

owing to a mistake the patient was discharged before this was done. Had the operation been carried out, it was proposed to anaesthetize the patient with scopolamine and morphine.

CASE IV.

An infant, aged 4 months, presented the symptoms of laryngismus stridulus with some stridor. It was considered to be a case of infantile epiglottitis with inspiratory collapse of the arytenoids.

The child was examined by suspension laryngoscopy with chloroform anaesthesia, but owing to vomiting and a considerable secretion of mucus the view was unsatisfactory. An attempt with the bronchoscope was equally unsatisfactory.

CASE V.

A boy, aged 3 years, was said to have laryngeal or tracheal obstruction, and the attacks of dyspnoea were so severe that an examination by the bronchoscope was considered necessary.

The child was chloroformed and the pharynx and epiglottis were swabbed with 10 per cent. cocaine and adrenalin solution. He was placed in the suspension laryngoscopy position, and a good view of the pharynx and arytenoid region was obtained, but the vocal cords were invisible. Accordingly the apparatus was discarded for the bronchoscope, which showed the glottis and trachea perfectly, but nothing abnormal was found.

The child was then returned to the usual prone position adopted for removal of adenoids and an adenoid growth which was previously known to exist was removed.

For cases requiring examination and manipulation of the pharynx and larynx suspension laryngoscopy will probably supersede the oesophagoscope and bronchoscope.

The comprehensive and clear view obtained, the more efficient illumination, the increased space for the manipulation of the instruments with both hands free, appeals to one who is accustomed to use the bronchoscope.

It is important to select the cases, and as a rule those patients who can be examined by the bronchoscope and its open spatula are suitable for suspension laryngoscopy. It is unnecessary to add that the new method is useless for examinations of the oesophagus and bronchi, but the bronchoscope and oesophagoscope can be used when the patient is already in the position for suspension laryngoscopy.

The patient with a large open mouth and no front teeth is excellently adapted for suspension laryngoscopy, and the suitable case will be easily recognized if a trial or preliminary examination with an ordinary Kirstein tongue depressor is made without the use of local or general anaesthetics. Patients suffering from tuberculous laryngitis, who have been educated by frequent manipulations of the larynx make exceptionally good subjects, in addition they are not adversely affected by morphine and scopolamine. Unfavourable after-results are rare. There is no pain and the unusual position and strain on the hyoid muscles does not cause discomfort, and the tongue can be protected from the sharp lower incisor teeth by covering these with a piece of lint; as a matter of fact the tongue is not so sore as when a tongue clip has been used during a long anaesthesia.

The position is that usually adopted for cleft palate operations, but the method of fixation and gagging is a distinct improvement.

The blood can be siphoned out of the pharynx and naso-pharynx by a soft rubber tube passed through one nostril.

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RECOVERY AFTER TAKING $8\frac{3}{4}$ GRAINS OF CORROSIVE SUBLIMATE.

By A. LEONARD FULLER, F.R.C.S.I.,

HONORARY ASSISTANT SURGEON, ROYAL UNITED HOSPITAL, BATH.

THE following notes are, I think, interesting in consequence of the age of the patient and the quantity of sublimate.

J. H., aged 85, had been in the habit of passing a catheter for himself four or five times during the twenty-four hours. He was a very careful and methodical old gentleman, and the solid of sublimate containing $8\frac{3}{4}$ grains with which he made a solution for the catheter was always placed in one particular spot on his mantelpiece, whilst a cachet of urotropine, which he always took in the evening, was placed in another.

All went well for twelve years, but on the evening of February 9th, 1912, the unexpected happened and he swallowed the solid in mistake for the cachet. The mistake was at once recognized, and he drank a tumblerful of barley water, as was

his custom after the urotropine, and sent for me. I arrived within half an hour and administered white of egg and water. He retched and brought up blue-stained mucus. I then passed the stomach tube and washed out the stomach with large quantities of albumen-water and milk and water. There was frequent and urgent desire for the bowels to act, but very little more than mucus was passed. The patient became extremely collapsed, he was cold and pallid, and there was a clammy sweat. The pulse was almost imperceptible and quite uncountable. I administered strychnine hypodermically and gave him milk and brandy by the mouth. Hot blankets and bottles were applied.

When I visited him the next morning he had revived somewhat, but was still in a very critical condition. The nurse told me that during the night the soiled linen was stained blue. During the next few days the bowels continued to be very irritable, but his general condition improved. Cremor magnesiae and brandy were administered in milk at frequent intervals, and he took a good deal of albumen water. After a slow convalescence he quite recovered from the effects of the poison.

The dose taken— $8\frac{3}{4}$ grains—appears to me to be sufficiently large to be worthy of record. Though patients have recovered after larger quantities, nevertheless others have died after considerably smaller. A fatal case after $2\frac{1}{2}$ grains is recorded, death ensuing in three weeks from diarrhoea.¹

REFERENCE.

¹ BRITISH MEDICAL JOURNAL, 1905, vol. i, p. 767.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

A CASE OF CARCINOMA OF THE OESOPHAGUS WITH COMPLETE PARALYSIS OF THE LARYNX.

COMPLETE bilateral paralysis of the larynx is so rare a condition as to merit publication of the following case.

The patient, a male, aged 52, and by occupation a coal-heaver, was first seen about the middle of July, 1912, when he came to the Stanley Hospital complaining of loss of voice, difficulty in swallowing, and obstruction to the breathing. These symptoms had developed in the order given at intervals respectively of five months, two months, and one month previously.

On examination the patient was seen to be much wasted.

The voice was very weak, being little more than a toneless whisper. Respiration was impeded to the extent that, although there was no stridor, inspiration required distinct effort. No glands were felt in the neck. On attempting laryngoscopy the breathing became very difficult, and there was ineffectual coughing with purulent expectoration. After cocainization, however, a view of the larynx was obtained. Both cords were in the cadaveric position. In endeavouring to phonate they remained motionless, and in the deep, gasping inspiration which the patient took a moment later, instead of flying widely out, they merely flapped slightly downwards and inwards quite passively in response to the partial vacuum produced in the trachea.

The patient was admitted and examined with the x rays. An oesophageal stricture was detected just above the thoracic inlet, and, as some of the bismuth meal appeared in the bronchi, a fistulous communication between the trachea and oesophagus was diagnosed.

The patient became rapidly worse, and after a week in hospital the respiration had become distressingly embarrassed. Since the glottis was known to be fully wide enough for the respiratory needs, this difficulty in breathing was attributed to fungation of the growth into the trachea, and, in the hope of getting a tube through the obstruction, tracheotomy was performed. The operation, however, gave no relief, and the patient died a few hours subsequently.

The post-mortem examination revealed a growth of the oesophagus nearly 3 in. in length, and almost entirely limited to the anterior wall. The upper limit of the tumour reached to within 1 in. of the lower border of the cricoid. Anteriorly the growth had ulcerated into the trachea, largely obstructing it. After careful dissection, both recurrent nerves were found hopelessly involved, and in fact for about 1 in. of their course it was quite impossible to dissect them through the growth. The left

nerve was caught in an extension of the tumour itself just above the arch of the aorta, while the right nerve was implicated in a mass of glands behind and above the subclavian artery.

The case is, I believe, an example of a very rare condition. The chief points of interest may be summarized thus:

(a) Limitation of the growth to the anterior wall of the oesophagus.

(b) Early involvement of the recurrent nerves, leading to a change in the voice, before the onset of symptoms of oesophageal obstruction.

(c) Complete destruction of the function of both recurrent nerves.

(d) Fistulous communication with the trachea, which, however, did not occasion any pulmonary inflammation.

COURTENAY YORKE, M.D., B.S.,
F.R.C.S.Eng.

Liverpool.

HYDATID OF THE SUBMAXILLARY GLAND.

THE patient, a little Kaffir girl, presented a somewhat pendulous tumour immediately below the left ramus of the mandible. It was probably about six years since the tumour was first noticed, and it had caused no symptoms. It occupied the left submaxillary triangle, and the skin over it was thin, but not adherent. It was movable, fluctuating, tense, and of regular surface. It projected a little into the floor of the mouth, but was not attached to bone. It suggested a half-buried, plastic globe of fluid about 2½ in. in diameter.

Adhesions made dissection difficult, but eventually the cyst was found to be closely related to the submaxillary salivary gland, lying below, and external to, this structure, which enveloped its upper part. In removing the cyst entire, some gland substance was damaged and snipped away.

The cyst contained 79 c.cm. clear fluid, many scolices, hooklets, and some small daughter cysts. The specific gravity of the fluid was 1005, without albumen. The wound was drained. Within twenty-four hours sufficient saliva had escaped from the wound to soak through the dressings, but on the third day this ceased, and the wound rapidly healed.

Bedford Cape.

H. F. B. WALKER, M.D.Lond.

IODINE AND TYPHOID FEVER.

IN the BRITISH MEDICAL JOURNAL (1907, vol. ii, p. 143) I gave my favourable experience of the treatment of this illness by tincture of iodine. In the same volume (p. 262) Dr. David Walsh wrote in confirmation, stating what his own successful results had been, and suggested a collective investigation comprising a large number of cases treated in this very simple way.

The *Journal de médecine et de chirurgie pratiques* for December 10th, p. 967 (Art. 23868) publishes a very remarkable article which I venture to bring before the notice of the readers of the BRITISH MEDICAL JOURNAL. In it the literature of the last few years on the subject is reviewed, and the evidence is so favourable that it seems to me the time has arrived to put this method through the only practical test there is, and which Dr. Walsh suggested—that is, that the metropolitan fever hospitals, with all the means at their disposal, should undertake the treatment of a sufficiently large number of cases, well checked and observed, to pronounce definitely on its merits.

It appears to be confirmed that in enteric fever there is a marked diminution in the number of leucocytes; that iodine has a marked influence in increasing their number and thus helping in the defence of the organism invaded; that it also brings about a mononuclear reaction¹ which favours immunity.

During the last few years the administration in enteric of small and frequently repeated doses of pyramidon (½ to 1 grain every half-hour) has been largely tried in France, and also in Germany as a substitute for baths in keeping down the temperature. It may be that

pyramidon might be a help to the iodine treatment, but all these points can only be satisfactorily settled by large statistics. The mortality attending enteric fever leaves still much to be desired, not to say anything of the amount of extra labour attending the nursing of these cases by frequent baths and spongings, if simpler and more successful means of dealing with them can be found.

GEORGE V. PEREZ, M.B.Lond.

Puerto Orotava, Teneriffe.

Reports

ON

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

BOLTON INFIRMARY, LANCASHIRE.

A MULTILOCLAR OVARIAN CYST OF GREAT SIZE.

(Reported by RONALD BUTE MACFIE, M.B., F.R.C.S.Edin.)

THE following case, treated at the Bolton Infirmary when I was resident surgical officer thereat, presents points of interest.

The patient was a married woman, aged 42, who had only had one child, and that twenty years ago. She had never been very regular at the menstrual periods, and there had been no sign of the menses since the beginning of her existing complaint. This was twelve months previously, when she experienced vague abdominal pain and suffered from constipation.

The Conditions Found.

On examination a huge tumour was found to be occupying the abdomen, extending from the ensiform cartilage above to the symphysis pubis below, and measuring 32 in. between these two points in the median line. The umbilicus was situated 8 in. above the symphysis pubis, and at this point the tumour appeared to be somewhat elongated. The point of greatest girth was 6 in. above the umbilicus, and here the measurement was 57 in. The entire tumour was dull on percussion. There was no pain or tenderness and no marked interference with respiration or the heart's action. She was able to go about without much discomfort; in fact, when she came to seek advice she walked up to our out-patient department and showed no signs of discomfort or exhaustion. Vaginal examination revealed nothing of note; the cervix was normal in situation and character.

Operation.

The patient willingly consented to operation, and the following points of interest were revealed:

The abdominal wall was oedematous, the fat was 2 in. in depth, the musculature was very poor. There were some thin adhesions to the anterior abdominal wall from the tumour.

The tumour was tapped and its fluid contents drained off as far as possible; the tumour being then easily delivered through the wound—it was seen to be a multilocular ovarian cyst, growing from the right side and deriving its proliferant blood supply from three sources, which were: (1) The pedicle. (2) By means of a very well developed ligament of Clado (which contained an artery of medium calibre and several veins); a point of note in this region was the vermiform appendix, which was hypertrophied to almost the dimensions of the small intestine. (3) The omental adhesions.

The pedicle and omental attachments were ligated; the ligament of Clado with the appendix was then removed, and the tumour, being thus separated from all its attachments, was removed.

Size of the Tumour.

The fluid contents of the tumour measured 58 pints (7½ gallons). Each pint weighed 1½ lb.; so that the total weight of the fluid contents was 72½ lb. The tumour weighed 13½ lb.; therefore the total weight of tumour and contents was 86½ lb., or 6 st. 2 lb. 4 oz.

Remarks.

Whether the above measurements constitute a record for size and weight I cannot say, but I think the case is interesting both for the size of the tumour and its sources of blood supply.

I am much indebted to Mr. Douglas Gray for permission to publish these notes, and to Dr. Cecil Barnham for photographing the abdomen prior to operation. I should add that the patient has made an uninterrupted recovery.

¹ Labbé and Lortat-Jacob, *Presse méd.*, November 28th, 1903.

City Division at the Shoreditch Town Hall, on December 13th, and voted with the majority. He seemed then in his usual health, but on December 15th he had a slight fit and developed symptoms of heart failure. In spite of unremitting care and attention, he gradually became worse and died, as stated, on December 21st.

WE regret to record the death of Mr. ALBERT HENRY HUGHES, of Brunswick Terrace, Plymouth, at the early age of 40. It took place on December 10th, 1912, after a very brief illness, due to appendicitis. A Bristol man by birth, Mr. Hughes received both his general and professional education in that city; he became L.S.A. in 1905, and settled two years later in Plymouth. There he enjoyed much popularity, especially among the poorer classes in the east end of the town, among whom his practice chiefly lay. He also held an appointment under the Poor Law guardians. He had begun to take interest in public affairs, and contested an election for the town council of Plymouth a year or two ago. His funeral was attended by a large gathering of his friends, including representatives of various public bodies and of his professional colleagues. Mr. Hughes, who was a member of the Plymouth Division of the British Medical Association, married some six years ago, and is survived by his wife and a daughter.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the profession in foreign countries who have recently died are: Dr. L. Wille, professor of psychiatry in the University of Basel, aged 78; Dr. Alfred Genzmer, extraordinary professor of surgery in the University of Halle, aged 61; Professor Jules Felix, of Brussels, formerly physician to the household of the King of the Belgians, well-known as a hygienist, and one of the founders of the Belgian Society of Hydrology; Dr. Eduard Clason, sometime professor of anatomy in the University of Upsala; Dr. Caesar von Ramdohr, formerly professor of obstetrics in the New York Post-Graduate Medical School and Hospital; and Dr. J. Wood McLane, emeritus professor of obstetrics in the Medical Department of Columbia University, New York, aged 73.

The Services.

HEALTH OF THE NAVY.

THE *Statistical Report of the Health of the Navy for the Year 1911*¹ has recently been issued.

Summary of Returns for Total Force.

The returns for the total force for the year 1911 show a continuous improvement in the general health of the fleet as compared with the preceding five years. The case, invaliding, and death ratios for the year under review are again lower than the average ratios for the last five years, and the average loss of service for each person compares favourably with the five years' ratio and with that of 1910. The total force, corrected for time, in the year 1911, was 117,100, and the total number of cases of disease and injury entered on the sick list was 76,463, which gives a ratio of 652.97 per 1,000, a decrease of 26.96 as compared with the average ratio for the preceding five years.

The number of entries per man for disease and injury was: Home Station, 0.76; Home Fleet, 0.56; Atlantic Fleet, 0.63; Mediterranean, 0.67; North America and West Indies with Fourth Cruiser Squadron, 0.56; China, 0.64; East Indies, 0.87; Australia, 0.78; Cape of Good Hope, 0.67; Irregular List, 0.73. The average for the total force was 0.65, which is identical with the average for 1910. The average number of men sick daily was 3,170.33,

giving a ratio of 27.07 per 1,000, a decrease of 1.00 in comparison with the previous five years. The total number of days' sickness on board and in hospital was 1,157,172, which represents an average loss of service for each person of 9.88 days, a decrease of 0.36 as compared with the average for the preceding five years. The ratio per 1,000 of men sick daily on the various stations was: Home Station, 35.85; Home Fleet, 23.36; Atlantic Fleet, 23.7; Mediterranean, 25.11; North America and West Indies and Fourth Cruiser Squadron, 19.84; China, 24.43; East Indies, 31.3; Australia, 23.39; Cape of Good Hope, 22.54; and the Irregular List, 40.32. For the total force the ratio was 27.07. The North America and West Indies Station, as in 1910, shows the lowest sick rate, and, as usual, the Irregular List the highest, but this is due to the inclusion of sickness of invalids on passage from foreign stations.

Invalidings.

The total number invalided was 2,110,² which gives a ratio of 18.01 per 1,000, a decrease of 1.81 in comparison with the average ratio for the preceding five years. The total number of persons finally invalided was 1,876, of whom 71 were invalided after refusing operative treatment. The ratio per 1,000 of final invalidings was 15.94, a decrease of 0.5 as compared with the average for the previous five years. Of the 2,110 invalidings, 1,970, or 16.82 per 1,000, were for disease, and 140, or 1.19 per 1,000, for injury.

Deaths.

The total number of deaths was 366, giving a ratio of 3.12 per 1,000, a decrease of 0.23 in comparison with the average ratio for the last five years. Of this number, 260, or 2.22 per 1,000, were from disease, and 106, or 0.9 per 1,000, from injury.

General Diseases.

The following is a summary of the returns under the head of general diseases:

Small-pox.—One case from the Atlantic fleet, and occurred in the *Formidable*. The disease, it is stated, was probably contracted at Gibraltar where that ship was undergoing a refit, and was of moderate severity.

Cow-pox.—845 cases, 714 of which were from the Home Station.

Chicken-pox.—15 cases, 13 of which were contracted in Home Waters, and 2 in the Mediterranean.

Measles.—227 cases, with 4 deaths.

Rubella.—279 cases; 194 from the Home Station, 48 from the Home Fleet.

Scarlet Fever.—120 cases, with 1 invaliding.

Dengue.—2 cases, both from Australia.

Mumps.—101 cases. The Home Station contributed 43, the Home Fleet 36, and the Australian Station 14.

Other Infective Diseases.—1,598 cases (including all the preceding cases). The total includes 5 cases of septicaemia, 2 of osteomyelitis, and solitary instances of ulcerative endocarditis, pyaemia, and plague. Five deaths resulted from septicaemia, 2 from ulcerative endocarditis, 1 from osteomyelitis, and 1 from pyaemia. A case of sequelae of osteomyelitis was finally invalided. The discrepancy between the number of entries for ulcerative endocarditis and the number of deaths is due to a case which was entered originally under another heading.

Influenza.—1,364 cases, with 2 deaths, giving a decrease of 12.82 in the case ratio as compared with the average. The disease was, on the whole, of a very mild type.

Diphtheria.—172 cases.

Enteric Fever.—137 cases, with 2 final invalidings and 30 deaths. The case and death ratios per 1,000 were 1.16 and 0.25 respectively, as compared with 1.47 and 0.22, the average ratios for the previous five years.

Mediterranean Fever.—6 cases, with 1 final invaliding. The case ratio is 0.05 per 1,000, as compared with an average of 0.5. Five fresh infections are reported from the Mediterranean, three Englishmen and two Maltese being affected, in three of whom the vehicle of infection was undoubtedly unboiled goat's milk partaken of on shore.

Pyrexia.—350 cases, giving a decrease of 0.68 in the ratio as compared with the average. The Mediterranean contributed 144 of the total; but the report states that many of these were probably "sand-fly" fever.

Dysentery.—55 cases, showing a decrease in the case ratio.

Pneumonia.—455 cases, with 5 final invalidings and 30 deaths.

¹ London: Published by His Majesty's Stationery Office. To be purchased, either directly or through any bookseller, from Wyman and Sons, Limited, Fetter Lane, E.C., and 32, Abingdon Street, S.W.; or His Majesty's Stationery Office (Scottish Branch), 23, North Street, Edinburgh; or E. Ponsonby, Limited, 115, Grafton Street, Dublin; or from the Agencies in the British Colonies and Dependencies, the United States of America, the Continent of Europe, and Abroad of T. Fisher Unwin, London, W.C. Printed by Eyre and Spottiswoode, Limited, East Harding Street, E.C., Printers to the King's Most Excellent Majesty. 1912. Price 1s.

² This number includes men temporarily invalided from foreign stations, many of whom are again able to join the active force. The number finally invalided represents the waste of the Service during the year.

Torch in the Soloman Islands, and the other occurred in the Persian Gulf during the operations against gun-runners.

Suicide.

Twelve deaths are returned under this heading, 4 each by cut-throat and by drowning, 2 by gunshot, 1 each by hanging and by jumping into a dry dock.

Papers.

An appendix to the report contains an interesting communication on Yangtze Fever, by Surgeon W. Harold Edgar, M.B. A case of bullet wound of posterior tibial artery is recorded by Staff Surgeon J. Martin. Fleet Surgeon P. W. Bassett-Smith, C.B., R.N., contributes a paper on the serum diagnosis test for syphilis at Haslar during 1911. Fleet Surgeon R. H. J. Browne reports a case of plague at Shotley. The Royal Navy is to be congratulated on the continuous improvement in the health of the force shown by the report, and the papers are a proof of the professional efficiency of the medical officers.

ARMY MEDICAL SERVICE.

THE Secretary of the War Office announces that the appointment of Director-General, Army Medical Service, will in future be tenable for four years, as in the case of other staff appointments at army head quarters, instead of for three years, as hitherto. Surgeon-General Sir W. L. Gubbins, K.C.B., whose tenure was due to expire on March 6th, will, therefore, continue in his appointment of Director-General, Army Medical Service, until March 6th, 1914.

Medico-Legal.

WORKMEN'S COMPENSATION.

Appendicitis and Accident.

IN the case *Brewster v. Bradford and Co.* (Stafford, December 6th, 1912) it appeared that the deceased workman had been employed by the respondents, and had visited the County Asylum to obtain particulars prior to his firm submitting a tender to do certain work. While there he fell from a ladder a distance of 13 ft., and afterwards complained of having received an injury. The question at issue was the connexion between this fall and the man's death, which took place some time later. An operation was performed on the deceased at Leeds Infirmary for appendicitis, and a tin-tack was found in the appendix. Medical evidence was called on behalf of both applicant and respondent.

His Honour said that both he and the medical referee agreed that it was a case of appendicitis caused by a foreign body being in the appendix, but they were not satisfied that death was brought on by the fall "lighting up" the tin-tack. Judgement would therefore be for the respondents. Costs were not asked for.

Medical News.

DR. PERCY E. ADAMS has been presented by his patients and friends with a handsome pair of silver candlesticks suitably inscribed and a cheque on leaving Hartley Wintney, where he was in practice for eleven years.

THE Gresham Professor of Physic, Dr. F. M. Sandwith, will continue his lectures on the relief of the sick and wounded in war on Tuesday, January 28th, and the three following days. The lectures will be given at the City of London School, Victoria Embankment, at 6 p.m. each day, and are free to the public.

AT the request of the Council of the Pharmaceutical Society of Great Britain, Professor R. T. Hewlett, M.D., will give a course of three lectures on microbiology and pathological chemistry and microscopy in relation to the pharmacist in the lecture theatre of the Society at 8 p.m. on Wednesdays, January 22nd, February 19th, and March 19th.

MR. E. HURRY FENWICK, F.R.C.S., Professor of Urology, and Consulting Surgeon to the London Hospital, will give a course of three lectures on the haematogenous infections of the kidney in the clinical theatre of the hospital on Monday, Wednesday, and Friday, January 20th, 22nd, and 24th, at 1.30 p.m. The attendance of members of the medical profession and medical students is invited.

THE *Times* states that the executive committee of the Liberal Association of the Harborough Division of Leicestershire has decided to recommend the name of Sir Victor Horsley for adoption as Liberal candidate on the retirement of Mr. J. W. Logan, which will take place at

the next general election. Sir Victor Horsley contested London University in 1910, when he was defeated by Sir Philip Magnus. He was adopted for North Islington in 1911.

THE Metropolitan Asylums Board, on January 11th, received a letter from the Local Government Board approving the arrangements proposed to be made at the Downs School for the conversion of the premises into a tuberculosis sanatorium in co-operation with the London County Council. It was announced that in future the institution would be known as the Darent Sanatorium. The cost of alterations to the premises was stated to be £1,645; this will be borne by the London County Council.

WE are informed by the Imperial Merchant Service Guild that it has drawn the attention of the Board of Trade to a letter from Dr. Edridge-Green which appeared in our issue for January 4th, and has expressed a hope that a previous omission will be rectified by the Board taking advantage of an offer made by Dr. Edridge-Green at the time the committee on colour blindness was sitting. The Board of Trade at present proposes to classify colour blindness by measuring the luminosity of the colour sensation by the flicker method, but Dr. Edridge-Green is prepared to show by actual cases that this method may result in a colour blind person being returned as normal and a normal person as colour blind.

THE Local Government Board has issued a circular to port and riparian sanitary authorities calling attention to the fact that cholera is now prevalent in and around Constantinople and in a number of districts and ports in Asia Minor and Syria, and is severely epidemic in Mecca and Hedjaz, from which pilgrims are now returning to Turkey, Egypt, and Southern Europe. It is hoped that the statement issued weekly by the Board to medical officers of health of port and riparian sanitary authorities, which contains information as to such cholera occurrences as come under notice, will be of assistance in enabling them to keep themselves informed as to the spread of the present outbreak of cholera. Reference is made to the General Order issued on September 9th, 1907, relating to cholera, yellow fever, and plague on ships arriving from foreign ports.

A CURIOUS case has just been decided in the Saxon medical ethical courts. A certain specialist for skin and venereal diseases had employed a lay assistant for a number of years. This man was sentenced to imprisonment for an unnatural offence in 1910. A complaint was lodged against the specialist for continuing to employ the man after having become aware of the nature of his habits. The local court dismissed the charge, but the matter was referred to the court of appeal, which reversed the findings of the lower court, holding that, inasmuch as the man was brought into close contact with patients in carrying out injunction and other forms of treatment, the patients were exposed to an unwarrantable risk, and further that the knowledge of the facts would tend to lower public respect for the profession. The court of appeal, however, holding that the specialist only continued to employ the man out of pity, did not pass any sentence and did not require the defendant to pay costs.

A QUARTERLY court of the directors of the Society for Relief of Widows and Orphans of Medical Men was held on January 8th, the President, Sir Thomas Boor Crosby, in the chair. Sixteen directors were present. Two gentlemen were elected members of the society, and it was reported that three members had died since the last court. The sum of £514 was paid in December, 1912, as a Christmas present to the widows and orphans in receipt of grants, each widow receiving £10, each orphan £3, and each orphan on the Copeland Fund £10. This grant is in addition to the usual half-yearly grants. The invested funds of the society now amount to £101,600; £1,313 10s. was voted for the payment of the half-yearly grants. An application for relief was received from the widow of one of the members on behalf of herself and five orphans; her late husband had paid in subscriptions £16 16s. The court voted a grant at the rate of £50 per annum for the widow and £20 per annum for each orphan, making a total grant of £150 per annum. In addition, the widow will probably receive at Christmas £10, and each orphan £3, bringing the total amount she will receive from the society up to £175 per annum. A more striking example of the advantages of joining the society can hardly be shown. Membership is open to any registered medical practitioner who at the time of his election is resident within a twenty-mile radius of Charing Cross. The annual subscription is two guineas. Special terms for life membership. Further particulars and application forms for membership may be obtained from the Secretary at the offices of the Society, 11, Chandos Street, Cavendish Square, W.

Universities and Colleges.

UNIVERSITY OF CAMBRIDGE.

THE following candidates have been approved at the examinations indicated:

D.T.M.H.—A. B. Arora, F. D. Bana, J. A. Beattie, G. Browne, de Vere Condon, A. da Gama, S. H. Dankes, G. E. Dodson, P. J. S. Dunn, A. E. A. Ismail, R. K. Mhatré, A. Moore, A. K. Sinha, W. C. P. Winter.

UNIVERSITY OF LONDON.

Examinations.

THE following candidates have been approved at the examination indicated:

FIRST M.B.—G. C. Agarwala, G. N. Anderson, K. N. G. Bailey, J. R. Banks, Grace M. Beaven, H. F. G. Berncastle, A. B. Bond, G. W. J. Bousfield, T. Carlyle, P. C. L. Carrier, O. C. Carter, P. S. Clarke, C. G. Coombs, R. C. Davenport, G. Day, *†J. D. Dyson, G. W. Elkington, C. F. Eminson, G. H. Fitzgerald, L. B. Goldschmidt, Iris Harding, G. W. Heckels, *W. A. Hewitson, E. A. Holmes, C. A. Hutchinson, J. W. D. Hyde, J. Joffe, D. M. Jones, V. E. Jones, M. H. K. Kane, G. E. Kidman, E. E. Lightwood, Marguerite P. J. Lowenfeld, Ethel M. McCartney, R. G. Mack, T. E. Malins, H. I. Marriner, P. N. Menon, J. O. R. Montecchio, A. Morford, M. Munir, N. Olivier, Irene G. Parsons, V. J. E. C. del S. Perez y Marzan, E. S. Phillips, Sybil M. G. Pratt, T. D. Pratt, S. H. de G. Pritchard, C. N. Read, J. B. Reed, F. E. Rendel, P. G. Riggall, H. B. Russell, M. Shimberg, Ellen Sylk, A. A. Thiel, N. B. Thomas, K. R. Traill, K. T. K. Wallington, R. E. S. Webb, A. D. Weeden, A. W. Wells, Effie A. Wharton, G. S. Wilson, W. P. P. Wilson, Sik To Wong, C. Young.

* Awarded a mark of distinction in Inorganic Chemistry.

† Awarded a mark of distinction in Physics.

‡ Awarded a mark of distinction in Biology.

LONDON (ROYAL FREE HOSPITAL) SCHOOL OF MEDICINE FOR WOMEN.

Scholarships and Bursaries.

A bequest has been received from the late Miss Mabel Sharman-Crawford to found a scholarship to bear her name. The scholarship, offered annually, of the value of £20 a year for four years, will be awarded for the first time in July, 1913, on the result of an examination in biology, chemistry, and physics. Other scholarships to be awarded in July, 1913, are the Isabel Thorne Scholarship, value £30, and the St. Dunstan's Exhibition, value £60 a year for three or five years. The Agnes Guthrie Bursary for Dental Students, value £60, and the Mabel Webb Research Scholarship, value £30 a year for one, two, or three years, will be awarded in September, 1913. The Dr. Edith Pechey-Philpott Post-graduate Scholarship of the value of £40 will be awarded in June, 1913. Full particulars can be obtained from the Secretary of the Medical School, 8, Hunter Street, W.C.

Gifts.

Valuable gifts have recently been received for the Library from the Worshipful Company of Clothworkers and Sir Montagu Turner, for apparatus from Mr. Alfred Langton and Dr. Florence Stoney, and for bursaries from Mrs. Anstruther and Dr. Eleanor Lowry.

UNIVERSITY OF EDINBURGH.

ANNUAL REPORT FOR 1912.

Numbers of Students.

DURING the past year the total number of matriculated students (including 572 women) was 3,404. Of these, 466 (including 25 women) were enrolled in the Faculty of Science, 1,330 (including 6 women) in the Faculty of Medicine. The numbers in the Faculties of Arts and Medicine show a small reduction, but the number of students in the Faculty of Science is the best ever reached, exceeding by 40 that for 1911, and by 84 that for 1910. Of the students of medicine, 591, or over 44 per cent., belonged to Scotland; 228, or over 17 per cent., were from England and Wales; 95 from Ireland; 102 from India; 265, or 20 per cent., from British colonies; and 49 from foreign countries. The number of women attending extra-academical lectures, with a view to graduation in medicine in the university, was 69.

Degrees Conferred, Etc.

The following degrees were conferred during 1912: Bachelor of Science (B.Sc.), 71 (the highest number ever reached); Doctor of Science (D.Sc.), 4; Bachelor of Medicine and Master in Surgery (M.B., C.M.), 2; Bachelor of Medicine and Bachelor of Surgery (M.B., Ch.B.), 201; Doctor of Medicine (M.D.), 55.

The General Council of the University now numbers 11,941. The Diploma in Tropical Medicine and Hygiene was conferred on one candidate; the Diploma in Psychiatry on four candidates.

Scholarships, Etc.

The total annual value of the University Fellowships, scholarships, bursaries, and prizes now amounts to about £19,420, and includes: In the Faculty of Science, £1,190; in the Faculty of Medicine, £5,230. A number of bursaries are in the gift of private patrons, but the great majority of the university bursaries, prizes, etc., are awarded by the Senatus after competitive examination. In addition to the above, a sum of upwards of £660, being the income of the Earl of Moray Endowment Fund, is annually available for the encouragement of original research.

Lectureships, New Courses, Etc.

During the year six new lectureships have been instituted by the University Court, and the courses are being delivered in the current session. Of these there are as follows: Neurology—J. J. Graham Brown, M.D.; Physical Methods in the Treatment of Disease—Harry Rainy, M.A., M.D.; Physical Optics—J. R. Milne, D.Sc. A second Lecturer upon Diseases of the Skin has also been appointed in the person of Dr. Frederick Gardiner.

New Ordinances, Etc.

Early in the year the sanction of His Majesty in Council was given to the Ordinance of the University Court of the University of Edinburgh, No. 13 (Institution of Degrees in Veterinary Science, and relative Regulations). The Court's Ordinance, No. 14 (Foundation of Chair of Bacteriology), has been submitted to the King in Council and laid before Parliament. The foundation of the new Chair is due to a munificent bequest, intimated several years ago, by Mr. Robert Irvine, of Royston, Granton, for this purpose. The sum in the hands of the trustees has been allowed to accumulate until it has reached £30,000, and it is available not only for the founding of the Chair, but also for the equipment of a class-room and laboratory connected therewith. A draft Ordinance has also been framed for the foundation of the Moncrieff Arnott Chair of Clinical Medicine.

New Buildings.

The year just closed has seen the completion of a portion of the western annexe of the physical laboratory, a suite of rooms having been so fitted up as to provide accommodation both for the laboratory work of the Medical Physics Class and for the tutorial work of the Natural Philosophy Class.

Benefactions, etc.

As in former years, the university has to make grateful acknowledgement of numerous benefactions. Among others may be noted a sum of about £1,200, being the residue of the estate of the late Mr. John Bruce, M.B., C.M., of Kirkwall, for the foundation of a bursary in the Faculty of Medicine, to be called the "Whiteside Bruce Bursary"; and a sum of £337s. 2d. subscribed by medical practitioners in the Straits Settlements to provide a medal in the subject of tropical diseases. A highly interesting and much-prized donation has also come to the university by the bequest of the late Lord Lister (at one time Professor of Clinical Surgery in the University), of his orders and medals, the caskets presented to him in connexion with the conferring upon him of the freedom of London, Edinburgh, and Glasgow, and the numerous diplomas and congratulatory addresses received by him at various times from British and foreign learned societies, together with his portrait, painted by Mr. J. H. Lorimer. All of these have been placed in the university library.

Miscellaneous.

Inclusive fees have been instituted in the Faculty of Arts, in the Faculty of Science (Department of Pure Science), and in the Faculty of Law, to apply to those who are studying with a view to graduation in these faculties.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

A QUARTERLY Council was held on January 9th, Sir Rickman J. Godlee, Bart., President, in the chair.

Votes of Thanks to Donors.

The thanks of the Council were given to Mr. Harold Peake, of Westbrook House, Newbury, Berks, for his gift of a collection of skulls and skeletons of Anglo-Saxons of the seventh century, found near Newbury. Likewise to Mr. H. E. Juler, for a gift of 150 specimens illustrating injuries and diseases of the eye, and to Dr. T. Colcott Fox for presenting a series of cultures of ringworm fungi.

CONJOINT BOARD IN ENGLAND.

FIRST COLLEGE (Part I and Part II).—*A. Arias, †J. R. S. Bowker, V. H. Butcher, R. Calvo, *H. H. Castle, *A. V. S. Davies, D. A. Dyer, *A. M. El-Mishad, †E. S. Gouda, P. Green, †F. J. Harrington, E. G. Harris, †W. R. G. Hearnden, †F. H. Hyland, †Mabel M. Ingram, †T. W. Le Mesurier, †P. Lloyd-Williams, †A. N. McMillan, †A. Mishriky, *R. Moser, W. I. F. Powell, D. S. Pracy, R. H. C. Prynn, †D. R. Reynolds, F. N. Reynolds, A. Rodd, †J. H. E. Sandford, G. E. L. Simons, *B. L. Skeggs, †T. F. Zerolo. (Part III): E. B. Alabaster, P. Banbury, W. J. Colborne, Jane Crawford, A. M. El-Mishad, J. H. Ewen, A. Faig, N. E. Fasken, F. Y. Hassaballa, W. R. G. Hearnden, M. Ibrahim, J. Macadam, A. N. McMillan, W. I. F. Powell, R. H. C. Prynn, A. Rodd, J. H. E. Sandford, B. C. W. Simpson, A. H. Talaat, C. Vincent-Brown. (Part IV): H. L. Addison, C. S. Atkin, C. L. Balkwell, G. A. Batchelor, S. S. Beare, H. S. Bryan, A. A. K. C. Doyle, W. Farquharson, H. H. Fisk, H. J. Grimshaw, D. M. Hanson, S. F. Harris, O. R. Horwood, W. G. Johnston, D. W. Jones, J. V. Lambert, F. G. Lescher, J. A. Liley, J. Lloyd, C. H. G. Penny, J. Precoules, C. W. Roe, B. E. P. Sayers, A. D. Stammers, R. Stansfeld, E. W. Twining, G. L. Wilkinson, C. W. Wilson.

* Passed in Part I only. † Passed in Part II only.

SECOND COLLEGE (Anatomy and Physiology).—H. S. Baker, K. L. Bates, J. H. Bayley, S. C. Biswas, J. P. Bracken, A. S. Carter, J. E. Clark, S. W. Coffin, S. A. Cornelius, R. Curle, Delphine Gertrude D'Almeida, C. W. Dias, C. L. Donne, W. A. Easton, J. E. Evans, A. G. B. Fenwick, S. W. Fisk, H. P. Gabb, S. C. Ghosh, C. C. G. Gibson, G. D. Gripper, C. G. W. Hahr, R. B. Hick, R. A. Holmes, W. A. Hosson, H. B. Hyde, V. C. James, S. D. Lodge, G. Lynden-Bell, A. J. V. McDonnell, J. M. Madariaga, R. P. S. Mason, I. Morfaga, E. W. Mottan, R. V. Powell, J. N. Puri, K. K. R. Rao, H. R. Rattarajah, C. R. Reekie, R. L. Robinson, L. C. S. Roche, A. F. Rook, J. Rowland, S. F. Simpson, R. C. W. Staley, J. G. Stevens, A. Sunderland, H. J. H. Symons, R. C. Thomas, C. P. G. Wakeley, F. L. Webster, N. J. Wigam, H. Whyte.