

providing ample air-way for the patient's breath, and of keeping samples for many hours before analysing them. Glass tubes having an internal diameter of $\frac{1}{8}$ in. suggested the use of flasks having necks proportionately wide—that is, of about 2 in. in diameter. Since indiarubber absorbs chloroform, and corks cut the right way of the grain cannot be obtained of this size owing to the limitations of the cork-tree, a good-looking material called suberite was suggested and used for some time. But the results with weighed quantities of chloroform were always 5 or even 10 per cent. too low, though no leakage could be observed. At last it was noticed that when suberite which had been soaked was squeezed water oozed from it. Thus the deficiency was due to the absorption of the hydrogen chloride formed in the analysis by this substitute for cork. Then corks were tried made by cementing two half-corks together. These were better, but often determinations were lost by leakage, and when the corks were pressed strongly into the necks of the flasks, by means of a collar and screws, the glass frequently gave way. Improvements were gradually made, but mishaps were still frequent, and the results were not sufficiently trustworthy. Recently flasks have been obtained with narrower necks, which admit the inlet-tube through an ordinary cork and have for outlet a tubulus in the side of the neck. Even cork, whether dry or covered by a layer of water, gradually absorbs chloroform. The amount of this absorption would be immaterial if all the analyses could be made within a few hours of the collection of samples. But as the collection has to be made in the afternoon and many samples should be collected, some analyses must be postponed till the following day. The loss of chloroform in twenty hours is pretty constantly 5 or 6 per cent., and little error would result from crediting the samples whose analysis was deferred with this addition. But a more satisfactory plan, now under trial, of extracting or saturating corks by means of hot water containing a little chloroform and keeping them in a large closed vessel over water saturated with chloroform till a few hours before they are used, promises well, and there is reason to think that the error due to keeping samples till the following day may be reduced thus to 1 or 2 per cent. Failing this, recourse may be had to ground stoppers for each flask.

Much of the work has been done by Miss Elinor Ewbank under circumstances of discouragement for which she was not responsible. Both in the hospital and in the laboratory she has proved herself an excellent assistant. Unfortunately she has been called away. Her place is now filled by one of the college students, Mr. Cowper, and could hardly be better filled. Thanks are due to Mr. Baly, with whom Miss Ewbank was working, for allowing the alien work of the Committee to be done in the Spectroscopic Laboratory which is under his charge.

MODIFICATIONS OF THE CHLOROFORM INHALER.

It may be well to add here some notes regarding modifications of the inhaler which has been described in previous reports. At the Oxford meeting of the British Medical Association two helpful criticisms were made on this form of inhaler: (1) That a considerable increase in the dose of chloroform might be caused by the shaking of the bottle, and (2) that the maximum dose provided was in some cases insufficient. The former defect was chiefly due to the gradual substitution in the course of manufacture of a short piece of rubber tubing for the longer piece shown in the original drawing.¹ With a piece of tubing of thin rubber, about $2\frac{1}{2}$ in. in length, such as is now supplied by Messrs. Griffin, even an abrupt movement of the instrument causes the bottle and liquid to swing but not to shake. A short piece of stout rubber tube acts as a spring and increases the shake which a movement causes. But the best plan is to use a stand or to tie the inhaler to a rail at the bed-head. For hospital use a solid stand, with suitable clamps and an arrangement for keeping the chloroform at the proper temperature, has been devised.

The insufficiency in the dose of chloroform which has been observed in some cases was due to five litres per minute having been taken as the normal rate of breathing. The measurements made this year of the rate of breathing of patients under operation show an average of about seven litres a minute. The table published in last year's report shows that at this rate of breathing the inhaler delivers only 1.57 per cent. of chloroform, and it is also stated that by lengthening the two-necked bottle the proportion of chloroform delivered at different

rates of breathing could be kept more nearly constant. To get this greater constancy, and to bring the proportion of chloroform at a breathing-rate of 7 litres a minute up to 2 per cent., the length of the cylindrical part of the bottle has been increased to 40 mm., and its internal diameter to 42 mm.; also the standard temperature of the chloroform, indicated by the floating or sinking of the coloured beads as now adjusted, has been raised from 14° to 20° C. With these dimensions and this temperature analyses of the mixtures of air and chloroform delivered at different rates of breathing have given results corresponding nearly to the position of the index on the divided arc.

MEMORANDA:

MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, Etc.

SUDDEN HAEMORRHAGE FROM THE OVARY.

The following case seems to me on all-fours with those to the existence of which attention was drawn in the *BRITISH MEDICAL JOURNAL* of March 11th, at page 553, by a note based upon an operation performed by Professor Tillaux of Paris. Its publication at once suggested to me the true explanation of the conditions with which I had so recently had to deal.

A very healthy woman, only married six weeks, and in whom menstruation had been regular, was seized with sudden pain and severe collapse at midday on March 2nd, and rapidly became blanched, pulseless, and unconscious. Her condition was so alarming that her medical men, Drs. Burnett and Brunt, felt that all operative procedure was for the moment out of question. The next morning, however, she rallied a little, although now and then attacks of collapse still occurred, and they felt that surgical interference was at last possible. I was therefore asked to see the case with them.

I found her still very ill, pulse very weak and rapid, with all the symptoms of a recent severe haemorrhage. The abdomen was moving well, its resonance impaired, and pain was referred to the left flank. A vaginal examination revealed little beyond the fact that there was much more tenderness on the left side than elsewhere, but no mass could be detected. I decided to open the abdomen to clear out the clots and deal with the condition. Saline fluid and saccharine was infused below each breast, and chloroform was carefully administered by Dr. Johnson. On opening the peritoneum several pints of clot were turned out, and examination showed that the uterus and both tubes were normal in size and condition, but that the left ovary was ruptured and oozing blood. The left ovary and tube were removed, and the abdomen flushed out with saline fluid, about two pints being left within for absorption. The patient rallied, and shortly after another pint of fluid was infused.

Progress of Case.—There was no vomiting or abdominal distension. The case went on well, with the exception that the bladder had to be catheterized. For some days there was some trouble with defaecation. A discharge of blood-stained fluid continued from the incision for some days. The specimen was sent to Mr. Targett, who kindly examined it for me and reported as follows:

"The tube is healthy to the naked eye and on section. In the ovary there is a blood cyst, which on section proves to be a recent corpus luteum, with a thick lining of lutein cells. It is filled with fibrin, but there are no traces of chorionic villi or decidua tissue."

REMARKS.—At first, in spite of the history of regularity in menstruation, the case was diagnosed as one of rupture of an early ectopic pregnancy. It was a matter of surprise to me to find no adhesions and both tubes healthy. I then thought that the case might prove to be one of true ovarian pregnancy, but the report of Mr. Targett puts this condition out of court. The case was, as has already been indicated, evidently one of those rare conditions of rupture of an apoplectic Graafian follicle, rupture of ovary, and subsequent haemorrhage into the peritoneum. It is important to note what an extreme amount of haemorrhage may result from this condition.

WHEELTON HIND, M.D., B.S., F.R.C.S.,
surgeon, North Stafford Infirmary.

TREATMENT OF CHRONIC URTICARIA AND HERPES ZOSTER BY HIGH-FREQUENCY CURRENTS.¹

J.A., aged 55, consulted me on July 3rd, 1904. He was suffering from chronic urticaria, which involved the whole trunk of the body. He had suffered from the disease for two years, and attributed the commencement of it to eating fish and tomatoes. Till then he was a perfectly healthy man. The irritation was intense, and he had not had a complete night's

¹ Read at the annual meeting of the Truro Division of the British Medical Association.

¹ *Proc. Roy. Soc.*, vol. lxx, p. 500.

rest for these two years, with the consequence that his general health was very much undermined. He had lost a considerable amount of flesh, and was suffering from flatulent dyspepsia and constipation.

For a few days he was treated with salicylate of bismuth and aperients. He was then put on 5-minim doses of liq. arsenicalis, with a lead-and-opium lotion to try to relieve the irritation. This treatment was persevered in till August 24th without any benefit to the skin, though the condition of the stomach had improved.

On the last date mentioned the patient was treated with the high-frequency current. He had auto-condensation for fifteen minutes, and the "effluve" was applied to all the affected areas of the skin. A current of 300 milliampères was used. The result was almost instantaneous. He returned the next day, and said that the irritation was much less, and that he had slept well. He had in all only six applications. The skin condition cleared up completely, and he has had no relapse.

On November 3rd the same gentleman consulted me again. On this occasion, strange to say, he was suffering from herpes zoster, on the right side. The area involved was not extensive, the right axilla being involved. There were a few vesicles round the right nipple, and a small patch at the lower angle of the scapula. The pain was intense. By November 20th all the vesicles had disappeared, but the neuralgic pain, which one often gets after herpes, was most persistent. All the usual remedies for such a state were tried. Iron and arsenic were given internally, and locally a solution of cocaine, lin. belladonnae, borochloretone, etc., were applied without the least benefit. As the patient was rapidly losing ground again I resolved to reapply the high-frequency treatment, using the same method as before. He had in all twelve applications, and as a result the neuralgia slowly but surely left him.

REMARKS.—I think it may be fairly claimed that in the first instance the electric treatment was the sole factor in the patient's recovery from a condition which up to the time of its application had resisted all medicinal treatment, for he had been under medical care practically all the time. Again, the improvement was so rapid, the patient expressing himself benefited from the very first sitting, and in ten days' time his skin was perfectly normal in appearance. In the second instance the improvement, too, was very marked, though not so rapid. Drugs had evidently no effect on the condition, but after the fourth application the pain, which in this instance was of a very intense character, preventing the patient from sleeping night or day, became gradually less and less until complete recovery had taken place.

Penryn, Cornwall.

ALEX. GREGOR, M.B., M.C.

THE TREATMENT OF CHRONIC ULCERS.

IN the EPILOGUE of the BRITISH MEDICAL JOURNAL of July 1st reference is made to the Scott-Schley method as being the most effectual treatment for these ulcers. From a large experience of them, I am desirous of directing attention to what I believe to be even a quicker method. Sprinkle a slice of sponge, preferably with iodoform, and strap it over the ulcer. Granulations will spring out with amazing rapidity, and healing will follow with a little care.

The following operative treatment has always afforded me great satisfaction in chronic ulcers: (1) Scrape the ulcer; (2) cut away its edge; (3) free the latter from subjacent tissues; (4) make a few radiating incisions; (5) draw the flaps together with good plaster as far as possible.

London.

JAMES MACMUNN.

THE TREATMENT OF RINGWORM OF THE SCALP.

THE interesting paper by Dr. Macleod on the treatment of ringworm of the scalp by the x rays, published in the BRITISH MEDICAL JOURNAL of July 1st, prompts me to make a few remarks on the treatment of this common yet troublesome complaint by what may be called ordinary remedies.

Considerable experience of this class of case during the past three years has taught me that practically every case of ringworm of the scalp, however severe, can be cured by the persistent application of mild parasiticide ointments in from three weeks to three months, provided suitable attention be given at the same time to the general health.

My belief is that the strong irritative ointments usually prescribed more often than not defeat their own ends by causing inflammatory swelling of the scalp, thus blocking up the hair follicles and effectually preventing the parasiticide from reaching the source of the disease. On the other hand,

I feel convinced that mild parasiticides, properly applied, do reach the source of the disease and kill the fungus.

Another and frequent source of failure in the treatment of ringworm of the scalp is, in my opinion, neglect of the general health. Nearly all the subjects of ringworm are below par as far as their general health is concerned, and many are extremely debilitated and anæmic and in a condition to fall an easy prey to any parasite. I always make it a rule, therefore, to endeavour to improve the general health by administering suitable medicines and using every means to keep up the nutrition. The rapidity with which the local condition improves when general is combined with local treatment is often surprising.

I cannot go into this matter more fully here, but hope very soon to publish a paper, on which I am at present engaged, giving a detailed description of the methods employed and cases treated.

London, W.

E. HARDING FREELAND.

SPIRILLUM FEVER IN PALESTINE.

READING in the BRITISH MEDICAL JOURNAL for April 1st an account of cases of spirillum fever, it occurs to me that the following may be of interest, as I do not think such cases have been reported from this country.

The following is the second of two cases which I have seen during the last two months, while examining stained slides of malarial blood (by Leishman's method).

On June 15th, 1905, a boy of 15 came to me here complaining of very definite attacks of fever of a quartan type of twenty days' duration. So far I have rarely if ever found such a history fallacious, and I examined a fresh film of the blood with every expectation of verifying this history; finding no quartan parasites whatever, I stained a film in which I saw two well-stained spirilla. A fresh slide examined with the diaphragm almost closed revealed one spirillum in active movement after a long search. This was with $\frac{1}{3}$ and No. 2 eyepiece. With a low $\frac{1}{2}$ inch power I could find none. The temperature was 101° at the time, but the boy was not very ill. The blood also showed very numerous malarial parasites of the type described by me in the *Journal of Tropical Medicine* for May 1st, 1905.

The patient mentioned above had been living for some weeks at a place where the water supply is from very dirty cisterns; but otherwise he has not been out of the country.

J. CROPPER, M.A., M.D., B.C.Camb.

Jerusalem.

REVIEWS.

TUBERCULOSIS.

FOR those who are unable to read Professor von Behring's important lecture, delivered at Cassel in September, 1904, in the original German, this translation, entitled *The Suppression of Tuberculosis*,¹ will be heartily welcomed. In this lecture Professor von Behring enunciated the principle which he believes he has discovered, that, as the translation expresses it, "the milk fed to infants is the chief cause of consumption." It will be gathered from this example that the translation leaves something to be desired by English readers in the choice of expressions, but, as the translator explains in the preface,

In a subject of such controversial nature, it is essential to reproduce faithfully the exact meaning of the original; and this has been done, even though at times it may have led to awkwardness of expression.

Professor Behring's valuable work in the immunization of cattle from tuberculosis is referred to in this lecture, and he holds out the hope that we may find in the milk of immunized cows a means for the successful treatment of tuberculosis in the human subject. The theory of Professor von Behring as to tuberculosis in the adult being the result of infection in infancy may not be generally accepted, but observations and experiments by which he arrived at this conclusion are well worthy of careful study. In addition to the Cassel lecture, which is the chief article in this volume, there are two papers taken from *Beiträge zur Experimentellen Therapie*. These are respectively on Observations concerning the Study of Phthisiogenesis in Man and in Animals, and Suggestions concerning the Hygiene of Cow Stables. The volume is completed with

¹ *The Suppression of Tuberculosis*. By Professor E. von Behring. Authorized translation by Charles Bolduan, M.D. New York: John Wiley and Sons; and London: Chapman and Hall, Limited. 1904. (Cr. 8vo, pp. 91. 4s. 6d.)

MEDICAL NEWS.

THE Committee of the Hospital for Sick Children, Great Ormond Street, has set aside an entire ward during the summer for children suffering from summer diarrhoea.

THE first International Congress of Physical Therapy will, as already announced in the JOURNAL, be held at Liège from August 12th to 15th. The Secretary of the English Committee is W. Deane Butler, M.R.C.S., Holyrood, Ealing, W.

THE King has ordered that three wards in the Military Hospital at Millbank shall be named respectively "King Edward," "Queen Alexandra," and "Princess Victoria," in commemoration of their Majesties' inspection of the hospital on July 1st.

THE amounts received at the Mansion House up to the morning of July 20th for the benefit of the Metropolitan Hospital Sunday Fund had reached £58,000. With the addition, therefore, of 25 per cent. by Mr. George Herring the total this year seems likely to exceed at least £75,000.

At a meeting on July 17th of the executive committee of the National Committee for the Establishment of Sanatoriums for Workers suffering from Tuberculosis it was stated that, as the result of the meeting held at Chelsea House in June, the sum in hand had been brought up to £5,500, and that this would be sufficient to secure at Benenden in Kent a site of 250 acres. It was also resolved to hold a meeting of representatives of Friendly, trades, and other Societies in November and to send circulars to the mayors of provincial towns asking them to co-operate with the Society.

Two theoretical and practical courses in medical and surgical diseases in infancy and childhood will be held at the Hôpital des Enfants-Malades, Paris, during August and September, under the direction of M. H. Méry, Professeur-Agrégé. The first course will extend from August 1st to August 20th, and the second from August 20th to September 5th, and either or both may be attended. The lectures will be given on each day at 10 a.m. and 5 p.m. The first course will be concerned more particularly with medical subjects, the second with surgery, neurology, dermatology, ophthalmology, and diseases of the throat, nose, and ear.

THE new Maternity Department of the London Hospital was formally opened on July 17th by the Dowager Duchess of Westminster. There is accommodation for ten patients, who are distributed in four small wards. One of these is an isolation room and contains one bed only; the rest have three beds each. They all open on to a balcony sufficiently broad for the beds to be wheeled out on to it when desired. Annexed to the wards is a well-arranged delivery room fitted up like an ordinary theatre. Above the wards there is accommodation for twelve pupil midwives and for the three midwives who will be in charge of the department, and who will visit cases in the district with their pupils during the three months' course. The wards have been named "Marie Celeste," in memory of the wife of Mr. James Hora, who originally gave £10,000 for their endowment, and has since added a further £1,000. They are situated in the Alexandra wing of the hospital and approached by a separate corridor.

A QUARTERLY court of the Directors of the Society for the Relief of Widows and Orphans of Medical Men was held on July 12th. Mr. Christopher Heath, President, in the chair. Twelve directors were present. It was reported that one death and one resignation had occurred among the members since the last court. Three new members were elected. The death of a widow was reported who had been an annuitant of the Society since 1886, and had received in grants the sum of £1,063 5s; her husband had paid £52 10s. in subscriptions. An application for relief had been received from a widow of a deceased member, and a grant at the rate of £50 per annum was voted. Fifty-three widows and 16 orphans are now in receipt of relief, the total sum for the half-yearly grants being £1,324. The Secretary reported that during the past three months fifteen letters had been received from widows of medical men soliciting grants, and relief had to be refused in every case, owing to the fact that their late husbands had not been members of the Society. Mr. Edward J. Blackett was re-elected Secretary.

THE members of the Society of Chemical Industry, which held a meeting in London during the second week in July, and were the guests of Messrs. Burroughs, Wellcome, and Co. at a fête held at the Wellcome Club and Institute, Dartford,

Kent, on July 15th, commemorating a quarter of a century's work of the firm of Burroughs, Wellcome, and Co. The visitors proceeded to Dartford by a special train leaving Charing Cross at 11.10 a.m., and immediately on arrival at Dartford a display was given by the firemen of the firm. Aquatic sports was the next item on the programme. The visitors then inspected the Wellcome Club and Institute, which provides for the recreation of the 1,500 employés of the firm. Luncheon was served to over 2,000 persons in one large tent, and in the course of the speeches which followed it could be easily recognized that the most cordial relations existed between the firm and its employés. After lunch came athletic sports followed by a maypole dance. Next came a squad of girls who performed intricate military movements; after these had received a well-merited round of applause, sabre-drill exhibitions and tug-of-war contests, with more athletic sports, filled in the time till dinner, which was served in a beautifully-decorated tent pitched in an orchard. After dinner there was a concert on the lawn, and the guests were treated to a display of fireworks, one of the special devices being entitled the "Fiery Baptism of the New Benzene Ring."

PASTEUR INSTITUTE IN THE STRAITS SETTLEMENTS.—Owing to the occurrence of several cases of hydrophobia in Penang, four of which have already ended in death, Leong Fee, the Chinese Consul, has made an offer to the Government to build and equip a Pasteur Institute for the Straits Settlements and the neighbouring regions.

SCANDINAVIAN CONGRESS ON THE PROTECTION OF INFANCY.—The first Scandinavian Congress of those interested in the protection of infants will be held at Copenhagen from August 4th to 7th. Questions relating to education and to measures for the prevention of disease in children, and to their protection from physical and moral evil, will be discussed.

REQUESTS TO MEDICAL CHARITIES.—The Rev. Wentworth Beaumont Hankey of Chester Terrace, Eaton Square, whose death occurred on June 16th, left £280 to St. Thomas's Hospital; and £100 each to the Consumption Hospital, Brompton; the London Hospital; St. Mark's Hospital, City Road; and the Victoria Hospital for Children, Chelsea.

INTERNATIONAL SURGICAL CONGRESS.—It has already been announced in the JOURNAL that the Congress of the International Society of Surgery will hold its first meeting this year at Brussels, under the patronage of His Majesty Leopold II, King of the Belgians. The Congress will be in session from Monday, September 18th to the following Saturday inclusive, under the presidency of Theodor Kocher, M.D., Professor of Surgery in the University of Berne. The morning of each day will be arranged for visits to hospitals and clinics, and for the presentation and examination of patients, and for other matters of interest connected with the Congress as well as the City of Brussels. The afternoons will, as far as possible, be reserved for the consideration of the subjects selected for discussion. These are as follows: (1) The value of the examination of the blood in surgery; (2) the treatment of prostatic hypertrophy; (3) surgical intervention in non-cancerous diseases of the stomach; (4) treatment of articular tuberculosis; (5) the treatment of peritonitis; (6) the diagnosis of surgical diseases of the kidney. Other communications of a practical nature (of which due notice should be given, as well as the time they will occupy) including the presentation of patients, specimens, and surgical instruments and appliances may be made. The official languages of the Congress are English, French, German, and Italian. There will be a secretary for each language at the Congress. Members of the Society pay an annual subscription of 12s. The Congress will meet every three years in a town selected at a general meeting. Messrs. Thos. Cook and Son, Ludgate Circus, E.C., have been asked to make suitable arrangements for the convenience of members of the profession going to Brussels from Great Britain. Facilities for including a visit to the Liège Exhibition may be included in these arrangements. All information in regard to travelling may be obtained from Messrs. Cook. Inquiries about hotel and lodging accommodation should be addressed to the Secretary-General, Dr. Depage, 75, Avenue Louise, Brussels. Further information can be obtained from Dr. Depage or from Mr. Reginald Harrison, 6, Lower Berkeley Street, W., delegate for Great Britain.

panion and straightforward in all his dealings in professional life. A large concourse of people followed his remains to the grave, whilst the medical profession of both city and county was well represented. Much regret is felt at his early demise.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF EDINBURGH.

Honorary Degrees.

THE Senatus Academicus have offered the honorary degree of LL.D. to the following distinguished foreign and colonial guests, who are expected to be in Edinburgh on the occasion of the celebration of the fourth centenary of the Royal College of Surgeons of Edinburgh:—His Excellency Paul Cambon, G.C.V.O., D.C.L., the French Ambassador at the Court of St. James; Professor Ernst von Bergmann, Berlin; Professor Cameron, Toronto; Professor J. Lucas-Championnière, Paris; Professor Francesco Durante, Rome; Dr. A. F. von Eiselsberg, Vienna; Professor Halsted, Baltimore, U.S.A.; Professor Carl Gustav Lennander, Upsala; Professor Saxtorph, Copenhagen; Professor Shepherd, Montreal; and Professor Subbotin, St. Petersburg. A special graduation ceremony will be held in the McEwan Hall on Saturday, July 22nd, at 10 a.m. for the purpose of conferring these degrees.

Resignation of Professor A. R. Simpson.

At a meeting of the Court of the University on Monday, July 17th, the resignation was intimated and accepted of Professor Alexander Russell Simpson, who has filled the Chair of Midwifery for thirty-five years. The vacancy will in due course be intimated to the Curators of Patronage, who will proceed to take steps to fill the Chair. The resignation, it is understood, takes effect as from August 31st next. We are informed that questions relating to the Chair are under consideration of a Committee of the University Court, in particular the question whether the time has now come when the Chair should be divided into two Chairs, a Chair and a Lectureship, or two Lectureships of Midwifery and Gynaecology.

UNIVERSITY OF OXFORD.

Radclyffe Travelling Fellowship.

AN examination for a Fellowship of the annual value of £100, tenable for three years, will be held in Hilary Term, 1906.

UNIVERSITY OF LONDON.

ST. BARTHOLOMEW'S HOSPITAL.

THE annual prize distribution at the Medical School of St. Bartholomew's Hospital took place on July 12th, in the Great Hall. The proceedings were opened briefly by Sir Dyce Duckworth. Mr Harmer, Warden of the College, presented his report for the year, in the course of which he said that the prosperity of the school had been fully maintained, and that it was still the largest in the metropolis. The total number of students who had worked at the hospital during the past year had been 556, the new students numbering 111. The Committee had considered the important question of concentration of the Preliminary Sciences at some centre away from the school, and had decided that, for the present, it was advisable to continue to teach within the school all the subjects of the medical curriculum.

The appeals made for the rebuilding of the hospital had been very warmly supported by many connected with the school. Up to the present time they had subscribed £8,047 5s. 5d. for the General Fund, and £1,547 15s. for the Pathological Block. Some important changes had occurred in the medical staff, Dr. Gee having resigned the appointment of Physician, and Mr. Langton that of Surgeon to the hospital. Dr. Gee was elected Assistant Physician in the year 1868, and ten years later became full Physician to the hospital. The value of his teaching in the wards was very greatly appreciated not only by his clerks, but by all students. For many years, and in spite of the claim of a large practice, he devoted much of his valuable time to the service of the hospital and school. Mr. Langton became Assistant Surgeon in 1867, and served fourteen years as Assistant and twenty-three years as full Surgeon to the hospital. During the whole of that period there was no member of the staff who was more regular in his attendance, more zealous for his patients or more popular with the students. By the retirement of those members from the active staff the school has lost two of its most valued teachers. It still looked to them in their new position as Consultants and Governors of the hospital to carry on the good work which they have done in the past.

In the examinations the school had maintained its reputation. At the University of London, 10 men had taken the M.D. (the gold medal in Pathology going to Lieutenant-Colonel Lukis, I.M.S.); 10 men had taken the M.B., B.S. (Mr. Pritchard taking honours in Medicine); 3 men had taken the M.S.; 6 men had taken the B.S. (Mr. Legge and Mr. Waterfield securing gold medals.) At Oxford, 2 men had taken the M.D.; 9 men had taken the M.B. B.Ch. At Cambridge, 9 men had taken the M.D. and 5 the M.B. B.Ch.; 71 men had completed the Final Examinations of the English Conjoint Board and 13 became Fellows of the Royal College of Surgeons, 9 men had passed into the Royal Army Medical Corps, 4 into the Indian Medical Service, and 5 into the Royal Navy.

The Students' Union was to be congratulated upon the flourishing condition of its clubs and Journal. The school had won for the second year in succession the cross-country cup and three of the challenge cups given

in the inter-hospital athletic sports, while the rifle corps had won the Armitage cup, and the second eleven the inter-hospital Association cup.

The following awards were then distributed by Lord Ludlow, the Treasurer: The *Jefferson Entrance Exhibition in Art*, K. C. Bomford; the *Junior Entrance Scholarships in Science*, R. S. Lukis; the *Preliminary Scientific Exhibition*, G. R. Lynn; the *Senior Entrance Scholarships in Science*, E. F. Cumberbatch, G. Graham; the *Shuler Entrance Scholarship in the Subjects of the Cambridge Second M.B. Examination*, R. B. Seymour Sewell; the *Junior Scholarships in Chemistry, Physics, and Histology*, T. L. Bomford, H. H. King; the *Junior Scholarships in Anatomy and Biology*, A. P. Fry, R. R. Smith; the *Treasurer's Prize in Practical Anatomy*, T. S. Lukis; the *Foster Prize in Senior Practical Anatomy*, T. L. Bomford; the *Harvey Prize in Practical Physiology*, A. E. Gow; the *Senior Scholarships in Anatomy, Physiology, and Chemistry*, E. M. Woodman; the *Witz Prize*, W. R. Grandage; the *Hutchens Prize*, F. W. W. Griffin; the *Bentley Prize*, F. L. Gulseppi; the *Sir George Burrows Prize in Pathology*, J. G. Gibb; the *Snyder Prize*, J. G. Gibb; the *Matthew Duncan Prize*, G. C. E. Simpson (medal and first prize); P. L. Gulseppi; E. H. Shaw (equal second prize); the *Krcker Scholarship and Gold Medal*, J. G. Watkins and J. K. Willis (equal); the *Willett Medal*, H. W. Wilson; the *Walsham Prize*, E. H. Shaw; the *Crackenbury Scholarship in Surgery*, H. W. Wilson; the *Crackenbury Scholarship in Medicine*, C. W. Hunt; the *Lawrence Scholarship and Gold Medal in Medicine*, E. H. Shaw.

Lord Ludlow brought the formal proceedings to an end with a short speech in which he said that he hoped the new out-patient block would be ready in the course of two years. The contract price was £125,000, towards which they had already promised of over £108,000. The company then separated to visit the school buildings and the wards.

UNIVERSITY OF ABERDEEN.

Carnegie Research Scholarship.

R. D. KEITH, M.A., M.D., Ch.B., has had his Carnegie Research Scholarship in Pathology renewed for next year.

Examination Results.

The following have passed the final examination for the degrees of M.B. and Ch.B., and were capped at the graduation ceremony on Wednesday:

J. M. Adams, W. Campbell, A. M. Donaldson, R. R. Duncan, R. Eager, W. M. Ferguson, G. J. Forgie, R. A. Forster, C. B. Gerrard, G. Hall, A. W. Laing, J. McIntosh, J. Mackenzie, K. Mackinnon, G. Milne, J. A. Milne, H. R. Neilson, P. B. R. F. Russell, C. M. Smith, J. Silver, J. H. Stephen, I. F. B. de Villiers, F. H. Welsh, D. A. Wood, and Christina Wilson.

The following have completed the Third Examination:

F. J. Browne, T. Chalmers, G. Cooper, J. Donaldson, H. W. Glasham, T. G. Gray, R. M. Gunn, G. F. J. Hendry, J. A. Johnston, J. Laing, J. M. Macdonald, J. G. McGregor, S. W. Munro, A. Robertson, G. E. Ross, H. Smit, J. R. Stewart, A. E. Troup.

The following have completed the Second Examination:

T. Clapperton, J. A. Davidson, T. Donaldson, J. Leask, G. H. C. Lunsden, W. J. Macintosh, J. F. MacLeod, J. W. McQueen, J. P. Mitchell, A. E. C. Myers, P. Nicol, A. J. Pirie, D. E. Rae, J. Robertson, R. W. A. Salmond, A. A. Shepperd, A. Stewart, J. P. Stuart, J. E. G. Thomson, E. Walter, W. A. Watson.

The following passed a portion of the Examination:

R. W. Chalmers, S. Goodbrand, J. A. Hendry, W. Mearns, J. A. Milne, D. Porter, G. E. Shand, W. R. Stephen.

The following have completed the First Examination:

W. Allao, W. Badenoch, D. M. Baillie, J. A. Beattie, W. Chapman, J. G. Christie, R. G. Davidson, A. H. Duckett, W. Duguid, J. Elder, G. C. Grant, J. Inkster, H. G. R. Jamieson, J. Johnston, J. A. McArthur, C. R. Macleod, N. MacPhail, F. S. Maxwell, G. S. Melvin, R. J. Merson, H. S. Milne, J. Mitchell, A. D. Reid, J. F. G. M. Ross, A. C. L. Smith, H. A. Smith, W. L. Stephen, F. W. Stuart, J. E. Thomson, C. C. Twort, J. T. Watt, A. J. Williamson, A. Wilson.

The following have passed a portion of the Examination:

H. G. Bruce, G. P. Burr, J. C. Cameron, R. M. Chance, J. Connor, E. W. H. Cruickshank, H. Duguid, K. Eddie, J. R. G. Garbutt, T. C. Halley, R. Killar, C. A. Macdonald, A. J. Macleod, J. McPherson, A. Mitchell, R. W. S. Murray, D. O. Riddell, J. Ritchie, A. C. M. Savage, G. E. Scroggie, H. Shortt, C. F. Simpson, R. Sinclair, W. Smith, D. J. S. Stephen.

* Distinction.

† Much distinction.

UNIVERSITY OF GLASGOW.

THE following have satisfied the Examiners at the Final Examination for the M.B., Ch.B.:—

A. B. Aitken, G. A. Allan, W. S. Allan, A. Allison, A. W. Anderson, J. Bain, M.A.; Annie A. Baird, M.A.; J. H. Baird, B.A.; H. Barr, A. F. Bell, Ethel L. Chapman, Jeannie T. Clark, R. W. Dale, M.A.; D. W. Davidson, R. S. Dewar, M.A.; H. M. Donaldson, A. C. Douglas, J. S. Dunn, M.A.; E. J. Dyke, H. W. Dyke, A. B. Ferguson, M.A.; T. Gallagher, W. Gilchrist, W. H. Gillat, W. M. Gilmour, J. Gray, J. L. Greig, W. Grier, A. K. F. Hay, J. W. Hay, R. V. Howell, J. M. Huey, J. Hunter, H. S. Hutchinson, B.Sc.; A. Innes, W. B. Jack, A. E. Jones, R. D. Kennedy, W. L. Kirkwood, A. Leggat, G. H. Logan, W. J. Logie, J. B. Macabe, W. G. Macdonald, M.A.; D. M. Ewan, H. A. Macewen, R. M. Macfarlane, J. D. Macfie, M. McIntyre, J. M. Millan, P. Maguire, W. B. M. Martin, R. May, H. J. Milligan, M. Munro, F. A. Murray, J. D. Nesbet, D. Penman, C. D. Rankin, H. S. Rankin, T. T. Rankin, J. Reid, J. M. Renton, W. Rolland, A. C. Russell, F. D. Scott, J. R. Shaw, Lily Smellie, J. A. Somerville, A. A. Stewart, D. Stewart, J. L. Stewart, M.A.; W. A. Stuart, J. R. Sutherland, Elizabeth T. Talbot, J. Taylor, W. L. Walker, M.A.; K. Wallace, A. MacM. Watson, A. C. West, A. S. Wilson.

The following passed with distinction in the subjects indicated:

In (a) Surgery and Clinical Surgery, (b) Practice of Medicine and Clinical Medicine—Jeannie T. Clark, P. Maguire. In (a) Surgery and Clinical Surgery, (b) Midwifery—J. H. Baird, B.A. In Surgery and Clinical Surgery—H. A. Macewen. In Medicine and Clinical Medicine—G. A. Allan, A. Allison, J. S. Dunn, M.A., A. Innes, W. B. Jack, C. D. Rankin, J. L. Stewart, M.A., J. Taylor.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

MEETING OF COUNCIL.

A QUARTERLY Council was held on July 13th, Mr. John Tweedy, President, in the chair.

The four members of Council recently elected, namely, Mr. Edmund Owen, Mr. Rickman J. Godlee, Mr. C. H. Golding-Bird, and Mr. Harrison Cripps took their seats on the Council.

Election of Officers.

Mr. John Tweedy was re-elected President, and Mr. H. T. Butlin and Mr. Edmund Owen were elected Vice-Presidents for the ensuing year.

Appointment of Lecturers.

Hunterian Professors: Warrington Haward, A. H. Cheate, H. J. Paterson, C. G. Seligman.

Arris and Gale Lecturers: J. H. Watson and Sidney W. Curl.

Erasmus Wilson Lecturer: James Sherron.

Recognition of the Cairo Medical School.

The report of the Committee of Management upon the above was adopted. Subject to certain conditions, it was determined that candidates who have received the diploma in Medicine and Surgery of the Egyptian Government, after passing the required examination and completing the curriculum of professional study at Cairo, extending over four years, be admitted to the Final Examination of the Conjoint Board on the completion of one year of additional study at a recognized medical school and hospital in the United Kingdom, during which they shall complete the courses required by the regulations of the Conjoint Board. The conditions provide, among other things, that an official representative of the Examining Board of the Royal Colleges be appointed annually to attend, as visitor, the examinations of the Cairo Medical School and Hospital, which are held in December and January, to take a general survey of the examinations and to note the methods of the examiners and the standard required in each subject. The Committee reported that a communication had been received from His Excellency the Minister of Education of the Egyptian Government, expressing his complete concurrence in the conditions laid down.

The report of the Committee had been already received and approved by the Royal College of Physicians.

MUSEUM.

The museum will be closed for redecoration during the months of August and September.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

SUMMER SESSION, 1905.

Barker Anatomical Prize.—£26 5s., T. A. Burke. Special prize, £21, J. B. Kelly.

Carmichael Scholarship.—£15, R. M. Bronté.

Gold and Silver Medals in Operative Surgery.—Gold, J. Prandville; Silver, R. Bury and L. Lucas (equal).

Stoney Memorial Gold Medal in Anatomy.—T. Sheehy.

Practical Histology.—G. C. Sneyd, first prize (£2) and medal; E. Harrison, second prize (£1) and certificate.

Practical Chemistry.—Miss A. F. Nash, first prize (£2) and medal; T. A. Peel, second prize (£1) and certificate.

Public Health and Forensic Medicine.—C. J. B. Dunlop, first prize (£2) and medal; W. E. M. Hitchens, second prize (£1) and certificate.

Materia Medica.—C. J. B. Dunlop, first prize (£2) and medal; V. J. Clifford, second prize (£1) and certificate.

Biology.—E. A. Gregg, first prize (£2) and medal; E. Harrison, second prize (£1) and certificate.

The next Preliminary Examination is fixed for Tuesday, September 26th. The School of Surgery will resume work on Monday, October 2nd.

TRINITY COLLEGE, DUBLIN.

The following candidates were approved at the Trinity Term Previous Medical Examination:

Anatomy and Institutes of Medicine.—W. S. Thacker, J. C. Pretorius, W. J. Dunn, F. Stevenson, D. J. Miller, A. J. Powell, C. H. O'Rourke, E. H. Sheehan, J. C. C. Hogan, H. de C. Dillon, T. P. Dowley, D. J. Stokes, J. A. L. Hahn, A. V. J. Richardson, J. E. Yourrell, W. Knapp, J. D. K. Roche, E. N. Ryan, W. H. Sutcliffe.

Physics and Chemistry.—T. A. Hughes, A. K. Henry, A. Stals, J. D. Kernan, P. G. Leeman, W. S. S. Boxwell, C. G. S. Baronsteather, P. H. Lemass, J. Alton, L. Trichard, W. R. Watson, C. H. Denham, H. G. Holdbrook, R. E. T. Tatlow, A. A. McConnell, J. C. Baker, E. Jameson, F. Smartt, A. S. M. Winder, G. Scroope, A. H. Smith.

Botany and Zoology.—A. K. Henry, D. L. McCullough, Beatrice M. Hamilton, T. A. Hughes, C. P. Smyly, P. G. Leeman, W. P. H. Smiley, G. Elliot, J. H. Crane, W. R. Watson, E. P. Allman-Smith, H. Müller, A. M. McConnell, M. A. Dismont, J. Gardiner, H. H. Ormsby, E. M. Maxwell, E. J. Powell, J. D. Kernan, V. G. Best, W. A. Taylor.

The John Mallet Purser medal was awarded to J. C. Pretorius.

At the Trinity Term Final Examination (Section B) the following were approved:

F. R. Coppinger, J. D. Sands, T. H. Peyton, R. A. Connell, J. C. P. Beatty, E. Gibson, G. W. Thompson, B. G. Brooke, R. B. Jackson, S. G. S. Haughton, T. J. Cobbe, W. L. Thompson, H. D. Brennan, A. C. Elliott, P. B. Egan, E. C. Phelan, H. J. Wright, T. C. Somerville, D. F. Torrens, M. K. Acheson, D. M. Corbett, T. L. de Courcey, H. R. Fowler.

At the Medical Scholarship Examination the following awards were made:

Anatomy and Institutes of Medicine.—W. Pearson, Trinity College Scholarship; R. E. Wright, Stewart Scholarship.

Physics, Chemistry, Botany, and Zoology.—K. P. Hadden, Trinity College Scholarship; H. R. M. Ferguson (Sch.), Stewart Scholarship.

REQUESTS TO MEDICAL CHARITIES.—The late Mr. Ernest Powell King, of Wainsford, near Lymington, whose will has now been proved, left £100 each to the London Temperance Hospital, the National Hospital for the Paralyzed and Epileptic, Queen Square, and the Royal South Hants Infirmary.

ROYAL NAVY AND ARMY MEDICAL SERVICES.

ROYAL ARMY MEDICAL CORPS.

EXCHANGE.

The charge for inserting notices respecting Exchanges in the Army Medical Department is 2s. 6d., which should be forwarded in stamps or post-office order with the notice, not later than Wednesday morning, in order to ensure insertion in the current issue.

A LIEUTENANT-COLONEL, full tour to serve at home, would exchange whole or part tour India or Colonies. State terms.—Address No. 3610, BRITISH MEDICAL JOURNAL.

EXAMINATION OF MAJORS FOR PROMOTION.

An Army Order just issued announces that for the year 1906, the special subject for the examination of majors, Royal Army Medical Corps, for promotion to the rank of lieutenant-colonel, referred to in paragraph 5 (c) and (d), Appendix VIII of the King's Regulations will be as follows: Subject 5 (a): Medical history of the more important campaigns. The medical history of the South African war as described in *Report on the Medical Arrangements in the South African War*, by Surgeon-General Sir W. D. Wilson, 1904, Parts I, II, III, and IV, VII, and XVI; and appendices referred to therein. Subject 5 (b): A general knowledge of the army medical services of other powers. The medical organization of the Japanese army as described in the *Handbook of Medical Organization of Foreign Armies, 1902*, the medical organization of a foreign army, selected by the candidate, described within similar limits. N.B.—Some further information as to Japanese military medical organization is contained in papers in the *Journal of the Royal Army Medical Corps* for August and November, 1904, and for January, March, and April, 1905; also in the *BRITISH MEDICAL JOURNAL* for March 12th, May 14th, August 13th, August 20th, and November 12th, 1904.

INDIAN MEDICAL SERVICE.

IMPROVED PAY IN THE INDIAN MEDICAL SERVICE.

AHMED writes: I see that at last the new scale of pay for the civil side of the Indian Medical Service is published.

Two questions most serious to the junior officer are left untouched: the fact that for the first three or four years of his service he will only receive "officiating" pay, with no permanent appointment, and the unjust ruling by which he can draw no allowances until he has passed the lower standard examination in Hindostani, although all other military officers are allowed eighteen months in which to pass this examination. The statement that civil surgeons will draw Rs. 50 more or less than their contemporaries in military employment according as they are "first class" or "second class" sounds well, but is much discounted by the fact that only 10 per cent. of civil surgeons are "first class," and these are naturally all held by senior officers, in almost every case by colonels.

The fact is, that, by these new rules, for the first fifteen years of his service the Indian medical officer aspiring to civil work will get Rs. 50 a month (£40 a year) less than his less-hardly-worked brother in military employment, or than his contemporary in the R.A.M.C., who spends more than half his service in better climates, about one-third of his service in England.

The one good point in the new scheme—accelerated promotion to major—is spoiled by the condition attached to it: "Special services on taking a post-graduate degree when a captain." Apparently he who takes post-graduate degrees before entering the service is to be superseded by one who takes the same degree "when a captain." He is already severely handicapped by the loss of seniority in waiting to take advanced degrees. If the obnoxious words "when a captain" were deleted, the new clause might induce better qualified men to enter the service.

PUBLIC HEALTH

AND

POOR-LAW MEDICAL SERVICES.

CARE AND CONTROL OF IDIOTS AND EPILEPTICS.

THE Royal Commission on the Care and Control of the Feeble-minded sat again on July 14th, when evidence was received from Professor Clifford Allbutt, Regius Professor of Physic at Cambridge University; Dr. K. L. Langdon-Down, of the National Association for Promoting the Welfare of the Feeble-minded; Dr. J. M. Rhodes, Chairman of the Chorlton and Manchester Asylums Board; and Mrs. Dickinson Berry, M.D., Assistant Medical Officer of the Education Department of the London County Council.

Professor CLIFFORD ALLBUTT said that if children were to be sorted it must be by no mechanical tests, but by a staff of skilled, but not necessarily medical, inspectors, supplemented by later experience in each case. He attached much greater weight to inheritance, than to physical deterioration in connexion with the objects of the Commission. If there were a positive increase in the numbers of the feeble minded and of other lunatics, it was because we were doing our best to breed them. Their physical condition was improved and their freedom enlarged, and little or nothing was done to prevent their becoming parents. No person should be detained for life without reports at not infrequent intervals, say, till the age of 15 or 16. After this age these persons were stationary, and their future was known. He was almost hopeless of the curability of the congenital cases. He thought they would have to reform the lunacy laws in the direction of certifying places more and persons less. The directors of certain institutions should be invested by law with certain powers of moral, or even of bodily, restraint, so as to detain and to govern persons who by nature or disease were unfit to be trusted with their own lives. In this case patients agreeing voluntarily to go to such institutions would need no certificates, but a system of reports to the Lunacy Commissioners and regular and irregular visita-