the hospital I had to walk five miles and, when done with work, walk those five miles again. It might be well here to compare this with the modern mode of going through a medical education. Dr. Thompson was a man of most striking character. Though kindly at heart, he had a most aggressive and dogmatic manner. If he said a patient would not live, it was said in such a way that you felt the patient must die. There was no court of appeal, as it were. Dr. Thompson, by the way, was the first surgeon in Ireland to perform an ovariotomy.

The hospital itself was very primitive. There were 50 beds; mattresses were of straw and not of the best quality. Off each ward was a w.c. of sorts in a small room, the floor and walls lined with lead. Urinals were unknown. For the whole 50 beds there was one bath, which was situated in the basement, and consisted of a long wooden box lined with lead and let into the floor. To get into it one had to go down some steps. Few indeed were the baths taken. A room was set apart for operating in; there were shelves and presses for holding cases of instruments, dressings, etc. The operating table was a narrow wooden one; the instruments were few, but of good quality. There were no antiseptics of any sort. Pus was a laudable thing and looked upon as natural and therefore healthy. Plain water, not even boiled, was used to wash up any blood or discharge. A large tub, full of freshly dug earth, was always placed under the operation table before an operation. The equipment of the surgeon consisted of the oldest coat he had. Operation after operation did not tend to improve this garment, either as to cleanliness or appearance. The surgeon was careful to wash his hands after the operation, but not before. The ligatures were strong thread taken off a spool and rubbed over a piece of wax. Indeed, the important preparations for an operation were the tub of earth and the waxed thread. The staff of the hospital consisted of the doctor, two nurses, and a porter. It was the custom in those days for the doctor, when going round the wards, to keep his hat on. The wards were visited only in the morning. The two nurses were very much of the Sarah Gamp type. They were not characterized by either cleanliness or sobriety. So long as the intoxication remained in the early or mild stage it was overlooked. These nurses had to sleep in the wards, and, considering their sobriety—or want of it—it was not surprising that their sleep was sounder than most of the patients'. The porter slept in the male ward.

The first operation I attended was an amputation through the thigh. The patient was not allowed to lie down. The leg was brought well out over the edge of the table. The porter sat straddled-legged on the table and supported the patient, who had to stand the sight and pain as best he could.

This, then, is a small picture of a county hospital in those early days. When I compare it with what it is to-day, replete with all sanitary conveniences, electric light, *x*-ray installation, and modern asepsis, the comparison is awful.

In 1882 Dr. Thompson was killed, and I was appointed in his stead. It is with pardonable pride that I reflect that I have been in this hospital, boy and man, for so many years, and that these improvements have taken place under my care. Like all others, we passed through the pre-antiseptic days, the antiseptic, and now the aseptic.

The medical side was somewhat on the same lines. The constant treatment for all and sundry was large linseed poultices and a liberal amount of medicine. Comparing the past with the present, medicine itself has changed little save in the refinement of drugs, synthetics, and vaccines. Diagnosis is much altered for the better, though I doubt if the diagnostic power of the individual is much improved. It is in midwifery one sees the greatest changes. When I started practice nothing pertaining to the lying-in patient was to be altered, changed, or washed, and if water came near her skin it was looked upon as very bad management. The midwives were those of Charles Dickens's description—in most cases ignorant, unclean, and intemperate. The nightdress of the patient, no matter how soiled, was not to be changed before the eighth day. The same rule applied to the bed sheets, etc. As clinical thermometers were not in use a patient had to be bad indeed before much notice was taken of it. On one occasion, when called to a maternity case and finding labour tedious, due to an overfull bladder, I drew off the urine with a silver catheter. This must have impressed the women who were in to help the patient. Labour came on quickly after this, and the patient delivered herself. Shortly after this, when attending a breech case, I explained it would be slow and went home to wait. The women in the house must have had a consultation, for they sent one of their number to see if I would not "draw off the child" with the "wee horn" I had used on Mrs. X.

Such, then, are some of my experiences in hospital and private practice. From a scientific standpoint they may not amount to much, but they are worth recording to show the difficulties that had to be faced in those days.

To my younger colleagues I hope they will be interesting and also instructive—interesting, in that they will tell them of a period of which they have only read; instructive, in that they will see that though ignorant of the vast amount of present-day medical science, we yet managed to do work that has lasted and has been fruitful.

[Dr. St. George showed photographs of 3 cases operated on by himself in 1884: (1) Tarsectomy; (2) Macewen's operation; (3) rhinoplasty; and also referred to his having performed suprapubic cystotomy in 1883.]

Memoranda:

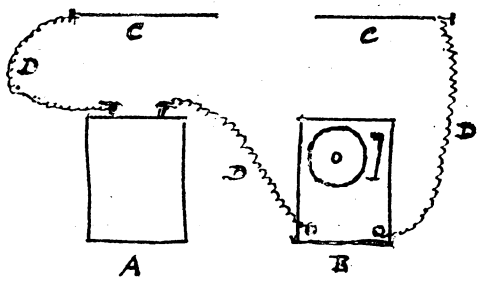
MEDICAL, SURGICAL, OBSTETRICAL.

LOCALIZATION OF BULLETS AND METALLIC FOREIGN BODIES.

THE importance of this subject cannot be over-estimated at the present time. Sir James Mackenzie Davidson's interesting experiments with a telephone attachment to knives, forceps, etc., described by him in the JOURNAL of January 2nd, reminds me of a piece of apparatus I designed and used with complete success a few years ago. My apparatus assists the surgeon to find a metallic foreign body with a minimum amount of incision, and is especially useful when the foreign body is lying among fragments of bone, or adjacent to bony prominences, such as the processes of the spinal vertebrae. It is so simple that it can be improvised by any one possessing a dry cell or a 2-volt or 4-volt motor-car accumulator, and a small electric bell.

Although my apparatus has probably been devised and used by others, I have never read a description of it in the press, and venture to send you the following description:

A is a dry cell or small accumulator; B, a small electric bell or voltmeter; C C, two steel needles 4 or 5 in. long; D, flexible insulated wire.



One piece of flexible wire is attached to one terminal of the dry cell or accumulator, and the other end of the wire is fixed to one of the needles by means of a brass screw terminal or by soldering. The other terminal of the dry cell or accumulator is connected up by a piece of wire to one terminal of the electric bell or voltmeter, and the other terminal of same to the other needle as above described.

The method of use is as follows: One needle is driven in either through the unbroken skin or from the bottom of an incision already made in the direction where the foreign body is suspected to lie. This is repeated until the needle is felt to hit something hard. When this takes place the other needle is inserted close to and parallel with the first, but not touching it until it strikes the same substance. If this substance is metallic the bell will at

once ring or the voltmeter pointer will swing over. This will not occur if the substance is bony. The surgeon must be quite sure that the two needles are not in contact in any part of their length.

NORMAN E. ALDRIDGE, Major R.A.M.C.(T.),
Physician-in-Charge Electro-Therapeutic Department, Royal South Hants and Southampton Hospital.

Reviews.

CEREBRAL LOCALIZATION.

THE new work of Professor MONAKOW of Zürich on cerebral localization[1] contains over 1000 pages, with 268 illustrations and two tables. It is a monument of accumulated knowledge concerning cerebral localization, based upon a comprehensive and profound study of the facts supplied by anatomy, comparative anatomy, embryology, experimental physiology, and lastly, and most important, of clinical observation correlated with anatomical investigation. The author, not only by his comprehensive study of the literature, but also by his own original investigations and contributions to our knowledge in all these various departments of neurological science, has specially qualified himself to speak authoritatively on the subject of cerebral localization.

His great work *Gehirn Pathologie* was published in 1905, and naturally much that is said in that work is contained in the volume under review. But since then the great discussion in Paris on aphasia, raised by Pierre Marie, has caused many neurologists to be doubtful of the correctness of our long-cherished notions of the localization of speech in Broca's convolution. The discussion that occurred between Marie and Dejerine is now an old story; it has led, however, to the division of neurologists into two camps: those who follow Marie and deny the existence of reliable clinico-anatomical evidence proving that destruction of the cortex of Broca's convolution suffices to cause motor aphasia;[2] and those who follow Dejerine and maintain that reliable clinico-anatomical evidence does exist in support of the original claim of Broca that motor aphasia ensues from destruction of the convolution that bears his name. Certainly, as Marie asserts, Broca's cases do not prove it; and it must be admitted that, whether Marie be right or wrong, he has done a signal service to neurology by insisting upon the necessity of approaching this question free from any bias, and also of rejecting all anatomical evidence based solely upon naked-eye appearances of the lesion and its extent. Marie rightly asserts that the correct correlation of clinical phenomena with anatomical changes can only be regarded as furnishing reliable evidence when a complete anatomical study of the brain has been made by appropriately stained serial sections whereby degenerated systems of fibres near to, and remote from, the naked-eye lesion can be observed. But it is only comparatively recently that this method has been carried out efficiently; consequently all the older recorded cases are more or less invalid.

Professor Monakow analyses and critically digests all the important experimental investigations upon animals which have a bearing upon cerebral localization; and he gives special attention to the published clinico-anatomical cases bearing upon this subject. We recognize in the author a searcher after truth who has given a great part of his life to the study of the structure and functions of the central nervous system by all the methods at his disposal in the clinic, the laboratory, and the library. The result is that he is not satisfied with all the accepted doctrines of cortical cerebral localization; and he puts forward a theory which, however much it tends to upset our cherished notions, must be carefully considered and impartially judged by the facts and arguments advanced in support of it.

Doubtless von Monakow, when surveying all the recorded cases of lesions of the speech zone, was struck by the varied clinical results as well as the variable severity and duration of the speech defects in apparently similar lesions. This probably led him to formulate his theory of "diaschisis" or "shock" on manifold systems and groups of neurones anatomically and functionally correlated with the cortical neurones damaged or destroyed at the seat of the lesion. The varied effects and duration of initial symptoms due to the diaschisis not only depend upon the severity and extent of the lesion, but also upon the power of recovery of the brain from the shock. But the power of recovery of the brain depends largely upon the healthy state of the organ, and especially of its vessels.

Now a large proportion of recorded cerebral lesions are caused by thrombosis of diseased arteries. Microscopic investigation shows that in the majority of cases all the vessels of the brain are more or less diseased, and not only that one which has become occluded. Of the importance of this factor there can be no question, for it is shown by the well-known circumstance that hemiplegia not infrequently happens as a result of ligature of the common carotid for aneurysm. The reason of this is, that all the arteries of the circle of Willis are probably more or less diseased, and an anaemia of the hemisphere occurs. In a healthy monkey both carotids can be tied without any appreciable effect.

But let us see what argument the author brings forward in favour of his theory of "diaschisis," or the influence of "shock" on cerebro-spinal neuronic groups and systems anatomically and functionally correlated with the cortical area actually destroyed or damaged. Three phases occur in hemiplegia arising as a result of a lesion, experimental or pathological, of the Rolandic area of the cortex or the internal capsule.

(*a*) Initial, the phase of flaccid hemiplegia.
(*b*) Regressive, the phase of return of tonus and of the reflexes.
(*c*) Residual, the phase of residuary phenomena destructive or irritative.

The initial symptoms vary greatly in different cases, and the purely anatomical theory of localization cannot satisfactorily explain them. Other dynamic conditions must account for the initial symptoms than those caused by the actual destruction of cortex or interruption of fibre systems, such as circulatory disturbances, reflex anaemia in subcortical structures of the central nervous system, changes of blood pressure (loss of blood in experimental lesions), swelling of the brain, toxic conditions—above all, conditions which may be included under the term "shock."

Von Monakow then gives the following description of the various well-recognized forms of shock in contradistinction to "diaschisis" (διασχίζω, to cleave through):

Commotio Cerebri: Shock with loss of consciousness, may occur from mechanical or physical causes, without the nervous elements showing any appreciable microscopic change.

Surgical Shock: In this form of shock consciousness remains to the end; the effect of the shock from peripheral excitation is upon the autonomic vital centres, cardiac, vasomotor, and respiratory.

Psychic Shock: This may be the result of a violent emotion of a terrifying character, but it may accompany surgical shock; the vital autonomic centres run down and, although consciousness is maintained, death occurs. It is of interest here to note the experiments of Cannon and Elliot, who have shown the profound influence of the emotion of fright on the medullary portion of the adrenal gland. Monakow does not note this, but says that this form of shock occurs on account of a harmful action on the sympathetic, as well as on the autonomic nervous system and their cortical representatives; thus not only may visceral disturbances arise, but marked peripheral sensory and motor paralyses—for example, in hysteria. He explains the excessive effects on the visceral nerves by the abnormal secretion in the blood secreting glands.

Apoplectic Shock: In this form of shock the effect falls upon the cortex, and consciousness is lost through damage to the brain and the sudden increase of intracranial pressure; the autonomic centre and the sympathetic nervous system continue to function. In contradistinction to "surgical shock," the medullary centres continue to function, and even show an increased activity. The pulse and respiration only fail when death approaches.

[1] *Die Lokalisation im Grosshirn und des Abbau der Function durch kortikale Herde.* By Dr. med. C. v. Monakow. Wiesbaden: J. F Bergman; and Glasgow: F. Bauermeister. 1914. (S. roy. octavo, pp. 1045; 2 plates, 268 figures. £2 8s.)

[2] Strictly and more correctly the glosso-kinaesthetic aphasia of Bastian.

NEW YEAR'S HONOURS.

THE New Year's list of honours, published on January 1st, is rather shorter than usual, and to a considerable extent consists of decorations conferred in connexion with the war. The most interesting feature in the list is the institution of a new decoration entitled "The Military Cross." The insignia consists of a silver cross, having on each arm the Imperial Crown, and bearing in the centre the letters G.R.I. It is to be conferred for military services on junior officers, captains, subalterns, and warrant officers. The inclusion of the latter rank is a new development and one of special interest, for decorations and orders, other than the V.C., have hitherto been very sparingly conferred on men of lower than commissioned rank. In fact, the only recipients of such decorations, we think, have been a certain number of warrant officers in India, who have been made Companions of the Indian Empire. The Indian Order of Merit, of course, has been freely bestowed on non-commissioned officers and men, but this Order is specially intended for all ranks of the Indian army.

The total number of medical names which appear in the list seems to be fifteen, besides six warrant officers of the R.A.M.C., as follows:

Privy Council.—Sir William MacGregor, G.C.M.G., C.B.
Knight Bachelor.—Herbert Lethington Maitland, M.B., Ch.M., of Sydney, New South Wales.
C.M.G.—Surgeon-Major-General Eugene Fiset, Canada.
C.I.E.—Colonel G. W. P. Dennys, I.M.S.; Major S. R. Christophers, I.M.S.
Kaisar-i-Hind Gold Medal.—Major J. Husband, I.M.S.; Dr. C. A. Bentley; Hakim Mahomad Ajmal Khan, Hazik-ul-Mulk, president, Anjuman Tibbia (Medical Association) of Delhi.
Indian Order of Merit.—Senior Sub-Assistant Surgeon Pandit Shankar Dass; Sub-Assistant Surgeon Harnam Singh.
C.V.O.—Dr. John Marnoch, Regius Professor of Surgery, Aberdeen.
Military Cross.—Captain H. Stewart, R.A.M.C.; Captain E. D. Caddell, R.A.M.C.; Lieutenant C. Helm, R.A.M.C.; Lieutenant (temporary) E. J. Wyler, R.A.M.C.; Captain J. F. Murphy, R.A.M.C., Special Reserve; Captain Kunwar Indarjit Singh, I.M.S. (killed in action); Sergeant-Major R. Cox, R.A.M.C.; Sergeant-Major A. T. Hasler, R.A.M.C.; Sergeant-Major T. E. Coggan, R.A.M.C.; Sergeant-Major H. J. Anderson, R.A.M.C.; Sergeant-Major E. R. Loft, R.A.M.C.; Sergeant-Major R. J. McKay, R.A.M.C.

We should also mention the knighthood bestowed upon Mr. Perceval Alleyn Nairne, Chairman of the Committee of the London School of Tropical Medicine.

Sir William MacGregor has been one of the most distinguished officers the medical profession has contributed to the ranks of administration. He took the diplomas of L.R.C.S.Edin. and L.F.P.S.Glasg., as well as the degree of M.B.Aberd., in 1872, and the degree of M.D. of the same university in 1874. A long list of honorary degrees and orders has since been bestowed upon him: D.Sc.Camb. in 1895, LL.D.Aberd. in 1895, LL.D.Edin. in 1902, Fellowship of the Faculty of Physicians and Surgeons, Glasgow, in 1908, the K.C.M.G. in 1889, C.B. in 1897, G.C.M.G. in 1907. After acting as resident surgeon and physician at Glasgow Royal Infirmary and resident medical officer of the Aberdeen Lunatic Asylum, he entered the Colonial Medical Service in 1873 as medical officer in the Seychelles Islands. In 1874 he was appointed surgeon of the civil hospital at Port Louis, the chief town of Mauritius, and in 1875 civil medical officer in the Fiji Islands. While holding that post he was appointed to act as Governor of Fiji and High Commissioner of the Western Pacific. On September 4th, 1888, he proclaimed Her Majesty Queen Victoria as Sovereign of British New Guinea, and became Administrator of the newly annexed colony. In 1899 he was transferred in the same capacity to Lagos, in West Africa, and represented the West African colonies at the coronation of King Edward in 1902. From 1904 to 1909 he was Governor of Newfoundland, and has since been Governor of Queensland. He holds the Albert medal and the Clarke gold medal for saving life at sea, the Watson gold medal, the Founder's medal of the Royal Geographical Society, and the Mary Kingsley medal (1910). He is also a Fellow of the Royal Geographical Societies of England, Scotland, and Berlin, and a Knight of Grace of St. John of Jerusalem.

Surgeon-Major-General Joseph Eugene Fiset, after taking the degrees of B.A., M.D., and M.S. in Canada, entered the medical department of the Canadian military forces. He served with the Canadian contingent in South Africa, when he was mentioned in dispatches, gained a brevet as Lieutenant-Colonel, and the medal with four clasps; in 1902 he received the D.S.O. He was Director of Medical Services in Canada from 1903 to 1906, when he was appointed Deputy Minister of Militia and Defence, a post which he still holds.

Dr. John Marnoch was educated at Aberdeen, where he took the degree of M.A. in 1888, the M.B. and C.M. with highest honours in 1891. After acting as house-surgeon and physician to the Hospital for Sick Children at Aberdeen, and assistant to the Professor of Physiology in the University, he was appointed Regius Professor of Surgery in Aberdeen University, and surgeon and lecturer in clinical surgery to Aberdeen Royal Infirmary.

Colonel George William Patrick Dennys was educated at St. Bartholomew's Hospital, took the M.R.C.S. and L.R.C.P. in 1878, and entered the I.M.S. as surgeon on October 31st, 1879. He became full Colonel on June 16th, 1910. He holds the post of Inspector-General of Civil Hospitals in the Central Provinces, and is also a member of Council for that province.

Major Samuel Richard Christophers took the M.B. and Ch.B.Vict. with first class honours in 1896, and held the Hill Scholarship in Pathology. He served as a member of the Malaria Commission of the Royal Society and Colonial Office from 1898 to 1902, and entered the I.M.S. as Lieutenant on September 1st, 1902, becoming Captain on September 1st, 1905, Brevet-Major on January 1st, 1911, and Major on March 1st, 1914. He holds the post of Assistant Director of the Pasteur Research Institute at Kasauli, and is the author of numerous reports on his speciality, malaria.

Dr. Charles Albert Bentley took the M.B. and C.M. at Edinburgh in 1898, and the D.P.H.Camb. in 1905. He is now Special Deputy Sanitary Commissioner for malaria investigation in Bengal, and has written numerous papers on malaria.

Major James Husband took the M.B. and Ch.B. at Edinburgh in 1899, the F.R.C.S.Edin. in 1909. After serving as house-surgeon to the Edinburgh and Glasgow Maternity Hospitals he went into the I.M.S. He is Medical Officer of the 59th Sind Rifles, and officiating Civil Surgeon of Wano, on the Baluchistan frontier, under the Indian Foreign Office.

Captain Kunwar Indarjit Singh, I.M.S., was recently reported as killed in action, and Lieutenant E. J. Wyler, R.A.M.C., as wounded.

The services of the two sub-assistant surgeons who receive the Indian Order of Merit are thus described in the Honours List:

47th Sikhs: Senior Sub-Assistant Surgeon Pandit Shanker Dass (attached). For cool courage in attending wounded under heavy fire at Neuve Chapelle.

34th Sikh Pioneers: Sub-Assistant Surgeon Harnam Singh (attached). On November 23rd and 24th, for great courage and disregard of danger in removing wounded under heavy shrapnel fire from the regimental aid post, and, with the help of one other man, carrying seven wounded men to a place of safety.

THE following three works embodying information contained in the *British Pharmacopoeia* 1914 will shortly be published by Messrs. J. and A. Churchill: Dr. W. Hale White, *Materia Medica* (fourteenth edition); Mr. E. W. Lucas (member of the British Pharmacopoeia Reference Committee), *The Book of Prescriptions* (tenth edition); Mr. E.W. Lucas and Mr. H. B. Stevens, *The Book of Pharmacopoeias;* this is a new book containing about 5,000 formulas, British and foreign, arranged on a comparative system. Mr. H. K. Lewis announces that a new edition—the sixteenth—of the *Extra Pharmacopoeia*, revised to be in conformity with the new *British Pharmacopoeia*, will be issued in a week or two.

AMONG the kind-hearted things that are being done for the wounded soldiers and sailors in hospital are the entertainments of the Union Jack Concert Party, which contrive to attain a double end. They provide entertainment for the wounded, and assist necessitous artists by giving them a small fee for their services. Concerts have been given lately at St. George's and St. Bartholomew's Hospitals, at the 2nd London General Hospital at Chelsea, and at the Queen Alexandra Hospital, Millbank. The concerts are arranged and organized by Miss Helen Mott and Miss Florence Castelle, to whom subscriptions may be sent at 25, Nottingham Place, W. Many of the leading artists give their services free, but among those less well known the war has caused much distress.

shot. The remains were interred in the family vault in St. Patrick's Cathedral, Dublin, on December 28th. He was unmarried, but leaves two sisters and four brothers.

EDWARD IRWIN SCOTT died at Brighton on December 1st, 1914, aged 68, of angina pectoris. He received his medical education in the school of the Royal College of Surgeons in Ireland. He took the diploma of L.R.C.S.I. in 1867 and that of L.R.C.P.I. in 1874. He graduated M.D.St.Andrews in 1888. He was honorary medical officer to Brighton and Hove Dispensary for twenty-five years, and had held the office of President of the Irish Medical Schools' and Graduates' Association. He at one time practised in Swatow, where he was surgeon to H.B.M., U.S., and I.G. Consulates, Imperial Maritime Customs, and Swatow Seamen's Hospital. He was formerly a member of Hove Town Council and was interested in local philanthropic bodies. He leaves a widow, three sons, and four daughters. He was noted for his great kindness to his patients, rich and poor alike. There was a large gathering at his funeral at All Saints Parish Church, Hove, and at Hove Cemetery.

DEPUTY-SURGEON-GENERAL WILLIAM HENRY HARRIS, Madras Medical Service (retired), a Crimea and Mutiny veteran, died at Shanklin, Isle of Wight, on December 11th. He was born on February 10th, 1830, educated at the London Hospital, took the diploma of M.R.C.S. in 1851, and that of L.S.A. in 1852, and the degree of M.D. (St. Andrews) in 1859. He entered the I.M.S. as assistant surgeon on February 13th, 1853, became surgeon on February 13th, 1865, surgeon-major on February 13th, 1873, and brigade surgeon, when that rank was first instituted, on November 27th, 1879, retiring with a step of honorary rank on July 1st, 1881. For some years before his retirement he held the important posts of superintendent of the lying-in hospital, Madras, and professor of midwifery in Madras Medical College. His war services comprise: Crimea, 1855, siege and fall of Sevastopol, attack on the Redan on June 18th, and the battle of Tchernaya, medal with clasp, and Turkish medal; India, 1857-58, operations before Kalpi, capture of Lucknow, surrender of forts, Ahmati and Thankupur, and subsequent operations in Oudh, medal. The funeral took place at Woking crematorium on December 15th.

Universities and Colleges.

UNIVERSITY OF LONDON.

MEETING OF THE SENATE.

A MEETING of the Senate was held on December 16th, 1914.

Recognition of Teachers.

Dr. Harold M. Woodcock was recognized as a teacher of protozoology at the Lister Institute of Preventive Medicine.

Brown Animal Sanatory Institution.

Mr. Edwin Deller, LL.B., was appointed Secretary of the Brown Animal Sanatory Institution as from October 1st, 1914, in succession to Mr. T. Ll. Humberstone, B.Sc., resigned.

Hygiene at the M.B., B.S. Examination.

It was resolved that in and after 1917 the syllabus in hygiene for the M.B., B.S. examination be amended to read as follows

Hygiene: The principles of personal hygiene. The principles regulating the sanitary construction of the dwelling. Overcrowding and its evil effects. Diseases liable to be conveyed by water and food. Etiology and prevention of the more commonly occurring endemic and epidemic diseases, including isolation and disinfection. The power and legal obligations of the medical practitioner under public health legislation. Elements of medical statistics, including the meaning and interpretation of birth-rates and death-rates. Causes and prevention of infant mortality. Correct certification of the causes of death.

M.D. and M.S. Examinations.

A list of institutions recognized for the M.D. and M.S. Examinations for internal and external students was approved, and may be obtained on application to the Academic Registrar.

Second Examination for Medical Degrees, Part II.

The regulations for the Second Examination for Medical Degrees, Part II, have been amended by the insertion of the following footnote to the words "Pharmacopoeia" in the sixth line of Section (2) of the Syllabus for Pharmacology on p. 187 of the Internal Regulations, and p. 225 of the External Regulations:

At the Examinations in Pharmacology in March and July, 1915, students will be permitted to base their replies either on the old or on the new edition of the *Pharmacopoeia*, provided that they shall be required to state on which edition such replies are based. In and after March, 1916, replies must be based on the new edition of the *Pharmacopoeia*.

Bequest by the late Dr. H. J. Johnston-Lavis.

Dr. H. J. Johnston-Lavis, who died in September, 1914, bequeathed to the University, for the purposes of University College, his geo-dynamical collection, the offer of which the Senate accepted in June, 1913.

Lectures in Protozoology.

Professor E. A. Minchin, F.R.S., will give a course of fourteen lectures on development and life-cycles in the protozoa, at 5 p.m., on Tuesdays and Fridays during the second term beginning on January 26th. Each lecture will, when possible, be followed by exhibits of microscopic preparations illustrative of the subject of the lecture. The course is intended to provide instruction (*a*) to students past the intermediate stage—that is, to those preparing for the B.Sc. Examination, Pass or Honours, or taking "Protozoa" as a special subject for the B.Sc. Examination, or to those preparing a thesis upon the group for the D.Sc. degree; (*b*) for medical men and others interested in the practical aspects of protozoology. The course is open free (1) to all members of the University, (2) to all medical men or registered medical students, (3) to other persons, who may obtain tickets on application to the Academic Registrar.

Paul Philip Reitlinger Prize.

Dr. Alfred H. Gosse (London Hospital Medical College) has been awarded the Paul Philip Reitlinger prize for an essay on the heart in acute rheumatism, with special reference to graphic methods of investigation.

Gilchrist Studentship for Women.

An appointment will shortly be made to the Gilchrist Studentship for Women of the value of £100, tenable for one year; a candidate must be a graduate in honours of the university prepared to take a course of study in preparation for some profession.

Result of Examination.

The following candidates have been approved at the examination indicated:

FIRST PROFESSIONAL.—†G. V. W. Anderson, M. Aronsohn, T. J. D. Atteridge, Julia Bell, T. G. D. Bonar, J. A. A. Bouic, Sarah A. F. Boyd-Mackay, N. C. Cooper, Ursula B. Cox, C. K. Cullen, J. J. da Gama Machado, Edith M. P. Davies, T. Davies, J. J. P. de Chaumont, J. Franks, Dorothy M. Greig, Magdalena A. H. Hamel, C. L. Hewer, A. St. G. J. M. Huggett, H. V. Jackson, J. J. Jhirad, D. L. G. Joseph, J. W. Joule, E. F. Kerby, M. E. King, *M. Laurent, Teresa J. Lesser, G. M. Lewis, D. McClean, M. Mackenzie, A. G. A. Miller, J. C. R. Morgan, R. G. Morrison, W. D. Nicol, R. H. Parry, P. G. Quinton, A. H. Richards, Esther Rickards, Jessie C. Ritchie, †F. P. Schofield, Marguerite G. Sheldon, S. Singh, V. A. T. Spong, H. R. J. Thomas, J. P. Traylen, R. F. White.

* Awarded a mark of distinction in Inorganic Chemistry.
† Awarded a mark of distinction in Physics.

UNIVERSITY OF EDINBURGH.

ANNUAL REPORT.

IN the annual report of the University of Edinburgh for 1914 the following matters are of medical interest:

The total number of matriculated students was 2,529, and of these 1,025—a decrease of 290—were in the Faculty of Medicine. Of the students of medicine, 448, or nearly 44 per cent., belong to Scotland; 154, or over 15 per cent., were from England and Wales; 41 from Ireland; 79 from India; 256, or nearly 25 per cent., from British colonies; and 47 from foreign countries. These figures show that the proportion of non-Scottish students of medicine is well maintained, the percentage of colonial students being the highest ever reached. The number of women attending extra-academical lectures, with a view to graduation in medicine in the university, was 94 (an increase of fifteen on the number for 1913). The decrease mentioned is, as has been already explained (see JOURNAL for January 2nd, 1915, p. 47), largely due to the number of students serving in the military forces.

During the year the degree of Bachelor of Medicine and Bachelor of Surgery (M.B., Ch.B.) was conferred upon 189 candidates, that of Doctor of Medicine (M.D.) upon 41, and that of Bachelor of Medicine and Master in Surgery (M.B., C.M.) upon 1 candidate. The diploma in Tropical Medicine and Hygiene was conferred upon 8 candidates. A new lectureship was instituted by the University Court in Surgical Pathology, and Mr. James M. Graham, M.B., was appointed the first lecturer.

The total annual value of the university fellowships, scholarships, bursaries, and prizes in the Faculty of Medicine amounted to £5,355. Of benefactions made during the year, it is noted that the Carnegie Trust has intimated the third quinquennial distribution of grants under Clause A of its scheme, a sum of £52,500 spread over five years; included in it is £10,000 for the Edinburgh Lister Institute of Pathology. There was also a bequest by the late Rev. George M'Guffie, F.S.A.Scot., of £2,000 for the foundation of a bursary in each of the Faculties of Arts, Medicine, and Divinity; and it is reported that the Vans Dunlop Scholarship fund had increased

so as to permit of the institution of two additional scholarships—one in the Faculty of Arts, the other in the Faculty of Medicine; there were now twenty-six scholarships in all on this foundation, each of the annual value of about £100.

CALENDARS.

THE *Calendar* of the University of Bristol contains the statutes, ordinances, and regulations of the University, and an account of associated institutions. The particulars given of societies and clubs afford a good indication of the variety of college life. The Officers' Training Corps, it is stated, possesses an exceptionally well-equipped miniature rifle range.

The *Calendar* of University College (University of London) is a large volume, contains a great deal of information of interest to students, including papers set at the examinations for entrance scholarships and exhibitions by the Inter-Collegiate Scholarships Board, as well as papers set at various class examinations. The number of post-graduate courses of lectures given in the faculties of arts, science, and engineering shows that this part of the college's work has been very greatly extended, and now covers a very wide field.

The *Calendar* of the College of Medicine, Newcastle-upon-Tyne, University of Durham, for the year 1914–15 contains the usual particulars with regard to teachers and classes, and a short history of the college. The volume also includes examination papers set at various examinations for degrees.

The *Calendar* for the thirty-second session (1914–15) of University College, Dundee (University of St. Andrews) contains a list of the professors and lecturers, and of the classes they give. Special sections deal with graduation in medicine, and with the diploma in public health. Examination papers set for the entrance scholarships are included.

Medico-Legal.

THE SALE OF LAUDANUM.

DR. WALDO held an inquest at Southwark touching the death of Maria Phillips, aged 52, a cook employed at the Borough Polytechnic Institute, who died there on December 19th. According to a report published in the *Morning Advertiser*, the deceased, who was the widow of a soldier, had lived for some years in India, where she contracted a malady for which a doctor prescribed laudanum. For the last six years she had taken four or five ounces of the drug every week. On December 18th she obtained an ounce. On December 19th, on arriving at the Polytechnic, she was taken ill and died. Mr. Thomas Cusan, manager of Boots' Drug Stores, London Road, S.E., said he had supplied the deceased with four or five ounces of laudanum a week for the last four or five years. He continued serving her, because she did not seem to be affected by it. At present the law only required that the poison should be supplied in a bottle distinguishable by the word "Poison," and that the label should bear the name of the drug and the name and address of the seller. Dr. Thomas Massie said that death was unconnected with the taking of the drug, and was due to heart failure following inflammation of the lungs. The Coroner, in summing up, said that instances of the drug habit had of late been frequently before him. As in the present case, the drug was frequently first prescribed by a qualified medical man. The public owed a debt of gratitude to the General Medical Council, which by increasing the strength of tincture of opium in the new edition of the *British Pharmacopoeia*, automatically brought it within Part I of the schedule, so that the chemist would only be able to sell the drug to those he knew, after inquiring the use for which it was required, etc., and obtaining the signature of purchaser in his poisons book. In returning a verdict in accordance with the medical evidence, the jury expressed their thanks to the General Medical Council for having taken steps to cause the drug to be placed in the First Schedule.

Medical News.

THE next meeting of the Medical Society of London will take place on Monday, January 25th, and not on January 11th as previously arranged.

ST. JOHN'S GATE TAVERN has been taken over by the St. John Ambulance Association, which has its head quarters in the gatehouse of the old priory.

THE memorandum (dated May 23rd, 1914) of the Government of India with reference to Indian sanitary policy, to which we have referred on several occasions, has been issued from the Government Press, Calcutta, in a small volume, furnished with a table of contents and an index.

A MEETING of the Society for the Study of Inebriety will be held in the rooms of the Medical Society of London, Chandos Street, Cavendish Square, W., on Tuesday next, at 4 p.m., when Dr. F. S. D. Hogg, Resident Medical Superintendent of the Dalrymple House, Rickmansworth, will open a discussion of the after-history and care of inebriates.

Letters, Notes, and Answers.

☞ *Queries, answers, and communications relating to subjects to which special departments of the* BRITISH MEDICAL JOURNAL *are devoted will be found under their respective headings.*

QUERIES.

OMEGA wishes to hear of some definite means of discovering whether, in the absence of other symptoms, a suspected malingerer is really suffering from colicky pains in the abdomen.

INCOME TAX.

H. R. inquires whether the amount to be paid as income tax under Sch. D at 9d. in the £, plus the additional one-third since added, should be deducted as a partnership expense before arriving at the net divisible profits.

*** The difficulty in dealing with the question of income tax when making a division of profits arises from the fact that owing to the operation of the existing scale of "abatements" and differential "rates," the amount of tax paid frequently is not divisible in the same ratio as the profits of the practice. The best method of dealing with the matter is to ascertain from the surveyor of taxes who dealt with the returns, if necessary, how the amount of the tax should be divided between the partners, and then to divide the profits *before* deducting income tax, and from the sums thus arrived at to subtract the respective shares of the tax paid. A convenient method of avoiding the difficulty referred to above is for the cheque for the amount of the firm's tax to be drawn from the firm's account, and thereupon balanced in the books by cheques paid in by the partners for the amounts of their ascertained shares of the tax. Where this has been done the profits are divisible without any adjustment for income tax.

E. is in receipt of compounded pay as a temporary lieutenant in the Royal Army Medical Corps, and inquires whether he cannot deduct the cost of his uniform, etc., for income tax purposes, as otherwise he would be at a disadvantage as compared with an officer receiving a specific—and presumably untaxed—allowance for uniforms and camp kit.

*** In the case, Tennant *v.* Smith, the principle was laid down that only money or things capable of being turned into money were taxable. It may be that sums paid by the authorities for specific purposes are regarded as not capable of being turned into money to the benefit of the recipient, but though that would account for the specific allowances being untaxed, it would not assist our correspondent. His only remedy is to establish the fact that the expenses to which he refers are "wholly, exclusively, and necessarily incurred in the performance of his office" (*vide* Income Tax Act, 1853, Sec. 51). The equities of the matter seem to be clearly in his favour, but he may have a difficulty in proving to be "exclusively necessary" an expense which has a non official as well as an official utility.

ANSWERS.

F. P. H. B.—We have not heard of Dr. Sejournet's anti-diabetic pills, but santonin has been suggested as one among the multitude of remedies to be tried in diabetes. A report on it in the *Berl. klin. Woch.* for 1911, by Dr. Walter Loefer, who had tried it in some cases, was adverse.

LETTERS, NOTES, ETC.

THE King has by warrant dated May 11th, 1914, been pleased to grant his royal licence and authority to Miss Agnes Oswald (formerly Williamson), M.B.Lond., D.P.H.Camb., to take and thenceforth use the surname and arms of Estcourt.

MALLOCK-ARMSTRONG EAR DEFENDER.

IN publishing the notice of the Mallock-Armstrong ear defender last week (p. 25) we omitted to state that the appliance can be obtained from Mr. H. N. G. Cobbe, 86, York Street, Westminster, S.W.

SCALE OF CHARGES FOR ADVERTISEMENTS IN THE BRITISH MEDICAL JOURNAL.

	£	s.	d.
Seven lines and under	0	5	0
Each additional line	0	0	8
A whole column	3	10	0
A page	10	0	0

An average line contains six words.

All remittances by Post Office Orders must be made payable to the British Medical Association at the General Post Office, London. No responsibility will be accepted for any such remittance not so safeguarded.

Advertisements should be delivered, addressed to the Manager, 429, Strand, London, not later than the first post on Wednesday morning preceding publication, and, if not paid for at the time, should be accompanied by a reference.

NOTE.—It is against the rules of the Post Office to receive *poste restante* letters addressed either in initials or numbers.