

infection is the enlargement of the adjacent lymphatic glands; and here enters a great problem, the part played by the lymphatics in arresting tuberculosis. The enlargement of the glands, although in a sense evidence of disease, is at the same time the outcome of a battle fought to resist disease. The lymphatics form not only the lines of defence, but also, where inefficient, the paths of general invasion, and we have to consider this when we come to deal surgically with a case of primary infection.

In secondary infection of the ear with tubercle there is comparatively, if not entirely, an absence of enlargement of the adjacent lymphatics. Why they are not affected in the secondary form I must leave for a paper by itself.

A second point in differential diagnosis between primary and secondary infection is that in the latter there is evidence of tubercle elsewhere, commonly in the lungs, and, as I have already said, with cavity formation. The tonsils and adenoids, when they play a part in the infection, I regard rather in the light of half-way houses than as primary foci.

A third point is the presence or absence of intracranial complications. It is hardly correct, without a qualifying clause, to say that tuberculous suppuration leads much less often than other forms of middle-ear suppuration to intracranial complications. Intracranial complications seldom occur in the secondary form, but in the primary form the child is not uncommonly killed by a meningitis, as part of a general blood infection.

The practical bearing which discrimination between primary and secondary infection has upon the surgical treatment—and by that I mean an attempt to eradicate the bone disease—may be briefly stated as follows:

In the primary form, when the adjacent glands are involved, let these be removed, first attacking the more distal and least affected, the intention being to cut off the spread of infection, and so localize the focus of disease to be removed at a later date.

When the disease is secondary to advanced pulmonary tuberculosis, a mastoid operation is seldom required; on the contrary, a mastoid operation is more likely to be what a tracheotomy is to laryngeal tuberculosis—the beginning of the end.

I am desirous of expressing my indebtedness and thanks to the British Medical Association, under whose auspices the research, of which this is the record of a part, is being conducted.

#### REFERENCE.

<sup>1</sup> The Morphological and Physiological Variations of the Bacillus Tuberculosis and its Relations. By William Bulloch, M.D. *Transactions of the British Congress on Tuberculosis*, vol. iii, p. 494.

## MEMORANDA: MEDICAL, SURGICAL, OBSTETRICAL, THERA- PEUTICAL, PATHOLOGICAL, ETC.

### ON THE POSSIBILITY OF THE OCCURRENCE OF TRYPANOSOMIASIS IN INDIA.

WITH regard to Major Leishman's contribution under the above head in the BRITISH MEDICAL JOURNAL of May 30th, I wish to state briefly that I have noted bodies similar to those described by him in smears taken *post mortem* from enlarged spleens of patients—natives of India—said to have died of chronic malaria. I obtained them in three consecutive cases on April 9th, 23rd, and 24th, 1903.

In the first instance, I thought I had discovered the long-sought-for resting-stage form of the malarial parasite in man, but could not compare them with any analogous stages in the sporozoa. However, on again procuring the same bodies in the two other cases, I changed my views, and considered they were probably *post-mortem* degenerations of the nuclei of the splenic pulp cells.

On reading Major Leishman's paper, I at once recognized the similarity of his so-called degenerations of the trypanosomata to those found by me in the spleens of the cadavers above mentioned.

Yesterday (June 17th) I had occasion to puncture *intratam* the spleen of a native boy, aged 12 years, suffering from irregular pyrexia, with no malarial parasite in his peripheral blood (careful examination of stained films on four several occasions), and found identical bodies in the blood from the

spleen, thus removing any doubt there was as to the products being due to *post-mortem* changes.

It is unwise to theorize on the insufficient grounds at present in hand. I hope to contribute something more definite on the subject after further and more prolonged study of these organisms. My films were stained by the Maurer-Romanowsky method. I am familiar with the appearance of the trypanosomata—*T. evansi*, *T. lewisi*, and a species doubtful occurring in the blood of the common Indian squirrel (*Sciurus palmarum*). There was nothing resembling trypanosomata in the peripheral blood of the boy in question.

C. DONOVAN, Captain I.M.S.,  
Second Physician, Government General Hospital, Madras.

### A CASE OF ASCITES MOST PROBABLY CAUSED BY INFECTIVE THROMBOSIS OF THE HEPATIC VEINS.

DURING 1902 I visited five times in consultation with her medical man a female patient, aged 47. She was well nourished, and of very healthy appearance. She was married, had had two children, the youngest aged 11 years, and two miscarriages since, the last one seven years ago. Her family history was good.

My first visit was March 3rd, 1902, when I was told that she had been in bed for two months before Christmas with cellulitis of one arm. This was dealt with by an operating surgeon, and 14 incisions were made, but no pus came out. The surgeon thought the cause was partly lymphangitis and partly thrombosis. The arm was completely restored. The patient said that she had had white leg at least once after a confinement.

At Christmas there was a sense of fullness in the abdomen. She had not menstruated since the middle of October, having been quite regular up till then. Ascites was recognized a week or so before my first visit, and was attended with pain and tenderness in both iliac regions. The ascites increased, and began to interfere with the breathing; there was also some slight swelling of the ankles. I could not feel the liver or spleen, and there were no superficial abdominal veins to be seen. By a process of exclusion I narrowed down my diagnosis to infective thrombosis of the hepatic veins. There was no likelihood at all of syphilis notwithstanding the miscarriages, although there had been a tendency to thrombosis of other veins in former illnesses. More than once we thought we must recommend paracentesis, but by rest and elaterium, which she stood well, and by inducing profuse diaphoresis and diuresis the patient after three or four months made a complete recovery. It is possible that the climacteric was intimately connected with the *fons et origo mali*.

HENRY WALDO, M.D., M.R.C.P.,  
Physician to the Bristol Royal Infirmary.

### CASE OF PROLAPSUS UTERI TREATED BY PARAFFIN INJECTIONS.

THE patient, aged 60, and too feeble for a radical operation, had for the last twelve years suffered from complete prolapsus uteri. The uterus was nearly always down, even when she was in bed, and was a source of much misery. The perineum was rather less than an inch in length. Pessaries had been tried but failed to keep the prolapse up.

*Operation.*—May 24th, 1903. The patient was anaesthetized and placed in the lithotomy position. The method followed was that suggested by Mr. Stephen Paget (*Lancet*, May 16th, 1903). Paraffin melting at about 46° C. (115° F.) was used, and injections of about 9 c.m. (f. 3 iiss) each were made in several places under the mucous membrane of the lateral and posterior vaginal walls. Two or three injections were also made about the cervix. About 95 c.m. (f. 3 iij 3 iij) of paraffin were used in all. A finger was kept in the rectum to guide the posterior and lateral injections: and a probe was passed into the urethra while making the more anterior injections. An ordinary antitoxin syringe was found to act well. The operation lasted about one hour and a quarter, some time being lost by the paraffin setting in the needle of the syringe.

To speak of cure at present would be, perhaps, premature, but the result has been surprisingly satisfactory. The lumen of the vagina has been very much narrowed and its walls stiffened. The uterus is now completely held up during

walking, defaecation, and even hard straining. Indeed, it is difficult to see how the uterus could come down, the bulging masses of paraffin in the vaginal walls, making apparently such an absolutely efficient support. The patient states that she has literally no discomfort.

JOHN J. DOUGLAS, M.D., F.R.C.P.Ed., D.P.H.

WILLIAM GREAM STONE, M.A., M.D.Oxon., F.R.C.S.  
London, S.E.

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

### VICTORIA COTTAGE HOSPITAL, GUERNSEY.

#### CASE OF CAESAREAN SECTION.

(By E. LAURIE ROBINSON, M.R.C.S.Eng., etc.)

**History.**—Mrs. de la M., married, 2-para, aged 29, when first seen on February 25th, 1903, gave the following history: About a year ago was confined, with great difficulty, by means of craniotomy. Expects to be confined again on March 1st. She is 4 ft. 5 in. in height, and very much deformed by rickets. When the knees are together the feet are crossed over each other, and the tibiae bent forward in a sharp ridge, like the keel of a ship. The following pelvic measurements were made out:

Transverse between iliac crests	...	...	...	9 in.
Transverse between anterior superior spines	...	...	9 in.	
External conjugate	...	...	...	6½ in.
Oblique conjugate	...	...	...	2½ in.
True conjugate	...	...	...	2 in.

Position of fetus by abdominal palpation: Head below and to the right; back forwards; placenta probably behind. Under the circumstances Caesarean section was advised and readily accepted, especially when she was told of the great chance of having a living child, and, above all, of the fact that by sterilization she would be saved from any further pregnancies. She was admitted into the hospital on February 28th, and it was arranged that even if labour had not commenced the operation should take place the next day, March 1st. In order to diminish shock as much as possible, liq. strychninae was subcutaneously injected for a few days, and just before operation a pint of chloride of sodium solution was injected into the bowel. The day before the pelvis was shaved, and the abdomen prepared in the usual way, namely, first a scrubbing with soap and water, next with ether, and then with biniiodide of mercury, and finally a dressing of cyanide gauze was applied, and left on until the commencement of the operation. The vagina was well douched out with a solution of boric acid, and carefully scrubbed, especially all round the cervix uteri, with hyd. perchlor. (1 in 2,000).

**Operation.**—The only anaesthetic used was chloroform. Although labour had not set in on March 1st, the operation was proceeded with as had been arranged. The lower part of the body was raised on a bedbath, so as to catch most of the amniotic fluid, and it proved most useful. I was most ably assisted at the operation by Drs. Collings (the Anaesthetist), Carey, and Wild. An incision was made through the abdominal wall about 6 in. in length, commencing about 2 in. above the pubes. The uterus was quickly exposed. An assistant now pressed very firmly on each side of the uterus so as to bring it forward as far as possible. All bleeding from the wound was arrested, and a long thick strip of cyanide gauze was placed all round the edges of the incision. Following Dr. Murdoch Cameron's suggestion, a sterilized vulcanite pessary was pressed firmly on the front of the uterus at the junction of the lower and middle thirds; this acted most successfully in diminishing haemorrhage. A small incision was carefully made through the uterine tissue with a scalpel until the membranes were seen, then two fingers were passed into the uterus as a guide and the incision of about 6 in. completed very quickly with a pair of blunt pointed scissors. The membranes now bulged forward, one hand was forced through them, and the child extracted without any difficulty by dragging on a knee. The position of the fetus was exactly as had been made out before the operation. The cord was clamped in two places by Spencer Wells forceps, and divided between them. The child, which cried lustily directly it was born, was handed over to a nurse. It weighed about 7½ lb.

The placenta and membranes were now carefully removed, a long pair of polypus forceps were passed down through the os, so as to make sure of its being patent, and the uterus was well swabbed out with hyd. perchlor. (1 in 2,000). The uterus contracted firmly almost at once, and was now forced well out of the abdominal cavity, and a large flat sponge passed into the cavity just above and behind it, so as to keep back the bowels. Some eight deep stitches of sterilized silk were passed into the uterine tissue, just avoiding the mucous lining, and, when they were well secured, sixteen superficial sutures were passed, in Lembert fashion, through the peritoneal covering of the uterus, so as to completely hide the deep stitches. These were also of sterilized silk. Next the woman was sterilized by removing  $\frac{1}{2}$  in. of each Fallopian tube. The uterus and abdominal cavity were well cleaned, and the abdominal wound closed by sixteen stitches of silk-worm gut. The dressing was now applied, and she was firmly bound up, and an injection of ergotine given. She stood the operation very well, but just at the end of it the pulse was 130, but as soon as she was bound up and the ergotine given it dropped to between 80 and 90.

**Progress.**—The after-progress of the case was practically uneventful, the pulse was never more than 92. The temperature rose on the fifth day to 101°, then gradually fell to normal. The wound was practically healed by the end of the first week, and the stitches were removed on the thirteenth day.

**REMARKS.**—It is now known that Caesarean section done under favourable circumstances has a very low mortality. In the case just reported everything was favourable to success: a good hospital, able assistants, and excellent nursing, and the operation was done quietly at a prearranged hour. The idea that it is necessary to await the onset of labour, so as to get full contraction of the uterus, is now I believe quite exploded. There was nothing to cause shock to begin with, such as a prolonged labour, etc. The anaesthetic used throughout was chloroform. It is well recognized that chloroform is well borne by pregnant women. Moreover several cases of severe broncho-pneumonia, some fatal, have been reported due to the administration of ether.

## REPORTS OF SOCIETIES.

### OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM.

W. LANG, F.R.C.S., President in the Chair.

Friday, July 3rd, 1903.

#### KERATITIS, WITH SPECIAL REFERENCE TO THE PART PLAYED BY THE CORNEAL CELLS.

DR. LESLIE BUCHANAN gave a lantern demonstration of sections of the cornea, showing the changes following injury and disease. Proliferation of corneal corpuscles appeared to take a larger share in the production of new cells than exudation from the vessels of the limbus. Sections of the normal cornea showed a more liberal distribution of corneal corpuscles in the anterior layers than in those further back. In inflamed areas budding of nuclei could be demonstrated, and this in advanced cases amounted to complete fragmentation of the original nucleus, the new nuclei being traceable along channels between the corneal fibres, presumably in the course of lymph currents. In other instances fibrillation of the corneal fibres and separation of the elements by oedema was manifest.

#### PRIMARY PAPILLOMA OF THE CORNEA.

MR. C. W. DEAN reported a case. After pointing out the extreme rarity of the condition, he stated that the patient was a fisherman, aged 53, who was first seen in August, 1901. There was a tumour growing from the inner side of the left cornea. It had existed for about four years, and had commenced as a minute speck on the "clear" part of the eye, and it had gradually grown, principally towards the pupil. On August 30th the growth was the size of a flattened pea, and whitish in appearance. It was situated at the lower and inner quadrant of the cornea, to which it was closely adherent. It slightly overlapped the conjunctiva. Some fine posterior synechiae were present. Left vision was J. 14. Mr. Bickerton removed the tumour, and the patient made a rapid recovery. In November the vision was  $\frac{1}{2}$  and J. 2. The examination of the tumour showed it to be a papilloma, with much heaping up of horny epidermis. The site of the tumour was now hardly visible.

the Turkish contingent in the Crimean war, and on the conclusion of peace entered as a medical student at Guy's Hospital. He qualified in 1860, and in 1870 was admitted F.R.C.S.Eng.; in 1882 he took the degree of M.D. at the University of St. Andrews.

For many years he was one of the honorary staff of the Exeter Dispensary, and Medical Officer of the Exeter Diocesan Training College. He had long held the appointment of Medical Officer of Health of the City of Exeter, and at the time of his death had only recently resigned that of medical officer to the workhouse. Dr. Woodman was one of the originators of the City Sanatorium, which has grown and flourished under his charge. He was a great believer in the septic tank method of dealing with sewage, and helped to secure its adoption for the city. He was formerly President of the South-Western Branch of the British Medical Association and published several papers in the medical journals. In medical circles and by his numerous friends he will be greatly missed.

## UNIVERSITIES AND COLLEGES.

### UNIVERSITY OF CAMBRIDGE.

THE following have passed the Third Examination for Medical and Surgical Degrees in the subjects undernoted:

*Part II Medicine, Surgery, and Midwifery.*—H. Ackroyd, B.A., Cai.; E. H. R. Barker, B.A., Cai.; J. R. Bentley, Emm.; G. T. Birks, B.A., King's; A. R. Brailey, M.A., Down; W. H. Brailey, M.A., Queens'; H. N. Burroughes, B.A., Trin.; W. B. Crowfoot, B.A., Emm.; H. A. Cutler, M.A., Cai.; W. F. L. Day, B.A., Cai.; R. S. Drew, B.A., Pemb.; E. A. Ellis, B.A., Down; J. E. Frere, B.A., Pemb.; J. D. H. Freshwater, M.A., Trin.; E. V. Gostling, B.A., Cai.; F. W. Goyder, B.A., Joh.; G. W. Greene, B.A., Down; T. Guthrie, B.A., King's; W. L. Harnett, B.A., Joh.; W. Hill, B.A., Emm.; B. Hudson, B.A., Cai.; H. L. P. Hulbert, M.A., Trin.; F. S. Kidd, B.A., Trin.; P. W. Leathart, B.A., Cai.; H. B. McCaskie, B.A., Cai.; F. B. Manser, B.A., Pet.; G. W. Micklithwait, M.A., Trin.; P. K. Muspratt, B.A., Christ's; G. B. Norman, B.A., Joh.; P. N. Panton, B.A., Trin.; H. I. Pinches, B.A., Sid. Suss.; F. Richmond, B.A., Cai.; G. R. Rickett, B.A., King's; H. Robinson, B.A., Trin.; W. T. Scott, B.A., Cai.; R. D. Smedley, M.A., Pemb.; J. E. Spicer, B.A., Trin.; J. M. Stenhouse, B.A., Sid. Suss.; W. J. Sussmann, B.A., Cai.; B. N. Tebbs, M.A., Queens'; H. T. Thompson, M.A., Christ's; E. Weatherhead, Joh.; F. Whittaker, B.A., Trin.; L. E. Wigram, B.A., Trin.; H. L. Wilson, B.A., H. Selw.; H. C. S. Woodward, M.A., Down; G. A. Wright, Christ's.

### UNIVERSITY OF LONDON.

#### GUY'S HOSPITAL MEDICAL COLLEGE.

THE unveiling of the South African Memorial, the opening of the Wills Library, a distribution of prizes, and a garden party drew a large company of visitors to the Borough Hospital on July 3rd. The memorial, subscribed for by Guy's men and their friends, is a drinking fountain in coloured and polished marbles, from the design of Mr. Frederick Wheeler, F.R.I.B.A., and has been erected in the colonnade of the hospital, immediately to the south of the doorway into Astley Cooper Ward. It bears the following inscriptions: "To the Guy's Men who Died in the South African War, 1899-1902"; "Ante Diem Perierut Sed Militantes Sed Pro Patria"; and the names of those who have fallen, arranged in the order of the dates at which they entered the hospital as students. Those commemorated are: Thomas Jones, Superintendent of the Welsh Army Hospital; died at Springfontein. Quinton Reid Veitch, Major Cape Medical Staff Corps; died at Cape Town. Charles Pope Walker, Major Royal Army Medical Corps; died in Ladysmith during siege. Frederick Murray Russell, Captain New Zealand Contingent; killed in action at Rhenoster Kop. Hugh Arnold Bryant, Civil Surgeon; died at Bloemfontein. Francis Welford, Surgeon-Captain 7th Imperial Yeomanry; killed at the Battle of Vlakfontein. Stanley Whicher, Civil Surgeon Natal Field Force; died at Mool River. Richard Truman FitzHugh, Civil Surgeon attached to Imperial Yeomanry Hospital, Deelfontein; died there. Hugh Bernard Ouract, Lieutenant Royal Army Medical Corps; killed at the Battle of Peter's Hill on the Relief of Ladysmith. Charles Bernard Sells, Surgical Assistant at the Imperial Yeomanry Hospital, Deelfontein, where he died. Lawson Jervis Hughes, Mounted Medical Orderly Imperial Yeomanry Field Hospital; killed in action at Kroonstad, on refusing to surrender. The cost of the memorial has been £250, and it was executed by the Coalbrookdale Company.

General Sir Richard Harrison, G.C.B., C.M.G., a governor of the hospital, unveiled the memorial, at the request of Dr. Frederick Taylor, and remarked that the memorial, which recorded for all time the gallant deeds in which those who had died were engaged up to the last, would at least console their surviving relatives; it would also remind those who passed by of the duties they were called upon to perform even up to death. Over 100 Guy's men gave their services to the country in the course of the war, and 10 per cent. had died from wounds or disease, which was a large proportion for any regiment to have lost in war. He requested the Treasurer and the Governors to accept the memorial and to keep it in the best preservation.

This the Treasurer (Mr. Cosmo Bonsor) promised, on behalf of the President and Governors, should be done; and he thanked General Harrison for coming to unveil the fountain.

All present were then invited to adjourn to the hospital chapel, where a short service was conducted by the chaplain of the hospital, assisted by a surplice choir.

The Wills Library was next opened by Sir Frederick Wills, M.P., who had given at least £6,000 for the purpose. It is situated near the new physiological department. The bookcases and panelling are of carved oak, arranged in bays, and well lighted. The library, designed by the hospital architect, Mr. J. H. T. Wood, has room for 10,000 volumes, and forms a most valuable addition to the school buildings.

The distribution of prizes took place in the anatomical theatre, at which Mr. Cosmo Bonsor, the Treasurer, presided.

The Dean (Dr. J. Fawcett) read a report of the Medical and Dental Schools, which showed that they were progressing. The list of successes at the different examinations, especially at those of the University of London, was such that they might very cordially congratulate both the students and the teachers. He read the list, and then referred to the changes that had taken place in the staff of the hospital and school. Dr. A. L. Galabin had retired from his position on the active staff after a period of nearly thirty years' service, and had been appointed Consulting Obstetric Physician to the hospital. Mr. J. H. Targett had succeeded to the vacancy on the full staff thus created, and Mr. G. Bellingham Smith had been elected to the post of Assistant Obstetric Physician. Dr. G. H. Savage, after having been attached to the school as Lecturer on Mental Diseases since 1874, and as Physician to the hospital since 1886, had also retired, and had been appointed Consulting Physician for Mental Diseases. Dr. Maurice Craig had succeeded Dr. Savage both as Lecturer and as Physician for Mental Diseases. Mr. Tom Bird had relinquished the post of instructor in anaesthetics, which he had held since 1881, and had been appointed Consulting Anaesthetist to the hospital. Mr. Laidlaw Purves had been appointed Consulting Aural Surgeon. Mr. Higgins had resigned the post of Lecturer on Ophthalmology, and Mr. W. A. Brailey had been elected to succeed him. Dr. E. W. Ailley Walker, the Gordon Lecturer on Experimental Pathology, had been elected to an Official Fellowship at University College, Oxford. Dr. Henry Oldham (who had died at the age of 87 years) was appointed on the consulting staff of the hospital in 1889. The Wills Library, just opened, was a munificent gift, which had met with, and would continue to receive, keen appreciation from Guy's men, both past, present, and to come. Fifty more beds on the medical side of the hospital had been opened, and a small ward for diseases of children was shortly to be opened. The Dean offered to Dr. Pye-Smith, on behalf of the hospital and school, its most cordial congratulations on his election to the Vice-Chancellorship of the University of London. Still more recent honours received by members of the staff were the knighthoods conferred on Dr. E. Cooper Perry and Mr. A. D. Fripp in recognition of the very arduous and valuable work they had performed as members of the Advisory Board for the Army Medical Service. Probably but few knew of the invaluable work Sir E. Cooper Perry had performed, not only in connexion with the Army Medical Service, but in the construction of the scheme for the reorganization of the Hospital and Medical School at Cairo, which he drew up on the invitation of Lord Cromer some six years ago, and which it had not been necessary to alter since it was initiated. Previously it was with the greatest difficulty that students were obtained, even without payment, but since that scheme had been working the numbers had been rapidly increasing, and the fees now payable by students were £40 a year. At the University of London, again, Sir Cooper Perry had done yeoman service, both in the Senate and on the Academic Council. To both Sir Cooper Perry and to Sir Alfred D. Fripp the School offered its most hearty congratulations and its thanks for the work they had performed.

The Chairman said that the hospital was doing its duty towards the sick poor of London better than it had ever done it before. For four generations the family of General Sir R. Harrison had been connected with Guy's, one of them having held the office of Treasurer for fifty-one years. The list of subscribers to the South African Memorial was long, that of the sympathizers with its object was still longer. He next tendered to Sir Frederick Wills the thanks of the Governors and medical staff for his generous gift of the new library, and handed to him the gold key with which he had that day opened it, and he presented to Miss Wills a smaller copy of the same, in silver, for Lady Wills, who was unfortunately unable to be present.

The prizes gained during the past year were then distributed by Sir Frederick Wills, who afterwards addressed the company as to the necessity for the endowment of all medical schools. No good hospital could possibly exist without the help of a good medical school, and no good medical school could exist without a good hospital to back it up. It was impossible to carry on a school for the 500 students, the number now being trained at Guy's, without endowments. A new museum was required, in fact its foundations were already laid, but it would require £5,000 to build it, or much more in the future if it were not taken in hand at once. The hospital was greatly indebted to various gentlemen for munificent gifts, Mr. Raphael, Sir Cameron Gull, Mr. R. Gordon, and Mr. Beerbohm Tree, the last of whom had now been made a Governor.

General Sir R. Harrison also spoke, and referred to the relation of the medical profession to the army. When the country, in its late need, appealed to the great hospitals men from all of them went out to South Africa; and at the end of the war the medical organization of the army was infinitely better than it had been at the beginning. Light had now been let into army methods; and the army medical service would consequently be much better in the future. Those whose names were inscribed on the Guy's and other memorials had not shed their blood in vain.

A vote of thanks to Sir Frederick Wills, proposed by Dr. Frederick Taylor, and seconded by Mr. Clement Lucas, was carried by acclamation, and briefly acknowledged by Sir F. Wills.

A garden party, at which 2,000 guests were present and the Band of the 1st Life Guards played, was afterwards held.

### VICTORIA UNIVERSITY.

#### PRESENTATION OF DEGREES.

THE ceremony of conferring medical and other degrees, which took place on July 4th in the Whitworth Hall at Owens College, marks an important epoch in the history of the federal system of universities as represented by the aggregate of the three Colleges of Manchester, Liverpool, and Leeds.

#### The Vice-Chancellor's Address.

The Vice-Chancellor, Principal Hopkinson, in addressing the graduates, said it was impossible to pass by in absolute silence the fact that this was probably the last public meeting of the Victoria University, at least the last annual ceremony for conferring degrees at which representatives of the Leeds and Liverpool Colleges would take part as constituent members of the University. There was every reason to believe that before the close of the present month the Liverpool University would have received its charter of incorporation, and that the Victoria University would have received a new charter altering its constitution and declaring that it was to be called and known in the future as the Victoria University of Manchester. Yorkshire College had also presented its petition to the Privy Council for the establishment of a

university, with its seat in Leeds. To Manchester it was a cause of great regret that they would less frequently have the advantage of the presence of their colleagues from Liverpool and Leeds, with whom their relations had been of the most pleasant character. The reasons which had led to these changes and their probable result had been a subject of misunderstanding by many who had not been intimately connected with the inner working of the University. The rights of no member of the Court of Governors of the old University would be prejudiced or affected. The right of every graduate would remain exactly the same as at present, and with regard to undergraduates special provision was made in the charter. The greatest care had been taken that no vested right and no vested interest should be interfered with. The causes that had led to the change had also been misunderstood. It had not been due to jealousy between the three constituent colleges or to friction between the three governing bodies. The general working of the University had been of a very cordial character, with a desire on the part of every member, from whatever college he might have come, to work fairly as regards the others, and not to push the interest of a particular college. What had been the real cause of the change was the strong local feeling which demanded for academic life in the large centres of population, a freedom of development, and a power of adaptation to the local needs which differed in different localities.

The degree of Doctor of Medicine was conferred on 13 graduates, 9 of whom had been students of Owens College, 3 of University College, Liverpool, and 1 of the Yorkshire College, Leeds.

The following candidates have passed the First Examination in the Faculty of Medicine in the subjects undernoted:

*Part I. Chemistry and Physics.*—T. T. Apsimon, Univ.; E. R. Armstrong, Univ.; J. W. Bride, Owens; C. H. Broomhead, Owens; G. W. Bury, Owens; D. I. Dakeyne, Owens; C. B. Davies, Owens; W. L. Dibb, Yorks.; T. E. Dickinson, Owens; J. F. Dow, Owens; A. K. Eatoek, Owens; J. A. Fairer, Owens; M. L. Farmer, Univ.; W. D. Hamilton, Yorks.; C. H. H. Harold, Univ.; S. J. C. Holden, Univ.; R. Lakin, Owens; T. Martlew, Univ.; W. P. Moffet, Owens; P. Moran, Owens; J. L. Morrison, Univ.; J. A. Parkes, Owens; W. B. Pierce, Univ.; G. Rainford, Owens; J. H. Rawlinson, Univ.; S. Rawlinson, Owens; C. H. S. Redmond, Owens; G. S. Richardson, Yorks.; A. M. M. Roberts, Univ.; D. Rodger, Owens; Elsie M. Royle, Owens; F. K. Smethurst, Owens; R. R. Smith, Owens; V. Southwell, Owens; H. E. R. Stephens, Owens; J. V. Steward, Owens; R. S. Taylor, Univ.; J. Thompson, Owens; S. V. Tinsley, Univ.; T. W. Todd, Owens; F. D. Walker, Owens; W. B. Wamsley, Owens; H. Whitehead, Owens.

*Part II. Biology.*—T. T. Apsimon, Univ.; E. R. Armstrong, Univ.; J. M. C. Badgley, Owens; J. W. Bride, Owens; C. H. Broomhead, Owens; C. M. Brown, Owens; Elsie Brown, Owens; G. W. Bury, Owens; J. W. Cropper, Univ.; D. I. Dakeyne, Owens; W. L. Dibb, Yorks.; J. A. Fairer, Owens; W. D. Hamilton, Yorks.; C. H. H. Harold, Univ.; F. Hartley, Owens; S. J. C. Holden, Univ.; R. Lakin, Owens; T. Martlew, Univ.; J. L. Morrison, Univ.; Alice Oberdorfer, Owens; J. A. Parkes, Owens; W. R. Pierce, Univ.; G. Rainford, Owens; J. H. Rawlinson, Univ.; S. Rawlinson, Owens; A. M. M. Roberts, Univ.; R. Robertson, Owens; D. Rodger, Owens; Elsie M. Royle, Owens; R. R. Smith, Owens; V. Southwell, Owens; J. Thompson, Owens; S. V. Tinsley, Univ.; T. W. Todd, Owens; W. B. Wamsley, Owens; G. B. Warburton, Owens; H. Whitehead, Owens.

The analysis of the results of the Victoria examination shows the prominent place occupied by women in the competition for degrees. There were 8 women for the M.A. degree, as against 7 men. In physiology and botany the names of 2 ladies appear in the honour schools. There were 49 women for the B.A., as against 18 men. For the Bachelor of Science there were 55 men and 14 women. Out of a total of 79 women students who have passed their final examinations, 36 were from Owens College, the remainder from the other two Colleges.

#### UNIVERSITY OF DUBLIN.

At the Later Summer Commencements of Trinity Term, held on Tuesday, June 30th, 1903, in the Theatre of Trinity College, the following degrees, among others, were conferred by the University Caput in the presence of the Senate:

*Licentiatu in Medicina, in Chirurgia et in Arte Obstetricia.*—J. H. Askins. *Baccalaurei in Medicina, in Chirurgia, et in Arte Obstetricia.*—E. V. Collen, R. W. T. Clappett, R. J. Fleming, W. G. Harvey, J. M. Holmes, B. L. Middleton, W. R. P. M'Neight, H. O'H. H. May, J. T. M'Entire, A. H. Monks, J. F. Nicholson, A. L. Otway, S. S. Pringle, C. Ft. Rolleston, A. B. Tighe, D. B. Thomson, W. Wiley. *Doctores in Medicina.*—O'D. H. D. Browne, E. V. Collen, J. R. Collins, R. S. Dobbin, W. A. de V. Forster, W. R. P. M'Neight, L. F. M'Dowell, H. O'H. H. May, M. O'Connor, J. T. Price, J. C. Scott, J. R. Welland.

#### UNIVERSITY OF BIRMINGHAM.

##### DEGREE DAY.

THE Degree Congregation of the Birmingham University was held in the Town Hall on July 4th, the Chancellor (Mr. Joseph Chamberlain) being present to confer the degrees and deliver his annual address. The fine Town Hall was again crowded to witness the ceremony, and the scene was altogether a brilliant one.

The Chancellor was attended by the Vice-Chancellor, Alderman C. G. Beale, the Pro-Vice-Chancellor, Alderman Clayton, the Lord Mayor of the City, the Principal of the University, Sir Oliver Lodge, the Vice-Principal, together with the various members of the Council and Senate of the University and the professorial staff. A procession was formed in the University buildings, and marched to the Town Hall, headed by Mace-bearer carrying the new mace of the University.

##### Degrees.

After declaring the Congregation open, the Chancellor proceeded to confer the degrees, commencing with the official degrees conferred upon various members of the teaching staff of the University. These included an M.Sc. conferred upon Mr. W. E. Colling, Lecturer in Zoology; and on Mr. W. Wright, Lecturer in Human Anatomy; the degree of M.D. on Mr. J. J. Evans, Demonstrator of Anatomy, and Mr. W. A. Potts, Assistant to the Chair of Therapeutics; and the degree of M.B. on Mr. J. C. Kneale, Lecturer in Materia Medica, and Mr. F. R. Greenwood, Demonstrator in Materia Medica.

The Dean of the Faculty of Medicine afterwards presented the candi-

dates for the ordinary degrees in Medicine, Surgery, and Public Health as follows:

The following is a list of the successful candidates at the June Examinations in the Faculty of Medicine:

*Degree of Doctor of Medicine.*—\*J. J. Evans, \*W. A. Potts, †T. L. Webb, J. R. Polson, †W. Sisam, †A. A. D. Townsend.

*Degree of Master of Surgery.*—\*C. A. Leedham-Green.

*Degree of Bachelor of Medicine and Bachelor of Surgery.*—\*F. R. Greenwood, \*J. C. Kneale, †A. S. Barnes, †J. F. Jordan, †S. H. Perry, †W. H. Wynn, †H. Baylis, †C. Bradford, †H. C. Brown, †E. F. W. Bywater, †J. R. Pooler.

\* Official. † Associate. † Past students of the Birmingham School.

*Fourth Examination for the Degrees of M.B., Ch.B.*—Class II. W. G. Ayiss, W. Cook, L. G. J. Mackey (scholarship), G. E. V. Morris, F. N. Walsh.

*Third Examination for the Degrees of M.B., Ch.B.*—Class II. R. W. Aitken, R. H. Astbury, E. L. Bunting, F. R. D'A. Glissan, Helen Gertrude Greener, L. C. Hayes, W. C. Horton, W. C. Houghton, H. P. Pickering, T. H. Ravenhill, N. J. L. Rollason.

*Second Examination for the Degrees of M.B., Ch.B.*—Class II. A. A. Sanders (scholarship), F. B. Young. Part of the Examination.—Class I. G. P. Mills (Anatomy and Physiology). Class II. H. C. H. Bracey (Physiology and Comparative Anatomy), C. Johnson (Anatomy and Comparative Anatomy), W. R. S. Roberts (Physiology and Comparative Anatomy), A. J. Smith (Physiology and Comparative Anatomy), S. G. Walker (Anatomy and Physiology).

*First Examination for the Degrees of M.B., Ch.B.*—Class I. J. Dale (scholarship). Class II. H. A. Evans, J. Fenton, G. K. Mallory, R. W. Thompson.

*Degree of Bachelor of Dental Surgery.*—\* † A. H. Parrott, \* † A. W. Wellings.

\* † Past Students of the Birmingham Dental School.

*Degree of B.Sc. in Public Health.*—H. P. Mottram.

*Diploma in Public Health.*—Parts I and II. A. H. Bygott. Part I. J. R. Currie.

##### Address by the Chancellor.

The Chancellor of the University, the Right Hon. Joseph Chamberlain, then delivered an address. He commenced by reviewing the events which had occurred in the few years since the idea of a Midland university was first mooted. They had speedily found that much more than they had originally contemplated was wanted, and had greatly extended their ambitions. They now had appealed for a million of money, and had laid the plans for the great buildings which would at some time be the glory of the city. At the present time they had already received in donations an amount of £450,000, and of this amount they were spending at present £30,000 in the first buildings of the new university. They had also already done something towards the support of the institution. The City of Birmingham had already voted an annual sum of between £6,000 and £7,000 from the rates towards its support, while the county councils of both Worcestershire and Staffordshire had in like manner promised an annual sum of £500. The county council of Warwickshire had not up to the present promised any support; but he appealed to their patriotism to follow the example of Staffordshire and Worcestershire, especially as more than 10 per cent. of their students came from country districts of Warwickshire. Mr. Chamberlain went on to explain the various objects they had in view in the establishment and maintenance of their University, and alluded to the formation of a new Faculty in the University, namely, the Faculty of Commerce—in which they intended to specialize by paying special attention to such questions as economics, modern languages, accounting, commercial law, and commercial geography. Following their example the sister Colleges of Liverpool and Manchester, and also of Leeds, were now developing themselves on the technical side and applying as he hoped with every prospect of success, for independent charters as separate Universities. And lastly, even the metropolis was moving, and was thinking of establishing a technical college with similar objects to those of their own University. Lord Rosebery seemed to be under the impression that he was inaugurating a new experiment. He seemed to have heard of and to have studied the facts connected with the great German College of Charlottenburg, but had not apparently cast his eyes upon the pioneers of his own country. He extended a hearty welcome to every new institution which had similar objects to their own. Each such institution must of necessity be specialized to suit the conditions of its own particular district. Might it not be, he asked, that in the future they should exchange ideas, and should even exchange students? In fact he added what he wanted, not in education alone, was a real free trade. He concluded by an appeal against any lowering of the high standard of the University, so that it should always be the proud boast of their University that the earning of its degree was really a passport wherever knowledge was appreciated and understood.

##### NEW REGULATIONS FOR DEGREES IN MEDICINE AND SURGERY.

The following new regulations will come into force next October:

##### Course and Examinations for Degrees in Medicine and Surgery.

The courses for the first two years remain unchanged, and there is no alteration in the examinations at the end of each.

In the third year there will be no course of lectures in medicine as heretofore. At the end of this year there will be an examination in pathology and bacteriology. There will be no University examination in future in the subjects of *materia medica* and *pharmacy*, but students will have to show, before presenting themselves for the Fourth Examination, that they have attended the University courses in these subjects and passed the class examination in the same.

The course of lectures in *therapeutics* and *pharmacology* will no longer be given in the fourth year, in which the first course of lectures on medicine will be delivered. At the end of this year the Fourth Examination, comprising the subjects of forensic medicine, toxicology, and public health, will be held. The second course of lectures on medicine and the course in *therapeutics* and *pharmacology* will be delivered in the fifth year, and the last-named subjects will form part of the Final Examination.

##### Courses and Examinations in other Universities.

By a new ordinance the Senate has been given power to recognize attendance at another university as part of the attendance qualifying for the degrees of this University, and of recognizing examinations passed at such universities as exempting from the examinations in chemistry, physics, and comparative anatomy. In the case of such students at least three years must be spent in attendance upon classes at the University. The fifth year may be spent at any other school or schools of medicine recognized by the University.

*Diploma in Public Health.*

The following additional regulation has been adopted: Officers of the Royal Army Medical Corps who have studied chemistry and bacteriology at the Staff College, and pursued the further course of study approved by the General Medical Council in December, 1902, will be admitted to the examination for the diploma in public health, whether they have previously been students of the Birmingham School or not.

*Fees.*

The method of paying a composition fee in two instalments, heretofore in existence, will now come to an end, and the composition fee will be payable in four instalments at the commencement of each of the first four years. The incidental fees hitherto charged in connexion with the practical classes have been discontinued.

**ROYAL COLLEGE OF PHYSICIANS OF LONDON.**

An extraordinary comitia was held on Thursday, July 2nd, the President, Sir W. S. Church, Bart., K.C.B., in the chair.

A by-law admitting Dr. George Francis Angelo Harris, elected a Fellow on April 30th, *in absentia*, he being resident in India, was enacted for the second time.

Dr. Barrs was nominated as the representative of the College at the meeting of the Sanitary Institute at Bradford.

*Lectures.*

The President announced that Dr. Robert Hutchison had been appointed Goulstonian Lecturer, Dr. F. Taylor Lumleian Lecturer, and Dr. Payne reappointed FitzPatrick Lecturer, all for the year 1904; that Dr. Starling had been appointed Croonian Lecturer for the year 1905, and Dr. Trevelyan, of Leeds, Croonian Lecturer for 1903.

*Communications.*

Communications were received from:

1. The Secretary of State for War, asking the advice of the College as to the practical safety and prophylactic value of inoculation with Dr. A. Wright's antityphoid fluid. A Committee was appointed, consisting of Drs. Gee, Tooth, Caiger, Bradford, and Simpson, to inquire into the matter and to report.

2. The Home Secretary, asking for observations by the College or a proposed inquiry in the causes which have led to the rejection in recent years of so many recruits for the army on the ground of physical disability and the possible measures by which this state of affairs may be remedied. A committee consisting of the President, Drs. Poore, Pringle, Longstaff, Tatham, and Newsholme, was appointed to deal with the question and to report to the College.

3. The Secretary of the College of Surgeons reporting certain proceedings of their Council on May 14th and June 11th.

4. The General Medical Council proposing certain alterations in the form of the annual returns of the results of examinations for professional examinations. The alterations were agreed to with the exception of one requiring details as to the previous failures of candidates, it being considered that this would entail largely increased clerical work with no obvious advantage to be gained.

5. Mr. Cornelius Hanbury, offering a medallion portrait of Dr. Lettsom, which was accepted, and a vote of thanks passed to Mr. Hanbury for his gift.

*Reports.*

The following reports were received and adopted:

1. From the Censors' Board, on the reply to be sent to the letter of the London County Council of March 17th (asking the College to nominate specially skilled pathologists to conduct *post-mortem* investigations in inquest cases of a special nature). The Censors' Board suggested that the following reply be sent to the communication received from the London County Council:

"The Royal College of Physicians of London is in accordance with the London County Council in thinking it desirable in the public interest that *post-mortem* examinations in inquests of a special nature should be entrusted to specially skilled pathologists. Without alterations in the existing Coroners' Act the College is not in a position to suggest the names of specially skilled persons to the London County Council, nor does the arrangement proposed by the Council commend itself to the College as one likely to prove satisfactory. The proposed fee of two guineas is a wholly inadequate remuneration for work requiring such special knowledge and experience. In the opinion of the Royal College of Physicians, it would be advantageous in the public interest that a specially-skilled medical referee or assessor should be available for the coroner or coroners of a district, whose services might be called for when in the opinion of the coroner it was desirable; and that steps should be taken for simplifying the arrangements now existing in coroners' courts with regard to skilled medical evidence. The College is aware that in the present state of the law the appointment of such assessors or referees is not possible, and would urge the London County Council to use its influence in obtaining an amendment of the existing Acts relating to coroners."

2. From the Committee appointed to consider the date at which the Harveian Oration and dinner should in future take place. The present date, St. Luke's Day, October 18th, having proved inconvenient to many, especially the provincial Fellows, it was resolved that in future the date be June 26th.

From the Committee of Management dated June 5th recommending:

(a) That the Johns Hopkins University, Baltimore, United States, be added to the list of universities at which the curriculum of professional study required for the diplomas of the Royal Colleges may be pursued, and whose graduates may be admitted to the Final Examination of the Examining Board in England on production of the required certificate of study.

(b) That the Intermediate Examination in Science of the University of Wales in the department of chemistry, physics, botany, and zoology be recognized by the Examining Board in England, so that candidates who pass that examination may be exempted from the first examination of the Board. Parts I and III.

From the Laboratories Committee, dated June 5th, reporting:

(a) That Dr. Frank C. Lewis has been appointed Assistant Bacteriologist in the place of Dr. Emery, who has resigned.

(b) That during the last three months 5,925 doses of diphtheria antitoxin, each containing 3,000 units, have been supplied to the hospitals of the Metropolitan Asylums Board making a total of 17,775,000 units.

(c) That during the quarter further batches of antitoxin supplied by

Messrs. Parke, Davis and Co., have been tested in the laboratory, and a certificate granted showing its strength, sterility, and freedom from excess of antiseptic.

**ROYAL NAVY AND ARMY MEDICAL SERVICES.****INDIAN MEDICAL SERVICE.***The Present Crisis.*

IN connexion with our recent article on Promotion and Pensions in the Indian Medical Service, the following extracts from the *Pioneer* (the leading paper in India), which has come to hand since the article referred to was written, are of interest in supporting all that was then said. The *Pioneer* writes:

Military medicos as a class have been slightly put down as "grievance-mongers," but it seems tolerably clear that the State contrives to furnish them from time to time with sufficient cause for complaint. Take, for example, the rates of pay in the Indian Medical Service. At the time the home authorities sanctioned enhanced rates of pay to officers of the Royal Army Medical Corps, it was stated that a corresponding increase would be made in the rates of pay of the Indian Medical Service. But that was fourteen months ago, and the new rates of pay are apparently still "under consideration." It might be supposed that at any rate the delay would prove merely a delay and not a loss, and that the increased rates of pay, when granted, would have retrospective effect for fourteen months during which the question has been in suspense. As against this hope, however, there is the discouraging fact that even in the case of the Army Medical Service the increased rates, which have but lately been announced by the Government of India, take effect only from November 24th last, whereas the rates were sanctioned by the home authorities with effect from March 24th, 1902, a difference of eight months. Although the saving to the Government on this account may amount to some lakhs of rupees, one would rather not believe that financial motives are responsible for the apparently grudging way in which a concession admittedly earned is thus surrendered. Yet if not economy, what other explanation suggests itself?

This extract perhaps indicates what may be expected in the way of concession from the Government of India. The promise of increased pay for the Indian Medical Service followed closely on the failure, for the first time for very many years, to fill the number of vacancies advertised. Since that a larger number of candidates have appeared for the examination, doubtless in expectation of the increased rates of pay which were expected to be notified every day. The number of vacancies being thus filled the Government of India, like Pharaoh of old, hardened its heart, and no relief is likely to be granted until recruiting is stopped. We may quote also the following paragraph from the same Indian daily paper:

Take, again, the question of promotion in the higher ranks of the Indian Medical Service. When a vacancy occurs among the colonels, the lieutenant-colonel next in succession gets the army rank at once, but his five years' tenure of the colonelcy does not begin to count until he actually takes over charge. He may be at home on leave at the time, and three months may elapse before he returns to take over charge. At the best, a fortnight's joining time is but a reasonable minimum to allow. That means that the promotion of some future successor is delayed by three months or a fortnight as the case may be. An isolated delay of this sort would be a mere trifle, but the accumulation of numerous such delays is a serious factor, retarding promotion in a marked way. Already the R.A.M.C. officers are getting ahead of their brothers in the I.M.S., especially in the Bengal Command, and this inequality in promotion will be intensified when the new regulations for the Royal Army Medical Corps come to have effect. To understand how heavily the hardship of the system may fall upon individual officers—and there are over 700 officers in the service—it has to be remembered that a lieutenant-colonel in the Indian Medical Service is obliged to retire at the age of 55, on a pension of £500 per annum for twenty-five years' service and £700 for thirty years' service. If, however, he is promoted to the rank of colonel before the age of obligatory retirement, he may put in another five years in the new appointment and so earn an additional pension of £250. Thus a lieutenant-colonel of twenty-five years' service who, owing to retardation of promotion in question, has reached the age of 55 without getting his colonelcy, is obliged to retire on a pension of £500 instead of what might otherwise be a pension of £950. He may happen to reach the age of 55 only a few weeks, indeed only a few days, before a vacancy occurs among the colonels, and may thus be compulsorily retired while an additional pension of £450 is, as it were, all but falling onto his hands. Only a short time ago a lieutenant-colonel with a distinguished record was obliged to retire under the 55 years' rule actually within forty-eight hours of impending promotion. Fortunately he had managed to put in thirty years' service, and so secured a pension of £700; but by losing the five years' tenure of the coming colonelcy he forfeited the additional pension of £250. This case in no way stands alone. Again and again one hears of deserving officers missing their well-earned pensions and promotion by cruelly narrow margins of time. It will hence be understood that much more than a technical point is involved in the contention of the Service that the five years' tenure of a colonelcy should date from the time of promotion and not from the time (which may be days, weeks, or months later) when the duties of the new appointment are taken over. Here, again, the savings to the Exchequer, due to retarded promotion and the consequent lower scale of pensions, may be considerable; but it must surely be apparent to Government that this is a case in which economy and policy hardly run together.

Comment on the above seems hardly necessary, for these and other facts to which we have recently called attention should be sufficient to prevent any candidates over the age of 25 years (who therefore cannot count on more than the

## MEDICAL NEWS.

THE annual Bolingbroke lecture before the South-West London Medical Society will be given on Tuesday, July 14th, at 8.30 p.m., at the Bolingbroke Hospital, Wandsworth Common, by Sir Victor Horsley, F.R.S., who has chosen for his subject "the cure of hernia, with special reference to a new operation for the cure of femoral hernia."

**SERUM DEPARTMENT OF THE JENNER INSTITUTE.**—On July 4th, about 100 gentlemen, on the invitation of Lord Lister and the governing body of the Jenner Institute, visited the new building of the serum department, which was fully described in the BRITISH MEDICAL JOURNAL of June 27th. The guests travelled by special train from St. Pancras, where they were met by Lord Lister, with whom were Lord Iveyagh, Sir Michael Foster, Sir Henry Roscoe, and Mr. J. Luard Pattison, members of the governing body, and Dr. Macfadyen, chief bacteriologist. They were received at Elstree by the resident staff, consisting of Dr. George Dean and his assistants, Dr. Todd and Dr. Petrie. A minute examination of the premises was made, and the guests seemed particularly struck with the excellent arrangement of the building and the healthy appearance of the horses.

**THE MEDICO-PSYCHOLOGICAL ASSOCIATION.**—The sixty-second annual meeting of the Medico-Psychological Association of Great Britain and Ireland will be held in the rooms of the Association, 11, Chandos Street, Cavendish Square, London, W., on Thursday and Friday, July 16th and 17th, under the presidency of Dr. Ernest W. White. The business will include the presentation of Dr. Chapman's report upon the report of the late Tuberculosis Committee. On Thursday afternoon the President will deliver his address, and thereafter Dr. A. R. Turnbull will introduce a discussion upon female nursing of the male insane. On Friday morning Dr. F. W. Mott will read a paper on tumours of the brain in asylum and hospital practice, illustrated by a lantern demonstration and photographs. The following papers will also be read at the meeting in the afternoon: Clinical and Experimental Observations on Hebeephrenia and Katatonia, by Drs. L. C. Bruce and A. S. M. Peebles of the Perth District Asylum; A Case of Double Consciousness, by Dr. Albert Wilson; on Mongolian Imbecility, by Dr. C. H. Fennell. Dr. and Mrs. Corner will give an "At home" on Friday afternoon at Brook House, Southgate, and on Saturday Dr. Ernest White will give a luncheon at the City of London Asylum, Stone. The annual dinner of the Association will take place on July 16th at the Hotel Métropole.

## MEDICAL VACANCIES.

This list of vacancies is compiled from our advertisement columns, where full particulars will be found. To ensure notice in this column advertisements must be received not later than the first post on Wednesday morning.

**BELFAST:** MATER INFIRMORUM HOSPITAL.—Resident Surgeon. Salary at the rate of £50 per annum.

**BIRMINGHAM GENERAL HOSPITAL:**—House-Physician, resident. Salary at the rate of £50 per annum.

**BIRMINGHAM AND MIDLAND HOSPITAL FOR SKIN AND URINARY DISEASES.**—Clinical Assistant. Honorary at the rate of £3 business per annum.

**BIRMINGHAM UNIVERSITY.**—Walter Myers Travelling Studentship. Value, £150 for one year.

**BUENLEY:** VICTORIA HOSPITAL.—Male Resident Medical Officer. Commencing salary, £90 per annum.

**CANTERBURY:** KENT AND CANTERBURY HOSPITAL.—Second Honorary Physician.

**CARDIFF:** UNIVERSITY COLLEGE OF SOUTH WALES AND MONMOUTHSHIRE.—Professor of Anatomy. Salary £350 per annum.

**COLCHESTER:** EASTERN COUNTIES ASYLUM FOR IDIOTS, Etc.—Resident Medical Attendant. Salary £100 per annum.

**DERBY:** DERBYSHIRE ROYAL INFIRMARY.—Assistant House-Surgeon, resident. Salary £30 for six months.

**DEVONPORT:** ROYAL ALBERT HOSPITAL.—Assistant House-Surgeon, resident. Salary at the rate of £50 per annum.

**DOUGLAS:** NOBLE'S ISLE OF MAN GENERAL HOSPITAL AND DISPENSARY.—Resident House-Surgeon. Salary, £28 per annum.

**EAST SUSSEX COUNTY ASYLUM,** Hellingly.—Third Assistant Medical Officer, resident. Salary, £160 per annum.

**GUY'S HOSPITAL MEDICAL SCHOOL.**—Gordon Lectureship in Experimental Pathology.

**ISLE OF WIGHT COUNTY ASYLUM,** Carisbrooke.—Locum Tenens for August and Salary, 4 guineas a week.

**JARROW-ON-TYNE:** PALMER MEMORIAL HOSPITAL FOR ACCIDENTS.—House-Surgeon, resident. Salary £150 per annum.

**LISICARD:** WALLASEY DISPENSARY AND VICTORIA CENTRAL HOSPITAL.—House-Surgeon, resident. Salary £100 per annum.

**LIVERPOOL DISPENSARY.**—Assistant Surgeon, resident, unmarried. Salary, £100 per annum.

**MANCHESTER:** OWENS COLLEGE.—Junior Demonstrator in Physiology. Stipend, £100 per annum, rising to £200 per annum.

**METROPOLITAN EAR, NOSE, AND THROAT HOSPITAL,** Grafton Street, W.—(1) Assistant Surgeon. (2) Anaesthetist. (3) Clinical Assistants. £100 per annum, increasing £10 yearly.

**NOTTINGHAM GENERAL DISPENSARY.**—Assistant Resident Surgeon. Salary, £100 per annum.

**SHEFFIELD CITY.**—Medical Officer of Health. Salary £700 per annum.

**SHEFFIELD, ROYAL INFIRMARY.**—Vacancy on Honorary Surgical Staff.

**SOMERSET AND BATH ASYLUM,** Cottford.—Assistant Medical Officer, resident. Salary £60, rising to £200 per annum.

**SOUTHAMPTON: ROYAL SOUTH HANTS AND SOUTHAMPTON HOSPITAL.**—Junior House-Surgeon, resident. Salary, £60 per annum.

**STOCKPORT INFIRMARY.**—Junior Assistant House-Surgeon, resident. Salary, at the rate of £40 per annum.

**TYNEMOUTH INFIRMARY.**—Two House-Surgeons, resident. Salary, £50 per annum.

**VICTORIA HOSPITAL FOR CHILDREN,** Tite Street, S.W.—(1) House-Physician, resident. Honorary, £25 for six months. (2) Medical Radiographer. Honorary, £25 for six months.

**WOLVERHAMPTON AND STAFFORDSHIRE GENERAL HOSPITAL.**—Assistant House-Surgeon, resident. Salary at the rate of £75 per annum.

## MEDICAL APPOINTMENTS.

**ARKWRIGHT, J. A., M.D.** District Medical Officer of the Dover Union.

**BLUMFIELD, J., M.B.Camp.** Honorary Anaesthetist to National Dental Hospital.

**BOYES, Auguste, M.B., Ch.B.Glas.** Resident Medical Officer at the East Poorhouse and Hospital, Dundee.

**BROINOWSKI, G. H., M.B.Syd.** Medical Officer Narrandera Hospital, N.S.W.

**BUTLE, Frederick S., M.B.Melb.** Assistant Medical Officer at Beverley, West Australia.

**CUNLIFFE, E. N., M.B., Ch.B.Vict.** Assistant Medical Officer of the West Derby Union.

**GORDON, John, M.D.Melb.** F.R.C.S.Eng., Surgeon to Out-patients, Melbourne Hospital.

**GRAY, Colin, M.B., Ch.B.Melb.** Medical Officer to the Maldon Hospital and Benevolent Asylum, Victoria.

**LAVERY, E. A., L.R.C.P. and S.Edin.** Government Medical Officer and Vaccinator at Gosford, N.S.W., vice S. T. Knaggs, M.D.Aberd., F.R.C.S.I., resigned.

**MICCLELLAND, Walter C., M.B., Ch.M.Syd.** Honorary Medical Officer, Marrickville Cottage Hospital, N.S.W., vice Dr. Chenhall.

**NEWMAN, E. L., M.B.Syd.** House-Surgeon, Royal North Sydney Hospital, N.S.W.

**PLAYFAIR, Hugh, M.D., F.R.C.S.** Assistant Obstetric Physician to King's College Hospital.

**SMITH, Ward, M.B., Ch.B.Edin., F.R.C.S.Eng.** Honorary Assistant Medical Officer in charge of the Electrical Department of the Bradford Royal Infirmary.

**SOMKEVILLE, David, M.D., D.P.H.** Senior Demonstrator in Public Health, King's College, London.

**SPROULE, W., M.B., M.S.** Medical Officer, Burroughs Hospital, N.S.W.

**TAYLOR, Dudley C. P., M.R.C.S.Eng., L.R.C.P.Lond.** Medical Officer and Public Vaccinator to the Sibsey District of the Boston (Lincs.) Union.

**WATSON, C. Gordon, F.R.C.S.** Junior Demonstrator of Anatomy at St. Bartholomew's Hospital.

**WEBB, F. E. A., M.R.C.S., L.R.C.P.Lond.** Certifying Factory Surgeon for the Cambridge District.

**WILKINSON, J. F., M.D., Ch.B.Melb.** Physician to Out-patients, Melbourne Hospital.

## DIARY FOR NEXT WEEK.

## TUESDAY.

**South-West London Medical Society.** Bolingbroke Lecture, Bolingbroke Hospital, Wandsworth Common, 8.30 p.m.—The annual Bolingbroke Lecture, by Sir Victor Horsley, F.R.S., on the Cure of Hernia, with special reference to a New Operation for the Cure of Femoral Hernia.

## THURSDAY.

**Guy's Hospital Medical School,** 4 p.m.—Dr. E. W. Ainley Walker: Recent Work upon the Nature of Immunity (Gordon Lectures in Experimental Pathology).

## POST-GRADUATE COURSES AND LECTURES.

Hospital for Consumption and Diseases of the Chest, Brompton, S.W., Wednesday, 4 p.m.—Lecture on Cases of Mitral Stenosis.

Hospital for Sick Children, Great Ormond Street, W.C., Thursday, 4 p.m.—Demonstration of Selected Cases.

Medical Graduates' College and Polyclinic, 22, Chenies Street, W.C.—Demonstrations will be given at 1 p.m. as follows: Monday, skin; Tuesday, medical; Wednesday, surgical; Thursday, surgical; Friday, eye. Lectures will also be given at 5.15 p.m. as follows: Monday, The Clinical Varieties of Pneumonia; Tuesday, Bronchitis and Emphysema; Wednesday and Thursday, Pulse Tracings and their Clinical Significance; Friday, Pleural Effusion, Causes and Treatment.

Mount Vernon Hospital for Consumption and Diseases of the Chest, 7, Fitzroy Square, W., Thursday, 4 p.m.—Lecture on Laryngeal Tuberculosis.

National Hospital for the Paralysed and Epileptic, Queen Square, W.C., Tuesday, 3.30 p.m.—Lecture on the Prognosis of Epilepsy.

Post-Graduate College, West London Hospital, Hammerton Street, W. Lectures will be delivered at 5 p.m. as follows:—Monday and Tuesday, Gas Administration; Wednesday, Some Diseases of the Nervous System; Thursday, Treatment of Some Injuries and Emergencies; Friday, Some Diseases of the Nervous System.

## BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 3s. 6d., which sum should be forwarded in post-office orders or stamps with the notice not later than Wednesday morning, in order to ensure insertion in the current issue.

## BIRTHS.

**CHEATLE.**—On July 5th, at 117, Harley Street, W., the wife of George Lenthal Cheatle, Esq., C.B., of a son.

**GENT.**—On July 2nd, at 6, Hugden Road, Clifton, the wife of William Conway Gent, L.R.C.P., L.R.C.S.Edin., of a son.

**SENIOR.**—On July 5th, at Noel Lodge, Thames Ditton, Surrey, the wife of Arthur Senior, M.B.Cantab., of a daughter.

**SMITH.**—On June 27th, at 31, London Road, St. Albans, the wife of James Johnston Smith, M.B., Ch.B., of a son. (Scotch papers please copy.)

**WINTER.**—On July 3rd, at St. Marychurch, Torquay, the wife of G. Mitchell Winter, L.R.C.P., M.R.C.S., D.P.H.Camb., of a daughter.

## MARRIAGE.

**ROBERTS-JONES.**—On June 29th, at the Stanley Road Welsh Presbyterian Church, Bootle, by the Rev. Griffiths Ellis, M.A., assisted by the Rev. W. Elias Williams, Hugh Jones Roberts, M.R.C.S., J.P., of Gwyddor, Penygroes, Carnarvonshire, to Edith Mary, second daughter of William Jones, Esq., J.P., of Monfa, Bootle, and Llywidiath, Anglesey.

## DEATH.

**TAYLOR.**—At 12, Melville Street, Edinburgh, on Friday, July 3rd, Jessie Burnett, wife of William Taylor, M.D. (No flowers, by request.) Friends will please accept this intimation.