

under certain circumstances may be a cause of appendicitis. In the case I have related a point which might be discussed is whether the santonin may not have indirectly caused or facilitated the entrance of the worm into the lumen of the appendix; it is well known that according to the experiments of Schroeder and Coppola, santonin has a convulsing action on the ascarides, rendering their movements for a time much more active. The onset of appendicular symptoms soon after the administration of the drug is somewhat suggestive.

MEMORANDA: MEDICAL, SURGICAL, OBSTETRICAL.

GUMMA OF THE BRAIN.

W. S., aged 50, a well-built fair-complexioned man, was seen on January 4th, 1903. He lay apparently unconscious. By vigorous shouting he could be roused to semiconsciousness and was able in response to give an unintelligible mumble but could not speak. Feeding had to be conducted by spoon or feeder. Faeces and urine were both passed under him without his apparently being aware of the fact or any rate without his taking any notice of such occurrence. The right arm was completely paralysed and flaccid. There was a marked drop of the right angle of his mouth, paresis with rigidity of his right leg. Both knee jerks were active and the plantar reflexes flexor in type. On the penis was a large papilloma thought to be syphilitic. His history was as follows: He was an old soldier now following the occupation of carter. On November 10th, 1902, he fell off his cart, it was thought in a fit, was found unconscious on the road and taken home. On recovering it was found that his right arm was weak; he was at that time able to get about, but not able to work. He has had several fits since. On November 27th it was noticed that his speech was getting thick, and since then he progressively got worse until he reached the condition observed on January 4th, 1903. The treatment adopted was potassium iodide 1 drachm, and liq. hydrarg. perchlor. 1 drachm three times a day. Also the inunction of half a drachm of ung. hydrarg. daily. His condition on January 31st, 1903, was as follows: Bright and lively in manner, intelligent, talking incessantly during the whole of the waking hours. He possessed perfect movement of face, arm and leg, but with some weakness of the right arm; eating largely of an ordinary diet, able to get up and be weighed, no sign of stomatitis. On February 8th he had gained 10½ lb. during the previous week, was walking about and going down to the garden. Before long he was at work again, and has continued at work ever since. About nine months later he had a fit, due apparently to the old scar, and he has had two since. The fits are completely controlled by small doses of bromide, and he has never since had any sign of recurrence. He is now (June, 1906) a fine-looking man, weighing about 14 stone, and doing a hard day's work. His optic neuritis cleared up, and has apparently not affected his sight.

Nottingham.

F. H. JACOB, M.D.

OCCIPITO-POSTERIOR PRESENTATION.

I READ Dr. Geddes's paper in the JOURNAL of March 10th with much interest, especially as his figures very nearly coincide with mine, and I was, until I read his paper, under the impression that occipito-posterior presentations were much more common in Australia than at home.

Of 70 confinements I attended in England of which I have a record, I had but 3 occipito-posterior presentations. In 276 cases attended in Western Australia there were 44 occipito-posterior—a percentage of 16.

Following Dr. Geddes's method of classification, I find that in 55 primiparae with vertex presentation 12 were occipito-posterior, or 21.8 per cent. (Dr. Geddes 20.8 per cent.). In 132 multiparae with vertex presentation, 22 were occipito-posterior, or 16 per cent. (Dr. Geddes 10.5 per cent.). (Prior to 1904 I did not record whether cases were primiparae or multiparae.)

I agree with Dr. Geddes as to the importance and difficulty of diagnosis. He makes no mention of abdominal palpation, which I regard as one of the most helpful means of discovering this condition. These cases

are always tedious, especially when, as often happens, the "waters break" early. How can we save our patients this long and trying time of ineffectual pains? The method of pushing the child into an occipito-anterior position, with the hands placed on the mother's abdomen as recommended in Herman's *Difficult Labour* I have not found successful. But when the cervix is well dilated, with the left hand grasping the child's head, and the right hand assisting through the abdominal wall, the head can often easily be turned into an occipito-anterior position. I have on several occasions successfully delivered in this way when traction with forceps was ineffectual.

Another matter upon which Dr. Geddes only just touches is the increased risk to the child. Of my 44 cases 5 were stillborn, 1 due to prolapsed funis, the others, I think, due to cerebral haemorrhage. Two children were born alive with signs of cerebral haemorrhage, and have been partially paralysed since; both have been trephined, but neither of them with entire success.

If forceps are used, I believe the tips of the blades sometimes may catch the child under the angle of the jaw, and cause death by compression of the carotids. The only way to avoid this disaster is, I think, to rotate the head as I have described above.

DOUGLAS E. DARBYSHIRE, M.B., Ch.B.

Cottesloe, West Australia.

OTECTOMY IN OTORRHOEA.

THE work of the past year has confirmed my opinion as to the advisability of removing diseased tissues in the middle ear. Otorrhoea does not generally receive the consideration it deserves. It is the cause of far more trouble than is generally supposed. In the county hospital I had recently, at one time, 3 cases of meningitis, 1 of intracranial suppuration, and 4 of extensive disease of the temporal bone, all the result of neglected otorrhoea or inefficient treatment. As these complications are in almost every case preventable by an operation that I have proved to be practically free from danger, I think it is my duty to press this matter upon the attention of medical men. It would be difficult to exaggerate the number of people whose health is being deteriorated and whose very life is threatened by the existence of this disease. They are to be found in every street, though many of them live in happy ignorance. Nor does every medical man always remember that the most easy path for disease to reach the brain is that of the aural cavities.

Coventry.

F. FAULDER WHITE.

NEURITIS IN PHTHISIS.

IN connexion with the case published in the BRITISH MEDICAL JOURNAL, June 23rd, 1906, p. 1464, the following will be of interest:

About two years ago I was called to see a man aged 30, who had complained of progressive debility, wasting, and pain in his legs for a few months. I found that he was extremely emaciated, and could hardly stand on his legs on account of the very great weakness. He did not complain of cough, and there was never any haemoptysis, or any other symptom of phthisis apart from the wasting. The legs looked exceedingly wasted, and were practically reduced to "skin and bone." They were painful and hyperaesthetic. There was no marked foot-drop. On account of his greatly debilitated condition I could only make a very cursory examination of his chest, and found somewhat suspicious, but by no means convincing, signs of pulmonary tuberculosis. He had been under hospital treatment for several months, but was not informed of the nature of his complaint. The urine was copious, sp. gr. 1006, and contained no albumen, no sugar, and no casts. The neuritis was therefore evidently not diabetic. The simultaneous onset of atrophy in all the muscles of his body excluded a diagnosis of progressive muscular atrophy to explain his wasting and loss of knee-jerks. I therefore came to the conclusion that he was probably suffering from pulmonary tuberculosis with peripheral neuritis as a complication.

I sent him to the London Hospital, and the physician under whose care he was admitted, was good enough to write to me that he could not, owing to the patient's condition, make a thorough investigation of the case, but that on the whole he agreed with me as regards the evidence

of tubercle in the lungs. A few days later I received another letter from the physician to say that the patient died suddenly before there had been an opportunity of going into his case thoroughly, and that at the *post-mortem* examination the lungs were found to be riddled with tubercle, and that therefore the case was undoubtedly one of peripheral neuritis complicating pulmonary tuberculosis.

I might add that the patient was not an alcoholic, and was not a subject of any of the other etiological factors of peripheral neuritis. The case, apart from its interest as regards this rare complication, is somewhat remarkable in another way; in spite of the extensive distribution of tubercle in the lungs as discovered *post-mortem*, no definite physical signs could with certainty be made out before death.

London, E.

M. FELDMAN, M.R.C.S., L.R.C.P.

REPORTS

ON

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

PARK HOSPITAL, HITHER GREEN.

A CASE OF MALIGNANT JAUNDICE FOLLOWING SCARLET FEVER.

(Reported by H. W. L. BARLOW, M.D., Assistant Medical
Officer.)

THE following case, though incomplete, is of interest on account of its short duration, fatal issue, and connexion with scarlet fever.

History.—A girl, aged 6½ years, previously healthy, was taken ill on the forty-second day of convalescence from scarlet fever, and after she had been up for nearly three weeks, with headache, malaise, and sore throat, without vomiting.

State on Examination.—There was a moderate pyrexia, with clean slightly congested fauces, on cultivation yielding cocci; signs of local suppuration or pyaemia were absent. There was no rash. She had been taking carbonate of iron for post-scarlatinal anaemia, but the original attack had not been severe, and there were no complications.

Progress.—The following day the sclerotics and skin were slightly jaundiced, the liver not enlarged. The heart's action was accelerated with an apical systolic bruit. The urine was free from albumen or sugar, but contained traces of bile. The child was somnolent, but free from pain and easily aroused to answer questions. She grew gradually worse, however, and on the third day her condition was grave. The skin was then more deeply jaundiced, without a corresponding increase of bile in the urine, which had become slightly albuminous. There was some incontinence; a specimen gave 1.22 per cent. nitrogen, 2.45 per cent. urea, 0.55 per cent. uric acid, without casts, leucin, or tyrosin. The stools were normal; the liver dullness not increased; there was some vomiting; pulse 160; respirations about 30 per minute, sometimes variable and sighing. The pupils were natural; there were no subcutaneous haemorrhages.

Result.—By the afternoon the child had become profoundly ill. She was partially unconscious, then delirious and restless, the temperature fell, while the pulse and respiration were accelerated, and death occurred less than three days from the onset, being preceded by a slight convulsion.

Post-mortem Examination.—An autopsy was held eleven hours afterwards. There was a general yellow staining of the tissues; no subserous haemorrhages were found. With the exceptions noted below, the thoracic and abdominal organs were normal to the naked eye; the central nervous system could not be examined. The liver (24½ oz.) was pale, not sensibly fatty nor softened, its lobules were plainly visible, and on treatment with ferrocyanide and acid a well marked blue stain was produced chiefly in the portal zones. The microscope revealed little: some cells were vacuolated and shrunken, but they contained no fat and the nuclei stained well. In sections fixed by sublimate and alcohol, yellowish-brown or black pigment masses, apparently filling lymphatics in the capsule and portal canals, were a prominent feature, and minute branching clumps of similar pigment were also visible between the cells. No infiltration was found round the vessels. The epithelium of the smaller bile ducts was normal, and the large bile passages were patent; the duodenum contained a quantity of dark-coloured tarry matter, apparently altered bile. The kidneys (5 oz.) had normal capsules; in parts there was microscopically a tubular nephritis with yellow debris in the cells. The bladder contained a little blood-stained urine with many casts, 0.5 per cent. nitrogen, 0.85 per cent. urea. 0.7 per

cent. albumen. The spleen was enlarged (4 oz.) and rather firm; like the liver and kidneys it showed microscopic pigment masses. Some mesenteric glands were calcareous; no tubercles were found. Subsequent staining of the sections by Jaeger's methods failed to reveal micro-organisms, and cultures in broth and on serum, taken aseptically from the blood at the time, proved sterile, but one liver culture showed scanty bacillary forms, and a serum culture from the kidney yielded a growth of bacilli singly and in chains which was not at the time further examined.

REMARKS.—Jaundice in connexion with scarlet fever is now rare in this country, though it has formed a feature of some epidemics abroad. Of fifteen instances among 10,000 scarlet fever patients treated during some years at the Park Fever Hospital, two had a simultaneous nephritis; in two others the patients were members of the same family, and in two more the jaundice was associated with the onset of an intercurrent disease. In the remainder it generally occurred either during the acute stage (Graves's form²—two cases) or in connexion with some septic process, when there was commonly albuminuria as well. In the majority the jaundice was of obstructive type, with enlarged liver, icteric urine, and clayey stools. Though the association between jaundice and scarlatinal nephritis is recognised,³ the present case presents certain analogies with Weil's disease or the epidemic jaundice of tropical countries. The nephritis if scarlatinal, was late, and a case of Weil's disease has been reported in an even younger person.⁴

REFERENCES.

¹ *Zeitschrift für Hygiene*, xii, 525. ² *Clinical Medicine*, i, 520. ³ Baginsky *Lehrbuch der Kinderheilkunde*. ⁴ *Lancet*, 1904, ii, 1363.

REPORTS OF SOCIETIES.

ASSOCIATION OF REGISTERED MEDICAL WOMEN.—At a meeting on July 3rd, Miss ALDRICH-BLAKE in the chair, Miss HARE showed a patient with a swelling of a doubtful nature on the inner and upper part of thigh; it had been noticed for five months, and there was no definite history of injury. The swelling, which was just below origin of adductor muscles, was hardly noticeable with the limb at rest, but became prominent on active adduction. Diagnosis lay between psoas bursa, chronic abscess, intramuscular lipoma, gumma, and ruptured muscle. Miss ALDRICH-BLAKE summed up in favour of the last named, and mentioned that she had seen two cases of ruptured biceps with no history of injury.—Miss LENNY showed a case of *Solitary tumour of the choroid*, probably tuberculous, in a girl of 16. There was no pain in the eye, no headache, no loss of acuteness of vision, and the tension was normal and equal. The swelling was first observed in February of this year: it appeared as a bluish-grey mass, about 2 mm. in diameter; it was rounded in shape, and the summit was raised about 1 mm. above the base. It could not be very clearly observed on account of numerous vitreous opacities. On March 28th a yellowish halo was noticed round the swelling, which was thought to be due to chronic inflammation. The following were the points on which the diagnosis was made: (1) A tuberculous family history; (2) the general aspect of the patient; (3) the elimination of other causes, such as subretinal cysticercus, sarcoma, glioma of the retina, and gumma; (4) the opsonic index which was variable and low, the first record being 0.9 and the second 0.6. With the one enucleation was considered unjustifiable, the vision in the affected eye being so good and the progress of the growth very slow. The lesion being localized, with no constitutional symptoms, Sir E. A. WRIGHT considered the case a very favourable one for inoculation, and offered to treat the patient, using very small doses of tuberculous vaccine.—Miss THORNETT read a paper on *intraocular tumours*. The theories as to the origin of glioma were discussed, more especially with regard to a congenital predisposition to their formation. Sarcomata of the choroid were also described, with special reference to diagnosis. Cases were cited and microscopical and macroscopical specimens shown. Miss Thornett also showed a Sachs's lamp and explained its use in the diagnosis of intraocular tumours. She said it was particularly valuable in cases where there was suspicion of tumour, when the media were not clear enough to allow of ophthalmoscopic examination.

feel it a duty to go, as one witness did, to try and help, if we knew a man were dying. I am reminded of a case at an inquest some years ago, when a ship went down in the Thames, and a man was standing on the bank. He admitted to the coroner that he had not tried to do anything. "Then," said the coroner to the man, "if you did not mean to try to do anything I consider you are a disgrace to your nation." I do not think, however, the present case is one for any strong language. I do not think we are in a position to criticize the doctors in question, for we have not to inquire into their action, as I do not think it affected the cause of death, or would have saved life. There are always two sides to every question, always excuses to be made for every man, and there was clearly no legal duty for any doctor to go, but as a general principle of action I feel that if it were to become the custom for a doctor in Colchester, after being clearly informed that a man was dying and in need of help, to say, "I refuse to go because it is not my patient," or "It is not quite convenient," or some other excuse of that kind, then, gentlemen, I should feel it my duty to say that action seems to me to bring a disgrace upon a high and honourable profession for which we have usually the greatest respect.

It will be observed that the coroner, though he admitted that he was neither called upon nor in a position to judge the matter, yet managed practically to censure severely the conduct of the first medical man called, and the jury followed suit by adopting the coroner's remarks as a rider to its verdict of suicide. Thereupon the North-East Essex Division of the British Medical Association considered the matter at one of its meetings and finally drew up the following series of resolutions:

- (1) That this Meeting of the North-East Essex Division of the British Medical Association, having had its attention drawn to the proceedings at an inquest held by the Borough Coroner, H. Geoffrey Elwes, Esq., on Monday, May 21st, 1906, on the body of Walter Charles Pavay, and having considered the remarks of the coroner concerning the action of Dr. L. and concerning the duty of medical practitioners in attending emergency calls, enters its strong protest against those remarks as not being justified by the evidence given at the inquest, as throwing unmerited imputation upon the professional character of Dr. L. and as conveying to the public an erroneous and mischievous conception of the obligations resting upon members of the medical profession.
- (2) That the meeting considers that in view of these remarks of the coroner it is necessary to point out that it is not the duty of individual members of the profession, but of the community generally, as represented in this instance by the municipality, to make proper provision so that as far as practicable no case of sudden and dangerous illness shall remain without prompt medical attention, that in this case it was given in evidence that the police surgeon's services could not be obtained for two or three hours and there was no recognized arrangement whereby such a difficulty could be overcome; that, while the records of the medical profession show that private practitioners are ever ready to respond to the calls of humanity, they are bound to consider the claims of their own patients, and cannot neglect these in order to attend to casual summonses to strangers; that such summonses, even when stated by messengers to be urgent, are often found in fact not to be so; and that in the present case the messenger made it clear in his evidence that he had not conveyed to Dr. L. the urgency of the case.
- (3) That the members of the Division, while repudiating the impracticable view of their duties in such cases suggested by the coroner, would be prepared to co-operate with the municipal authorities in devising and giving effect to a proper scheme for providing medical attendance in emergencies in response to official summonses from the police.
- (4) That the Division desires to place on record its sense of the high professional character of Dr. L., and its conviction that his action in this case was strictly consonant with his duty.

These resolutions were submitted by the Division to medical men practising in the neighbourhood, and when some fifty of them had added their signatures in proof of approval, copies were sent to the coroner and to the town clerk of Colchester.

The matter was also brought to the notice of the Medico-Political Committee of the British Medical Association. This body expressed its full concurrence with the principles enunciated and embodied the resolutions in a report subsequently submitted to and approved by the Central Council.

The net result, therefore, of the coroner's remarks is that the medical profession has formally traversed the suggestions which the coroner went out of his way to make; and, on the other hand, has clearly stated, for the

information of all and sundry, that it is not prepared to regard compliance with calls, whensoever and howsoever received, as a necessary part of its duties.

This is as it should be, for there is too much tendency on the part of the public to regard medical men as necessarily their servants, and for coroners' juries to blame individuals if it appears they have not fallen in with the same view. This is not the legal conception of the duties of medical men, nor is it the official conception in towns better organized than Colchester. In London, for instance, the police, besides having at its call the police medical officers and their deputies, has it in its power to call any medical man who is willing to come and to pay him certain fees. The same should be the case everywhere else, or some arrangement should be made by which various medical men undertake to hold themselves ready to answer emergency calls in turn for different periods of a week or month. Corresponding arrangements are common in connexion with cottage hospitals, and there is no reason why they should not be adapted to the possible needs of any average town.

MEDICAL NEWS.

A SHORT vacation course at the Post-graduate College, West London Hospital, will commence on Monday, August 13th, at noon, and terminate on Friday, September 7th.

It would appear from the *Pharmaceutical Journal* that the French Minister of Public Instruction is endeavouring to secure that when the names of weights and measures are not written in full, certain definite abbreviations shall always be used. These are, for measures of capacity, kilolitre, kl.; hectolitre, hl.; decalitre, dal.; litre, l.; decilitre, dl.; centilitre, cl.; and millilitre, ml. For measures of mass and weight: tonne, t.; quintal métrique, q.; kilogramme, kg.; hectogramme, hg.; décigramme, dag.; gramme, g.; décigramme, dg.; centigramme, cg., and milligramme, mg. Abbreviations are also authorized for measures of length, area, and bulk.

POSTAL MEDICAL OFFICERS' ASSOCIATION.—The annual dinner of the British Postal Medical Officers' Association was very successful, a large number of provincial members journeying to London to be present. In acknowledging the toast of his health Mr. Sydney Buxton, the Postmaster-General, speaking for himself and the headquarters staff, said that not only were they indebted to their medical colleagues for the manner in which they always carried out their duties, but for other assistance which they rendered. They looked to them for advice in dealing with questions of sanitation, and in such matters as deciding how many miles an able-bodied man might be expected to walk a day, and how many pounds in weight he should be able to push along on his tricycle. It was a great honour to the profession that the complaints made against the 3,000 members who were postal medical officers were infinitesimal and almost invariably proved unfounded.

THE PLAGUE AND HEALTH IN ZANZIBAR.—Mr. Sinclair's Consular Report on the trade of Zanzibar for last year shows that had it not been for the outbreak of plague in the autumn a considerable increase in commerce would have been recorded. The disease was officially notified on September 3rd, and although the port was declared free of it on November 23rd, there was a large exodus of the British-Indian population, and the German ports were closed to all traffic with Zanzibar till January 13th this year. Plague has never been recorded in the island before—a remarkable fact considering that there is constant communication with Bombay and other towns which are either permanently or frequently affected. The disease chiefly confined itself to the British-Indian quarter, where the streets are very narrow, and sanitary conditions highly unsatisfactory. There were 152 cases and 122 deaths, but the epidemic was very energetically dealt with, and the efforts of the medical authorities were attended with great success. Haffkine's serum was largely used, 22,485 persons having been inoculated with it, and of these only 10 were attacked and only six died. Rats were destroyed wholesale by poison, the rewards which the Government had for some years been paying per head being doubled. It is interesting to note that in Iringa, in German East Africa, where plague is practically endemic, the natives have of their own accord realized the connexion of rats with the disease, and the chiefs have paid so much for every tail brought in for more than twenty years past.

risk to life, and such harmless proceedings as those therein quoted. It is not in our power to answer questions 1 and 2. 3. No cutting operation should be performed by a practitioner on his sole responsibility, and the opinion of a physician skilled in mental diseases would be of value in judging of its probable utility, as a really insane person would be less likely to derive benefit. 4 and 7. There are no means of preventing the patient from bringing a charge of fraud later on, but this would be difficult to establish in the face of a written statement of the facts, which should be signed by the parties to the consultation and by the relative whose consent is obtained and whose indemnity against subsequent legal expenses should certainly be obtained. 5. There would not be absence of pain if, as we understand, a skin incision were made. 6. The fee must be a matter of arrangement, but it should be approximately that for the supposed operation. 8. If all these precautions were taken, there would be no justification for a charge of fraud.

A CASE OF CONSCIENCE.

J. R. writes, with reference to the note under this heading in the **BRITISH MEDICAL JOURNAL** of July 7th, p. 57, that as the consultation was ordered by the company it was right that the company should pay for it, and he regrets that the **JOURNAL** should favour the idea of a bribe, as from his varied experience he is sure that the desire is to have a true scientific opinion in these cases in order to save litigation.

*** We cannot agree with our correspondent that it is right that the company should pay both the consultant sent upon their own behalf and the one employed by the patient, and we adhere to what we said—that the mode in which the fee was tendered quite justified the correspondent who complained to us in refusing to accept it.

INTERFERENCE WITH OTHER MEN'S PATIENTS.

YORKSHIRE writes: I should like to know if it is usual and correct for surgeons acting for insurance companies under the Compensation Act and factory surgeons to visit and examine cases of accident without reference to the medical man in charge.

*** Complaints of this kind have been common, and we have always held that when a medical practitioner proposes to visit a workman in order to make an examination on behalf of an employer, he should give notice to the workman of the intended visit, and suggest the desirability of his medical attendant being present at the examination.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF LONDON.

KING'S COLLEGE.

Experimental Psychology.—A class in this subject, including practical work and demonstrations, will be held by Professor C. S. Myers on Saturdays at 11 a.m., in the Psychological Laboratory of the College. Those who wish to attend are requested to apply to Dr. Myers. The class will first meet on October 6th, at noon. Further particulars may be obtained from the Secretary at King's College.

UNIVERSITY OF GLASGOW.

The following were among the degrees conferred on July 17th:

M.D.—(Commendation): Madge S. Maclean. (Ordinary Degree): J. Allan, J. A. Cook, D. Ferguson, J. Selkirk, M.A.
M.B., C.M.—(Honours): B. S. McKim, M.A.
M.B., Ch.B. (Honours)—P. Mitchell, M.A., J. Stevenson. (Commendation): W. R. Cammock, G. H. Wilson, J. M. Farlane, T. B. Smith, J. R. Drever, M.A., Elizabeth M. M. Vail, W. J. Rutherford, W. Gillilan. (Ordinary): J. Anderson, M.A., T. Barbour, M.A., G. D. M. Beaton, G. Burns, J. M. E. Caldwell, G. Campbell, W. A. Campbell, H. H. Christie, J. S. Clark, M.A., J. Coutts, T. L. Craig, A. M. Crawford, E. M. Eaton, W. Gilber, A. H. Gray, R. N. Guthrie, C. F. D. Hammond, W. T. Hardie, E. M. C. Hill, A. Hunter, A. Y. Hutchison, J. Keys, J. D. Kidd, W. H. Kirk, A. McCall, T. McCrick, M.A., D. MacDonald, J. R. McGilvray, W. A. McKellar, W. F. Mackenzie, N. S. MacNaughtan, A. A. C. McNeill, A. A. M'Whan, Florence Mann, W. H. Manson, M.A., R. Marshall, J. Miller, W. Miller, Edith Oversby, J. H. Paul, Agnes Picken, M.A., A. MacM. Pollock, T. H. Rankin, Vera D. Reis, F. G. Robertson, W. H. Sieger, W. Smellie, J. Stevenson, D. L. Tate, C. S. Thomson, J. Wyper, J. Young, M. Y. Young.

UNIVERSITY OF ABERDEEN.

The following degrees and diplomas were conferred on July 25th:

M.D.—*H. S. Brander, Keighley, Yorks: *A. Flett, Aberdeen: J. Gilchrist, West Dulwich: A. Gregor, Penryn, Cornwall: D. M. Macdonald: W. A. Milligan, London, W.: Murchison, A. Isle of Skye: Renton, M. W., Dartford, Kent: Skae, H. T.: Souter, W. C. Nigg, Aberdeen.
Ch.M.—†Villiers, I. F. B. de, French Hoek, South Africa.
M.B., C.M. (Ordinances).—Cartwright, L., Travell, T. R.
M.B., Ch.B.—With Second-Class Honours: †Gunn, R. M.K.: Ordinary Degree: Begg, H., Begg, W., Browne, F. J., Chalmers, R.,

Clark, J. M.K., Cooper, G., Copland, J. G., Dalgliesh, W., Dornhorst, H. K. W. H., Duthie, R. J., Gray, T. G., Hall, A. P., Hendry, G. F. J., Laing, J., Macdonald, J. M., Mackenzie, J. R., MacPherson, R. W., Marr, D. J., Noble, A., Paterson, A., Rennie, P. M., Rodgers, A. N. E., Ross, G. E., Scharenquiel, J. A., Smit, H., Sturm, C. A. F. S., Wallace, A. F.

Note.—J. E. Mitchell has passed all the Examinations, but will not graduate until he has attained the necessary age.

* Commendation for Thesis. † Honours for Thesis.

‡ With Distinction.

D.P.H.—C. B. Gerrard.

The *Lyon Prize* was awarded to W. A. H. McKerron, M.B., Ch.B., Workington, and the *John Murray Medal and Scholarship* to the same gentleman.

The *Alexander Anderson Scholarship* went to J. M'Intosh, M.B., Ch.B., Aberdeen.

UNIVERSITY OF LEEDS.

DATES OF EXAMINATION FOR MEDICAL DEGREES.

HITHERTO the final examination for the degrees of M.B. and Ch.B. has been held in March and in July. For some time it has been felt that a more equal division of the year would be desirable. Candidates cannot enter for the final examination, Part II, until the end of five years' study—that is, in most cases, until the July examination; and it has been thought that it would be a convenience to those students who desire to put off their final examination, if an opportunity were afforded them of presenting themselves for examination before March. As hitherto, the first examination—that in chemistry, biology, and physics—will be held in June and in September. The second examination and Part I of the final will be held in March and July, and Part II of the final in July and in December.

VICTORIA UNIVERSITY OF MANCHESTER.

The following candidates have been approved at the examinations indicated:

SECOND EXAMINATION.

ANATOMY AND PHYSIOLOGY.—W. A. Bullough, J. K. Hartley, E. Howe, T. M. Popple, B. W. E. Trevor-Roper, W. B. Wamsley.

PHYSIOLOGY ONLY.—R. J. Batty.

MATERIA MEDICA AND PHARMACY.—H. E. Allanson, S. J. Clegg, D. I. Connolly, C. Davies, F. H. Diggle, J. Gow, H. M. C. Green, J. H. C. Green, T. T. Higgins, E. Howe, R. A. Jackson, N. T. K. Jordan, T. A. Jordan, N. McDonald, Edith M. Marsden, C. B. Marshall, Mabel E. May, G. E. E. Nicholls, H. Platt, A. A. Smalley, N. Tattersall, R. H. Titcombe, J. F. Ward, G. Whitehead, A. E. Woodall.

FINAL EXAMINATION.—Part I.—J. Allen, G. W. Bury, H. Coppock, D. J. Dakeyde, F. Hall, S. E. McClatchey, V. D. Madgavkar, J. L. Moir, G. Rainford, D. Rodger, F. K. Smethurst, V. Southwell, H. E. R. Stephens, J. V. Steward, T. W. Todd, F. D. Walker, B. V. Ward, J. Whitehead. Part II.—G. Ainsworth, *D. E. Core, H. S. Dixon, D. Dougal, P. Ferguson, J. Fletcher, C. L. Franklin, E. F. S. Green, R. Haslam, C. Hibbert, M. Hooper, R. H. Mercer, G. F. Porter, A. E. Quine, C. H. S. Redmond, G. H. H. Russell, H. G. Ward, J. S. Webster, W. A. Wheeldon, A. W. T. Whitworth, W. Wilson.

* First-class Honours.

UNIVERSITY OF LIVERPOOL.

The following candidates have been approved at the examinations indicated:

SECOND M.B., Ch.B.—(Part A): G. Brown, S. P. Sykes. (Part B): A. Adams, K. J. C. Bradshaw, L. Buckley, Euphemia L. Farmer, A. G. W. Owen, D. Parkes, J. F. Roberts, N. W. Steinberg.

FINAL M.B., Ch.B.—(Part I): T. T. Apsimon, E. R. Armstrong, J. W. Cropper, J. A. Donnellan, A. C. Edwards, C. H. H. Harold, S. J. C. Holden, M. L. Farmer, A. Jones, W. R. Pierce, J. H. Rawlinson, A. M. M. Roberts, G. F. R. Smith, E. Swales, R. S. Taylor, S. V. Tinsley, G. W. Williams. (Part II): L. Adamson, E. Alderson, N. Bradley, J. L. Browne, E. S. H. Gill, S. W. McLellan.

The following have passed the Final Examination for the degrees of Bachelor of Medicine and Bachelor of Surgery with honours:

FINAL M.B., Ch.B.—(With Honours): *F. R. Tickle, †G. C. Barnes, †R. A. Hendry.

D.P.H.—W. F. Colclough, T. U. Mercer, L. A. Williams.

DIPLOMA IN TROPICAL MEDICINE.—J. R. Adie, J. A. Chisholm, H. C. Jeffreys, M. E. Pailthorpe, H. T. Palmer, W. I. Taylor, E. J. Tynan, C. F. Watson, G. A. Williamson.

*First Class. †Second Class.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

An ordinary quarterly Comitia was held at the College on Thursday, July 26th, the President, Sir R. Douglas Powell, in the chair.

Lectures.

The President announced that the Bradshaw Lecture would be given by Dr. Sharkey on November 6th, on Rectal Alimentation; the FitzPatrick Lectures (two) by Dr. Norman Moore on November 8th and 13th, on the History of the Study of Clinical Medicine in the British Islands; the Horace Dobell Lecture by Dr. F. W. Andrewes on November 15th on the Evolution of the Streptococci.

Membership.

The following gentlemen were elected members of the College: John Telfer Calvert, M.B.Lond., L.R.C.P.; Thomas Edwyn Cecil Cole, M.A., M.B.Oxon., L.R.C.P.; Henry Roy Dean, B.A., M.B.Oxon., L.R.C.P.; George William Ross, M.B.Toronto, L.R.C.P.

Licence.

The Licence of the College was granted to 103 gentlemen. In conjunction with the College of Surgeons Diplomas in Public Health were granted to fifteen gentlemen.

Communications.

- The following communications were received :
1. From the Emeritus Registrar, Sir Henry Pitman, in reply to the congratulations of the College on the 98th anniversary of his birth.
 2. From Dr. Balls-Headley, who was appointed to represent the College at the recent jubilee of the University of Melbourne.
 3. From the Secretary of the College of Surgeons reporting proceedings of the Council of the College on June 14th and July 12th.

Election of Officers.

On the nomination of the President and Council the following gentlemen were elected Censors of the college, officers and examiners :

Censors.—Frederick Thomas Roberts, M.D., Sir Thomas Barlow, Bart., M.D., John Mitchell Bruce, M.D., Thomas Clifford Allbutt, M.D.

Treasurer.—Sir Dyce Duckworth, M.D.

Emeritus Registrar.—Sir Henry Alfred Pitman, M.D.

Registrar.—Edward Liveing, M.D.

Harveian Librarian.—Joseph Frank Payne, M.D.

Assistant Registrar.—Oswald Auchinleck Browne, M.D.

Elected Members of the Library Committee.—Norman Moore, M.D., William Osler, M.D., Archibald Edward Garrod, M.D., Humphry Davy Rolleston, M.D.

Curators of the Museum.—Henry Charlton Bastian, M.D., William Cayley, M.D., William Henry Alloxin, M.D., Seymour John Sharkey, M.D.

Finance Committee.—David Bridge Lees, M.D., Francis Henry Champneys, M.D., Sir Edwin Cooper Perry, M.D.

Examiners.—Chemistry: John Millar Thomson, F.R.S.; George Senter, Ph.D.; B.Sc. Physics: John Addyman Gardner, F.C.S., F.I.C.; Frederick Thomas Trouton, F.R.S. Materia Medica and Pharmacy: Cyril Ogle, M.B.; Joseph John Perkins, M.B.; Robert Arthur Young, M.D.; James Purves Stewart, M.D.; Otto Fritz Frankau Grünbaum, M.D. Physiology: William Dobinson Halliburton, M.D.; Ernest Henry Starling, M.D.; Bertram Louis Abrahams, M.B. Anatomy: Peter Thompson, M.D.; Robert Howden, M.B. Medical Anatomy and Principles and Practice of Medicine: Francis de Havilland Hall, M.D.; Theodore Dyke Acland, M.D.; George Newton Pitt, M.D.; William Collier, M.D.; Hubert Montague Murray, M.D.; Norman Dalton, M.D.; Humphry Davy Rolleston, M.D.; Frederick John Smith, M.D.; Arthur Pearson Luff, M.D.; Walter Essex Wynter, M.D. Midwifery and Diseases peculiar to Women: Francis Henry Champneys, M.D.; John Phillips, M.D.; Herbert Ritchie Spencer, M.D.; William John Gow, M.D.; Thomas Watts Eden, M.D. Public Health: Part I: William Henry Willecox, M.D., B.Sc. Part II: Alexander Grant Russell Foulerton, F.R.C.S.

Dr. Sidney H. C. Martin, who retired by rotation, was re-elected a Representative of the College on the Imperial Cancer Research Fund.

Moxon Medal.

The Moxon Medal, which is awarded every third year, was on the recommendation of the Council awarded to Jonathan Hutchinson, F.R.C.S., LL.D., D.Sc., F.R.S., as having distinguished himself by observation and research in Clinical Medicine.

Reports.

The following reports were received :

1. From the Chairman of the Classification Committee on the completion of the *Nomenclature of Diseases*, 1906 (copies of the work were on the table). On the motion of the President, a vote of thanks was passed with acclamation to Dr. Pye-Smith, the Chairman of the Committee. The members of the Committee, other than Fellows of the College, were warmly thanked for their assistance, and an honorarium of 200 guineas was unanimously voted to Dr. Ormerod, the Secretary, for his invaluable aid in the compilation of the work.
2. From the Committee on the Midwifery Curriculum. This was referred to the Committee of Management to consider and to report on at the next Comitia.
3. From the Students' Practical Midwifery Committee of the General Medical Council, with recommendations and inviting observations. This was also referred to the Committee of Management.
4. From the Committee of Management, dated July 9th, recommending
 - (a) That the Transvaal Technical Institute, Johannesburg, be added to the list of institutions recognized by the Board for instruction in Chemistry and Physics.
 - (b) That the course of instruction in the administration of anaesthetics given at the Cardiff Infirmary in connexion with the University College of South Wales and Monmouthshire be recognized as fulfilling the conditions of Clause 3, Paragraph xxi, Section ii of the Regulations of the Examining Board in England.
 - (c) That the course of clinical instruction in ophthalmic surgery given at the Royal Eye Hospital, Southwark, be recognized as fulfilling the conditions of Clause 4,

Paragraph xxi, Section ii, of the Regulations of the Examining Board in England.

5. The Quarterly Report of the College Finance Committee, the Annual Report of the Library Council, the Annual Report of the Curators of the Museum, and the Quarterly Report of the Examiners for the Licence on the results of the examinations in April last were received.

Library.

Books and other publications presented to the library during the past quarter were received and thanks returned to the donors.

Special mention was made of contributions by Sir Dyce Duckworth, Professor Osler, and Mr. Fleming.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

An Ordinary Council was held on July 28th, 1906, Mr. Henry Morris, President, in the chair.

Issue of Diplomas.

Diplomas were issued to 103 candidates found qualified as Members at the recent examination; 15 diplomas were issued jointly with the Royal College of Physicians, to candidates found qualified for the diploma in Public Health of the two Colleges.

College Finance.

The annual report of the Finance Committee was received by the Council and entered on the minutes. In this report the following statements occur :

"The gross income of the College for the past year amounts to £25,361, being £394 less than the gross income of the previous year.

"As regards the receipts from the Conjoint Examining Board there is a small decrease of £108 in the Examination Fees, but this is more than met by an increase of £326 in the receipts from hire of rooms and other incidental sources.

"The fees for the Fellowship, and for the Licence in Dental Surgery have diminished to some extent, a decrease of £364 being shown in the case of the former, and of £348 in that of the latter.

"The expenditure of the College for the past year amounts to £23,031, a difference of only £6 from the amount expended in the previous year."

The balance of income over expenditure amounts this year to £2,329.

Examination in Dental Surgery.

The following report from the Board of Examiners in Dental Surgery was adopted by the Council :

The Board recommend that the period of instruction in Mechanical Dentistry required by Clause 2, Section I, of the Regulations for the Licence in Dental Surgery be reduced from three to two years.

The Board are also of opinion that it is desirable to admit a student to the First Professional Examination so soon as he can produce the required certificates, without necessarily completing six months' attendance at a dental school and hospital. They therefore recommend the omission of the words "after completion of six months' attendance at a recognized dental hospital and school" in Clause 2, Section II, of the Regulations, so that the Clause will read as follows :

2. The First Professional Examination consists of mechanical dentistry and dental metallurgy. Candidates who have passed the Preliminary Science Examination may present themselves for the First Professional Examination for the Licence on production of the certificates required under Section I, Clauses 2, 3, and 4.

Under the present regulations candidates may be examined at the Practical Examination in Part II of the Second Professional Examination.

(a) On the treatment of dental caries, and may be required to prepare and fill cavities with gold or plastic filling or material, or to do any other operation in dental surgery.

(Candidates must provide their own instruments.)

(b) On the mechanical and surgical treatment of the various irregularities of children's teeth.

The Board of Examiners recommend that Clause (a) be amended so as to read as follows :

(a) On the treatment of dental caries, and may be required to prepare and treat teeth by filling with gold or other material, by inlaying or by crowning, or to do any other operation in dental surgery.

Midwives Act.

The President stated that, in accordance with the wishes of the Council, he had forwarded to the Lord President of the Privy Council a copy of the resolution adopted at the last Council meeting in regard to the remuneration for professional services by medical men when called into attendance by midwives practising under the Midwives Act. A letter had been read from the Clerk of the Privy Council, stating, by direction of the Lord President of the Council, in reference to the resolution adopted by the Council of the College, that the question will be carefully considered in connexion with any amendment of the Act which it may be possible to introduce.

Imperial Cancer Research Fund.

Mr. John Tweedy and Mr. Edmund Owen were elected on the Executive Committee of the above, in the vacancies occasioned by Mr. Morris having, as President of the College, become an *ex-officio* member of the Committee, and by Mr. Langton having ceased to be a member of the Council of the College.

Donation to the College.

Mr. Tweedy, on behalf of Dr. Edmund Clapton, F.R.C.S., presented a branch of the plane tree under which Hippocrates reputedly taught the art of healing more than 2,300 years ago in the island of Cos, and a photograph of the tree, which is still living.

The thanks of the Council were given to Dr. Clapton for his interesting gift.

ROYAL COLLEGE OF SURGEONS OF EDINBURGH.

The following gentlemen have been admitted Fellows:

C. H. Allen, J. R. Atkinson, K. Dadabhoy, J. M. Darling, W. H. Duncan, S. L. Heald, T. W. Irvine, Major, I.M.S.; J. A. Longley, J. C. Muir, J. K. Osborne, G. Potts, A. T. Ross, D. H. Wessels, A. L. White.

CONJOINT BOARD OF ENGLAND.

THE following gentlemen, having completed the final examination of the Examining Board in England in the subjects of medicine, surgery, and midwifery, the Licence of the Royal College of Physicians and Diploma of Member of the Royal College of Surgeons has been conferred on them—namely:

C. Amarasuriya, Ceylon and King's Coll.: L. J. Austin, Camb. and London; G. F. S. Bailey, Camb. and St. Bart's; G. C. Barnes, Liverpool; R. D. Barron, Otago and Guy's; W. K. Beaman, Charing Cross; N. Bennett-Powell, St. Bart's; H. Bevis, St. Mary's; L. H. Booth, Charing Cross; W. H. S. Burney, Guy's; *J. Butterworth, Manchester; N. H. Bye, London; J. G. Castellain, Camb. and St. George's; F. H. M. Chapman, St. George's; B. W. Cherrett, St. Bart's; T. A. Clarke, King's College; B. M. Collard, London; D. H. Collingham, Camb. and London; H. P. Crampton, Camb. and Middlesex; H. N. Crowe, Birmingham; S. W. Daw, Guy's; J. T. de Coteau, Guy's and St. Thomas's; W. F. Denning, Camb. and London; G. Eager, King's College; K. E. Eckenstein, L'pool and St. Thomas's; R. Farrant, Westminster; W. S. Fenwick, Charing Cross; A. Fleming, St. Mary's; R. L. Gamlen, Camb. and St. Thomas's; N. H. Gandhi, Camb. and London; H. J. Gouvain, Camb. and St. Bart's; E. W. Giesen, Guy's; V. B. Green-Armytage, Bristol; C. V. Griffiths, King's College; E. W. D. Hardy, St. Bart's; G. A. Hayman, King's College; *J. W. Heekes, Charing Cross; R. B. Heygate, Middlesex; C. C. Hickey, Westminster; R. A. P. Hill, Camb. and St. Bart's; *R. C. Hill, McGill and Cincinnati; J. H. Howitt, Camb. and London; G. M. Huggins, St. Thomas's; C. B. Hutchison, London; C. Johnson, Birmingham; A. L. Jones, St. Mary's; H. E. Jones, London; J. R. Kemp, St. Bart's; C. M. Kennedy, London; J. A. Kilpatrick, Cardiff and King's Coll.; A. Kinder, N. Zealand and London; W. W. King, Bristol; B. T. Lang, Camb. and St. Bart's; C. S. Lee, Camb. and St. Bart's; D. T. Lewis, Cardiff and Middlesex; P. C. Litchfield, Guy's; P. F. McEvedy, Guy's; C. McMane, Toronto and London; H. C. Malleson, Guy's; W. B. Marshall, Camb. and Liverpool; V. L. Matthews, London; E. M. Middleton, Toronto and St. Thomas's; W. H. Miller, Guy's; W. A. Milner, Sheffield and Univ. Coll.; *W. C. Morrison, Toronto and Univ. Coll.; A. C. Morson, Middlesex; H. W. Moxon, Camb. and London; F. W. Murray, Liverpool; C. M. Ockwell, Guy's; H. A. Pallant, Guy's; J. Paulley, St. Bart's; H. A. Philpot, Oxford and St. Thomas's; C. W. Ponder, Camb. and Guy's; J. M. Postlethwaite, Camb. and St. Bart's; E. N. Ramsbottom, Manchester and Durham; A. C. Rankin, McGill and London; H. G. Rickman, St. Mary's; C. S. Rivington, Bristol; R. P. Rowlands, Guy's; H. K. Salisbury, Bristol; G. C. Scott, Liverpool and Univ. Coll.; G. E. Seldon, Toronto and London; E. F. Skinner, Sheffield and Camb.; A. B. Smillie, Toronto and Univ. Coll.; W. H. Smith, Manchester; G. F. Stebbing, Guy's; W. H. R. Streetfield, Camb. and St. George's; P. K. Tarapurwala, Bombay and Guy's; R. T. Taylor, London; E. J. F. Thomas, Bristol and Middlesex; R. E. Thomas, Bristol; *A. W. D. Thomson, St. George's; F. B. Treves, Camb. and St. Thomas's; S. A. Tucker, St. Bart's; S. W. J. Twigg, University College; H. A. R. E. Unwin, Camb. and St. Thomas's; R. Wade, Camb. and St. Bart's; K. M. Walker, Camb. and St. Bart's; J. B. F. Wilson, Leeds; A. W. G. Woodforde, St. Bart's; J. C. Wootton, St. Thomas's; E. Wragg, Guy's; E. L. Wright, St. Bart's.

* Under Regulations dated October 1st, 1884.

CONJOINT BOARD OF SCOTLAND.

THE following candidates have been approved at the examinations indicated:

FIRST EXAMINATION.—E. P. Meherji, R. J. Helsby (with distinction), D. M. Cama, M.D. Freiter, W. H. B. McCann, J. McCusker, J. M. A. McVey, D. Wilson.

SECOND EXAMINATION (*Five Years' Course*).—T. S. Douglas, J. M'Call, P. J. Taaffe, H. C. de Souza, J. D. Collins, T. Walsh.

SECOND EXAMINATION (*Four Years' Course*).—T. A. R. Aiyar, Madras; P. C. Gerachy.

THIRD EXAMINATION.—H. H. Bradley, A. R. F. Douglas, J. W. M. Hunter, W. Riddell, J. A. J. Crowley, P. M. O'Dwyer, R. J. Jones, W. Tregea, E. H. Smith, Anna S. Lindsay, A. Hill, W. F. McKenna.

FINAL EXAMINATION.—J. H. Allan, O. T. Jones, R. J. Jones, J. A. Ashurst, G. W. Hill, J. M'Arthur, R. R. Bakshi, A. Hill, E. J. Stubbs, E. C. Chandler, L. Albuquerque, M. Samiullah, P. J. A. Curtin, A. Baxter, J. B. Engineer, R. A. Taylor.

CONJOINT BOARD IN IRELAND.

THE following candidates have been approved at the examinations indicated:

SECOND PROFESSIONAL (*with Honours*).—R. Adams, Miss I. M. Clarke, E. C. Deane, H. S. Meade, J. Menton, Miss A. F. Nash, and Miss C. F. Williamson. *Pass*.—P. N. Allman, S. J. Barry, G. E. Beggs, B. G. S. Bolas, W. Breen, H. F. Blood, T. G. Brown, P. A. Doyle, E. Dunden, B. H. Farrell, J. F. Gibbons, Miss M. K. Griffin, E. Harrison, F. N. Harvey, W. Hederman, H. S. Johnston, C. Kelsall, P. M. J. Power, R. Power, R. H. Taaffe, P. T. Warren, J. D. Williams, Miss Nora T. Williams, and O. W. J. Wynne.

THIRD PROFESSIONAL.—S. Blake, T. C. Boyd, W. H. Bonford, S. Broderick, T. Cormac, W. F. S. Davis, J. Ellenbogen, B. Foley, W. F. Lane, G. S. Levis, J. E. Moffatt, J. McNamara, C. McQueen, J. V. O'Hagan, W. H. O'Riordan, D. O'Sullivan, G. F. Shepherd, and J. M. Warnock.

FINAL.—J. Burke, T. A. Burke, R. Calnan, M. J. Coyne, M. Cohen, J. Daniel, W. J. Deighan, *P. F. Foran, T. J. Galligan, J. Grace, W. Glennon, D. Gillies, A. Hipwell, W. P. Kelly, T. H. Massy, P. Mullany, W. J. McCormack, K. P. Neary, J. O'Donnell, T. T. O'Farrell, D. T. O'Flynn, G. Petit, E. P. Punch, W. C. T. Robey, J. R. Tobin, W. Walsh, C. H. Waddell, M. Walters, J. M. Warnock, R. Weply, C. H. Wilson.
D.P.H.—F. W. Brunker, E. S. R. Cadman, F. J. Cahill, *T. W. Irvine, Major, I.M.S., E. McDonald, *The Hon. Ella Scarlett-Syngé.
* Honours.

ROYAL NAVY AND ARMY MEDICAL SERVICES.

ROYAL ARMY MEDICAL CORPS.

THE undermentioned gentlemen were successful at the recent examination for commissions in the Royal Army Medical Corps held in London:

Marks.
593 Gerald Hoey Stevenson, M.B., B.Ch., R.U.I.
575 John Heatly Spencer, M.B., B.S. Lond., M.R.C.S. Eng., L.R.C.P. Lond.
570 William Henry Forsyth, M.B., B.Ch. Edin.
564 Alfred Herbert Heslop, M.B., B.Ch. Durham.
557 Archibald Craig Amy, M.B., B.Ch. Glas.
548 Wright Mitchell, B.A., M.B., B.Ch. Dub.
536 James Archibald Bruce Sim, M.B., B.Ch. Aber.
528 Edward John Elliot, M.B., B.Ch. Edin.
510 Ernest Browning Lathbury, M.R.C.S. Eng., L.R.C.P. Lond., M.D. Brux.
508 Frederick William Tough, L.R.C.P. and S. Edin., L.F.P.S. Glas., F.R.C.S. Edin.
503 Edward Gibbon, B.A., M.B., B.Ch. Dub.
501.5 Cecil Scaife, B.A., M.D., B.Ch. Dub.
487 Robert Walter Dickson Leslie, L.R.C.P. and S. Irel.
479.5 Ernest Duncan Caddell, B.A., M.B., B.Ch. Dub.
475 Michael Joseph Lochrin, L.R.C.P. and S. Irel.
474 Daniel Maurice Corbett, B.A., M.B., B.Ch. Dub.
474 Benjamin Johnson, L.M. and L.S. Dub.
468 William Ernest Craven Lunn, M.B., B.Ch. Durham.
467 John Rowland Foster, M.R.C.S. Eng., L.R.C.P. Lond.
464.5 Arthur Hildebrand Jacob, M.R.C.S. Eng., L.R.C.P. Lond.
469 Arthur Morris Benett, M.R.C.S. Eng., L.R.C.P. Lond.
458.5 Francis Lyndon Bradish, L.R.C.P. and S. Irel.
457 George Philip Alexander Bracken, L.R.C.P. and S. Irel.
451 Owen Cunningham Preston Cooke, M.R.C.S. Eng., L.R.C.P. Lond.
450 William Wallace Boyce, L.R.C.P. and S. Irel.
445.5 Carlisle Kelly, B.A., M.B., B.Ch. Dub.
441.5 Clarence Hamul Denyer, M.R.C.S. Eng., L.R.C.P. Lond.
441 Whiteford John Edward Bell, M.B., B.Ch. Edin.
439.5 Duncan Coutts, M.B., B.Ch. Aberd.
434.5 William Francis Brennan Loughnan, L.R.C.P. and S. Irel., D.P.H., R.C.P. and S. Irel.
434 Dennis Thomas McCarthy, M.B., B.Ch., R.U.I.
433 Hector Lionel Howell, M.R.C.S. Eng., L.R.C.P. Lond.
431 Charles William Bowle, B.A. Cantab., M.R.C.S. Eng., L.R.C.P. Lond.
428 John Joseph O'Keefe, M.B., B.Ch., R.U.I.
425.5 James Alexander Bennett, M.B., B.Ch. Durh.
424 Thomas Walker Browne, L.R.C.P. and S. Irel.
421 William Irwin Thompson, B.A., M.B., B.Ch. Dub.
419 Reginald Charles Gagey, L.R.C.P. and S. Irel.
418 Edward James Kavanagh, M.B., B.Ch., R.U.I.
415.5 Ernest Cyril Phelan, B.A., M.B., B.Ch. Dub.
Sixty-nine candidates entered for the competition.

INDIAN MEDICAL SERVICE.

THE following gentlemen were successful at the examination for admission to the Indian Medical Service held on July 24th and the four following days:

J. Taylor, M.B.	S. Singh
A. D. Stewart, M.B.	P. F. Hebbert
C. H. Cross	J. F. James, M.B.
R. A. Chambers, M.B.	J. Smalley, M.B.
R. H. Bott, F.R.C.S.	A. S. Leslie, M.B.
N. N. G. C. McVean, M.B.	C. M. Roberts, M.B.
J. Morison, M.B.	A. P. G. Lorimer, M.B.
S. G. S. Haughton, M.B.	W. M. Thomson
F. W. Cragg, M.B.	H. B. Scott
N. S. Simpson	F. C. Fraser, M.D.

Forty-seven candidates (thirty-two of whom had university qualifications and five Fellowships of the Colleges of Surgeons) competed for the twenty vacancies.

We are also informed that a few extra vacancies will probably be given in the course of the next few days.

VOLUNTEER MEDICAL SERVICE.

PROMOTION TO MAJOR.

"MAJOR."—In the Volunteer Regulations for 1901, with Corrections up to July 31st, 1904, the requirements for promotion of medical officers are given as follows:

Para. 77. Before promotion to the rank of Major or Surgeon-Major he will be attached for 14 days at the Dépôt, Royal Army Medical Corps, Aldershot, or to a selected military hospital; or be required to pass in the examination laid down in Appendix X.

In this appendix the subjects for promotion to Captain are given, with the addition, for Majors, of (1) medical organization in peace and war; (2) military discipline (King's Regulations). Thus "Major" will apparently have to attend for a fortnight at the R.A.M.C. dépôt, or at a military hospital, or to pass an examination. Every Volunteer Medical Officer should possess a copy of the Volunteer Regulations kept up to date. If he has been unable to get a copy for himself, he can always consult the office copy at the head quarters of his corps.