

In the actual appearance and palpation of the testicle there is nothing to distinguish strain-epididymitis from gonorrhoeal epididymitis. Judging from my two cases the inflammation in the former disease is much slower in its development, recovers quicker, and appears to be less prone to leave behind the inflammatory deposit at the head or tail of the epididymis which is so common a sequel of the gonorrhoeal variety. To those unaccustomed to urethroscopic work an examination of the urine alone will nearly always suffice to settle the diagnosis between traumatic and gonorrhoeal epididymitis, for in the former the urine is always absolutely normal, whereas in whatever stage a gonorrhoea may be in the urine will afford the clue by showing the presence of cloudiness or clap-threads. Microscopy of these threads will usually reveal the presence of gonococci, excepting when the disease is of great chronicity, and in such cases an epididymitis is very unlikely to arise. When there is a history of injury there may be considerable difficulty in distinguishing during the first week or two an acute tuberculous epididymitis from a strain-epididymitis. Here again an examination of the urine usually aids us, for in most of these tuberculous cases there is some primary urethritis which renders the urine turbid, and this turbidity, when centrifugalized, may be found to contain tubercle bacilli. Further, in cases of acute tuberculous epididymitis the corresponding vesicula seminalis is early involved. Later on the formation in the epididymis of nodules which may break down into abscesses and the irregular thickening of the cord are characteristic of the tuberculous affection. Malaria, gout, and rheumatism are said also to be capable of producing a primary or idiopathic epididymitis. I have no experience of the first named, and I am very sceptical of the ability of the two latter to cause an epididymitis unaccompanied by orchitis when there is no posterior urethritis. However, as other rheumatic or gouty manifestations would be present, no difficulty could arise in distinguishing epididymitis so produced from strain-epididymitis.

Case 1 is of marked forensic interest in view of claims under the Workmen's Compensation Act. In a case of epididymitis referred to me three years ago the inflammation was said by the workman to have been produced by his slipping over a greasy iron plate. There were no witnesses of the alleged accident, and the claim was thought to be fraudulent. As frequently happens when the swelling is at its height no distinct discharge could be expressed from the urethra, but the urine passed into two test glasses was markedly purulent and loaded with urethral threads in both portions, pointing to the probable involvement of the posterior urethra. When these shreds were submitted to Gram's method and microscopied, numerous gonococci were to be seen. I accordingly reported that I was satisfied that the condition was one of disease and not the result of accident. On the strength of this opinion the case was put up for trial before Judge Parry at the Manchester County Court, and resulted in judgement for the employer.

REFERENCES.

¹Finger, Die Hoden und Nebenhoden. *Klinisches Handbuch der Harn- und Sexualorgane*, vol. iii, 1894. ²Edwards, Chronic Disease of the Colliculus seminalis, *BRITISH MEDICAL JOURNAL*, December 11th, 1909. ³Wossido, Ein neues Instrumente für die Urethroscopie posterior, *Deut. med. Woch.*, No. 7, 1910.

FROM the fifth annual report of the British Guiana Society for the prevention and treatment of tuberculosis, we learn that full advantage has been taken of the public dispensary opened in 1908. The society undertakes the gratuitous examination and treatment of all persons, irrespective of race, colour, or financial status. The total number of persons who attended at the dispensary for examination and treatment during 1911 was 760. The total number of attendances made was 2,112. During the year under review a lady visitor was appointed whose duty consists in visiting the patients in their homes, helping them to carry out simple measures for general hygiene, and in particular preventing the spread of consumption. A great improvement has taken place in many homes. One of the difficulties met with is the fact that patients, thinking, possibly, that notification means persecution, give an incorrect address, and cannot be found. The report mentions some startling facts in connexion with the occupation of those suffering from tuberculosis—namely, that twenty consumptives followed the occupation of cook in various parts of Georgetown, fifteen were school teachers, twelve were bakers, seven were nurses.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

REMOVAL OF THE EYEBALL: A QUICK AND EASY METHOD.

IN the *BRITISH MEDICAL JOURNAL* of November 11th, 1911, is a short article by Dr. W. Robinson of Sunderland on "Removal of the Eyeball: a Quick and Easy Method." Permit me to say that the method described by Dr. Robinson was constantly employed over twenty years ago by one of my colleagues in the Victorian Eye and Ear Hospital, the late Dr. Aubrey Bowen, and is still followed by me in many cases of enucleation of the globe.

JAMES P. RYAN,

Surgeon, Victorian Eye and Ear Hospital,
Melbourne, Australia.

ADDISON'S DISEASE TREATED WITH TUBERCULIN.

THE article by Dr. J. H. Munro in the *JOURNAL* of March 23rd, page 665, was of great interest to me, because when in practice in Tasmania I had the care of a similar case which I treated in a similar manner. Unfortunately the disease was too far advanced when the patient came under my care to allow of any very progressive result from the treatment; but although the fatal end could not be avoided still the circumstances of the patient were made easier, and each inoculation of tuberculin materially lessened the pain. Futile as they were, the immediate results of the tuberculin inoculation in this case of Addison's disease strengthened my opinion that if such a case came early under treatment, inoculation of tuberculin would effect a cure. I am glad to learn that this form of treatment has proved so successful at the hands of Dr. Munro.

London, E.C.

THEO. M. KENDALL.

THE EFFECT OF SWALLOWING A LARGE DOSE OF BORIC ACID.

IN the *BRITISH MEDICAL JOURNAL* of March 16th, 1912, page 605, Dr. J. Herbert Sanders gives detailed notes of a case of severe poisoning, the result of absorption of boric acid solution by the rectal mucous membrane. A boric acid rectal wash had been used twice a day for a month, each wash containing about three drachms of boric acid. He also refers briefly to four other cases of poisoning by boric acid. All these cases were due to the repeated absorption of small amounts of the substance.

Possibly the following very brief notes of a case in which a single large dose of boric acid was taken may be of some interest. In such cases symptoms of gastric and intestinal irritation are usually prominent; but in this case the toxic effect predominated.

A married woman aged 33, somewhat addicted to alcohol, had in her house an unopened packet, containing one ounce of boric acid crystals, which had been obtained from a chemist for use as a lotion. The patient's husband mixed the contents of this packet with half a tumbler of cold water, and it was drunk by the patient as a draught, only a few crystals being left adhering to the tumbler. I was sent for two hours later. The patient was lying down in a collapsed condition; the extremities and face were cold, and the cheeks and nose cyanotic. The pupils were widely dilated and equal; the conjunctiva of both eyes was markedly injected, the bright red vessels being very plainly seen. A diffused erythematous rash was present on the skin of the trunk and limbs; it disappeared completely on pressure, was not elevated above the skin, and was not itchy. The pulse was 150, small, of very low tension, and regular. The respirations were proportionately increased in frequency. The patient complained of great weakness and of abdominal discomfort. She had no marked nausea, and had not vomited.

An emetic of mustard was given at once with large quantities of warm water, and the stomach was emptied several times. Three doses of magnesium sulphate were then given at intervals of two hours till active catharsis occurred.

All the symptoms gradually subsided after this, and next

day she felt comparatively well. The erythematous rash rapidly faded, but the conjunctival injection lasted for about three days.

Broadstairs.

JOHN H. AYTOUN, M.B.,

THE RADICAL CURE OF HERNIA.*

IN the *Intercolonial Medical Journal of Australasia* for September 20th, 1905, I described a simplified method of operation for hernia in children. I have since then used it for all inguinal hernias, and think it well worthy of attention. It is based upon the dictum of Mr. Hamilton Russell that the sac is the cause of the hernia and the excision of the sac cures the hernia; or, more precisely, in Mr. MacLeod's words, that "the great underlying principle is to find the neck of the sac and occlude it thoroughly." The operation does this, I think, essentially and easily.

It is as follows: Open the sac in the line of the rings without separating it in any way. Deal with the contents. Pull the empty sac sufficiently out from the abdomen to ensure subsequent retraction of the stump. Extend the incision in the sac up to the internal ring. Locate the vas. Open out the sac transversely, putting it on the stretch over the first finger of the left hand. With sharp-pointed scissors cut the sac across over the finger, changing the position of the finger as necessary to get across the sac. The proximal cut edge of the sac (neck) will retract into the abdomen, and is to be caught here and there with clips. The sac (peritoneum) is thus severed from side to side and its neck held by the clips. Whip-suture the neck and allow it to retract into the abdomen. Close the wound. Seal it with tr. benz. co. and a little absorbent wool.

The advantages claimed are:

1. Great saving of time; the separation of the sac in the usual operation takes most of the time.
2. A good peritoneal closure—*theoretically*; I have not seen one from the inside.
3. Non-disturbance of parts—testicle and vas are not disturbed—no blood vessels of cord, etc., are cut or torn, therefore no ligature in wound.
4. Good primary healing without trouble on account of above.

The method of cutting the sac has been criticized on account of the risk to the vas. This is theoretical. In practice the continuous definition of the vas by the finger stretching the sac is so easy that the idea of cutting the vas is not tenable.

The scissor-point runs so easily and freely beneath the sac along the finger that in the tissues of a child one can distinguish and cut peritoneum only; in the thick sac of old herniae the scissor-point will not run so readily.

The sac left *in situ* in the lower part of the canal and scrotum gives no trouble, even when apparently half an inch thick. Why should it? If a truss were applied to retain the hernia the sac would not cause trouble; why should it now?

Tension on the neck of the sac in children ensures a good spring back after suturing and a good peritoneal surface, but in old hernias the sac is so adherent to the thickened mass about the ring that the ideal tense peritoneal surface is not so easily obtained.

The tr. benz. co. and wool sealing is, I think, ideal, and no other dressing is needed, except a pressure-pad during the recovery from the anaesthesia.

Babies are not put to bed, but given to their mothers to tend in the usual way. Children are kept in bed—that is, off their feet—but in no way tied or hampered as Mr. MacLeod suggests. Freedom to sit up or turn about as they wish is, to my mind, much more likely to ensure safe healing than struggling and crying against restriction. Old feeble people are got out into a wheel chair in a day or two.

West Maitland, N.S.W.

E. KEN HERRING.

ON THE GENESIS OF THE VENOUS PULSE.

IN Dr. James Mackenzie's masterly description of the venous pulse (*Diseases of the Heart*, ed. 2) he attributes the main rise, which he denominates *a*, in the jugular curve, to the auricular contraction, and says: "The forces operative in producing the variations in the

auricular pressure are also acting in producing the jugular pulse. . . . Both are due to the systole of the auricle."

It is not possible to agree unreservedly to this view, as applied to the jugular pulse, for the inference obviously is that blood is forced back from the contracting auricle into the jugular in sufficient quantity to cause a distension of the jugular vein, marked by a wave, *a*, consequent on the regurgitation.

In no way other than by a regurgitant stream could the systole of the auricle, *per se*, cause the venous pulse. Now, the contraction of the auricle begins on the great veins entering it. This sphinctering action of the great veins would oppose an insuperable obstacle to any regurgitation from the auricle under ordinary conditions, for a vessel contracted to an infinitely small diameter would, mathematically, require an infinite force to dilate it.

A sphincter, or contracted vein, is as good as, probably better than, a valve for preventing regurgitation. In the bird the right auriculo-ventricular orifice is entirely muscular, without any trace of valve flaps, as was long ago pointed out in this connexion by Dr. Herbert Davies. Yet the circulation goes on quite as efficiently in birds as in man.

The wave *a* in Dr. Mackenzie's and other tracings is, in all probability, an inertia wave, due to the blood flowing towards the auricle being suddenly stopped when the contraction of the great veins near the auricle prevents further onflow. If the tap at the end of a pipe from which water is flowing be suddenly closed the pipe behind it is subjected to a bursting strain, due to the momentum of the oncoming water. If the pipe were elastic instead of rigid it would swell considerably, in the same manner as the jugular near the auricle when suddenly sphinctered, and for the same reason. A leaden pipe gradually dilates under the shock from within till it finally bursts. Were the pressure in the pipe at the moment of the shock recorded, a considerable rise would be shown, due to the momentum of the suddenly arrested water column. Similarly in the jugular vein: when it closes near the auricle, the blood which would have flowed on into the auricle is arrested in the vein during the auricular contraction. But the walls of the jugular vein are not rigid, and must dilate to receive the oncoming venous blood till the dilatation is sufficient to absorb the inertia of the venous column.

This seems to me the natural and sufficient explanation of the auricular wave *a* in the jugular pulse curve. As Dr. Mackenzie remarks, "most people in good health show it"; and it is scarcely conceivable that most people in good health have a regurgitation from the auricle into the jugular each time the auricle contracts. The heart is not constructed to make regurgitations, but to drive the blood forward, and the auricle is adequately protected from causing regurgitation by the preliminary closing of the great veins entering it.

The wave *a*, as an inertia wave, would vary with the rate of flow of venous blood, the suddenness of its arrest, the intravenous pressure or fullness, etc., but would only be a true auricular regurgitant wave under diseased conditions.

Mentone.

D. W. SAWAYS, M.D., D.Sc., M.R.C.P.

As Lord Rosebery, President of the Royal National Hospital for Consumption, Ventnor, has again published a complaint as to the action of the Council of the King Edward's Hospital Fund in not making a grant to that institution, the honorary secretaries of the fund announce that the reason is that the accounts furnished by the hospital in support of its recent application showed excesses of income over expenditure. The surpluses were, it is true, due to legacies, and in the case of a hospital receiving exceptional legacies in a given year, or one which has so little free capital that the investment of unspent legacies is a matter of financial urgency, the existence of such a surplus would not be decisive against a grant, but in the case of this hospital, the average surplus for the six years 1905-1910 was £2,119, while in the last year the free capital amounted to £63,000 besides endowments of nearly £9,000. A grant to the hospital would thus have been equivalent to a grant to capital, and the council of the fund therefore considered that the moneys entrusted to it for distribution could be better employed in assisting institutions in greater need, or in increasing, as it has been able to do elsewhere, the amount of sanatorium accommodation available for London patients.

* This note refers to a paper by Mr. Harold H. B. MacLeod published in the JOURNAL of January 20th, 1912, p. 115.

Acid. Hydrobromic., the author states, has sedative properties much weaker than the bromides. He says nothing of its action in the treatment of auditory vertigo.

Acid. Nitro-hydrochloric. Dil. is advised to be used as a bath at body temperature in a given strength in chronic congestion of the liver.

Acid. Phosphoric.—Of this preparation it is mentioned for the benefit of students that Grossich has advocated its use in a 10 per cent. solution as an injection into scrofulous glands and joints.

Aconitum is described as having been successful in the treatment of the vomiting of pregnancy.

Aether is said to be used by Meierhof to remove plugs of cerumen from the auditory meatus, while nitrous ether soothes the irritation of delayed dentition better than any other safe remedy!

Alcohol is advised as a good narcotic in very many diseases when the patient has been a total abstainer. Two and a half ounces of the drug—presumably aged as are its subtle oenanthic ethers, and preferably in the form of toddy, is the best mode of exhibition.

I have not exhausted the letter "A," but I have, I am afraid, exhausted the patience of my readers.—I am, etc.,

MA I E G. McELIGOTT, F.R.C.S.Irel., D.P.H.

Wigan, April 8th.

REDUCTION OF FREQUENCY OF HEART-BEAT.

SIR,—In August last I made some observations in the course of treating patients which led me to read a paper before the Electro-Therapeutical Section of the Royal Society of Medicine on "A Method of Reducing Excessive Frequency of the Heart-beat by means of Rhythmical Muscle Contractions Electrically Provoked." The paper was read on February 16th last.

This morning there appears in the *Daily Mail* an article, which seems to be founded on my paper, under the somewhat sensational heading, "Heart Machine," with a statement that the apparatus has just been installed at the Middlesex Hospital, and an account stated to have been given by a member of the staff of the electrical department there. As this account makes no mention of me, the suggestion seems to be that the discovery has been made and worked out at the Middlesex Hospital.—I am, etc.,

London, W., April 10th.

W. HAMPSON.

Universities and Colleges.

UNIVERSITY OF LONDON.

MEETING OF THE SENATE.

A MEETING of the Senate was held on March 20th, the Vice-Chancellor, Sir William Collins, in the chair.

Site of the University.

The protest of the Vice-Chancellor against the manner in which the Senate had been ignored with regard to the appointment of trustees to receive gifts for the transference of the university to the site north of the British Museum, the resolution of the Senate, in response to which the Vice-Chancellor consented to withdraw his resignation, and the letter of explanation of the Chancellor, Lord Rosebery, have already been reported. Appended to the *London University Gazette* of April 3rd is a long letter addressed by the Vice-Chancellor to His Majesty's Treasury on March 29th, embodying the history of the conditions under which the university was transferred from Burlington Gardens to the Imperial Institute. It concluded with the following observations:

While the Senate of the University is entitled to and receives contributions from Imperial and local funds, it also welcomes generous benefactions from private donors and is well able to apply them to useful purposes within its many-sided activities, but it has always assumed that such voluntary assistance would not be regarded as in any way derogating from its claims upon the Government or the due carrying out of the undertaking by the Government to provide for the "full extension and development of the University under the Statutes and Regulations made by the Commissioners appointed by the Act of 1898."

The *London University Gazette* also contains a copy of the following letter written by Lord Haldane, Chairman of the Royal Commission, setting out the origin of the proposal to erect the head quarters for the University on the proposed site.

Royal Commission on University Education in
London, 12, Queen Anne's Gate, London,
S.W., December 15th, 1911.

Dear Sir Francis Trippel,—The proposal you have put before the Royal Commission, of which I am chairman, at our meeting to-day is to acquire the four plots coloured blue on the plan of the site north of the British Museum, and to raise such further funds as would enable such head quarters for the University as are described in our forthcoming report to be erected.

The Commissioners think the scheme a magnificent one and the site ideal.

I have laid the proposal before the Prime Minister. He entirely approves, and suggests there should be a body of trustees for the purposes of the scheme.

By his desire I would represent the Government in the body of trustees; my colleague, Lord Milner, the Commission; and Lord Rosebery, as Chancellor, the University.

You should yourself be a trustee, and perhaps a fifth might be added. I have seen Lord Rosebery to-day, and he concurs.

With best wishes for your success in this tremendous endeavour in the public interest, yours very truly,

(Signed)

HALDANE OF CLOAN.

The Establishment and General Purposes Committee to which the Senate refers matters dealing with the question of site laid before the Royal Commission a considerable amount of information on the subject, and the Committee has instructed the Principal and officers to prepare a report comparing the accommodation available on the site of the present central offices with that which will be obtainable on the various alternative sites suggested.

Recognition of Teachers.

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

King's College.—Mr. Alexander Macphail (Anatomy).

St. Thomas's Hospital Medical School.—Dr. Reginald Ruggles Gates (Biology).

Guy's Hospital Medical School.—Dr. Hector Charles Cameron (Diseases of Children), Mr. Montagu Frank Hopson (Dental Surgery), Mr. Ernest Cranmer Hughes (Surgery), Mr. Joseph Lewin Payne (Dental Mechanics), Mr. Robert Wynne Row (Dental Surgery), Mr. George Rowell (Anaesthetics), Mr. John Henry Ryffel (Forensic Medicine), Mr. Ralph Thompson (Surgery), Dr. William Henry Butter Stoddart (Mental Diseases).

Lister Institute of Preventive Medicine.—Mr. Major Greenwood (Teacher of Statistical Methods in their application to Hygiene and Pathology).

London School of Dental Surgery.—Mr. William Henry Dolamore (Dental Surgery—Operative), Mr. Douglas Phillimore Gabell (Dental Mechanics), Mr. Joseph George Turner (Dental Surgery).

Appointment of Examiners.

Among the examiners appointed for the general intermediate examinations in the Faculties of Theology, Arts, Science (including agriculture and veterinary science), Engineering, and Economics for internal students for the year 1912 were:

For Physiology.—Dr. E. H. Starling (University College), Dr. W. D. Halliburton (King's College), Dr. J. S. Edkins (Bedford College and St. Bartholomew's Hospital Medical School), Dr. M. S. Pembrey (Guy's Hospital Medical School), together with the external examiners. Dr. E. H. Starling is the chairman of the Board.

Professor of General Chemistry.

Professor F. G. Donnan, F.R.S., Director of the Muspratt Laboratory of Physical and Electrical Chemistry in the University of Liverpool, was appointed Professor of General Chemistry as from September 1st, 1912, in succession to Sir William Ramsay.

Appointment of Representatives.

Mr. C. H. Golding-Bird, B.A., M.B., was appointed a Governor of Cranbrook Grammar School.

Dr. H. L. Eason and Dr. S. Russell Wells were appointed as representatives of the University at the bicentenary festival of the Medical School of Trinity College, Dublin.

The Vice-Chancellor for 1912-13, subject to his consent to act, was appointed to represent the University on the occasion of the celebration of the 250th anniversary of the Royal Society to be held in July, 1912.

Mr. H. B. Wilmot, M.R.C.S., L.R.C.P., has been nominated for reappointment to represent the University on the governing body of the Latymer School, Edmonton.

Examinations.

The following candidates have been approved at the examinations indicated:

SECOND M.B. (Part I).—A. W. Adams, D. W. J. Andrews, Mary N. Andrews, I. Aubrey, D. Aucutt, C. H. D. Banks, C. P. Barber, E. B. Barnes, G. C. Berg, C. F. Beyers, E. Biddle, G. Blunton, C. V. Boland, M. C. Breeze, C. H. C. Byrne, F. Chadwick, Hetty E. Claremont, W. M. Crombie, R. M. Dannatt, E. I. Davies, T. A. Davies, J. R. Dingley, G. B. Dowling, E. H. Eastwood, C. W. Ellison, H. H. L. Ellison, W. J. Evans, Susan A. Finch, R. K. Ford, Charlotte I. Fox, D. H. A. Galbraith, P. C. Gibson, O. Gleeson, L. Grey, A. F. G. Guinness, Hilda M. Halliday, F. K. Hayman, G. E. Heath, V. R. Hirsch, Mary I. Hounsfield, Edith C. Hudgell, P. Hudson, H. C. Jennings, R. B. John, J. G. Jones, P. T. Jones, F. A. Knott, Guy's Hospital and Imperial College, Royal College of Science; J. Kyle, H. J. Levisser, D. J. A. Lewis, K. T. Limbery, Annie Lloyd, V. E. Lloyd, W. H. Lloyd, H. M. C. Macaulay, G. A. S. Madgwick, P. G. McEvedy, J. E. G. McGibbon, R. G. Michelmores, H. W. L. Molesworth, F. Molina, A. H. Morley, D. C. Ogilvie, H. R. Partridge, Doris M. Pearce, Enid M. Pfeil, G. J. Randell, D. Rees, D. W. R. Richardson, A. E. Richmond, Eveleen B. G. Rivington, J. E. Rusby, T. C. Russell, E. Sakosohansky, Enid E. Sanger-Davies, J. E. Scanlan, T. W. Short, J. F. Smith, M. C. Stark, R. G. Sterling, A. L. Stokes, G. T. Symons, G. P. Tatton, H. W. Taylor, D. C. Thomas, J. W. T. Thomas, R. C. Thomas, W. L. Thomas, R. R. Thompson, D. J. Valentine, H. S. Wachter, M. J. T. Wallis, H. Wearne, Phillis E. Webb, P. H. Wells, A. Willatt, A. Wilson, W. C. S. Wood.

* Awarded a mark of distinction.

SECOND M.B. (Part II).—G. C. G. Baldini, F. G. L. Barnes, F. M. Barnes, T. D. C. Barry, S. Batchelor, W. R. Blore, F. H. Bray, Isaac F. Buckle, H. G. Chaplin, Dorothy Chick, Y. J. Ciel, Lilian A. Clark, W. E. K. Coles, H. W. Cooke, P. V. Davies, A. D. d'Avray, J. A. W. Ebdon, G. D. Eccles, A. F. El Hakim, R. Ellis, R. F. Fagan, H. A. Fawcett, J. Fielding, S. A. Forbes, H. L. G.

Foxell, S. L. Green, D. W. Griffith, H. S. Griffith, H. E. Griffiths, Norah Hamil, R. M. Handfield-Jones, A. G. P. Hardwick, C. E. Harrison, S. S. B. Harrison, Jessie E. Hart, H. W. Hay, A. G. Holman, G. M. Jackson, Hilda G. Johnson, Mary E. Joll, S. W. M. Jones, W. M. Lansdale, H. J. McCurich, Helen M. M. Mackay, J. F. Mackenzie, S. S. Malkani, V. M. Metivier, A. N. Minns, J. Y. Moore, H. R. Parsloe, Margaret R. Paterson, I. H. Pearce, *A. C. Perry, London Hospital; Emma C. Pillman, A. L. Punch, J. B. Rawlins, *F. T. Rees, University College, Cardiff; J. A. Robinson, F. H. A. Sayed, Hilda M. Scarborough, M. Scott, P. D. Scott, G. D. Shann, C. J. H. Sharp, H. R. Sheppard, A. G. Simmins, L. M. Smith, J. F. H. Stallman, J. Stephenson, L. B. Stringer, D. G. C. Tasker, W. F. Taylor, J. B. Thackeray, A. S. Wakely, E. H. Walker, Honoria J. Wallace, Katharine A. Waring, S. Wilson.

* Distinguished in Anatomy.

† Distinguished in Physiology.

‡ Distinguished in Pharmacology.

UNIVERSITY OF LIVERPOOL.

Tropical Medicine.

THE following candidates have been approved at the examination indicated:

D.T.M.—J. R. Aeria, E. L. Anderson, J. Borle, J. T. Bowie, L. P. Brassey, D. Christie, H. de C. Dillon, M. R. Kochhar, V. W. T. McGusty, A. J. Milne, H. N. Pelly, B. Prasad, G. Prentice, F. Ross, A. J. H. Russell, M. W. Ruthven, J. Sandilands.

UNIVERSITY OF GLASGOW.

THE following candidates have been approved in the subjects indicated:

FIRST M.B., Ch.B. (B., Botany; Z., Zoology; P., Physics; C., Chemistry).—W. D. Allan (Z., C.), *J. Alston (Z., C.), W. Baird (Z., C.), J. E. Bannen (Z., C.), W. Barras (Z., C.), R. G. Battersby (B., Z.), J. Beveridge (B., P.), W. E. Boyd (C.), J. P. Broom (Z., C.), A. C. Brown (Z., C.), H. D. Brown (Z., C.), J. A. Buchanan (Z., C.), S. E. A. Buckley (Z., C.), D. Cameron (Z., P.), J. Chalmers (Z., C.), D. Clyde (Z., C.), D. H. Coats (Z., W. K. Connell (Z., A. F. Cook (Z., C.), A. S. Cook (Z.), W. G. Cook (P.), A. J. Copeland (Z., C.), J. Crerar (Z., C.), J. N. Cruickshank (Z., C.), J. W. Dalgligh (Z., C.), *A. Davidson (Z.), G. del Pino (B., P.), M. Devers (Z., C.), *J. Dunbar (Z., C.), S. N. Dykes (Z., C.), J. Ewing (Z., C.), B. W. H. Ferguson (Z., C.), T. Finlay (C.), *T. Fleming (Z., C.), L. L. Fotheringham (Z., C.), M. M. Frew (Z., C.), T. R. Fulton (Z., P.), R. K. H. Gillespie (C.), J. G. Gilmour (C.), W. Gordon (B., P.), P. F. A. Grant (Z.), T. Gray (Z., C.), D. Heard (Z., C.), S. J. Henderson (Z., C.), G. M. Hetherington (B., P.), A. R. Hill (Z., C.), T. P. Hutchison (Z., P.), O. Johnston (Z.), S. Johnstone (Z., C.), T. Kemp (Z., P.), A. Kennedy (Z., C.), P. S. Kinloch (B., P.), R. Lindsay (Z., C.), F. C. Logan (Z., C.), P. Y. Lyle (O.), J. W. Macfarlane (Z., C.), J. P. M. Grehin (Z., C.), E. M. Guire (Z., C.), J. MacInnes (P.), D. B. McIntosh (B., Z., P.), K. S. Macky (Z., C.), D. M. Laren (B., P., C.), J. W. Maclean (Z., C.), P. D. MacLean, M.A. (Z., C.), *A. F. McMillan (Z., C.), D. M. McMillan (B.), F. R. Martin (Z.), A. M. C. Millar (Z.), W. W. Morrison (C.), A. Morton (Z., C.), J. F. Narie (Z.), P. Nath (B., Z., P., C.), T. F. Noble (C.), J. Orr (B., Z., P.), J. H. Paul, M.A. (Z.), A. C. Philips (C.), T. Poole (Z.), T. J. Quigley (Z., C.), *J. K. Rennie (Z.), F. Ribeiro (B., Z.), *A. W. Ritchie (Z., P.), R. Rodger (Z., C.), F. W. Sandeman (Z., C.), A. M. A. Scott (Z., C.), H. H. Spencer (Z., P.), J. Steel (Z., C.), J. Steele (Z., C.), A. R. Steinberg (Z., C.), C. H. Stewart (Z.), P. A. Stewart (P., C.), *W. M. Stewart (Z., C.), *J. Stirling (Z.), *H. Stuart (P., C.), *G. C. Swanson (Z., C.), J. B. Sweet (P.), C. B. Templeton (Z.), J. L. Torley (C.), *H. W. Torrance (Z., C.), G. T. Walker (Z.), *J. D. Watson (Z.), R. S. Weir (Z.), K. J. T. Wilson (Z., C.), J. T. Wylie (Z.), R. Young (B., Z.). Women: J. M. Alexander (Z.), C. B. Buchanan (Z., C.), *M. C. Cairney (Z., C.), W. J. Crawford (Z.), J. C. Gilchrist (Z., C.), J. L. Hamilton (Z.), M. C. B. Leigh (P.), M. J. T. Leitch (Z., C.), M. E. MacIver (Z., C.), M. A. MacL. MacLean (Z., C.), A. J. Marshall (B., Z., P., C.), F. S. Martin (Z.), *M. K. Mitchell (Z., C.), *M. H. Routledge (Z., C.), M. Scott (P., C.), A. E. Wilson (Z., C.), M. B. D. Wilson (Z., C.).

SECOND M.B., Ch.B. (A., Anatomy; P., Physiology; M., Materia Medica and Therapeutics).—J. Anderson (A., P.), R. Armstrong (P., M.), G. F. Barr (A., P., M.), A. D. Blakely (A., P.), *R. W. Brander (A., P., M.), W. H. Brown (A., P., M.), M. S. Bryce (A., M.), S. Bryson (A., M.), J. Buchanan (P.), J. A. Chrystie (A., P.), A. La Barte Clark (A.), R. Clark, M.A. (A., P.), A. Climie (M.), J. P. Crawford (A., P.), W. Cullen (P.), W. T. Currie (A., P.), F. V. Daebnitz (A., P.), A. Dick (P.), J. Dunbar (P.), D. Ferguson (A., M.), J. J. Finlay (P.), G. Fleming (A., P.), J. B. Fotheringham (A.), A. D. Fraser, M.A. (A., P., M.), G. J. Fraser (M.), R. Frew, B.Sc. (A., P., M.), A. J. Gibson, M.A. (A.), W. H. Gibson (P.), T. Gilchrist, M.A. (A., P., M.), J. A. Gilliland (A., P., M.), P. Gordon (A., M.), R. M. Greig (A., P.), A. H. Hall (A., P., M.), D. C. Hanson (A., P.), D. Hardie, M.A. (A., P.), F. L. Henderson (A., P., M.), J. W. Hewitt (A.), T. C. Houston (A., P.), W. Y. Jamieson (P.), A. G. Jebb (A., P.), D. Johnston (A., P., M.), D. R. King (A., P.), P. C. M. Arthur, M.A. (A.), D. S. McBean (A., P., M.), G. M. Callum (A., M.), J. M. Cullough (A., P., M.), D. F. Macdonald (A., P.), J. B. McDougall (A., P., M.), C. R. McIntosh, M.A. (A., P., M.), *D. McIntyre (A., P.), D. M. D. McIntyre (A., P.), D. Mackie (M.), J. B. C. MacKintosh (M.), J. A. MacLean (P., M.), *W. E. M. Lelland (A., P., M.), F. W. McMillan (A., P., M.), *K. Manson (A., P.), A. P. Martin (A., P.), W. S. Martin, M.A. (A.), W. J. May (A., P.), T. S. Meighan (A.), W. Meikle (A., P.), A. D. Moffat (A., P.), *J. W. Moffat (A., P.), M. P. J. Moir (A., P., M.), T. A. O'Brien (M.), W. L. Peacock (A., P., M.), *A. Picken (A., P., M.), *J. M. L. Pinkerton, B.Sc. (A., P.), J. S. Prentice (A., P.), F. P. Rankin (A., P.), A. Rankine (A., P.), R. Ray (A., P.), T. F. B. Reid (A., P.), R. C. Robertson (P., M.), *S. Robertson (A., P., M.), *S. Robertson (A., P., M.), S. D. Robertson (A., P.), A. F. Ross (P., M.), A. M. K. Russell (A., P., M.), J. Sillars (P., M.), N. M. G. Smith (A., P.), J. B. Steven (P.), J. F. Steven, M.A. (M.), H. Stewart, M.A. (P., M.), J. S. Stewart (A., P.), W. B. Stewart (A.), *R. Tennent (A., P.), R. N. Thomson (A., P.), W. Thomson, M.A. (A., P., M.), J. Vallance (A., P.), W. S. Wallace (A., P.), H. C. Watson (A.), J. A. White (M.), C. A. Whittingham (A.), *J. B. Williamson (A., P.), A. S. Wilson (M.), J. Wylie (A., P., M.), *T. W. Wylie (A., P., M.), A. Young (M.),

G. Young (A., P.), J. M. Young (A.). Women: M. J. Brown (M.), A. E. M. Cooke (A., P., M.), *D. F. Curjel (A., P., M.), E. W. Gompertz (M.), F. S. Kirk (M.), J. G. M. Laren, M.A. (A., P., M.), *G. Montgomery (A., P.), M. Thompson (M.), S. A. Watson (A., P.), M. G. B. Whish (M.), M. Wilson (A., P., M.).

THIRD M.B., Ch.B. (P., Pathology; M., Medical Jurisprudence and Public Health).—D. K. Adams, M.A. (P., M.), H. S. Banks, M.A. (P., M.), A. Blashky (P., M.), S. H. Bloom (P., M.), *W. A. Brechin (P., M.), *D. P. Brown (P., M.), R. A. Brown (P., M.), J. L. Brownlie (P., M.), A. G. Buchanan (P., M.), E. T. Burke (P., M.), J. Cameron (M.), W. I. Cassels, B.Sc. (M.), B. Cohen (P.), *W. MacC. Conley, M.A. (P., M.), J. Connell (P., M.), T. M. Crawford (P.), N. Crichlow (P., M.), L. Crombie (P., M.), W. C. Davidson (P., M.), G. D. de Kock (P., M.), W. E. Elliot, B.Sc. (P., M.), P. Figdor (P.), W. C. Fleischmann (P., M.), W. Fotheringham (P., M.), J. Fraser (P., M.), W. Fraser (P., M.), J. L. Gregory (P., M.), J. G. Hendry (P., M.), W. J. Henry (P., M.), G. Hislop (P., M.), W. Hornsby (P., M.), *W. M. Howells (P., M.), *D. M. Hunter (P., M.), T. P. Inglis (P.), J. S. Kinross (P.), A. Lindsay (P., M.), G. S. Livingstone (P.), J. L. M'Bean (P., M.), P. A. M'Callum (P., M.), J. A. M'Connochie (P.), J. W. M'Donald (P., M.), J. M'Ghie (P., M.), J. MacInnes (P., M.), D. Mackinnon (P., M.), J. R. C. Mackintosh (M.), K. N. MacLean, M.A. (P., M.), R. M'Lean (P., M.), N. Macleod (P., M.), R. M. M'Ninn (P.), E. S. Macphree (P.), W. F. Maitland (P., M.), O. H. Mavor (P.), A. U. Millar, M.A. (P., M.), K. D. Murchison (M.), A. A. Murison (P.), M. Murphy (P., M.), T. M. Newton (P., M.), R. Parker (M.), A. Peden (M.), *J. L. R. Philip (P., M.), J. Purdie (P.), A. M. T. Ramsay (P.), F. M. Robertson (P., M.), N. I. Sinclair (P., M.), D. Smith (P., M.), W. R. Snodgrass, M.A. (P., M.), I. D. Suttle (P.), G. Taylor, M.A. (P., M.), J. C. Walker (M.), R. B. Wallace (P., M.), J. C. Watt (P., M.), W. H. N. White (M.), J. Whiteside (P., M.), A. S. Wilson (P.), A. M. Young (P., M.). Women: N. M. A. Allan (P., M.), C. S. T. Anderson (M.), J. R. Anderson (P.), M. J. Brown (P.), E. Crawford (P.), M. P. Hislop (P.), J. K. M'E. Hunter (M.), A. R. M'Kail (P.), M. H. M'Killop (P., M.), *S. A. J. Rankine (P.), J. A. Woods (P., M.).

FINAL M.B., Ch.B.—J. A. Aitken, J. C. H. Allan, J. Angus, J. G. Becker, V. Borland, N. Cameron, G. W. Clark, G. Dalziel, A. H. Davidson, W. G. T. Davidson, K. Falconer, A. Gardner, J. J. Gibb, L. Glushak, C. W. F. Greenhill, J. A. Harper, M.A., A. G. Henderson, A. J. Joubert, F. A. Kerr, T. J. Kirk, R. P. A. Kirkland, *J. F. Lang, M.A., F. W. K. Lawrie, *N. V. C. Lothian, B.Sc., C. Lundie, M.A., B.Sc., D. Meek, *S. S. Meighan, B.Sc., M. J. Murray, A. Neilson, *J. B. Orr, M.A., B.Sc., *J. C. Pyper, A. Rae, Lucy M. Ross, S. Rutherford, H. C. van der Wat Smit, M. Sommerville, L. T. Stewart, T. Walmsley, T. Waterhouse, E. C. White, W. Whitelaw, H. G. Wilson, *W. B. Wilson.

* Passed with distinction in one or more subjects.

LONDON SCHOOL OF TROPICAL MEDICINE.

THE following candidates were approved at the examination held at the end of the thirty-eighth session, which has just concluded:

*S. N. Roy; *H. R. Brown, Major, I.M.S.; *W. B. Johnson, C.M.S.; *J. C. Oxley, Captain, I.M.S.; *A. K. Contractor; C. W. McKenny, C.M.S.; C. Monge, M.D.; Miss B. Hamilton, R. V. Clayton, W. G. Cobb, C.M.S.; G. E. Aubrey, P. M. Rennie, Captain, I.M.S.; D. F. O'Donoghue, C.M.S.; W. R. Parkinson, C.M.S.; J. E. Hailstone, C.M.S.; J. Stewart, M.B. Ireland; J. P. B. Snell, C.M.S.; G. C. Purvis, P. C. Conran, C.M.S.; S. Azmy, D. C. Kemp, Major, I.M.S.; A. Mouat, C.M.S.; K. Manson, C.M.S.; W. A. Murray, R. H. Nolan, C.M.S.; V. G. L. van Someren, C.M.S.; P. W. Black, C.M.S.; L. Doudney, C.M.S.; T. R. Sandeman, C.M.S.; F. C. V. Thompson, C.M.S.; W. M. Nairn, M.B., Ch.B., C. G. Grey, C.M.S.

* Passed with distinction.

The attendance during the session—namely, 65—was the largest hitherto recorded. Of the 32 who passed the examination 17 were officers in the Colonial Medical Service.

CONJOINT BOARD IN IRELAND.

THE following candidates have been approved in the examinations indicated:

FIRST COLLEGE.—G. G. C. Adams, D. I. Crowe, K. Elmes, P. Gaffney, H. Graham, A. E. Harbord, W. O'C. Hunt, G. G. W. Leary, J. R. Little, C. A. R. McCay, A. St. J. Mahony, Miss K. Murphy, N. E. Stephens, H. J. Young, J. Young.
SECOND COLLEGE.—A. P. Adams, S. Brown, S. J. M. Cairns, F. Freeman, E. N. H. Gray, J. J. Gray, W. J. A. Laird, G. M. Moffatt, J. A. Musgrave, D. V. O'Connor, P. J. D. O'Malley, B. Scher.
THIRD COLLEGE.—E. Connell, A. B. Foot, A. Humphreys, J. J. Keyms, E. P. Palmer, R. P. Weldon.
FINAL.—J. H. Barry, D. Burns, N. S. Deane, A. Hamilton, E. E. Holden, C. L. Lapper, T. J. Nunan, J. T. O'Boyle, J. J. O'Kelly, J. C. Sproule, I. M. Swanepoel.

At a meeting at Northampton General Hospital on March 26th Dr. Frank Buszard was presented with two oil paintings of himself, one to remain in his own possession and the other to be hung in the institution. In making the presentation the Marquis of Northampton said that the subscribers, of whom he was proud to be one, felt that Dr. Buszard's long services, which had always been characterized by the highest skill and sympathy, demanded recognition. Dr. Buszard's first office at the Northampton General Hospital was that of house-surgeon, and he has since served the hospital for some fifty years, having been senior member of the staff on both the medical and surgical sides. He is an M.D. of the University of London and a Fellow both of the Royal College of Physicians of London and of the Royal College of Surgeons of England.

The Services.

ROYAL NAVAL MEDICAL SERVICE.

EXAMINATION FOR APPOINTMENTS AS ACTING SURGEONS.

At the examination for the Naval Medical Service held on April 1st, 2nd, and 3rd eighteen gentlemen sat, and of these nine were successful and obtained the following marks:

Mr. R. M. R. Thursfield	1,575	Mr. J. P. Shorten	1,350
Mr. L. Moss	1,541	Mr. F. J. Burke	1,340
Mr. J. A. O'Flynn	1,405	Mr. G. E. D. Ellis	1,315
Mr. A. Rees Price	1,400	Mr. G. V. Hobbs	1,305
Mr. F. J. D. Twigg	1,355		

The highest possible number of marks for the examination was 2,400.

ROYAL ARMY MEDICAL CORPS (T.F.), WESSEX DIVISION.

THE annual dinner of the officers of the Royal Army Medical Corps (T.F.), Wessex Division, will take place on Friday, May 3rd, at the Royal Clarence Hotel, Exeter, at 7.30 p.m. The A.D.M.S., Wessex Division, will preside. Officers should make early application for tickets, and male members of the Voluntary Aid Detachments in the division will be welcome. Tickets, 10s. 6d. each, may be obtained from the honorary secretary, School of Instruction, Goldsmith Street, Exeter.

QUEEN ALEXANDRA'S INDIAN MILITARY NURSING SERVICE.

THE Government of India has sanctioned the following revised scale of pension for Queen Alexandra's Military Nursing Service for India. The first in each case refers to nursing sisters, the second to senior nursing sisters, and the third to lady superintendents: After fifteen years' service, £50, £80, and £120. And thereafter up to the twentieth year the amounts increase by £2 and £4 respectively to the maximum. After twenty years' service to £60, £100, and £130, with an addition of £10 for the senior lady superintendent—that is, the lady who at the time of retirement is drawing a local allowance of Rs.50, admissible, and who is the recognized adviser of the Principal Medical Officer of His Majesty's Forces in India in matters affecting interior economy and welfare of the Nursing Service, and if necessarily the senior according to the date of promotion to the rank of Lady Superintendent. Nursing sisters who complete their term of service, and who are in all respects efficient, will be allowed to extend their service until they attain the age of compulsory retirement, and on attaining the retiring age they will be granted the pension admissible to nurses invalided with the same length of service. Sanction is also accorded to the grant of a period of leave on medical certificate of twelve months to count towards engagement and pension once during the entire period of a nursing sister's service. This would allow twelve months' leave on medical certificate to be taken in one term.

Medical News.

THE King has appointed Dr. Edward Acheson Chartres senior medical officer, West African Medical Staff, to be a member of the Executive Council and an official member of the Legislative Council of the Colony of Gambia.

A WELL-ILLUSTRATED pamphlet on Baden-Baden has been issued by the Municipal Inquiry Office, and copies can no doubt be obtained on application.

DR. FRED BRUSH has resigned the Superintendency of the New York Post-Graduate Medical School and Hospital to become Superintendent of the Burke Relief Foundation, which is about to erect a convalescent hospital at White Plains, N.Y., on a site of sixty acres.

A DISCUSSION on alcoholism in the Army and Navy will be opened by the Rev. J. H. Bateson, formerly general secretary of the Royal Army Temperance Association, India, at a meeting of the Society for the Study of Inebriety, 11, Chandos Street, W., on Tuesday, April 23rd, at 4 p.m.

A SHAKESPEARE Commemoration Service will be held, at 2.30 p.m. on April 23rd, at Southwark Cathedral, when Mr. F. R. Benson will give an address on Shakespeare and the fuller life of the people. A sum of about £190 is still required for the completion of the Shakespeare Memorial in the cathedral, and a collection will be made for this purpose. Donations will be received by the Honorary Secretary, Dr. R. W. Leftwich, 36, Ebury Street, S.W., from whom tickets for the service can be obtained.

THE Oxford Eye Hospital, which was established about a quarter of a century ago, now contains thirty-two beds in a building leased from the Radcliffe Infirmary and enlarged on several occasions: the last addition is a clinical pathology room, the need for which had long been felt. In 1911 the number of patients treated in the wards

was 373, the new patients numbering altogether 3,334, included 764 men, 1,532 women, and 1,038 children, of whom 211 had been sent by medical inspectors of schools.

SIR SHIRLEY MURPHY will preside over the section of Sanitary Science and Preventive Medicine at the Congress of the Royal Sanitary Institute, to be held at York from July 29th to August 3rd. Two discussions will take place—one on the municipal dispensary and the tuberculin treatment, to be opened by Dr. A. Mearns Fraser and Dr. Hilda Clark, and the other on dispensaries for the treatment and prevention of consumption, to be opened by Dr. D. J. Williamson.

AT the annual general meeting of the Association of Medical Officers of Health, on March 29th, it was decided that the conjoint committee of the several associations of part-time medical officers should be requested to consider the advisability of organizing as quickly as possible local centres throughout the country of medical practitioners holding part-time appointments under Government or local authorities to work in conjunction with the Central Committee. The conjoint committee was also requested to consider the best means of securing at annual meetings of the constituent association the attendance of members of other associations. The report of the council was adopted, and all the existing officers re-elected.

IN moving the adoption of the accounts at the annual meeting of the Gloucester Royal Infirmary on March 28th, the Chairman emphasized the facts that the workpeople's contribution went to the general upkeep of the hospital, and was not in any sense a payment for treatment received; that the vast majority of the patients were admitted on the recommendation, not of subscribers, but of practitioners who came across them in the course of their daily work; and that the services of the medical staff were entirely gratuitous. Subsequently, in acknowledging a vote of thanks to the staff, Dr. E. Dykes Bower, speaking of the possible outcomes of the passage of the National Insurance Bill, stated that if hospitals came under State management there would be a disastrous tendency for selections for appointment to their staffs to be influenced by political rather than professional considerations.

DR. D. THOMSON has devised a new pipette for the enumeration of leucocytes and blood parasites (*Ann. Trop. Med. and Parasit.*, v. (1911), page 471). It consists of a fine bore tube of 1 c.mm. capacity, graduated into eight equal divisions. A drop of blood is drawn into this pipette, and $\frac{1}{8}$ c.mm. is transferred to a slide on which it is spread out by means of a needle to an area of about 4 mm. square. It is then fixed and stained. With the aid of an Ehrlich eyepiece, or similar square field eyepiece, the leucocytes are counted in squares along one edge of the film. At every fifth square they are counted in a band right across the film. The number of such bands multiplied by the average number of leucocytes in each gives the total number in the film—that is, in $\frac{1}{8}$ c.mm. of blood. The results compare favourably with those obtained by means of a Thoma-Zeiss apparatus, and the procedure is much simpler. The advantages of the method are its speed, the small amount of blood required, the absence of a diluting fluid, and the fact that blood parasites can be counted, and that the count may be postponed till convenient. The most obvious disadvantage is the very fine calibre of the pipette, in which clotting may readily take place, and can only with difficulty be removed; although, in the expert hands of Dr. Thomson, this difficulty is reduced to a minimum.

THE Bread and Food Reform League, which has received the support of most eminent medical and scientific men, has during thirty years, without advocating any special system of diet, brought the subject of pure food under the notice of vast numbers of people through exhibitions, congresses, meetings, and lectures, whilst educational literature has been widely distributed. There is still, however, much work to be done, and an appeal has been issued asking for honorary corresponding secretaries in towns and villages throughout the country, earnest and active men and women who by personal endeavour will arouse interest in their own localities, and will supply the central organization with the information necessary to enable it to bring home to the nation the universal need for food reform. The appeal is signed, among others, by Sir John Byers, Sir James Crichton-Browne, Sir J. Halliday Croom, Sir Alfred Fripp, Professor Matthew Hay, Dr. Leonard Hill, Professor Howard Marsh, Mr. Mayo Robson, Sir Herbert Maxwell, Professor Benjamin Moore, Sir Bertram C. A. Windle, and Professor Sims Woodhead. To any who are willing to assist, the Honorary Secretary, Miss May Yates, 5, Clement's Inn, Strand, London, W.C., will send a report of the League's work.

Consulting Surgeon. His active interest in the hospital was, however, well maintained, and as Vice-President in 1904-5 and as President in 1906 he threw himself into administrative work. In 1899 he had given the first impulse to the movement for the erection of the King Edward VII Nurses' Home, and saw his project realized three years later in the fine building wherein the hospital nursing staff are at present accommodated.

Mr. Folker gained the diploma of F.R.C.S.Eng. in 1864. He was one of the first batch of certifying surgeons appointed by the Home Office under the Factory Act, and held his post until a few years ago, when he resigned, and was succeeded by his son.

His year of presidency of the Staffordshire Branch of the British Medical Association was signalized by a remarkable address on the Surgery of the Extremities, in which he compared the results of the many changes and advances in technique with which he had been personally associated. He also contributed occasional papers to the medical journals, mainly in connexion with his own modifications of the operations for the cure of haemorrhoids and varicose veins, which involved the specially devised instruments now bearing his name.

He was an enthusiastic member of the volunteer service, having joined it in 1859. His appointment as Battalion Surgeon to the 1st Battalion Staff Volunteer Rifles followed in 1860. He was decorated for long service, and retired in 1886.

He was a sound, but not militant, Conservative in politics, and a Past Master of the Sutherland Lodge of Freemasons, 451, and held provincial rank in the Godefridi de Bouillon Preceptory.

During his long life in North Staffordshire Mr. Folker had endeared himself to a wide circle of friends, whose esteem found notable expression in a dinner given in his honour in 1903 to celebrate the jubilee of his connexion with the North Staffordshire Infirmary. A placid geniality of disposition, an unswerving steadfastness in friendship, and an invincible optimism were his main characteristics, and this combination of qualities inspired him to a well-nigh perpetual youth. The younger members of his profession were instinctively aware of his kindly attitude toward them; and when, at their frequent invitation, he dispensed the ripened advice of a senior, he displayed at the same time the generous and comprehending sympathies of a contemporary.

Mr. Folker married in 1857 Ellen Jane, daughter of the late George Henry Fourdrinier, the celebrated paper maker, and leaves four children living, the eldest son being at the present time Ophthalmic Surgeon to the North Staffordshire Infirmary.

EVAN ROBERTS, M.D.BRUX., M.R.C.S.ENG., ETC.,

PENYGOES, N. WALES.

DR. EVAN ROBERTS, one of the oldest members of the profession in the Principality, passed away on Tuesday, March 19th, in his 83rd year.

He was born at Dolbenmaen, Carnarvonshire, in 1829, and was apprenticed to Mr. Rowland Williams of Tremadoc, a surgeon of very considerable repute, who, although he died at a comparatively early age, gave three men such a start in life that they all became in their day leading practitioners in Carnarvonshire; by the death of Dr. Evan Roberts the last of the good old school has gone.

Having completed his apprenticeship he became a student at Anderson's College, Glasgow, and after a successful career took the diplomas of M.R.C.S.Eng. in 1856 and that of L.R.C.P.Edin. in 1859 and the M.D. of Brussels in 1878. In the latter part of 1856 he settled down in the Nantlle Vale, was appointed Surgeon to the Nantlle Vale Quarries and Copper Works, and soon acquired a very large and extensive practice. Blessed with a strong constitution, active, and full of energy, he for thirty-five years worked very hard, in fact very few men have ever worked harder. Being particularly fond of riding, in his early years he did most of his work on horseback; he was reckoned to be one of the best cross-country riders, and as a rule made short cuts to visit his patients.

Although a very busy man he found time to do a large

amount of public work, and served on many public bodies. More particularly he did much for education in the district, and was for many years Chairman of the local School Board.

Of a very kind and sympathetic disposition with a strong vein of good humour, he did an enormous amount of charitable work. He was the friend and adviser of the whole countryside, the widow and the orphan found in him a wise and sympathetic counsellor, and he himself was never happier than when doing a good turn to others.

His tales of the conditions of practice in the late Forties and early Fifties, his experiences of the pre-chloroform days, and his account of his own, often thrilling, adventures on the Welsh hills, made him an intensely interesting companion. Dr. Roberts was an ideal country practitioner. He knew the history of every man, woman, and child in his district, he loved his profession, and was ever jealous of its honour and best traditions. Close on twenty years ago he practically retired and only saw some of his oldest patients, but he never could be idle; he found interest in other pursuits, more especially farming. He was a great reader, and his store of general knowledge was quite remarkable. Some few years back he became very deaf, and his books afterwards were more than ever his companions. Although the loss of his hearing was a great misfortune for a man of such active tendencies, yet he never lost his usual brightness, and he enjoyed life to the end. Even at his great age he was alive to the modern discoveries in medicine and surgery, and up to a month before his death regularly read the BRITISH MEDICAL JOURNAL.

He always had a great fondness for animals; his horses and his dogs were his pets, and it was a familiar sight to see the "old doctor," as he was called, driving in his pony trap with a little Aberdeen terrier sitting by his side.

In 1861 he married Mary, the daughter of the late Mr. Hugh Jones of Coedmadoc, and in May of last year they celebrated their golden wedding.

He was buried in the family vault at St. Rhedyw's Parish Church, Llanllyfni, on Saturday, March 23rd, and the immense funeral—the cortage being nearly a mile long—testified that no ordinary man was being laid to rest that day, for the whole country around had come to pay their last tribute of respect to one who had devoted his life to the welfare of the Nantlle Va'e for over fifty years.

Dr. Roberts leaves a widow, a daughter, and four sons. Two of his sons, Dr. H. Jones Roberts and Dr. E. Sheehan Roberts, succeeded to his practice.

THE death is announced of Dr. EDWARD DIVERS, F.R.S., at the age of 75. He was educated at the City of London School, the Royal College of Chemistry, and Queen's College, Galway, from which he took the degree of M.D. In 1870 he was appointed Lecturer on Medical Jurisprudence at the Middlesex Hospital Medical School, but in 1873 went to Japan as Professor of Chemistry in the Imperial College of Engineering. In 1882 he became Principal of the College, and on his retirement was made Emeritus Professor of Chemistry in the Imperial University, Tokyo. He was President of the Section of Chemistry of the British Association in 1902, and of the Society of Chemical Industry in 1905.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Professor Albert Schütze, head of the Bacteriological Institute of the Moabit Hospital, Berlin, who had gone on the Tripoli Expedition as a member of the German Red Cross Society, and succumbed to typhoid fever at the Turkish head quarters at Gharian, aged 40; Dr. E. Windels, of Berlin, a member of the Business Committee of the German Medical Union, aged 63; Dr. E. G. A. Landergren, Lecturer on Physiology in the Medical Faculty of Stockholm; Dr. F. Zachrisson, Lecturer on Surgery in the University of Upsala; Dr. Federico Oloriz y Aguilera, Professor of Descriptive Anatomy in the University of Madrid; and Dr. Leonard Weber, Emeritus Professor of General Medicine in the New York Post-graduate School, formerly President of St. Mark's Hospital.