

that in the papular and early vesicular stages of small-pox and vaccinia the leucocytes are kept at a distance from the lesion by negative chemiotaxis, and that such white corpuscles as may happen to be present are lymphocytes and not polymorphonuclear leucocytes. I think, therefore, that the maturation of the pock, by which the clear vesicular contents become opalescent, cannot be ascribed to the formation of pus, if we understand pus as a substance consisting of lymph and polymorphonuclear leucocytes. Preparations of the variolous lesions when fixed and embedded in the usual manner often show the vesicle at this early stage free from any cellular element whatsoever, and an entire absence of leucocytic infiltration of the hypoderm. This apparent freedom from, or rather relative paucity of, cellular elements in the lymph may be observed to obtain even as late as the ninth day in the human vaccine vesicle, provided the original insertion of the vaccine virus were done aseptically. Smears from such vesicles fixed and stained in the usual manner may show very few cells of any kind. It must not, however, be conjectured that, because of their absence in permanent sections of the vesicle or smears of the vesicular contents made by fixing and staining in the usual manner, no cellular elements are present in the natural state. To give a concrete example of the erroneousness of this assumption:

Let a smear be made on a cover-glass of some variolous lymph at the seventy-second hour of the eruption; let the preparation be fixed with heat or other fixative (except Leishman's or Jenner's stain) and stained with the ordinary dyes. The specimen will present a granular detritus with few if any cellular structures. Take, however, some of the lymph from the same vesicle and make a hanging-drop preparation. The latter will now present a very different appearance. It will be seen to contain a large number of morphological elements resembling pus cells, containing highly refractile grains within the cell substance. Among them will be seen large cells having a definite nucleus and karyosome, and limited by a thick-walled ectosarc; this form I have termed the encysted parasite. Again, as more readily obtainable, fix and stain a cover-slip preparation of fresh active glycerinated calf lymph; beyond some epidermic cells nothing but a granular detritus is visible on examination. Yet this same lymph suspended in normal saline solution will display, in addition to the refringent grains constituting the granular detritus, a large number of circular elements varying in size, some having thick ectosarcs, also some less numerous segmented bodies; these may consist of a few or of a considerable number of segments; this body I have termed the morula, and probably represents amitotic multiplication of the germs.

If the vesicular contents of a human vaccine vesicle be examined as a hanging drop with the highest powers of the microscope and suitable adjustment of the light, disregarding any gross cell element which may be present, the fluid will be seen to contain a vast number of exceedingly small grains, which appear to be motile on a warmed stage; their shape and size, because of their smallness, is practically indeterminable. These grains I think are spores; they are larger and more distinct in variolous matter and always normally situated within the cell; they are motile in calf lymph, immobile in glycerinated calf lymph. The various bodies thus far described will be seen to consist of four elements—spore, sporidium or amoeba, encysted parasite, and morula body found in glycerinated calf lymph. Two objections have been raised to the parasitic nature of these bodies. It has been affirmed on the one hand that they are degenerate epithelial cells, and on the other hand that they are nothing but leucocytes. Both arguments are refuted by the experiments already described. There is no difficulty in fixing epithelial cells or leucocytes. An object cannot both be present and absent from one situation at one time, yet at a period when all are agreed on the absence of leucocytes from the vesicular contents of the pock, the bodies above described are seen to be present in large numbers in hanging-drop preparations. If variolous matter be gathered with antiseptic precautions and stored in a capillary tube, at the end of twelve months the parasites will be found to be present provided they be sought for in a hanging-drop preparation, not otherwise. It is extremely improbable that leucocytes will remain intact for this period outside the living body in whatsoever manner they may be kept.

It may be objected that variolous lymph has a specific conservative action on leucocytes, and that they may live in this fluid for a very long time. For this assumption there is no warrant; for if human vaccine lymph be gathered on the eighth or ninth day of the eruption in a capillary tube and subsequently centrifugalized—if the centrifugate be examined as a hanging drop, certain cellular elements very like leucocytes will be seen; if the preparation be kept for seventy-two hours longer the cellular elements will have disappeared. It can therefore be affirmed that in human vaccine lymph the bodies which are assumed to be leucocytes disappear in a comparatively short space of time. Furthermore, the parasites in the forms of spores, encysted parasites, and morulae⁷ have no morphological resemblance whatever to either leucocyte, lymphocyte, or epithelial cell.

REFERENCES.

¹ *Ricerche sulla patogenesi ed etiologia dell'infezione vaccinia e variolosa*, Arch. per Sci. Med., xxvi, p. 403. ² BRITISH MEDICAL JOURNAL, February 23rd, 1901. ³ *Lancet*, December 24th, 1904. ⁴ The Distribution of the Eruption of Small-pox, *Medical Magazine*, September, 1905. ⁵ *Annales de l'Institut Pasteur*, No. 3, March 25th, 1901. ⁶ *System of Medicine*, Allbutt, vol. ii, 1897 edition, p. 649. ⁷ *Practitioner*, September, 1905.

(To be continued.)

MEMORANDA: MEDICAL, SURGICAL, OBSTETRICAL.

PAINLESS LABOUR.

WITH reference to Dr. Horrocks's address on Medicine of the Present Day, which appeared in the BRITISH MEDICAL JOURNAL of March 10th, 1906, and the subsequent correspondence on the subject of the existence of painless labours, the following notes of a case may prove of interest:

On October 28th, 1906, at 10.30 p.m., I was called to attend Mrs. McL., aged 38, a 5-para. None of the previous pregnancies had reached full term, labour coming on in approximately the fourth, fifth, sixth, and eighth months. The patient proved herself to be a woman of intelligence, decidedly above the average of the working class, to which she belongs; and she stated that on none of the former occasions had she suffered any pain whatever. In the present instance the membranes had ruptured at 8 a.m., which first caused her to suspect she was in labour. On arrival at the house I examined her, and found the os dilated to fully the size of a five-shilling piece, the vertex presenting and the head fixed. The rectum was unloaded by a large soap and water enema, and the patient walked quietly about the room for fully an hour and a half. During that time, on five or six occasions, at intervals from fifteen to twenty minutes, she said she felt a sudden desire to defaecate, which passed off in a few moments. At these times, on placing the hand on the abdominal wall, a distinct contraction of the uterus could be plainly felt. On examination at 12.50 a.m. the os was found to be fully dilated, and the head approaching the perineum. The patient then remained in bed, the uterine contractions continuing as before, and at 1.55 a.m. the child was born—a female—alive, mature, and of average size. Just as the head was passing through the vulva the patient complained for the first time of pain, which she described as being of a "cutting" character, and only slight in intensity. The placenta was expelled naturally and painlessly at 2.10 a.m., and its expulsion was followed by a large gush of blood. The uterus then retracted well, and remained firmly contracted. The patient's recovery has been entirely uneventful.

M. SCOTT-DICKSON, M.B., Ch.B.,
Outdoor Assistant, Maternity Department, Royal
Infirmary, Dundee.

INTRACELLULAR INJECTIONS OF QUININE IN MALARIA.

IN the BRITISH MEDICAL JOURNAL for June 25th, 1904, I called attention to the fact that a mixture of quinine sulphate and vaseline injected into the deep cellular tissue of negro children prevents the growth of malarial parasites in their blood. The injection of this ointment-like substance is somewhat difficult, and the same result, but not lasting for so long a time, can be obtained by

injecting a warm dense solution of quinine hydrochloride (neutral salt).

The method is as follows: (1) Place from 7 to 15 drops of water (by choice 10) in a test tube, and add 15 gr. of quinine hydrochloride in crystals. (2) Shake the crystals down to the bottom of the tube; the water will be soaked up by the lower crystals. (3) Pass the tube through the flame of a spirit lamp until all the crystals have gradually dissolved; the fluid should then be made to boil. (4) The tube is now allowed to stand with a sterile cover placed over its mouth, until the end containing the fluid feels "just warm" to the hand (that is, 100° F.). The whole of the fluid should now be injected with an ordinary hypodermic syringe under aseptic precautions either into the cellular tissue under the skin of the anterior abdominal wall, in the case of a child able to walk, or into the deep tissues of the outer side of the thigh in the case of a baby in arms. The aperture made by the needle may be closed with a saturated solution of gum mastiche in rectified spirit, and a piece of lint applied. This quinine solidifies in the tissues, and is absorbed in about two months, during which time the child's general appearance greatly improves.

When a number of children are being injected a sufficient quantity of the crystals can be kept in solution by placing the test tubes containing them in a water bath at 100° F.

Care must be taken that the temperature of the fluid, even when in the syringe, has not fallen much below 100° F., otherwise solidification will take place; should this happen, warmth will again liquefy the crystals, which can then be washed out.

Similar results can be obtained by injecting euquinine dissolved in rectified spirit, but asepsis is more difficult to maintain.

While investigating the above I found that dense solutions of the acid salts of quinine (those used for intramuscular injection in cases of malignant malaria) disorganize the tissues where they are injected, and so are not absorbed as quickly as may be desired. Hence I would suggest that in pernicious cases of malaria the quinine injected should be in dilute solution, say 1 gr. in ten drops of water, several injections being made at the same time if necessary.

G. F. DARKER, M.R.C.S. Eng., L.R.C.P. Lond.,
District Medical Officer, Southern Nigeria, British
West Africa.

SUPRAPUBIC ENUCLEATION OF THE PROSTATE IN A PATIENT AGED 78: RECOVERY.

A FAIRLY healthy-looking old man had had increasing difficulty in micturition for some years, and had lately passed no urine except by aid of catheter; pain in the bladder having become troublesome he sought admission to the hospital in the hope of obtaining relief.

On admission he was found to have cystitis, and a catheter was passed with some difficulty. On examination by the rectum the prostate was found greatly enlarged. With rest in bed and treatment the cystitis passed off, and he decided to have the prostate removed.

On February 28th, 1905, I removed the prostate suprapubically; the capsule was very tough, otherwise there was no difficulty, and it came away entire, weighing 3½ oz.; the urethra appeared uninjured. I stitched the bladder to each side of the wound, and put in a large drainage tube. The patient, who was on the operating table half an hour altogether, bore the operation well.

He did not have a bad symptom until a fortnight after the operation, and five days after removal of the drainage tube, when there was a sudden haemorrhage from the bladder; by washing out with hot boric lotion this was arrested, and there was no further trouble. He shortly began to pass urine naturally, the wound healed, and he was discharged cured on April 19th.

I saw him six months later, and he was then quite well.

CHARLES E. BELL,
Surgeon, Royal Devon and Exeter Hospital.

UNDER the will of the late Miss Mary Isabella Carver, of Southport, who died on October 14th, the Northern Counties Hospital for Incurables, and the Southport and Birkdale Nursing Society each receive a sum of £1,000.

REPORTS

ON

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

ROYAL INFIRMARY, LIVERPOOL.

SOME CASES OF INTRATHORACIC TUMOUR.*

(By J. HILL ABRAM, M.D. Lond., Physician to the Infirmary; Lecturer on Clinical Medicine, University of Liverpool.)

SINCE my appointment as Physician to the Royal Infirmary in 1902, I have had 14 cases of intrathoracic tumour in my wards. In 7 of these cases the diagnosis was a matter for consideration, and inasmuch as a correct diagnosis is the only basis for a sound prognosis, the consideration of their main features is of interest. Two cases came under observation with somewhat similar histories.

CASE I.

Philip H., aged 30, a dock labourer, gave a history of "pleurisy and pneumonia" one month before admission, on October 23rd, 1905, he said the pneumonia had never cleared up. He was spare, healthy looking. He had a slight cough, with scanty purulent sputum in which no tubercle bacilli could be found. On physical examination, the movement of the left upper chest was absent, there was absolute dullness with some increase of resistance exactly corresponding to the limits of the upper lobe of the lung. Over this area the vocal fremitus and resonance was absent, the breath sounds feeble and bronchial in character. The lung was explored with an aspirating needle, a little blood only being withdrawn.

On December 3rd, he noticed an alteration in the voice, and the left vocal cord was found to be paralysed.

The man left hospital, gradually wasted and died. Thanks to the keenness of his doctor, Dr. Owen Morris, of Birkenhead, permission to examine the chest was obtained. The examination revealed a lymphosarcoma, compressing and infiltrating the bronchus, with secondary pneumonic changes in the lung.

CASE II.

The other case was that of Mary G., aged 15, admitted into my women's ward on March 2nd, 1906. Eight weeks previously she had vomited; three weeks later she had pneumonia, which persisted. She was sent in as a case of empyema of the upper pleura, a diagnosis justified to some extent by the history and the physical signs, namely, deficient movement, absent vocal fremitus and resonance with feeble breath sounds. I was struck by the limitation of the dullness—that is, it was definitely in the line of the interlobar fissure. Matters were complicated, too, by the presence of a well-marked leucocytosis, 26,000. I also noted that the left palpebral fissure was narrow, and the left pupil small, sympathetic nerve palsy. A diagnosis of tumour was made. A few days later glands were found above the right collar bone, and both vocal cords became paralysed. The autopsy revealed an extensive growth pressing upon and infiltrating the bronchus. There was suppurating bronchopneumonia in the left lung, which accounts for the polynuclear leucocytosis.

In the first case, I do not think the correct diagnosis could have been made until the nerve symptoms appeared, for it might well have been a case of unresolved massive pneumonia. Short of this, however, the occurrence of dullness limited to a lobe with feeble breathing and absence of vocal vibrations is suspicious, especially when the exploring needle, if of good calibre, draws no fluid.

I shall emphasize here the importance of the loss of the vocal fremitus; this, with a resonant note over the lung, is one of the earliest and best signs of pressure on a bronchus.

In the first case the percussion note varied; at one time there was some return of resonance, and we hoped for the best. I have since learned that this is not uncommon in bronchial stenosis. Radiographic examination may help also. In both cases mentioned, however, any tumour was lost in the general shadow, but on inspiration the shadow seemed to move to the affected side; this has been stated by Jakobsohn to be an indication of bronchial obstruction. The question of glands I shall leave till the end. Two cases came with evidence of fluid in the chest.

CASE III.

Samuel S., aged 64, a warehouse porter, came in for "bronchitis" and breathlessness. He attributed his troubles to a severe cold contracted two months previously. He was well made and well nourished; was most comfortable when

* Read at the North Wales Branch meeting at Rhyl, April 24th, 1906.

General Medical Council.

[A full report of the first day's proceedings of the Council is published in the SUPPLEMENT of this week and will be continued next week.]

NOTES.

THE eighty-fourth session of the General Council of Medical Education and Registration opened on Tuesday, November 27th.

The President's Address.—In a short and business-like address, printed in full in the SUPPLEMENT to this issue, the PRESIDENT gave an account of the more important events which had happened since the last session. The refusal of a charter to the British Opticians' Association, against which the Council had entered a protest, and the subsequent and perhaps consequent dropping of the Sight Testing Opticians Bill were alluded to, and it was stated that an attempt on the part of the herbalists to obtain recognition had come to the notice of the President during the recess; an adverse representation was sent in to the Privy Council by the Executive Committee, and this attempt to legalize the position of a class of irregular practitioners was also frustrated, and the interests of the public and of the profession safeguarded. In alluding to his visit to Canada, the President stated his personal conviction that reciprocity should be furthered as far as possible, and he mentioned that an application from Nova Scotia to that end would come before the Council during its session. Another important matter mentioned was the abandonment, under advice, of the proposal to introduce during this autumn's session the Bills relating to company practice in which the Council is interested. The question of "privilege" as touching the documents printed for the disciplinary work of the Council was alluded to, and it was stated that counsel's opinion upon the subject had been obtained, and might render it desirable to alter the standing order. With regard to the fifth year of medical study, it was mentioned that the liberty to count pupilage with a registered medical practitioner was not in practice made use of, and perhaps might with advantage be abolished as leading to possible difficulties in the direction of the employment of a person in a position more or less resembling that of an unqualified assistant. The penal business not being heavy, and there being little other business of a contentious nature, the President expressed a hope that the work of the Council might be concluded within the week.

Midwifery Examination.—A motion by Mr. Young to remit to the Examination Committee the duty of reporting to the Council upon the inclusion of clinical and practical work in midwifery and gynaecology at qualifying examinations was agreed to without much discussion.

The Place of Lectures in the Curriculum.—Sir Thomas Myles's motion, instructing the Examination Committee to report upon the advisability of dispensing with compulsory attendance upon systematic lectures in the medical schools, so as to set free more time for scientific study, gave rise to a short but animated debate, and to an amusing reply from Sir Thomas Myles. Those who defended the existing system claimed that the personal experience of the lecturers might be of the greatest value to the students, and that by a lecturer of sufficient ability, life might be imparted to the subject quite unattainable in the pages of a book. It was also argued that after all a very large discretion was allowed to the qualifying bodies in determining the extent to which formal lectures should form part of the curriculum, and that already the Council's recommendations contained little mention of formal lectures as requirements, so that the motion was somewhat superfluous. Sir Thomas good-humouredly remonstrated with his critics for not having read his motion, and at once jumping to the conclusion that it was identical in terms with a resolution passed by his College, in which specific mention had been made of lectures on surgery and medicine. The motion was lost, a majority of the Council appearing to attach value to the existing system of many systematic lectures.

The Apothecaries' Hall of Dublin.—The remonstrance against the repeated inspections of the examinations of this body which is made every session took this time a novel and unexpected line. Under cover of a motion that in order to save expense surgical examiners in future should be chosen from Dublin surgeons, the question of the legality of the tenure of the present examiners, who act in the dual capacity of examiners and inspectors, was raised. It was argued by Dr. Adye-Curran (the Representative of the Apothecaries' Hall) that they had taken the places of examiners appointed for a two-year period, and that by implication their appointment was for two years only, whereas they had gone on for seven or eight years without authority. This view received no countenance from the President, who laid down that their appointment was not for any definite period, and was only terminable by their resignation, or by special resolution of the Council.

Various alterations in the Standing Orders, for the most part in order to bring them into accord with the new rules as to the inspection and visitation of examinations, came up for final adoption. One of them, which deputed to the Examination Committee the duty of advising the Council as to the dates at which inspection should take place met with some criticism, and was finally amended by the addition for this purpose of the Education Committee to the Examination Committee. It was pointed out that the old cycles of inspection had now been abandoned in favour of inspection at uncertain periods, and that the Chairman of the Examination Committee was avowedly desirous of inspection being made continuous, a course which some of the Council, notably Sir John Tuke, did not approve. If the matter was to rest in the hands of Committees at all, then, it was argued, the addition of a second committee would at all events bring in a larger number of the Council to judge of the advisability of an inspection. Another point, raised by Dr. McVail the Chairman of the Examination Committee, was that persons who were at the time examiners upon some Board should still be eligible for the office of inspector. But this proposal was negatively, being considered likely to give rise to inconvenience. The Council has no power to delegate the duties of an inspector, so that under Dr. McVail's proposal it would happen either that some one examination could not be inspected during the tenure of office of such a person, or else that the anomaly of a man inspecting his own examination would arise.

MEDICAL NEWS.

At a meeting of the Society of Engineers at the Royal United Service Institution, Whitehall, on Monday next, at 7.30 p.m., a paper on the prevention of the bacterial contamination of streams and oyster beds, by Mr. W. Pollard Digby, A.M.I.E.E., and Mr. Henry C. H. Shenton, M.S.E., will be read and discussed.

THE seventeenth Cookery and Food Exhibition promoted by the Universal Cookery and Food Association was opened at the Horticultural Hall, Westminster, by H.R.H. the Duchess of Albany on November 27th; the exhibition remains open until Saturday evening, and numerous demonstrations and competitions are taking place.

A CONFERENCE on leprosy held at Buenos Aires brought its labours to a close on November 27th. A resolution was adopted advising the Government to establish an institution or isolated colony for the detention of lepers and to prohibit the admission into the country of any foreigner suffering from the disease.

A RHINO-LARYNGOLOGICAL EXPOSITION.—On the occasion of the recent celebration of Professor Bernhardt Fraenkel's 70th birthday, an exposition of rhino-laryngological instruments, apparatus, preparations, and other objects connected with the speciality, was held in the Kaiserin Friedrich House, Berlin. The idea was to illustrate the development of knowledge of diseases of the upper-air passages. Among the exhibits were some of historical as well as scientific interest, such as the mirror with which Manuel Garcia studied the movements of his own larynx, and the original instruments employed by Czermak, Türk, Stoerk, Victor von Bruns, Tobold, and Voltolini in their pioneer work.

ROYAL NAVY AND ARMY MEDICAL SERVICES.

REGULATIONS FOR ADMISSION TO THE
ARMY MEDICAL RESERVE.

THE following rules were issued with Army Orders, dated November 1st, 1906:

CANDIDATES FOR COMMISSIONS.

QUALIFICATIONS.

1. A candidate for a commission in the Army Medical Reserve must not be over 30 years of age at the date of his appointment.
2. He must be registered under the Medical Acts in force in the United Kingdom at the time of his appointment.
3. He must complete the form of application and declaration shown hereafter.

APPOINTMENT AND PROMOTION.

4. If his application is approved the candidate will be directed to present himself at a military station convenient to his place of residence, in order that he may be examined by an officer of the Royal Army Medical Corps as to his physical fitness for a commission.
5. The standard of physique required will be that laid down for candidates for the Royal Army Medical Corps.
6. If selected, he will be appointed a lieutenant on probation, and will be required to undergo a course of instruction at the Dépôt, Royal Army Medical Corps, at Aldershot, for two months. Classes will begin about February 1st, July 1st, and September 1st in each year, and a candidate will, as far as possible, be permitted to select the class most convenient to him. At the conclusion of this course he will be examined as to his fitness to have his commission confirmed.
7. Commissions will date from time of joining the class of instruction at the Dépôt.
8. Lieutenants when appointed will be required to provide the following articles of uniform, towards the expense of which an allowance of £5 will be issued:

Cap, field service, khaki.
Frock, khaki.
Pants, khaki, 1 pair.
Puttees, khaki, 1 pair.
Boots, regulation, brown, 1 pair.
Sam Browne belt and sword.

9. Before becoming eligible for promotion to captain, a lieutenant will be required to undergo a second course of instruction for one month, at the conclusion of which he will be examined as to his fitness for such promotion.

CONDITIONS OF SERVICE.

10. Officers of the Army Medical Reserve will be liable to be called to army service at home or abroad at a time of emergency.

11. Officers of the Army Medical Reserve who are willing to offer their services in times of peace will be considered for employment with troops in the locality in which they reside.

12. EXTRACTS FROM THE ROYAL WARRANT FOR PAY AND
PROMOTION.

The following extracts are given for the information of candidates:—
Commissions as lieutenants in Our Army Medical Reserve may be given to persons, not over 30 years of age, who may be duly qualified under regulations approved by Our Army Council. (Art. 654.)

The ranks of officers of Our Army Medical Reserve shall be those of captain and lieutenant, and the total period of service in the Reserve shall be limited to 7 years. On the completion of $3\frac{1}{2}$ years' service a lieutenant shall be eligible for promotion to the rank of captain, if recommended for that rank. (Art. 655.)

Appointments to commissions will be made on promotion, and persons so appointed will undergo an initial training of two months, on the expiration of which, should their work and conduct be considered satisfactory, their commissions will be confirmed. Officers of the Reserve before promotion to the rank of captain shall fulfil such conditions as Our Army Council may determine, and shall undergo one month's further training. (Art. 656.)

When called to army service, or while undergoing training, officers of the Reserve shall receive the pay and allowances of officers of similar rank in the Royal Army Medical Corps. After the first year's service an officer shall, in addition to any such pay and allowances for days of actual service, receive pay at the rate of £20 a year. This rate shall be increased to £25 a year if the officer is promoted to the rank of captain. (Article 657.)

Officers of the Army Medical Reserve will be subject to the general regulations applicable to Army Reserve Officers as laid down in the following extracts from the Pay Warrant, so far as such regulations do not conflict with those laid down in the foregoing Articles.

Officers who volunteer for service in the Reserve of Officers, and whose services are accepted, shall receive commissions from Us as officers in Our Land Forces. (Art. 660.)

An Army Reserve Officer shall report himself at the commencement of each year, in writing, to Our Army Council. Should he fail to do so, he shall (unless he is an Officer retired from Our Regular Forces, with liability for further service in cases of emergency) be removed

from Our Reserve of Officers at the end of the year in which he fails to report himself. (Art. 662.)

An Army Reserve Officer shall, if his services have been of a special character, and if recommended to Us by Our Army Council, be eligible on retirement for a step of substantive or honorary rank, or of brevet rank for distinguished service. (Art. 664.)

An Army Reserve Officer may, with his own consent and the sanction of Our Army Council, be employed on Army Service at any time. (Art. 667.)

All inquiries are to be addressed to the Secretary, War Office, London, S.W., from whom a form of application, together with the necessary declaration to be signed by the candidate for a commission in the Army Medical Reserve, can be obtained.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF OXFORD.

EXAMINATIONS FOR THE DIPLOMA IN PUBLIC HEALTH.

THE following candidates have passed in these Examinations:—

PART I.—P. de Mello, E. M. Griffiths, A. H. Hogarth, A. H. Gerrard, H. C. Lecky, A. H. Macdonald.
PART II.—A. H. Hogarth, A. H. Gerrard, H. C. Lecky, A. H. Macdonald.

UNIVERSITY OF CAMBRIDGE.

THE following degrees were conferred on November 22nd:

M.D.—W. J. Fenton, Gonv. and Cai.
M.B.—F. F. Leighton, Joh.; H. M. Clarke, Clare.

UNIVERSITY OF LONDON.

GUY'S HOSPITAL MEDICAL SCHOOL.

THE Treasurer of Guy's Hospital has received two anonymous donations of £200 and £10 respectively towards the Fund for the Endowment of Medical Education and Research at Guy's Hospital.

THE following candidates were approved at the M.B., B.S. Examination in October:

W. Annot, T. H. Barton, H. H. Bashford, A. W. Berry, J. S. Bookless, A. H. Bradley, Hilda Margaret Byles, H. J. Cates, I. R. Cook, I. J. Davies, C. N. Davis, S. W. Daw, J. B. Dawson, A. D. Edwards, W. H. A. Elliott, E. W. Giesen, L. F. Hirst, B. W. Jones, Edith Anne Jones, H. A. Kisch, W. A. McEnery, P. F. McEvedy, I. C. Maclean, A. T. Marshall, Dorothea Clara Maude, C. A. L. Mayer, Sylvia May Moore, E. H. A. Pask, Eleanor W. Perkins, W. C. Pickering, A. Randle, E. F. Reeve, J. E. Robinson, W. O. Sankey, H. B. Scargill, W. L. Scott, Zilla Mary Scruby, J. E. S. Smith, Grace Maud Stagg, G. W. Sudlow, Bessie Weldon Symington, A. K. B. R. W. Taylor, Ida Clare Tengely, S. Upton, Margaret Ida Waller, E. J. Wyler, G. P. Young, A. Zorab.
Group I only.—G. F. E. Allison, W. F. Corfield, A. B. Fearney, J. N. Glaister, B. T. Parsons-Smith, Catherine Payne, J. M. Plews, T. W. Wade.
Group II only.—E. Alban, H. O. Blandford, J. F. Broughton, H. D. Clementi-Smith, Rose Lillian Humphrey Davy, G. S. Earl, K. E. Eckenstein, S. L. Graham, Leopoldine W. D. Griffiths, E. C. Hadley, H. Holroyd, Emily Helen Morris, A. J. S. Pinchin, E. L. Sandiland, St. J. A. M. Tolhurst, A. G. Tresidder, T. E. Walker, C. G. Welch, J. B. F. Wilson.

Honours were awarded to the following:

†E. F. Finch (University of Sheffield), †R. A. Hendry (University of Liverpool), ††C. A. Pannett, B.Sc. (St. Mary's Hospital), *A. Pearson (Guy's Hospital), †G. F. Stebbing (Guy's Hospital), †D. C. Taylor (University College), †††W. H. Trethowan (Guy's Hospital), †E. Wragg (Guy's Hospital).

* Distinguished in Medicine. † Distinguished in Pathology.
†† Distinguished in Surgery.

‡ Distinguished in Midwifery and Diseases of Women.

|| Bracketed equal with Mr. Trethowan for the University Medal.
¶ Bracketed equal with Mr. Pannett for the University Medal.

The following was approved at the B.S. Examination for students who graduated in medicine in or before May, 1904:

J. W. F. Rait.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

FELLOWSHIP EXAMINATION.

THE following candidates, having passed the necessary Examination, have been admitted Fellows of the College:

A. Leventon, L.R.C.S.I., etc., Captain, I.M.S.; W. L. Martin, L.R.C.S.I., etc., Surgeon, R.N.; and A. W. Tuke, M.R.C.S.Eng., Captain, I.M.S.

The following candidate passed the primary part of the Examination:

Mr. H. S. Meade.

SOCIETY OF APOTHECARIES OF LONDON.

THE following candidates have passed in the subjects indicated:

SURGERY.—†F. G. Edholm, *C. J. M. Lawrence, †W. S. Mitchell,

†*L. Nicholls, *J. W. Peatt.

MEDICINE.—*L. C. W. Brigstocke, †*C. L. Driscoll, †*C. G. Grey,

†*C. J. M. Lawrence, *L. Nicholls, †S. Singh.

FORENSIC MEDICINE.—C. J. M. Lawrence, S. Singh, W. V. P.

Teague.

MIDWIFERY.—L. G. H. Furber, C. C. Morrell.

The diploma of the Society was granted to the following gentlemen: L. C. W. Brigstocke, F. G. Edholm, C. J. M. Lawrence, W. S. Mitchell, L. Nicholls, and J. W. Peatt.

† Section I.

* Section II.