

the Ontario Medical Association a committee was formed to lay the matter before the Government. This latter received the deputation most kindly, and promised the subject favourable consideration. I then approached Mr. Flavell, the Chairman of the Hospital Board of Trustees, who was good enough to call at once a meeting of the Board to consider the proposition of establishing in the Toronto General Hospital some wards for this purpose. After considering the question, the Board at once offered the use of a building which had been used as the residence of the former Medical Superintendent, provided the Government would grant sufficient money to make the necessary alterations. To this the Hon. Mr. Hanna readily assented, and as a result the wards, the first in Canada, were formally opened on June 14th last, and a modest beginning was made. Owing to the construction of the building and the limited accommodation it was found impossible to treat insanity, and hence the work was limited to the treatment of acute functional nervous diseases and especially the pre-insane stage of acute mental disease, since it was to demonstrate the feasibility of the prevention of insanity in the poor that Government aid was granted. These wards contain twelve beds, six for male and six for female patients. These are so divided that there are two separate rooms for isolation, and one larger room containing four beds for each sex. While these wards have been in operation too short a time to offer a positive demonstration of their value from a clinical standpoint, the result so far obtained has, in view of the new nature of the work and the class of cases recommended for admission, been entirely satisfactory. Apart, however, altogether from the percentage of patients who may be cured in such wards, I am convinced that their formation is urgently demanded in every general hospital where teaching is done, in order to instruct the medical student, the future general practitioner, under whose care these cases must inevitably first come. I believe that clinical instruction is the crux of the whole question, and also that the prevention of insanity will proceed *pari passu* with the instruction in these diseases given to the medical student. Hence I have advocated the treatment of acute mental and nervous diseases through their entire course in general hospitals, where the student could see in the daily round of his work the various stages of the disease, and where he would learn to regard these diseases of the brain with the same, if not with greater interest than he now regards diseases of the lungs. That the treatment of the acute insanities in general hospitals is feasible is being daily demonstrated, hence any doubts on this score are rapidly being removed. Moreover, its treatment in general hospitals would gradually bridge the chasm which has unfortunately developed between alienation and general medicine. To the nursing staff such an addition would be most valuable, since at present no amount of training in a general hospital fits a nurse to take charge of these cases which are so frequent in private practice.

Finally I may add that, in assisting the prevention of insanity in the poor, neurology will contribute its quota towards the discharge of its duty to the State—a quota which, when fully developed, will be equalled by none among the many benefits mankind has received from medicine.

Dr. J. J. PUTNAM expressed hearty sympathy with the reader's view, especially as to the treatment of such patients in general hospitals and the need of more hospital facilities. He thought the most general and least compromising name the best.

(To be continued.)

LYING-IN HOSPITALS IN TURKEY.—The Ottoman Government has decided to establish lying-in hospitals in all the most important provincial towns of the empire. Probably some of them will form special departments of existing general hospitals. The need for such institutions is very urgent, as at present the bulk of the female population of Turkey, especially those of the poorer classes, can look for help in their hour of travail for no more skilful ministrations than those of ignorant midwives. A previous edict of the Government forbidding the practice of midwifery by unqualified persons has proved a dead-letter, as Turkish women prefer to seek counsel and aid from persons of their own sex rather than from medical men. There would seem to be an opening for female doctors in Turkey.

MEMORANDA: A.M. MEDICAL, SURGICAL, OBSTETRICAL.

A CASE OF DERMATITIS DUE TO PRIMULA OBCONICA.

A LADY of 64 came under my care on June 13th complaining of a rash and severe itching on the dorsum of the left hand and of the fingers of both hands, and on the left side of the face. On June 10th she first noticed a little itching on the dorsum of the distal ends of the fingers of the left hand. Little notice was taken of it for a day or two, although the condition was spreading. Three days later, June 13th, a few spots appeared on the back of the left hand, and there was some redness and irritation on the chin and left side of the nose. A few spots appeared also on the dorsum of the fingers of the right hand. The rash was accompanied by severe itching, burning, and smarting.

The patient had been a subject of chronic articular rheumatism for years, but, apart from this, her general health was good, and during the present attack she had felt no constitutional disturbance.

On examination, the skin of the face presented a swollen and acutely-congested appearance; that of the skin was thickened, red, rough, and tender, giving the appearance of a diffuse erythematous blush. The side of the nose presented a raw surface, which discharged profusely a purulent exudate. The left cheek was congested, swollen, hard, and tender like the chin. The left ear was acutely inflamed, and on the dorsum of the pinna there was the same purulent exudate. The dorsum of the fingers of both hands presented a dry papular rash. The dorsum of the left hand showed a number of very tender, red, papular elevations. There was constipation; the tongue was slightly coated; there was no fever, and the pulse was not accelerated.

A diagnosis of acute eczema was made, though not without some doubt. The combined lesions of hands and face presented characters of acute dermatitis, acute eczema of three or four varieties, and of erythema multiforme. One could get no history of any probably direct cause of dermatitis.

A mask was ordered for the face, and zinc and boracic ointment applied. Strips of lint, smeared with the ointment, were wrapped around each of the fingers and over the dorsum of the hand. An alkaline mixture was prescribed, and daily morning doses of mist. alb. were ordered.

On the following day, June 14th, the whole condition was worse. The lesions had spread to the whole face, the eyelids being oedematous, and the subjective symptoms very distressing. The fingers now presented at their distal ends a number of extremely tender bullae containing a thin brownish exudate. The patient was extremely uncomfortable, complaining of burning and smarting in all the affected parts. The mask and ointment were discontinued immediately and lead lotion applied, which, in a few hours, led to a striking amelioration in all the symptoms excepting the papular condition of the fingers. The ointment was again applied to the latter, and in ten minutes there was a marked exacerbation. The lotion was again used continuously, and improvement followed rapidly up to a certain stage. The papules of the fingers were very resistant.

The patient was kept in bed on milk diet for five days, the lead lotion being continued, an alkaline mixture taken internally three times daily, together with morning doses of mist. alb.

By June 22nd—twelve days from the onset—the patient's face was practically well, and the fingers of the left hand only showed a few traces of the bullae that had existed at the tips. It seemed now that the condition would clear up perfectly.

Late in the afternoon of June 22nd she again began to complain of irritation of the left ear and dorsum of the left hand and fingers. She applied some cold cream to the parts that night. When seen the following morning she was found to be suffering from all the original symptoms at their worst. Again lead lotion was ordered, which now seemed to exaggerate the symptoms. She had eaten a fairly hearty dinner on the previous evening, and had indulged in some raw onions. The bowels had been

constipated for two days, so the relapse was ascribed to this indiscretion in diet, still maintaining one's original doubtful diagnosis.

On the evening of June 23rd the patient, who had been pondering deeply all day upon her misfortune, volunteered the information that she had trimmed a primrose plant in her dining-room window on the previous day a few hours before the onset of relapse. Further inquiry elicited the interesting fact that she had trimmed this plant once before—on June 8th—two days before she had noticed the first irritation beginning on her fingers. The plant had been in the house about a month previous to that, but she had not touched it until this date. The case was now clear. The condition was undoubtedly one of acute dermatitis caused by the contact of the primrose. The right hand was at no time as much involved as the left, for while the former held a long pair of scissors, the latter was deeply inserted among the leaves. The left side of the face, too, had been much more involved than the right, this no doubt being due to the patient's habit of sitting with the left cheek supported on the dorsum of the left hand.

In continuing treatment of the relapse a weak solution of soda bicarb. (gr. v to the oz.) to the affected parts was ordered, and the beneficial effect was almost instantaneous. The smarting and burning stopped, the weeping areas dried up, and the inflammation gradually subsided, although the congestion and thickening of the skin disappeared rather more slowly than after the first attack.

The case is a good example of one of the many pitfalls that abound in the field of the general practitioner who is called upon to treat skin diseases, and it demonstrates how extremely irritating some applications, otherwise soothing, may be to certain lesions. It is interesting to note the shorter period of onset that characterized the relapse. It is needless to say that the primrose is no longer a window flower in the patient's household.

Winnipeg, Canada. EGERTON L. POPE, M.D., M.R.C.S.

PULMONARY ABSCESS CAUSED BY A TOOTH.

THE case of Dr. Davies of Swansea in the BRITISH MEDICAL JOURNAL of September 22nd is of interest to me, inasmuch as I had a similar one about two years ago, although not attended with such serious consequences.

A domestic servant in the employ of a phthisical patient of mine had several teeth drawn under nitrous oxide at a dentist's. A few days after she complained of pain in the chest and had a constant dry irritating cough. I was sent for, but on examination could find no physical signs warranting the cough; indeed, the condition of the chest was quite normal. The cough continued for ten days longer, when she coughed up a molar stump, and the previous condition immediately ceased. This also, like Dr. Davies's case, was a very lucky chance.

Derby. JAMES W. KING, M.B., B.S.

FIBRINOUS BRONCHITIS.

THE patient, a medical man, aged 74, had a feverish attack on May 12th, with temperature 103° F. in the evening. Beyond a few vague pains there were no other symptoms, and the diagnosis arrived at was influenza. The temperature became normal on the 14th. On May 17th he awoke in the morning feeling very ill, and had a bout of coughing, the result of which was the expectoration of a complete fibrinous cast of several branching bronchi. The cast was quite 3 in. long and of the thickness of a lead pencil at the base, with a slit-like lumen. His temperature morning and evening was 100° F.

From this date, until June 9th he expectorated great quantities of ribbon-like strips of fibrin, which gradually became less copious and ceased at the latter date, when the sputum became muco-purulent and loaded with *Diplococci pneumoniae*, while the temperature, which had fallen to normal, rose again to 101° F. Now, for the first time, positive signs were found in the chest in the shape of about 6 in. of dullness at the left base with deficient breath sounds and superficial crepitations.

However, redux crepitations soon appeared, and by June 16th the patient was practically well.

The patient gave a history of phthisis when a young man.

London, N.

A. F. SHOYER.

REPORTS

ON

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

ROYAL INFIRMARY, NEWCASTLE-ON-TYNE.

A CASE OF PULSATING EMPYEMA.

(By COLIN M'DOWALL, M.B., B.S.)

THE patient was a labourer, aged 18, previously healthy, and with a good family history. He was admitted March 31st, 1906, in a very collapsed condition, into the Royal Infirmary, Newcastle-upon-Tyne, under Dr. Limont, to whom I am indebted for permission to record the case, suffering from pain in the chest and dyspnoea. The illness was of one week's duration, and had commenced with pain of a sharp piercing character in the left chest, aggravated on deep inspiration and on coughing.

He was much distressed on admission, and the pulse, which was scarcely perceptible, had risen to a rate of 128. Respirations 62, temperature 103° F. His body was emaciated, neglected, and he had scabies. There were marked signs of consolidation at the base of the left lung, together with a pleuritic rub, which was so loud as to be heard without the aid of any stethoscope, and the vibrations were readily evident on palpation. He progressed favourably, considering his very feeble state on admission, till the fourth day of treatment—that is the twelfth day of the disease—when he had a rigor and complained of great pain in his right side. His temperature, which had fallen to 100.4° F. that morning, was 103.2° F. at night; respirations, 46; pulse, 100. There were now signs of consolidation in the right lung extending from below upwards to the level of the seventh rib. Here again the pleuritic rub was very loud, and, though not audible without the stethoscope, it was very evident to the tactile sensation.

The temperature for the next two days fell to 100.2° F., and his respirations varied between 32 and 44. The pulse fluctuated between 92 and 118, but on the following day—that is, the fifteenth day of illness—his temperature ran up again to 102° F. It fell to normal the next morning, but was again elevated at night. He was sleeping badly, sweating freely, and looking unhealthy and exhausted. On careful examination there was seen to the right of the sternum an area with its centre midway between the nipple and the tip of the sternum, extending for about 2 in. outwards and shelving off upwards at the level of the fifth rib. It was elevated slightly from the surrounding tissues and pulsated synchronously with the heart beat. It was dull on percussion and the voice was not conducted through it.

At the same time behind, at the base of the left lung, signs of fluid were evident, extending to the level of the seventh rib. On exploring with a needle, pus was found on the left side, but a negative result followed the insertion of the needle in the right side behind and laterally. The pulsating area was not explored. Under eucaïne the left side was opened, and some 4 oz. of pus let out. The pulsation on the right side, however, continuing, it was thought advisable to explore the pulsating area, which was done, with the result that pus was found, about half a pint of green purulent material being evacuated. Tubes were inserted at both sides. The following morning his temperature was normal. Respirations still rapid, 40; pulse 90.

A week after the operation, though he felt much better in himself, his temperature was still irregular and breathing rapid. Examination showed signs of fluid at the base of the right lung, limited above by the eighth rib. Under A.C.E. a rib was resected, and half a pint of pus evacuated.

Four days later pulsation returned on the right side, after which some ounces of pus were let out, following which the temperature fell to normal. His breathing was still rapid, as was his pulse. He appeared to be doing well, and, though rather weak, he was in excellent spirits. The temperature again became unsteady, ranging from subnormal to 99.4°, though it once reached 100.2° F., and he had another rigor (that is, three weeks after the operation). A rib at the right side was again resected, and

described chronic plague amongst rats in some of his laboratory experiments, but this form of plague among these animals had not been observed in natural conditions. Tidswell failed to observe it in Sydney amongst the large number of examinations made in that city by the Board of Health during the years 1900 to 1904.

In Bombay, where the Commission has been systematically examining both rats captured in traps and all dead rats discovered by the municipal "sweepers" throughout the year, and where large numbers—sometimes upwards of 5,000—have been examined weekly, chronic plague has not so far been discovered, although plague in rats has been found to exist to a small extent throughout the year.

The existence of chronic plague in rats during the season when neither plague cases nor any acute plague amongst rats occurs has been systematically searched for by the Commission in the case of two villages, Kasel and Dhard, in the Punjab, in which plague has recurred annually for three years without discoverable reinfection, and which are the object of epidemiological study at the present time. Observations upon these villages commenced in December, 1905, at a time of year when neither human plague nor rat plague, as far as could be discovered, existed. There was no special mortality amongst the rats, and dead rats were seldom found. An extensive rat-catching was undertaken with a view to finding out whether plague existed among these animals. During December 1,800 rats were caught alive and carefully examined.

Of this number none were found to be suffering from ordinary acute plague, but seven, which until examined *post mortem* evinced no signs of illness, were discovered to have chronic abscesses. From these abscesses organisms morphologically indistinguishable from *B. pestis* were obtained, and after careful cultural and inoculation experiments no doubt remained that these rats which were running about in apparent health were indeed suffering from chronic plague.

MEDICAL NEWS.

MR. ROOSEVELT has reappointed Dr. Robert M. O'Reilly to serve a second term of four years as Surgeon-General of the United States Army.

MR. ANDREW CARNEGIE, Lord Rector of St. Andrews University, has given £10,000 to build a new university library; he has also given £12,500 to Dundee University College for a physical laboratory.

THE annual dinner of the Brussels Medical Graduates' Association will take place at the New Gaiety Restaurant, Strand, W.C., on Tuesday, October 30th, at 7 p.m. An innovation is introduced this year inasmuch as all members are invited to bring ladies as guests.

THE office-bearers of the Glasgow Southern Medical Society for 1906-7 are: *Honorary President*, Dr. Jas. Barras; *President*, Dr. T. K. Monro; *Vice-President*, Drs. T. Forrest and J. Grant Andrew; *Treasurer*, Dr. Jas. A. Aitken; *General Secretary*, Dr. J. P. Duncan; *Editorial Secretary*, Dr. R. N. Dunlop; *Seal Keeper*, Dr. R. W. Forrest.

THE Central Committee for Scientific Research on the Brain appointed by the International Association of Academies, has recognized the Senckenberg Neurological Institute, Frankfurt on the Main, as an international institute for the purpose. It is said to be the first of the kind in Germany.

THE Odontological Society of Great Britain will hold the first meeting of its new session on Monday next at 20, Hanover Square. Mr. E. Lloyd-Williams, the President, will deliver his inaugural address; and a discussion on the relation of dental conditions to pulmonary tuberculosis will then be commenced.

At a meeting of the Council of the County Borough of Sunderland, held on October 10th, it was decided to have water, milk, and other foods examined bacteriologically, and an agreement has been made with the University of Durham College of Medicine for the execution of the work.

THE Provisional Committee of the National Council of Nurses has arranged to hold a nursing conference at St. George's Hall, Hanover Square, on November 22nd, 23rd, and 24th. On the evening of November 23rd there will be a discussion on maternity nursing, and Dr. Champneys, President of the Midwives Board, will take the chair. On the evening of November 24th mental nursing will be discussed, and Dr. Jones, President of the Medico-Psychological Association, will be in the chair. On November 22nd there will be a discussion on tuberculosis. During the conference an exhibition illustrating the nursing of tuberculosis, maternity, and mental cases will be open.

logical Association, will be in the chair. On November 22nd there will be a discussion on tuberculosis. During the conference an exhibition illustrating the nursing of tuberculosis, maternity, and mental cases will be open.

THE annual medical service organized by the Guild of St. Luke took place at St. Paul's Cathedral on October 17th. The officers of the Guild, Dr. S. Russell Wells, Mr. C. D. Marshall, Surgeon-Colonel Welch, and a large number of medical men in academic costume proceeded to seats reserved for them under the dome. The nave and transepts were well filled by the general congregation, of whom many were nurses in uniform. The choir was provided by the London Gregorian Choral Association, the organist of which (Dr. Warwick Jordan) presided at the organ. Minor Canon Besley intoned the service. The psalm was the 94th. The first lesson, Ecclesiasticus, chapter xxxviii, was read by Dr. H. A. Caley; the second, St. Luke's Gospel, chapter xiii, by Sir Dyce Duckworth. Canon Newbolt, Warden of the Guild of St. Luke, preached from the Third Epistle of St. John, 2nd verse: "Beloved, I wish above all things that thou mayest prosper and be in good health, even as thy soul prospereth." He spoke of the work done in the cause of health, bodily and spiritual, by doctors and clergy. That service helped to bring the two professions before the Throne as fellow-workers in the cause of health. Both recognized the inevitable bias towards deterioration in all living things. The clergy knew it as the mystery of sin stamped on the world, the physicians knew it as the susceptibility to pain and disease with which they were in daily combat. Referring to the diminishing birth rate, he asked his hearers to draw the line sharply and clearly at anything which was a profanation of holy marriage. Nothing should be bought, not even bodily health, at the price of dishonour. All should endeavour to stem that which was a national danger, and all should recognize the claim of the entire man to health. Christianity had no quarrel with the human body, only with the flesh; and medicine and religion should work together in various questions, such as that of the diminution of the birth rate. Finally, he appealed for help for the College of St. Luke, founded by the Guild, primarily as a residential college for students preparing at the various London hospitals for work as fully-qualified medical missionaries. Each student cost about £180 a year. The undertaking had started well, and applications for admission were numerous, but increased funds were much needed. A collection, mainly for the College funds, was made. The recessional hymns were "Now thank we all our God," and "Oh, what the joy and the glory must be."

BRUSSELS SCHOOL OF TROPICAL MEDICINE.—The Brussels School of Tropical Medicine, founded by King Leopold, was formally opened on October 16th. Its principal object is the study of sleeping sickness. Dr. Van Camphenout, head of the Colonial sanatorium at Watermael, is to be the Director. It is intended that the school shall work in co-operation with the corresponding schools of London and Liverpool.

GUY'S HOSPITAL PUPILS' PHYSICAL SOCIETY.—The annual opening meeting of the Society was held at Guy's Hospital on Saturday evening, October 13th. The meeting was preceded by a house dinner in the College, the Treasurer of the hospital, Mr. H. Cosmo O. Bonsor, presiding. There was a large number of new and old Guy's men present, including Sir Samuel Wilks, Dr. Pavy, Mr. Groves, Dr. Frederick Taylor, Mr. Clement Lucas, Dr. Hale White, and others. Professor Clifford Allbutt was the guest of the evening. There were no speeches, but in proposing the health of His Majesty the King, the patron of the hospital, the Treasurer congratulated both the school on the best entry of students that there had been for many years, and the newcomers on their choice of a hospital. At the close of the dinner an adjournment was made to the physiological theatre, where the meeting of the Physical Society took the form of an address by Professor Clifford Allbutt on "Words and Things." Sir Samuel Wilks, who was in the best of health, was in the chair, and proposed a vote of thanks to Professor Clifford Allbutt in one of his usual humorous and reminiscent speeches. The proceedings terminated with an exhibition of drugs, books, and instruments in the Gordon Museum.

MESSRS. ALLEN AND HANBURY ask us to state that the fire which occurred at their works on October 11th was confined to two buildings used respectively for the bottling of oils and the manufacture of hospital furniture. Their warehouses, laboratories, offices, and printing department were unaffected, and the general conduct of their business was not interfered with. Accommodation for the two crippled departments has been provided in other parts of their premises.

until he was appointed in June, 1889, Superintendent of the Presidency General Hospital, Calcutta. This is one of the prizes of the service, and gives access to extensive and lucrative private practice. He was well fitted for the post, and during his nine years' tenure of this office he held very deservedly a high place in the estimation of both the Government and public. His work was always most conscientiously performed. He was a highly-trusted officer, and a most excellent practitioner, being imbued with high sense of the dignity and responsibility of his profession and great devotion to the interests of his patients. He was appointed a Fellow of the Calcutta University, took a prominent part in the Medical Congress which assembled in Calcutta in the year 1894, and was an active member of a Committee on the disposal of lunatics and management of asylums. During these busy years he contributed largely to medical literature, writing on fevers, cholera, the treatment of wounds, antipyretics, and many other subjects. He was a useful member of the Calcutta Medical Society, of which he was elected President, and edited the *Indian Medical Gazette* for a short time. He retired in April, 1898. He was presented with an address on the occasion by the native medical practitioners of Calcutta in recognition of the efficient and sympathetic aid he had rendered them in consultation. In June, 1900, he was selected to be a member of the Medical Board at the India Office, which position he held till August, 1903. In this capacity he also served on the Medical Board at the War Office, where during the South African war the work was very onerous. He represented India at the International Medical Congress at Moscow, Paris, and Madrid, and at the Tuberculosis Congress in London in 1891 and in Berlin in 1902. He drew up valuable reports on the proceedings of these congresses—that on tuberculosis being especially able and containing important information regarding the prevalence of tuberculosis in India. He was President of the Tropical Section at the Oxford meeting of the British Medical Association in 1904 and made several interesting contributions to its proceedings. He was appointed Lecturer on Tropical Diseases at the Middlesex Hospital and the London School of Tropical Medicine. He was also on the staff of King's Edward's Hospital for Officers, of which he was Honorary Physician. In recognition of his services in that Institution and on the Medical Board he was appointed an Associate of the Order of St. John of Jerusalem and created a Companion of the Bath, civil division. During these years he engaged with increasing acceptance in consulting practice. About two years ago a disabling affection of the lumbar spine set in, which latterly presented a malignant character. This was the cause of his death after a lingering illness patiently borne.

This record of a very active and successful career entitles Crombie to rank high among the many distinguished men who have earned for the Indian Medical Service the honourable reputation which it possesses. He was endowed with a good physique, great intellectual power, and sound judgement. In all that he did he was accurate, observant, thoughtful, and thorough. He was a man of honour, sterling disposition, and kindly nature, a good friend, a skilful and attentive practitioner, and in every relation of life most estimable. He was cut off while at all appearance on the high road to further success in his profession, and his death has caused a deep feeling of regret among a large circle of acquaintances, patients, and friends.

FRANK LESLIE PHILLIPS, M.D.BRUX., M.R.C.S. ENG.,
CONSULTING SURGEON, BIRMINGHAM HOSPITAL FOR SKIN AND URINARY DISEASES.

WE regret to note the death of Dr. Frank Leslie Phillips, which occurred at Leamington on September 29th last at the early age of 49. Dr. Leslie Phillips received his medical education at Queen's College, Birmingham, and the London Hospital; he obtained the diploma of L.S.A. in 1881 and that of the M.R.C.S. in 1882; in the following year he took the degree of M.D.Brux. After holding the posts of House Physician at the Queen's Hospital, Birmingham, and Resident Clinical Assistant at the Ventnor Royal National Hospital for Consumption, he engaged for a few years in general practice, but subsequently devoted himself to dermatology, having consulting rooms in Bir-

mingham and London. Five or six years ago he virtually retired from practice and settled in Leamington.

Dr. Leslie Phillips was, perhaps, best known to the medical profession by his work in connexion with the Medical Defence Union, of which he became the honorary secretary when it was reorganized by Mr. Lawson Tait some twenty years ago. He was for many years the life and soul of that organization and contributed enormously to establishing it in the confidence of the profession. He also devoted much time to the study of medical aid associations and their relations to the medical profession, and published numerous letters and a voluminous report upon this subject, in which he charged them with exploiting the medical profession to their pecuniary profit. He was the author of many papers on his own subject of dermatology, and in his earlier days he published a book on abortion. He died after a brief acute illness and was interred in Hatton churchyard. He will be remembered by many as an indefatigable worker for his profession, sparing neither time nor pains on any task he took in hand.

SURGEON-MAJOR WALTER LEACH, Army Medical Service (retired), died at Martock on October 13th, aged 78. He joined the Army Medical Department as Assistant Surgeon, November 24th, 1854; became Surgeon, June 8th, 1867; and Surgeon-Major at a date not stated. He retired from the service, November 19th, 1875. He was in medical charge of the Left Wing of the 71st Highlanders during the Central India campaign, and was present at the battles of Beora, Mongroulie, and Sindwayu, and the affair of Karrai, receiving the medal.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Dr. Josef Weinlechner, Emeritus Professor of Surgery in the University of Vienna, aged 77; Dr. Francesco Roncali, Professor of Mental Diseases in the University of Bologna and Director of the lunatic asylum of that city, aged 72; and Dr. William K. Otis of New York, a well-known specialist in genito-urinary diseases, aged 46; Surgeon-General Professor Krockner, editor of the *Deutsche militaerärztliche Zeitung*, aged 60; Dr. Friedrich Straschnow, the oldest of the Franzensbad physicians, aged 79; and Dr. Hermann Hertzka, a well-known Vienna specialist in children's diseases, aged 57.

ROYAL NAVY AND ARMY MEDICAL SERVICES.

KING EDWARD VII'S HOSPITAL FOR OFFICERS.

As some inquiries received make it evident that the objects of King Edward VII's Hospital for Officers are not well understood, the following particulars are given concerning them:

The institution grew out of a temporary hospital for officers invalided home during the South African war, which was opened and maintained by Miss Keyser and Miss Agnes Keyser (Sister Agnes) in their own house, 17, Grosvenor Crescent, and it is by Sister Agnes that the present hospital is kept up and managed at 9, Grosvenor Gardens, S.W. It was formally opened by King Edward in May, 1904. It has a very large honorary medical staff, the members of which were selected and appointed by the King, and its twelve beds are intended for the reception of officers, either of the navy or of the army, who are in need of surgical or medical treatment, and whose means are limited. The only essential proviso in respect of admission is that all patients must still be on the active list; no charge of any sort is made beyond one of half-a-crown a day.

Officers who are qualified as above, and who desire admission, should make application in person or by letter to Sister Agnes at the hospital; in either case, a letter from the applicant's commanding officer recommending the case as one suitable for admission should be furnished.

Officers belonging to the army may also make application through the Director-General of the Army Medical Department, 68, Victoria Street, and as the hospital is officially recognized, they are entitled to any travelling expenses incurred on admission and on discharge.

Naval officers who are on full pay should, before entering the hospital, obtain permission from the Admiralty through the usual channels.

MEDICAL MAGISTRATE.—Dr. W. T. Parker Douglas of Speen, Newbury, has been placed on the Commission of the Peace for the County of Berks.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF OXFORD.

Degree Days.

DEGREE days for the ensuing term are announced as follows: Thursday, November 8th; Thursday, November 29th; Thursday, December 6th. On each occasion the ceremonies will commence at 10 a.m.

Natural Science Scholarships.

Scholarships in Natural Science are offered for competition as follows: December 4th—Balliol College, Christ Church, and Trinity College. December 11th—University, Lincoln, and Magdalen Colleges. January 15th, 1907—Jesus College.

UNIVERSITY OF CAMBRIDGE.

DR. G. H. F. NUTTALL, M.D., F.R.S., Fellow of Christ's College and Reader in Hygiene in the University, was on October 16th elected to the newly-created Quick Professorship in Biology. His duties are to devote himself to the study of the protozoa, especially such as cause disease, and generally to promote that branch of study. Dr. Nuttall, who was at one time Associate in Hygiene at Johns Hopkins University, Baltimore, is well known for his contributions on parasitic pathology, especially with regard to the protozoa and to the part which insects play in the dissemination of disease.

UNIVERSITY OF GLASGOW.

THE following candidates have been approved at the examinations indicated:

FIRST M.B., CH.B.—D. R. Adams (P.), J. B. Alexander (B.), J. C. H. Allan (B., Z.), W. Anderson (P.), A. J. Archibald (C.), C. Auld (P.), R. B. Austin (B., Z., P., C.), A. Baird (P.), W. E. H. Beard (B., P.), J. E. Black (B., Z., P., C.), A. M. A. Blackwood (P.), J. Bower (Z., P.), J. T. Brown (B., P.), R. A. Brown (Z.), S. Bryson (Z., P.), J. A. S. Burges (B., P.), J. Cameron (B., Z., P.), J. A. S. Campbell (P., C.), T. S. Campbell (B., C.), G. W. Clark (B., Z.), J. A. J. Conway (B., P.), J. H. Coulter (Z.), J. M. Dawson (Z.), R. H. Deans (B., P.), J. N. Dobbie (B.), P. Drummond (C.), R. Drummond (B., P.), A. M. Dunlop (C.), J. Dunlop (M.A. (B.), A. S. Findlay (B.), J. Findlay (Z.), R. Findlay (P.), H. Forrester (B., P.), T. L. Fraser (P., C.), D. T. C. Frew (Z., C.), A. Garvie (B., P.), N. Gebbie (B., P.), A. R. H. Geyer (B., P.), P. Giuliani (Z., C.), J. Gray (P.), G. C. Griffiths (B., P.), A. C. Haddow (B., Z., P., C.), J. R. Haldane (B., Z., P.), J. Harper (M.A. (C.), J. Hendry (M.A. (B., P.), J. Henry (P.), W. Howat (M.A. (C.), H. Howat (C.), J. Jack (B., P., C.), C. Johnston (C.), W. H. Kay (B.), C. J. Kirk (B.), A. Kirkhope (B., P.), J. M. C. Lang (B., P.), G. S. Livingston (B., P.), D. C. Macdonald (B., P.), I. Macdonald (Z.), D. McIntyre (Z.), B. McKean (B., P.), T. J. Mackie (B., P.), J. D. Mackinnon (B., P.), M. Mackinnon (P.), A. B. MacLean (B., P.), A. McLeod (Z., P.), W. A. Maclellan (P., C.), C. Macmillan (P.), W. McMurphy (B., P.), S. A. MacPhee (B., P.), J. F. McVey (B., P.), A. T. McWhirter (B., Z.), M. Manson (B., P.), F. W. Martin (C.), R. Millen (B.), J. Mitchell (B.), N. Morison (B.), A. R. Muir (B., P.), M. J. Murray (B., Z., P.), H. L. Neil (B., P.), J. Paterson (B., Z., P., C.), T. Paterson (B., Z., P., C.), J. Penman (B., Z., C.), A. Poole (Z., P.), A. S. Richmond (B., P.), D. W. Ritchie (B., Z.), A. F. Ross (C.), J. I. Russell (B., Z., P., C.), J. L. Scott (P.), J. D. S. Sinclair (P., C.), W. Sneddon (B., Z., P.), G. R. Spence (C.), J. Stewart (B., P.), J. A. Stewart (B.), T. L. G. Stewart (C.), G. I. Strachan (B., P., C.), J. N. Sutherland (Z.), W. Taylor (B., P.), S. V. Telfer (B., Z.), E. N. Thomson (Z., P.), J. D. Walker (B., P.), J. C. Walker (P.), A. G. S. Wallace (B., P.), T. Walmsley (B., P.), E. C. White (B., Z., P.), W. H. N. White (Z.), T. Whitelaw (B.), H. E. Whittingham (C.), H. M. Williamson (Z.), J. Williamson (Holytown) (B., Z.), A. S. Wilson (B., P.), D. Wilson (B., P.), G. A. Wilson (B., P.), H. G. Wilson (B., Z.), W. R. Wiseman (M.A. (B.Sc. (B., Z.), J. C. Wood (B., Z.), H. Yellowlees (B., Z., P., C.), F. H. Young (B., P.). Women—Mary Alexander (B., Z.), Agnes B. Auchencloss (B., Z.), Isabel Inglis (B., Z.), Katherine S. Macphail (B., Z.), Jeanie D. McWhirter (Z., C.), Barbara G. Rutherford (B., Z.), Florence E. Sexton (B., Z.), Isabel J. Stark (B., Z.), Mary B. Thomson (B.), Jemima Wallace (C.), Marion A. Wylie (Z., C.).

B., Botany; Z., Zoology; P., Physics; C., Chemistry.

SECOND M.B., CH.B.—J. A. Aitken (P.), D. Anderson (M.), D. Arbuckle (P.), T. Archibald (M.), W. H. S. Armstrong (M.), J. C. Auchencloss (P., M.), A. Ballantyne (M.A. (P.), W. Barr (A.), C. Bennett (A., P., M.), J. Blakely (M.), J. L. Boyd (M.), C. Brash (P.), W. B. Brownlie (M.), D. Y. Buchanan (A., P., M.), H. M. Calder (M.), J. Cameron (M.), M. I. T. Cassidy (M.), D. J. Clark (A., M.), J. Cook (Coalburn) (A., P.), J. Cook (Partick) (M.), W. Dawson (A., M.), T. L. Fleming (M.), T. S. Forrest (A.), W. L. Forsyth (M.), J. Fotheringham, B.Sc. (M.), W. E. Gemmell (P.), A. T. A. Gourlay (A., M.), T. E. Gray (A., P., M.), J. S. Harbison (M.), M. Harkin (A., P.), S. J. Henry (A., P., M.), J. H. Hislop (A., P., M.), W. A. Hislop (A., P., M.), B. Hutchison (M.), W. H. Kiepe (M.), T. J. Kirk (P.), J. Lang (M.), D. C. M'Arde (A.), A. Macaulay (P., M.), M. Macdonald (A., P.), W. M'Kendrick (A.), F. W. Mackichan (P., M.), W. C. Mackie (A.), A. M'Kinnon (P.), T. J. Mackintosh (A., P., M.), J. W. M'Leod (M.), J. Macmillan (M.), A. M'Pherson (P., M.), M. M'K. M'Rae (P., M.), A. Maguire (A., P.), W. A. L. Marriott (P.), F. N. Marsh (A., P., M.), K. C. Middlemiss (M.), R. W. Mitchell (A., M.), J. Mowat (P.), J. Muir (A.), W. A. Muir (M.), C. S. M'K. Murison (M.), A. Naismith (M.), W. Noble (P., M.), D. Purdie (A.), E. Quigley (A., P., M.), R. Rae (M.), H. N. Rankin (P., M.), N. N. Rankin (M.), H. G. Robertson (A., M.), A. Semple (P., M.), J. B. Sim (M.), A. H. Sinclair (M.), J. J. Sinclair (P.), D. Stewart (A.), E. E. Stewart (P.), D. Taylor (M.), W. Telfer (P.), J. S. Thomson (A., M.), A. Turnbull (M.A. (A., P.), R. M. Walker (M.), D. M'G. Wilson (A.), J. A. Wilson (A.), W. M. T. Wilson (A., P., M.), J. Y. Wood (P., M.), H. Young (A., M.), J. Young (A., P.). Women—Margaret B. S. Darroch (M.), Euphemia A. Hay (P.), Jessie D. Rankin (A.), Olive Robertson (A., P.), Jessie C. Russell (M.), Jeanie H. Stewart (P.).

A., Anatomy; P., Physiology; M., Materia Medica and Therapeutics.

THIRD M.B., CH.B.—M. Buchanan (P., M.), J. Cairncross (P.), J. C. Crawford (P.), N. Davie (M.), J. C. Dick (P.), J. Dunbar (P.), W. H. Duncan (P., M.), A. Dunsmuir (P.), A. W. Eadie (M.), W. M. Elliott (M.), J. Ferguson (M.), T. Forsyth (P.), G. M. Fraser, M.A. (P., M.), S. N. Galbraith (M.), D. Gibson (P., M.), J. V. Grant (P., M.), J. D. Gray (P., M.), D. Hamilton (P., M.), A. M. Kennedy (P., M.), C. L. Kerr (P., M.), J. T. Kirkland (M.), G. Ligertwood (M.), A. T. I. Macdonald (M.), J. B. Melville (M.), N. MacInnes, M.A. (P., M.), R. M'Inroy (M.), J. B. Mackay (P., M.), T. C. Mackenzie (P.), J. H. Martin (M.), W. S. Melville (M.), J. C. Middleton, M.A. (B.Sc. (P., M.), A. F. Miller (M.), J. W. Miller (M.), T. Miller (M.), J. Oswald (P., M.), D. M'K. Reid (P., M.), T. D. C. Ross (P., M.), J. A. Stenhouse (M.), J. Stewart, M.A. (B.Sc. (P., M.), J. M. Taylor (M.), D. A. Thomson, M.A. (P., M.), H. J. Thomson (M.), J. A. Thomson (P., M.), T. M. Watt (P.), J. Weir (P., M.), D. J. Williams (P.), G. Y. Yardumian (P.), M. Young (P., M.). Women: Margaret G. Forrest (P., M.), Ella S. Hill, M.A. (P., M.), Annie M'Corrie (M.), Janet A. Macvea (P., M.), Jane I. Robertson, M.A. (M.).

P., Pathology; M., Medical Jurisprudence and Public Health.

The following passed with distinction in one or more subjects:

1ST M.B., CH.B.—J. Hendry, M.A., T. J. Mackie, A. B. MacLean, D. T. C. Frew, J. Jack, J. T. Brown, S. Bryson, Jeanie D. McWhirter, Barbara G. Rutherford, Florence E. Sexton, D. R. Adams, H. Forrester, A. Garvie, N. Gebbie, J. Gray, A. R. Muir, D. W. Ritchie, G. I. Strachan, J. D. Walker, A. S. Wilson, H. Yellowlees, P. Drummond, W. Howat, M.A., H. E. Whittingham.

2ND M.B., CH.B.—A. Turnbull, M.A., J. Fotheringham, B.Sc., W. H. Kiepe, R. M. Walker.

3RD M.B., CH.B.—J. C. Middleton, M.A., B.Sc., M. Young, A. W. Eadie, H. J. Thomson.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

A QUARTERLY Council was held on October 11th, Mr. Henry Morris, President, in the Chair.

Recommendations of the Museum Committee.

Amongst certain other recommendations, the following were adopted by the Council: That an honorarium of £100 be presented to Mr. William Pearson, Prosector, in recognition of his valuable work, and of his having completed fifty years in the service of the College.

Annual Report of Council.

A draft copy of the Report to be presented to Fellows and Members at the annual meeting on Thursday, November 15th, at 3 o'clock, was adopted by the Council.

University of Aberdeen.

A letter was read from Mr. Edmund Owen reporting that he had attended the Quatercentenary Celebration of the University of Aberdeen as the representative of the College and presented the Address of Congratulation from the College, and he had had the honour of receiving from the University the degree of LL.D.

CONJOINT BOARD IN IRELAND.

THE following candidates have been approved at the examinations indicated:

FIRST PROFESSIONAL—H. E. Clarke, J. Devine, H. D. Gasteen, J. Gormley, J. J. Glynn, J. D. Hamilton, E. E. Holden, R. H. Hodges, W. V. Johnston, A. P. Kennedy, A. M. A. Lanphier, L. A. Moran, W. H. Murray, H. McAdone, J. McMullen, T. B. Newman, M. A. O'Callaghan, B. O'Donnell, J. H. O'Neill, J. Purcell, A. Wiley.

SECOND PROFESSIONAL—W. S. Coffey, F. J. Colgan, J. Donoghue, D. J. Hart, J. Healy, J. T. Heffernan, L. C. Johnston, J. Marnion, J. J. O'Connell, M. C. O'Hara, W. Rahilly, L. C. Rorke, W. F. Russell, I. Scher, R. S. White.

PUBLIC HEALTH

AND

POOR-LAW MEDICAL SERVICES.

PRESERVATIVES IN MILK.

IN his latest report to his authority, Dr. Collingridge, Medical Officer of Health for the City of London, reviews at considerable length the legal aspects of the present position in respect to the addition of preservatives and colouring matters to milk and milk produce. Several years ago a Departmental Committee appointed by the Board of Agriculture to inquire into the use of colouring matter and preservatives in foods terminated its labours by drawing up a series of recommendations the nature of which is generally known. In milk it was suggested that no preservatives or colouring matter should be allowed at all; in cream, butter, and margarine the use of borax or boric acid was regarded as permissible provided the amount did not exceed 0.25 per cent. in milk or 0.5 per cent. in butter and margarine.

Sanitary authorities throughout the country have already made a good deal of use of these recommendations which have been quoted at times as standards in actions brought in the courts, and the Local Government Board this summer has issued a circular redirecting attention to the recommendations and urging their adoption by all sanitary authorities. Whether the circular really amounts to an instruction to sanitary authorities to prohibit within their areas the use of milk preservatives may, perhaps, be open to question, but it seems