

The cyst was probably formed by contraction after scarring of the diverticulum at the spot where it was repeatedly pressed upon by the contraction of the recti abdominis muscles. The inflammatory origin of the tumour was, I think, evidenced by the dense matting of the surrounding structures, and the great thickening of the peritoneum and posterior rectus sheath in the immediate vicinity. Had the case been left alone and had no acute abdominal symptoms necessitated surgical interference at any time, I think that probably in due course the condition would have developed into an umbilical cyst connected to the small intestine by a fibrous band, a variety of cysts referred to by Forgue and Riche.²⁴

Very many varieties of cysts and enterocysts have now been recorded, but it is apart from the object of this paper to refer to them further. I have hoped only to bring together some points which may aid us in the diagnosis of pathological conditions due to the persistence of Meckel's diverticulum or its vestigial remains. In conclusion, I wish to thank all those gentlemen who have so kindly allowed me to quote their cases.

REFERENCES.

¹ *Le Diverticule de Meckel* (Octave Join, Paris.) ² *Journ. American Med. Assoc.*, September 23rd 1905. ³ BRITISH MEDICAL JOURNAL, i, 1891, pp. 343 345. ⁴ Loc. cit. ⁵ *Eristol Med.-Chir. Journ.*, 1901, p. 310. ⁶ Loc. cit. ⁷ Loc. cit. ⁸ *Trans. Path. Soc.*, London, 1892-3. ⁹ *Annals of Surgery*, 1902, vol. XXXV, pp. 471-94. ¹⁰ Loc. cit. ¹¹ Loc. cit. ¹² Loc. cit. ¹³ *Intestinal Obstruction*. ¹⁴ Loc. cit. ¹⁵ *Johns Hopkins Hospital Bulletin*, vol. xii, pp. 316-9. ¹⁶ Loc. cit. ¹⁷ Loc. cit. ¹⁸ Loc. cit. ¹⁹ *Univ. of Pennsylvania Med. Bull.*, 1903-4, vol. xvi, pp. 314-8. ²⁰ Loc. cit. ²¹ Loc. cit. ²² Loc. cit. ²³ Loc. cit. ²⁴ Loc. cit.

DISCUSSION.

Mr. W. F. BROOK (Swansea) said he had hoped to have heard some allusion to inversion of the diverticulum, a condition which, together with the troubles to which it might give rise, was scarcely noticed in the literature of Meckel's diverticulum. He referred to a case in a child of 2½, in which he had been called upon to operate for acute intestinal obstruction with disturbance. An intussusception was found immediately above the caecum, and the cause of it was a partially inverted Meckel's diverticulum attached to the advancing head of the intussusception, or, rather, pulling the latter after it. It was an oval body attached by a pedicle about 1 in. in length to the bowel wall. The enlargement of the distal portion was due to the presence of adenomatous tissue, and also to the fact that at this point the inversion was not complete. The intussusception could not be reduced until the diverticulum had been excised through an incision in the bowel wall.

Mr. D'ARCY POWER (London) drew attention to the interesting nature of the case of intussusception related by Mr. Brook of Swansea, in which a partial inversion of Meckel's diverticulum had enabled the ileum to grasp the protrusion and begin an intussusception. Mr. Power asked whether Mr. Brook had made any microscopical examination of the inverted diverticulum to ascertain whether it was merely oedematous mucous membrane, or whether it was not rather of the nature of a papilloma or polypus.

MEMORANDA:
MEDICAL, SURGICAL, OBSTETRICAL.

AN OPERATION FOR EMBOLUS.

THE extremely interesting report of Mr. Sampson Handley upon his case of embolus, in the BRITISH MEDICAL JOURNAL of September 21st, page 712, has reminded me of a case that was under my care in the Leeds Infirmary in September, 1903, in which an embolus was removed from the popliteal artery. The following is a brief abstract from the notes

Embolic Gangrene of the Right Leg: Arteriotomy: Removal of Embolus: Suture of Artery.

M. B., female, aged 41, was admitted to the Leeds General Infirmary on September 2nd, 1903, complaining of pain in the right leg, and of its being cold and numb. The onset was sudden.

History.—Many years ago the patient suffered from chorea. There is no history of rheumatism.

Present Condition.—The right leg is quite cold. There is some discolouration of the skin over the anterior tibial region. Sensation is much diminished. No pulsation can be felt in either the anterior or posterior tibial artery. It is present in

the femoral. On making gentle pressure over the popliteal region considerable pain was caused. Nothing definite, however, could be felt. Examination of the heart showed that the patient was the subject of endocarditis, the mitral valve being the one affected. A diagnosis of embolic gangrene of the popliteal artery was made, and it was determined to carry out an attempt to remove the clot.

On Admission.—Temperature, 104.4°; pulse, 108; respirations, 32.

Operation.—September 7th. Ether. Vertical incision over popliteal space. Popliteal artery exposed in all its length. Artery incised in long axis, and a large amount of clot removed, pressure being kept up by the finger of an assistant upon the highest part of the exposed vessel. When the vessel was cleared, so far as could be seen, pressure was remitted, and blood at once flowed through incision in artery. Incision in artery closed by continuous suture taking all coats. Superficial wound closed; drainage by small tube.

September 10th. Patient much worse. Pulse is extremely weak, and patient is coughing up blood-stained mucus.

September 11th. Patient's condition is one of collapse.

Post-mortem Examination, September 12th, 1903.—Incision 9 in. long, over right popliteal space. Suture 1½ in. in length in popliteal artery. Lungs: Some fluid in right pleura; adhesions in left pleura; several infarcts in right lung. Heart: Weight, 16 oz.; right side greatly dilated but empty; right auricle almost admits closed fist. Tricuspid valve thickened and shrunken, barely admits two fingers. Pulmonary valve normal. Mitral valve thickened and calcareous, admits one finger-tip. On posterior segment is a mass of fibrin the size of a hazel nut. Aortic valve: Segments thickened and shrunken; valve quite incompetent. Kidneys: Rather granular; pyramids injected; two small white infarcts in right kidney.

Since this case I have never had an opportunity of carrying out the same principle. But I should not hesitate to do so provided the conditions which Mr. Sampson Handley rightly considers necessary to success, "instant diagnosis and immediate operation," are possible.

Leeds.

B. G. A. MOYNIHAN.

RHEUMATOID ARTHRITIS.

As bearing on the discussion at Exeter upon rheumatoid arthritis, perhaps the following case may be of interest. On March 8th I was called to Mrs. X., aged 60, who said she had a fearful pain in her left hand.

She had been away for the day, and it came on before she returned home. She was in great agony with the pain, and it radiated up the arm to the axilla. The hand was seen to be swollen and tender to touch, particularly in the palm and the index finger also. Otherwise no marked swelling nor redness as in inflammation. There was no history of injury at first, till she remembered shutting the railway gate one stormy day, when the iron knob impinged against her hand, but there was no abrasion. She is otherwise healthy, but for her stomach at times, and she once had a sore on the shin the result of a knock against a box. It took some time to heal. Hot applications were applied and general treatment, but without much effect. The swelling increased for a few days, and the temperature reached 104° on one occasion, with feverish symptoms. A faint red line extended up the arm. All subsided but for the tenderness and swelling on the hand, and the back of the hand was oedematous. The arm in a bath of carbolic water gave some relief. She was put on salicin and the salicylates, which gave temporary relief, and the condition subsided very slowly after a month or six weeks, but left a degree of stiffness and immobility which is only being recovered from at the end of this time.

The case altogether presented the appearance of an acute tendo-synovitis of the hand and fingers. There was considerable wasting of the muscles, and for this an electric battery has been in use for a month or two, and has helped the condition. The patient can now use her fingers to a certain extent and the hand is greatly recovered, but there is enlargement of the joints at the back of the hand and fingers, in some instances a marked hardness. It is difficult to apply any other name to the condition but "rheumatic arthritis," though the infection seemed all in the flexor tendons at first. The poison must have gained entrance through the blood, whatever micro-organism caused it, and the slight blow from a gate may have determined the site of the disease. The patient was considerably prostrated with the illness, and adds but one to the mystery of a disease like rheumatoid or rheumatic arthritis. No medicine seemed to be a specific for it, either externally or taken internally.

Tumfries. J. W. MARTIN, M.D. Edin.

MEDICAL NEWS.

THE winter session at the West London Post-Graduate College commences without special ceremony on Monday, October 7th.

It is announced that Dr. Richard Caton, J.P., of Liverpool, has accepted nomination as Lord Mayor of that city, and will doubtless be elected to fill that high office.

THE sixty-sixth annual meeting of the Reading Pathological Society will be held on October 10th, when Professor Howard Marsh will deliver an oration on a study of the forms of evidence used in surgical diagnosis, with clinical illustrations.

THE Argentine League against Tuberculosis has founded three prizes, which will be distributed annually to children under 1 year of age who have been vaccinated and fed at the breast. The prizes will be given for strength and healthiness.

THE professional staff of the Royal Dental Hospital of London and its School will give a *conversazione* at the Royal Institute Galleries, Princes Hall, Piccadilly, on October 18th. On the same occasion the prizes awarded during the past year will be distributed by Sir Frederick Treves.

THE Chesterfield lectures before the St. John's Hospital for Diseases of the Skin, Leicester Square, London, W.C., will be resumed on October 3rd at 6 p.m. by Dr. Morgan Dockrell, who will deal with the present position of dermatology; the lectures will be continued on subsequent Thursdays.

THE first Hunterian Lecture of the Hunterian Society will be delivered on Wednesday, October 9th, at 8.30 p.m., by Dr. F. M. Sandwith, Gresham Professor of Medicine. The subject is dysentery. The meeting will be held in the London Institution, Finsbury Circus, and all members of the medical profession are invited.

THE autumn meeting of the South-Eastern Division of the Medico-Psychological Association will be held, by the invitation of Dr. Reginald J. Stilwell, at Moorcroft, Hillingdon, Uxbridge, on Tuesday, October 8th. Dr. R. H. Cole will describe that institution, and Dr. W. H. B. Stoddart will read a paper on Babinsky's conception of hysteria.

THE annual presidential address at the West London Medico-Chirurgical Society will be delivered on Friday, October 4th, at 8.30 p.m., at the Society's usual meeting place, the West London Hospital. The president for the coming year is Mr. Richard Lake, who will deal with the relationships of diseases of the ear, nose, and larynx to general medicine.

THE first of the usual course of lectures at the Hospital for Sick Children, Great Ormond Street, will be given on October 10th, at 4 p.m., by Dr. Garrod, who will take for his subject diabetes in children. On October 17th Mr. H. Stansfield Collier will lecture on experiences of the opsonic method in surgical cases. The lectures are free to all medical practitioners.

THE first Thomas Young oration of the Optical Society will be delivered by M. Tscherning, director of the ophthalmological laboratory of the Sorbonne, Paris, on Thursday, October 17th, at 8.30 p.m., at 20, Hanover Square, London, W. Medical men desiring to be present can obtain tickets on application to the Secretary of the Optical Society, not later than October 7th.

THE inaugural meeting of the International Stomatological Association was held in Paris on August 6th and 7th, when officers were elected; the secretary for England is Dr. Sim Wallace, 30a, Wimpole Street, London, W. The next meeting will be held at Buda-Pesth in August, 1909, after the International Medical Congress, which will have a Stomatological Section open only to those possessing a medical qualification.

THE North-East London Post-graduate College and the North-East London Clinical Society have arranged this year for a joint opening of their respective winter sessions, the event taking place on October 3rd at the Prince of Wales's Hospital, Tottenham. An address will be delivered by Dr. Hale White dealing with the various conditions causing enlargement of the liver. All qualified medical men are invited to attend.

THE German Society of Neurologists held its first annual meeting at Dresden on September 14th. The proceedings were opened by Professor Oppenheim, of Berlin. After his speech of welcome Professor Erb was elected President by acclamation. Professor Oppenheim and Professor Frankl von Hochwart were elected second presidents, the

latter as representative of Austria. In the scientific work of the meeting the subject specially dealt with was the surgical treatment of brain disease. Professor Krause, of Berlin, reported a number of cases of epilepsy in which a cure had been effected by operation. Professors Frankl von Hochwart and von Eiselberg reported a case of brain tumour successfully treated by operation.

MEDICAL SICKNESS AND ACCIDENT SOCIETY.—The usual monthly meeting of the Executive Committee of the Medical Sickness, Annuity, and Life Assurance Society was held at 6, Catherine Street, Strand, London, W.C., Dr. de Havilland Hall in the chair. The accounts presented showed that the operations of the society during the spring and summer of this year have been larger than in any similar period of the society's working since it was founded in 1884. During the eight months ending August, 1907, the Society had disbursed to its members nearly £9,000 in sick pay, and in addition had paid substantial cash bonuses to all who reached the limiting age of 65 years. Yet, notwithstanding this heavy outgo, the funds of the Society show a considerable increase. The annual premium income of the sickness branch is now over £17,000, and the interest earned by invested funds produces a sum of from two to three thousand more. The number of new entrants this year has so far considerably exceeded the record year 1905, and, as no agents are employed, and no commission is paid for new business, it seems clear that the great benefits secured by membership in the Society are becoming better known to the medical profession. Prospects and all further particulars on application to Mr. F. Addiscott, Secretary, Medical Sickness and Accident Society, 33, Chancery Lane, London, W.C.

TREATMENT OF EXPERIMENTAL TSETSE FLY DISEASE.—Professor Loeffler and Dr. Rüss report that in their experimental investigations conducted in the Hygienic Institute of the University of Greifswald during the last two years they have discovered a satisfactory means of treating guinea-pigs, rats, and rabbits which have been inoculated with the Nagana parasite (*Deutsch. med. Woch.*, August 22nd, 1907). They have been able to cure severely-affected animals in a relatively short time and to confer on healthy animals the power of resisting repeated inoculations with the parasite. The drug which they have found to possess these properties in the treatment of the trypanosomes is arsenious acid. It is equally efficacious whether administered by the mouth or by injection into the blood-stream or peritoneal cavity, and hence promises to be particularly useful for practical therapeutics. As in the treatment of malaria with quinine, the curative action of the specific drug is only obtained when adequate doses are employed and are administered systematically at the proper intervals. They recommend that the solution of arsenic be prepared by boiling 1 gram of arsenious acid with 10 c.cm. of normal caustic soda and subsequently adding 10 c.cm. of normal saline solution. The lethal dose per kilo of body weight is greater by about one-third than the curative dose. Both doses differ for different species of animals, but the authors maintain that when the proper dosage has been established there is no fear of poisoning the animals. They claim that guinea-pigs which have been inoculated intraperitoneally with a dose of Nagana fatal to the controls in five or six days can, when very ill, be cured by from three to five successive injection of the proper dose of arsenic, and that similar results are obtainable with rats and rabbits. The optimum interval between each dose is five days. They state that when the solution of arsenic is administered to healthy guinea-pigs in repeated doses, with a five days' interval between each, the animals are capable of resisting repeated inoculations with the parasite. These results, they think, suggest that the same drug might be successfully employed in the treatment of diseases due to other varieties of trypanosomes or to the spirillum of syphilis. The authors find that the arsenious acid exercises a directly destructive action upon the trypanosomes, and does not produce this result through the intermediate agency of the leucocytes, the hyperleucocytosis which is observable being a secondary phenomenon consequent on the destruction of the trypanosomes. This direct action of the arsenic upon the trypanosomes can be observed in hanging drops of infected blood, even when the drug is present in a dilution as high as 1 in 200,000. The presumption is that the arsenic must be present in the blood, and the tissue juices in an adequate degree of concentration, in order to destroy all the parasites present in the body. When this degree of concentration is not attained, the parasites may disappear from the circulation as long as the treatment is continued, but they are not completely eradicated from the body, and sooner or later there is a recrudescence of the disease.

make an accurate diagnosis. And I maintain that if, on the other hand, he consents to treat her without examination until such time as the disease has advanced beyond the range of operation, he is guilty of gross negligence, and the probable sacrifice of his patient's life.

May I repeat now what I wrote upwards of seventeen years ago? In this paper I gave an analysis of 600 cases of cancer of the cervix that had been under my care at St. Bartholomew's Hospital, showing that bleeding was a first symptom in 461, or 76.6 per cent, while it was the only symptom in 225, or 37.5 per cent, and I gave a table showing the other symptoms of this disease, *discharge* and *pain*, and their percentage.

In 1891 I wrote an article in the *Medical Press and Circular*, quoting from this paper I had read the year before, extracts from which I have now given, and I had it reprinted in pamphlet form, and sent copies of it to my medical friends, hoping by this means to assist in the *earlier recognition* of the disease, and its prompt treatment by operation.—I am, etc.,

London, W., Sept. 24th.

CLEMENT GODSON.

THE MEDICAL REGISTER.

SIR.—May I ask you in the interests of the profession to draw attention once more to the importance of notifying to this office changes of address for insertion in the *Medical Register*; omission to do this sometimes leads to the temporary removal of the name, with its consequent inconvenience. The *Medical Register* is the official publication, and should not be confused with any of the medical directories which issue circulars annually.

I might also add that if signatures are written clearly and the full names, or at least the full initials, are given, much trouble will be saved.—I am, etc.,

H. E. ALLEN.
Registrar.

General Medical Council Office,
299, Oxford Street, London, Sept. 23rd.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF OXFORD.

THE following candidates passed in the Preliminary Examinations in Natural Science :

In Mechanics and Physics.—S. M. Bose, Worcester; R. Dell, non-coll.; A. W. Dennis, Keble; D. D. Drury, New; R. J. Ford, Queen's; G. P. Furneaux, non-coll.; R. L. Gillingham, non-coll.; H. S. H. Guinness, Balliol; H. L. Harvey, Oriel; C. Le P. T. Heaslop, non-coll.; H. Jervis, Trinity; F. C. Lacasta, Balliol; J. T. Lattey, Christ Church; M. M. Machaya, St. John's; J. D. Mackworth, Corpus Christi; F. A. Mason, St. John's; H. W. Normanton, Merton; A. G. Ogilvie, Magdalen; L. A. B. Sharpe, St. John's; E. A. Sitzler, St. John's; T. O. Thompson, St. John's; F. M. Trefusis, Exeter; R. B. Turbott, Christ Church; B. H. Walker, Queen's; G. E. Webb, non-coll.; G. E. Whitfield, New; W. J. Wiltshire, Pembroke; R. B. Winser, Corpus Christi; H. S. Wreford-Glanvill, Merton; W. H. Wyatt, Exeter; J. V. Young, St. John's.

In Physics.—J. V. Collier, Christ Church; R. C. Fairbairn, Exeter; A. Jackson, Queen's; A. Juet, Brasenose; E. W. P. Newman, Christ Church; J. N. Oliphant, Christ Church; M. O. Raven, Trinity; R. Ross, non-coll.

In Chemistry.—W. H. D. Acland, Christ Church; G. H. Alington, Trinity; O. Barkan, Trinity; E. Benskin, St. John's; A. C. Brandon, Merton; J. V. Collier, Christ Church; G. Cranston, Oriel; A. A. M. Davies, University; R. Dell, non-coll.; D. D. Drury, New; R. C. Fairbairn, Exeter; R. J. Ford, Queen's; G. P. Furneaux, non-coll.; R. L. Gillingham, non-coll.; H. S. H. Guinness, Balliol; S. D. Gurney, Wadham; D. B. I. Hallett, University; M. R. Hely-Hutchinson, Balliol; J. S. Huxley, Balliol; H. Jervis, Trinity; J. L. Kathju, Exeter; J. T. Lattey, Christ Church; M. M. Machaya, St. John's; J. D. Mackworth, Corpus Christi; F. A. Mason, St. John's; E. M. Mather, Exeter; P. E. Meadow, St. John's; Hon. P. A. Methuen, New; E. W. P. Newman, Christ Church; H. W. Normanton, Merton; A. G. Ogilvie, Magdalen; J. N. Oliphant, Christ Church; D. R. Parry-Jones, St. John's; O. G. Parry-Jones, Magdalen; Q. D. Pictor, Exeter; T. L. Price, Keble; M. O. Raven, Trinity; R. Ross, non-coll.; L. A. B. Sharpe, St. John's; E. A. Sitzler, St. John's; G. B. Tarring, Merton; T. O. Thompson, St. John's; G. E. Webb, non-coll.; G. E. Whitfield, New; W. J. Wiltshire, Pembroke; H. S. Wreford-Glanvill, Merton; W. H. Wyatt, Exeter; J. V. Young, St. John's.

In Zoology.—O. Barkan, Trinity; W. H. Bleaden, Brasenose; A. A. M. Davies, University; W. K. Flemmer, Trinity; G. T. Hebert, Christ Church; A. Jackson, Queen's; G. Meade-Waldo, Magdalen; W. H. Thornton, Trinity; T. A. Townsend, New; H. T. Vodden, Exeter.

In Botany.—G. E. Beaumont, University; E. Benskin, St. John's; H. M. Bond, St. John's; C. E. N. Bromehead, Merton; W. A. Cooke, Worcester; C. F. Cranswick, Exeter; V. C. H. Dearden, Wadham; A. W. Dennis, Keble; D. B. I. Hallett, University; J. S. Huxley, Balliol; A. Juet, Brasenose; N. S. Lucas, New; J. C. Moulton, Magdalen; W. H. Ogilvie, New; R. W. Reed, Christ Church; A. H. Southam, Christ Church; T. A. Townsend, New; J. F. Venables, Magdalen; H. T. Vodden, Exeter; C. W. Wheeler-Bennett, Christ Church; S. B. White, Keble; J. A. Wood, University; J. V. Young, St. John's.

The following candidates have been approved at the examinations indicated :

FIRST M.B.

Organic Chemistry.—G. E. Beaumont, University; C. H. Budd, Oriel; W. Burridge, Christ Church; F. A. Hampton, New; A. H. Southam, Christ Church; A. B. Thompson, New; C. W. Wheeler-Bennett, Christ Church; J. A. Wood, University.

Materia Medica.—H. C. Bazett, Wadham; C. F. Bevior, B.A.; Magdalen; W. Burridge, Christ Church; C. B. Fenwick, Magdalen; A. D. Gardner, B.A., University; P. L. Gibson, Trinity; H. M. C. Green, B.A., Wadham; N. F. Hallows, Keble; C. H. L. Harper, Wadham; S. Hibbert, University; G. W. Johnson, B.A.; Brasenose; E. G. Martin, B.A., New; H. G. Morris, University; E. O'Connor, M.A., Lincoln; R. C. Ozanne, Hertford; J. F. Pensom, non-coll.; A. F. S. Sladen, B.A., Jesus; E. H. Udall, Queen's; G. H. Varley, B.A., St. John's; W. E. Waller, University.

Anatomy and Physiology.—J. L. Biley, University; R. F. B. Bowes, B.A., Queen's; R. F. Bridges, B.A., University; A. R. Chavasse, Hertford; G. H. Cross, B.A., Balliol; D. C. Dobell, B.A., Christ Church; P. H. C. Fowell, B.A., St. John's; N. Glover, B.A., Trinity; G. J. Z. Jessel, B.A., University; C. Newcomb, B.A., St. John's; W. J. Oliver, Oriel; A. S. Roe, Balliol; H. W. Scott-Wilson, Queen's; C. J. G. Taylor, University; W. W. Wagstaffe, New; R. C. Wingfield, Trinity.

SECOND M.B.

Pathology.—C. D. H. Corbett, B.A., University; E. P. Cumberbatch, B.A., Keble; G. R. Girdlestone, B.A., New; B. G. Klein, B.A., Corpus Christi; S. S. Strahan, Keble; J. Wallace, B.A., Exeter; W. W. Wells, B.A., Merton; W. C. Wigan, B.A., St. John's.

Forensic Medicine and Hygiene.—M. B. Barnes, B.A., Exeter; C. G. Douglas, B.A., Magdalen; M. W. Flack, B.A., Keble; S. Hartill, B.A., New; J. F. Hornsey, B.A., Wadham; B. G. Klein, B.A., Corpus Christi; O. G. F. Luhn, B.A.; Christ Church; J. Wallace, B.A., Exeter; W. W. Wells, B.A., Merton.

Medicine, Surgery, and Midwifery.—H. B. Billups, M.A., Worcester; E. A. Cockayne, B.A., Balliol; E. Evans, M.A., Jesus; N. Flower, B.A., Exeter; E. L. Kennaway, B.A., New; O. G. F. Luhn, B.A., Christ Church; A. S. MacNulty, B.A., non-coll.; C. T. Raikes, B.A., Trinity; W. W. Wells, B.A., Merton.

M.C. EXAMINATION.

R. Warren, D.M., New.

The following degrees in Medicine have been conferred :

Bachelor of Medicine and Surgery.—J. Wallace, Exeter; R. Evans, Jesus; C. T. Raikes, Trinity; E. L. Kennaway, New; E. A. Cockayne, Balliol; W. W. Wells, Merton; A. S. MacNulty, non-coll.; O. G. F. Luhn, Christ Church.

UNIVERSITY OF DURHAM.

THE following candidates have been approved at the examinations indicated :

FIRST M.B.

1. *Elementary Anatomy and Biology, Chemistry and Physics.*—Honours, First Class: J. H. Barclay, M. Brennan.

Honours, Second Class: W. Hudson.

Pass List: J. J. Brown, Eleanor Walkinshaw.

2. *Chemistry and Physics.*—J. B. Alderson, R. G. Badenoch, R. M. Barrow, R. Errington, D. Farquharson, Sarah L. Green, T. A. Hindmarsh, L. H. W. Iredale, F. H. Kennedy, J. Lumb, B. B. Noble, C. O'Hagan, A. H. Wear.

3. *Elementary Anatomy and Biology.*—L. E. S. Gellé, H. L. James, R. V. Steele.

SECOND M.B.

Anatomy, Physiology, and Materia Medica.—Pass List.—O. F. D. Airth, I. Bainbridge, Helen G. Clark, R. V. Clayton, B. G. H. Connolly, J. Bare, S. Littlewood, G. C. M. M'Gowle, J. H. Owen, M. R. Shearburn, Matilda A. Sinclair, E. H. Shaw, C. J. V. Swahnberg, Olivia N. Walker, S. Worthington, J. C. Young.

ST. BARTHOLOMEW'S HOSPITAL MEDICAL SCHOOL.

IN the personnel of the Medical School of this hospital a considerable number of changes have taken place during the annus medicus, now in its last days, the following being among the more important: In charge of the anatomy department has been placed Dr. Christopher Addison, formerly Dean of Charing Cross Medical School and Professor of Anatomy at Sheffield; Mr. R. C. Elmslie has been appointed Demonstrator of Pathology, with Messrs. H. Pritchard and H. G. Ball as his juniors; Mr. L. B. Rawling, Demonstrator of Operative Surgery; Dr. C. M. H. Howell, Junior Demonstrator of Physiology; Messrs. T. S. Lakis and C. T. Neve, Assistant Demonstrators of Biology; Dr. J. A. Willett, Demonstrator of Midwifery; and Mr. G. E. Gask, Teacher of Clinical Surgery, as well as Assistant Surgeon.

On the clinical side, Mr. W. D. Harmer has resigned his assistant surgeon on appointment as Surgeon in Charge of the Department for Diseases of the Throat and Nose, with Mr. F. A. Rose as his Assistant; and Dr. W. S. A. Griffith has become Physician-Accoucheur, with Dr. H. Williamson as his Assistant.

In the Skin Department, Dr. G. A. Adamson is Chief Assistant; while Mr. C. E. West has become Assistant Aural Surgeon. The surgical registrarship is now filled by Mr. C. Gordon Watson, formerly Demonstrator of Anatomy.

ACCORDING to the recently-issued prospectus of the University of Vienna the teaching staff of the Medical Faculty in the coming winter semester will consist of 33 ordinary and 60 extraordinary professors, with 140 private lecturers and assistants. The total number of courses will be 410. In the last summer semester the number of matriculated medical students was 1,190, including 45 women; 43 non-matriculated students, and 275 who took out special courses, giving a grand total of 1,509, as against 1,319 in the corresponding period of last year.

their officers by the Lunacy Act, 1889, Sections 20 to 24. The master of the workhouse was not perhaps legally bound to receive an alleged lunatic without the intervention of a relieving officer or constable, but having admitted her, he was bound to relieve and detain her under the provisions of the Act headed Lunatics in Workhouses. Two courses were open to him: He might either have detained her for three days on the strength of Dr. Sandford's certificate, during which time the relieving officer would have been bound to take proceedings under the Act; or he might have asked the medical officer to certify that she was a fit person to be kept under observation in the workhouse, in which case she could have been detained, even against her will, for fourteen days. The latter is the course which is usually followed, we understand, in metropolitan workhouses, and is such a common one that forms for the medical officers' use in these cases are printed and supplied by Messrs. Knight and Co., printers to the Local Government Board. With regard to Dr. Waterfield's statement that no insult was ever offered to the certifying doctor, we should like to know what he thinks of having it publicly stated that one's conduct is disgraceful, and that it is too easy to certify people as insane.

OBITUARY.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have lately died are Dr. Seneca D. Powell, a prominent surgeon of New York, Vice-President of the American Medical Congress held at Washington in 1895, afterwards President of the New York State Medical Society, well known as a writer, especially on brain surgery, and on the surgical uses of phenol, aged 59; Dr. Eduard Hitzig, Emeritus Professor of Psychiatry in the University of Halle, author in conjunction with Professor Fritsch of researches on the physiology of the brain, aged 70; Dr. Anton Loew, of Vienna, Vice-President of the Austrian Red Cross Society and author of a number of publications on the care of the sick, and the organization and management of private hospitals, aged 60; Dr. A. Gue, sometime professor of dermatology in the University of Kasan; and Dr. Gaylord P. Clark, Dean of the College of Medicine, Syracuse University, and a distinguished physiologist.

HOSPITAL AND DISPENSARY MANAGEMENT.

CROYDON MENTAL HOSPITAL, WARLINGHAM, SURREY.

We have received the fourth annual report of the above asylum for the County Borough of Croydon containing the Committee's and the Medical Superintendent's annual reports for the year ending March 31st, 1907, and the statistical tables for the year 1906. In his report, the Medical Superintendent, Dr. E. S. Pasmore, gives a table showing the steady increase in the numbers of the insane chargeable to Croydon, from 271 in June, 1902, to 402 in December, 1906. From the report of Mr. Hardinge F. Giffard, Commissioner in Lunacy, it is evident that Croydon's asylum accommodation is insufficient to cope with this increase, the asylum being overcrowded at Mr. Giffard's visit to the extent of 15 on the male and 23 on the female side. We see, however, that plans to accommodate 200 more patients have been submitted to the Board of Lunacy. On January 1st, 1906, there were 441 patients in residence, and at the end of the year these had increased to 472. The total number of cases under treatment during the year was 602, and the average number daily resident 470. During the year 161 were admitted, of whom 119 were first admissions, 8 of the remainder being readmissions from Croydon and the rest from other asylums. Of the total admissions, in 84 the attacks were first attacks within three and in 20 more within twelve months of admission, and the remainder were either of more than twelve months' duration on admission (17) or of congenital origin. The admissions were classified according to the forms of mental disorder into: Mania of all kinds, 49; melancholia of all kinds, 42; delusional insanity, 16; stupor, 4; dementia, secondary and senile, 14; general paralysis, 17; epileptic insanity, 2; and cases of congenital or infantile defect, 17. As to the probable causes of the insanities in the admissions, alcoholic intemperance was assigned in 37, or almost 23 per cent., and syphilis in 14—that is, that to these two agents were attributed as exciting causes over 31 per cent. of the year's admissions. Other mentioned causes were: previous attacks in 32; old age, the menopause, and puberty in 15; moral causes in 29; epilepsy in 7; other bodily diseases in 6, and head trauma in 4. Hereditary influences were ascertained in 50, or 31 per cent., and congenital defect was assigned

in 12. During the year 54 were discharged as recovered, giving a recovery-rate on the admissions of 36.98 per cent.; 22 as relieved, and 3 as not improved. There were also 51 deaths, giving a death-rate on the average numbers resident of 10.85 per cent., which, though still above the average for this institution, is lower than the 11.91 of the previous year. The deaths were due in 19 cases to cerebro-spinal diseases, including 13 deaths from general paralysis; in 29 to chest diseases, including 10 deaths from phthisis, and 9 from pneumonia; in 2 to senile decay, and in 1 to carcinoma. The general health of the institution was good throughout the year, no cases of zymotic disease occurred, there were no serious casualties, and no patient had to be secluded or mechanically restrained. The proportion of cases walking out beyond the boundaries, however, seems to have been unusually low.

ROXBURGH, BERWICK, AND SELKIRK DISTRICT ASYLUM.

THE new female wing of this asylum, to accommodate 60 patients of the quiet, industrious, and trustworthy class, erected at a cost, including furnishings, of £9,349, was opened in November, 1906. It contains two day wards, each for 30 patients, four dormitories with 14 beds in each, four single rooms, separate quarters for 15 nurses, and the usual offices. Other extensions and reconstructions are in plan, and when these have been completed the scheme for the extension of the asylum, by which its capacity will be doubled, and which has been in progress for more than eleven years, will be completed. The Medical Superintendent, Dr. J. Carlyle Johnstone, says in his annual report for 1906 that it is unlikely that the present generation will be called upon to make any further addition to the structure.

On May 15th, 1906, there were 331 patients on the asylum register, and on May 15th, 1907, there were 329. The total number of cases under treatment during the year was 405, and the average number daily resident 329.1. During the year 74 cases were admitted, of whom 56 were first admissions. In 26 the attacks were first attacks within three, and in 15 more within twelve months of admission; in 7 not-first attacks within twelve months of admission, and in 8, whether first attacks or not, of more than twelve months' duration on admission. The physical condition of the patients admitted was good or average in 11 per cent., bad in 82 per cent., and very bad in 7 per cent., more than half the cases suffering from some form or other of physical disease. One of the admissions was a woman who had been charged with the wilful murder of her two infant children by drowning them in the Tweed, who was sent to the asylum under Sec. 15 of the Act 25 and 26 Vic., Cap. 51. Twelve days later she was removed to Edinburgh Prison and sentenced to six months' imprisonment; and Dr. Johnstone takes the opportunity in his report of protesting against "the growing tendency to make use of asylums as convenient houses of detention for dangerous criminals."

The admissions were classified as to the forms of mental disorder into: Mania, recent and chronic, 29; melancholia, recent and chronic, 21; senile and secondary dementia, 8; general paralysis, 4; delusional insanity, 6; insanity with gross brain lesion, 3; and cases of congenital or infantile defect, 3.

As to the more striking probable causes of the insanities in these cases, alcohol was assigned in 14, or nearly 19 per cent., venereal disease in 5, previous attacks in 19, old age, puberty, adolescence, and the menopause in 20, accident or injury in 4, various bodily diseases and disorders in 5, and "moral" causes in 18. Hereditary influences were ascertained in 43, or 58 per cent., and congenital defect in 5. In 27 cases, or 36.4 per cent., suicidal tendencies were present, and 13 of these, or 17.5 per cent. of the total admissions, had made suicidal attempts before being sent to the asylum.

During the year 26 were discharged as recovered, giving the recovery-rate on the admissions of 35.1 per cent., which cannot be regarded as unsatisfactory considering the character of the year's admissions; 11 as relieved, and 1 as not improved. During the year 38 died. These deaths, giving a death-rate on the average numbers resident of 11.5 per cent., were due in 10 cases to cerebro-spinal diseases, including 5 from general paralysis, in 17 to chest diseases, in 4 to abdominal diseases, and the remainder to general diseases. From the table of deaths we see that pulmonary tuberculosis was the sole cause of death in 5, but was a complication in 7 more, so that tuberculosis was the chief or contributory cause of death in over 31 per cent. of the total deaths. The general health was fairly good throughout the year, and except for a few cases of influenza the asylum was free from epidemic disease.

SUNDERLAND INFIRMARY.

THE annual report submitted to the Governors of Sunderland Infirmary on July 30th, being the one hundred and thirteenth in succession, shows a steady increase in work. The number of admissions during the year was 3,158, the outpatients standing at just under 10,000. Care continues to be taken, it is stated, to exclude any but those fully entitled to treatment. A site has been acquired for the proposed Children's Hospital, the building fund of which now stands at £15,000. Sundry improvements in the out-patient and administrative blocks are also in progress.