study of Jöhne's bacillus of cattle and lepra bacilli of man and rats on Monday, January 8th, and the four following days, at 4 p.m. The lectures are given under the will of the late Mr. Thomas Brown.

#### Francis Galton Laboratory Lectures.

A course of eight lectures on Tuesday evenings, beginning on January 30th, 1912, will be given in the theatre, University College, at 8.30 p.m., as follows:

1 and 2. Professor Karl Pearson: (a) Sir Francis Galton; his Life and Parentage (January 30th); (b) Sir Francis Galton, his Work and Teaching (February 6th).

3. Ethel M. Elderton: Infantile Mortality: The Employment of Mothers and the Occupation of Fathers (February 13th).

4. Major Greenwood, jun., M.R.C.S., L.R.C.P.: Infantile Mortality in Relation to Administrative Control (February 20th).

5. David Heron, D.Sc.: A Study of Extreme Alcoholism (February 27th).

6. N. Bishop Harman, M.B., F.R.C.S.: Some Signs of Physical Degeneracy and their Lessons (March 5th).

7 and 8. Professor Karl Pearson: (c) Tuberculosis: Heredity and Environment (March 12th); (d) Social Problems: Their Treatment, Past, Present, and Future (March 19th).

The fee for the course is 10s. 6d.

#### School of Architecture.

The Senate accepted with cordial thanks the offer of an anonymous donor to give £30,000 for the erection of buildings on the University College site for the combined School of Architecture to replace the schools now separately conducted at University and King's Colleges.

### UNIVERSITY OF LEEDS.

#### Degrees.

At a congregation on December 21st, 1911, degrees of Bachelor of Medicine and Bachelor of Surgery were among those conferred:

A. L. Bastable, \*H. Caplan, J. B. T. Keswick, C. J. H. Little, G. E. MacVie, F. W. Nunneley, \*W. Robinson, \*J. B. Sinson, \*J. P. Walker, F. Wigglesworth.

#### \* Second Class Honours.

#### Examinations.

The following candidates have been approved at the examinations indicated:

SECOND M.B., CH.B., PART I (*Anatomy and Physiology*).—W. D. Anderton, S. N. Cohen, J. J. Digges La Touche, H. Foxton, F. King, W. H. Lonen, H. W. Robinson, H. Sochet, J. Wilkinson, C. Wilson.

FINAL M.B., CH.B., PART I.—L. H. Butler, L. Dunbar, F. H. Kitson, K. Menon, J. J. Pickles, H. P. Shacleton, H. Sinson, J. Wright.

D.P.H.—Part I, G. O. Chambers, H. F. Horne. Part II, C. C. Pickles.

The next term of the University begins on Wednesday, January 10th.

### UNIVERSITY OF GLASGOW.

*Council Register.*—The register of the General Council of Glasgow University for 1912 has now been made up and authenticated in terms of statute and ordinance. It contains 8,245 names as compared with 7,946 in the previous register, an increase of 299. During the revision the names of 400 new members were added and those of 101 deceased members deleted. There is, however, room for considerable improvement in the important matter of the intimation of deaths and alterations of address, as among the 101 names deleted were those of one who died so long ago as 1877, one in 1881, one in 1898, one in 1899, and three in 1900.

*Statistical Report.*—The annual statistical report by the University Court of the University of Glasgow to the Secretary for Scotland was issued on December 28th as a White Paper.

### LONDON SCHOOL OF TROPICAL MEDICINE.

The following candidates were approved at the examination held at the end of the thirty-seventh session:

\*W. D. Wright, Captain, I.M.S., \*C. F. Simpson, B. A. Percival, W. Y. Turner, E. J. Quirk, J. W. Tomb, J. W. Thomson, R. Semple, M. Salih, L. Sammy, P. L. Craig, Miss L. E. Watney, R. Willan, W. B. A. Moore, E. J. Powell, M. Graves, W. Browne, S. Goodbrand, W. A. Nicholson, H. Ostrom, Miss M. Pantin, R. Mugliston, D. C. Robertson, G. Girgis El-daba, J. G. Morgan, E. Ward, C. H. Crooks, N. Mahrus.

#### \* Passed with distinction.

About half these successful candidates are medical officers in the Colonial Medical Service.

### APOTHECARIES' HALL OF IRELAND.

THE two courts of examiners have been constituted as follows:

*Court A.—Chemistry and Physics:* Professor H. Ryan, J. J. O'Sullivan. *Biology and Physiology:* G. M. Keating, W. O'Kelly. *Anatomy:* D. B. Kennedy, A. Charles. *Pharmacy:* F. G. Adye-Curran, J. D. Crinion. *Materia Medica:* T. G. McGrath, J. C. McWalter. *Pathology:* R. J. Rowlette, G. B. White. *Medical Jurisprudence:* F. K. Cahill, W. Fottrell. *Hygiene:* Sir C. Cameron, R. P. McDonnell. *Medicine:* J. Lumsden, C. J. Powell. *Surgery:* Sir T. Myles, Professor Conway Dwyer. *Midwifery:* Seymour Stritch, P. T. McArdle. *Ophthalmology:* E. Magennis, R. J. Montgomery.

*Court B.—Chemistry:* J. C. McWalter, R. P. McDonnell. *Materia Medica:* J. D. Crinion, F. G. Adye-Curran. *Pharmacy:* J. A. Whelan, T. G. McGrath.