

MEMORANDA: MEDICAL, SURGICAL, OBSTETRICAL.

THE OPEN-AIR TREATMENT OF ACUTE PNEUMONIA.

With reference to Dr. Rennie's article on the open-air treatment of acute pneumonia, I had my attention forcibly drawn to the benefit of fresh air in this disease on the North-West Frontier of India in 1897-8.

In that part of India there is frequently, in the cold weather months, a severe infectious type of acute pneumonia with a high mortality.

The infectious character may be gauged by the fact that it is advisable to change the orderlies attending on the sick at least every forty-eight hours, otherwise they are liable to contract the disease. In one native regiment an epidemic of this disease occurred, and the cases were treated in a large well-built ward with two stoves with fires day and night. The ventilation was very good in the day, but at night, as the temperature often fell to 32° F. or lower, the men, contrary to orders, shut up the windows and doors, and in consequence the ventilation became defective. The mortality amongst these cases was high. Owing to want of accommodation I had to choose between tents or an old broken-down disused barrack; tents are difficult to ventilate, as the men can close every available air inlet, so I selected the latter, the doors of which did not fit, the windows were broken, and there was in consequence a very free current of air throughout the entire building. The charge was most marked, though I have not the records with me and do not remember a death occurring in this barrack, which, at any rate according to our former ideas, was not an ideal place in which to treat pneumonia. The men themselves quickly noticed the difference, and, in spite of having no fires and less comfort, asked to be treated in this building.

The prognosis in acute pneumonia appears to depend on whether the heart can hold out against the toxins and the extra work due to consolidation of the lung. The former I believe to be the main factor, as many of these severe infectious cases die from heart failure long before the extra work due to consolidation of the lung could have had any effect, death occurring in two, three, or four days.

Since my experience on the frontier I have always treated every case with abundance of fresh air, and believe it acts most beneficially. With regard to medicines, I have tried most of those usually recommended, but except hypodermics of strychnine when the heart is failing I have never been able to satisfy myself that they did any good, pneumonia being an infectious disease which runs its course, the result depending on the intensity of the infection in the same way as in any other acute infectious disease. One is apt in this disease to attribute recoveries to certain drugs and imagine one has hit on a specific, but the next epidemic proves that the inference was a fallacy.

Alcohol I regard as I do a spur to a tired horse; it stimulates temporarily, leaves the heart and the patient more exhausted, and has to be frequently repeated; doubtless many cases recover in spite of large doses of brandy.

P. CARR-WHITE, M.B., F.R.C.S. Ed.,
Major, I.M.S.

EXTRAUTERINE FETATION: OPERATION: RECOVERY.

As cases of extrauterine fetation are not too common, I venture to submit notes of the following case. On June 13th I was asked to see Mrs. J., aged 38. She had been fourteen years married, and had only had one child (a boy), now 13 years old. She had never had any miscarriages, but there was a history of endometritis some years ago. About two months before I saw her she consulted a doctor on account of a swelling on the right side, which was very painful, and because she was constantly vomiting. She then went to bed, where she remained until I saw her. Four or five days before I saw her she felt something suddenly "give" on her right side; she got very faint, and the pain became very severe.

On my arrival I found the patient in an extremely weak condition, blanched, and suffering great pain in the right iliac region, where there was an irregular swelling about

the size of the fist, dull on percussion and very tender. The pulse was very rapid and small. The cervix was soft, the os patulous, admitting the end of the finger, the uterus tilted forward and somewhat to the left; an ill-defined and very tender swelling could be felt in Douglas's pouch. This swelling could be more easily felt from the rectum. The breasts were enlarged and tender. The last menstruation dated from four and a half months previously. A diagnosis of ruptured ectopic gestation was made.

The abdomen was opened on June 14th; the fetus was easily discovered, lying amongst the small intestines, with a good deal of clotted blood around it. There was no sac to be seen. There were a good many adhesions between the fetus and coils of small intestine, but these, for the most part, were easily broken down. The cord was tied and divided and the fetus removed. The placenta was firmly adherent, deep down in the pelvis, and appeared to be attached to the right cornu of the uterus (or, possibly, between the layers of the broad ligament). As some difficulty on account of haemorrhage was experienced in trying to separate it, it was thought advisable to leave it. After clearing away all clots a glass drainage tube was put in, leading down to the site of the placenta, and the wound closed in the ordinary way. After three days the glass was replaced by a rubber tube. It was syringed daily with boracic acid solution at first, and later with a weak solution of mercury perchloride. On two occasions—the eleventh and fourteenth days after the operation—troublesome haemorrhage occurred, the first time to a rather alarming extent; it was stopped by taking out the tube and plugging with cyanide gauze soaked in adrenalin solution. The temperature throughout was never above 101.6°. There was a good deal of discharge from the tube for the first three or four weeks, small shreds of placental tissue coming away; it gradually diminished, and in about another month had almost ceased. The wound was completely closed on September 3rd. She has menstruated normally once since the operation, and is now in excellent health.

HERBERT SMITH, M.R.C.S. Eng.,
Honorary Medical Officer, Jersey Infirmary and
St. Heliers. Dispensary.

POISONING BY BELLADONNA.

A WOMAN, aged 60, suffering from chronic rheumatic arthritis, sent her daughter to consult a local chemist, who prescribed a mixture and a bottle of liniment. The daughter, who was illiterate, confused the two bottles and gave the patient a teaspoonful of the liniment to drink. This was about 8 p.m. Shortly after taking the drug the old woman became faint and was put to bed. She got gradually worse, and when I saw her at 1 a.m. she was quite unconscious and almost moribund; the pulse was intermittent and scarcely perceptible; the lower jaw was rigid, the pupils widely dilated, and the breathing very feeble, with gurgling in the throat. Not having been told anything about the drug which had been administered, I was rather at a loss to account for her condition. However, on cross-examination, the daughter gave me the above history, and produced the bottle of liniment, which I had no difficulty in identifying as lin. belladonnae meth.

As the respiration and circulation were so feeble I decided that strychnine was my only hope, and accordingly gave $\frac{1}{10}$ grain of strychnine sulphate hypodermically. This acted promptly, and there was a marked improvement in twenty minutes; the throat was more responsive to tickling with a feather, and the respiration and pulse much better. In half an hour I repeated the dose, after which the improvement became very marked. I was then able to administer strong tea and induce vomiting by tickling the throat. The improvement steadily continued, and at 5 a.m. the patient could be roused and was able to turn over in bed. Having administered strong tea two or three times and induced vomiting after each drink of tea, some very strong tea was given, and then a little whisky at intervals, and at 7 a.m. I was able to leave the patient, who made a speedy recovery.

I wish to emphasize the fact that the strychnine had quite a marvellous effect in restoring the respiration and circulation, although I really thought at the time that the patient was beyond human aid.

The bottle in which the poison was dispensed was the orthodox hexagonal 2 oz. green; but the proper red

"poison" label was not put on, the word "poison" being merely written rather indistinctly along the edge of the label. This of course was useless where the person was illiterate, whereas the red label, if pointed out by the chemist, might have helped her to distinguish between the bottles.

Claremorris.

CONNOR MAGUIRE, M.D., D.P.H.

ETHER ANAESTHESIA BY THE OPEN METHOD.

DURING the past three months I have been making an extended trial of the administration of ether by the open method. I am bound to admit that though perfectly well aware that this was the method in use in the United States of America and in Canada, I did not consider it likely that its results could be compared with those produced in England by the closed methods which have been in vogue for the past thirty years; but I have now to record that the type of anaesthesia induced by ether vapour without the rebreathing into a bag inhaler has in this trial proved much superior to that yielded by any other method or anaesthetic with which I have previously been acquainted.

Under the open method the secretion of mucus is decidedly less, laboured breathing and strong abdominal movement are replaced by a type of respiration which, though audible and thoroughly efficient, does not involve an ample excursion of the abdominal wall, and is well suited for operations upon that region, the tendency to venous congestion is abolished, and the after-sickness is less both in frequency and duration.

These differences in the clinical effects of ether, as compared with its administration by closed methods, allow full advantage to be taken of its most valuable quality, to which I have often drawn attention—namely, that it more perfectly blunts the passage of nerve stimuli than any other anaesthetic, and thereby abrogates the occurrence of the reflex laryngeal spasm which proves so troublesome a complication at certain stages of the operation under chloroform and its mixtures.

Not only can adults be satisfactorily anaesthetized *ab initio* when required by ether on an open mask without undue delay, but there can be no question as to the very great safety of the method when proper precautions are taken to prevent exposure to cold, nor as to the ease and simplicity with which anaesthesia may be maintained.

Ether and its vapour are inflammable; the cautery and naked lights must not therefore be brought within 1 yard of the evaporating liquid.

London, W.

H. BELLAMY GARDNER.

UNCOMMON INJURY OF TIBIA AND FIBULA.

WHEN looking after the practice of my friend and neighbour, Dr. Huston, Tynan, co. Armagh, I received an urgent message on September 2nd to attend J. S., aged 12 years. When playing hide-and-seek with other children at a friend's house in a hay loft, the child fell through a trap which was covered over with hay into stables below, a distance of about 12 ft. The foot was inverted, there being an angular deformity of about 20 degrees from within outwards about 5 in. above the malleoli; the inner margin of the foot was uppermost, as well as the corresponding portion of the shaft of the tibia. There was a bruise on the outer aspect of the leg corresponding to the apex of the angle formed by the bent bones; the relations of the ankle-joint appeared intact. I suspected that I had to deal with a fracture of both bones; on following down the crest of the tibia, the finger, on reaching the site of the injury, was deflected in an outward direction and returned to the centre line on the inner surface of the shaft which was now placed uppermost. No crepitus nor irregularity of continuity were noticed during this procedure. I next proceeded to spring the fibula, after relaxing the calf muscles, without eliciting crepitus. I then grasped the limb above and below the site of injury, and likewise failed to get crepitus, whereupon I ventured to exert more force in an attempt to disengage any impaction of bones, if such existed; and, to my surprise, I was conscious of the bones straightening out, until all appearance of the bend was obliterated and the limb restored to its normal appearance and position; yet no crepitus was felt and no complaint made by the patient.

When I had the limb in a satisfactory position I forcibly rotated the foot and felt for the head of the fibula, which unmistakably rotated in response to the forced movements of the foot. I then came to the conclusion that I had to deal with an unusual state of affairs—namely, a true bend of both bones without a fracture—without, at any rate, complete fractures—and expressed this opinion to those around. I put on Cline's splints, and the child expressed herself as feeling comfortable. She was removed home in a carriage, and next morning my friend (Dr. H.) took charge of the case. His report to me was that on the following day, for purposes of examination, he removed the splints morning and evening. The limb was in a satisfactory position; he could not elicit any crepitus at either examination, and the patient had little or no pain; she was freely moving the "splinted" limb about in bed in a few days.

After discussing the case with me, he agreed with the opinion I had formed of the nature of the injury, and informed me that about two years ago the child had her nose deflected by a press falling on the side of her face. He then suspected a fracture, but on manipulating the injured organ he replaced it without detecting any crepitus. She is apparently a normally-developed child, and there is neither history nor evidence in the osseous system of rickets. There could have been no impaction, as I would necessarily have disengaged it in straightening out the bones and restoring the limb to its normal position; and, further, I felt the head of the fibula rotate under my fingers in response to forcible foot movements. Is it a case of green-stick fracture occurring in such an unusual position and in a patient aged 12 years? I think it hardly likely, but I admit it is difficult to form a positive diagnosis without the aid of the x rays, or possibly by the formation of callus at a later stage. Up to the present, three weeks after the accident, there is no callus.

Caledon.

R. D. PATTERSON, F.R.C.S.I.

REPORTS

ON

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

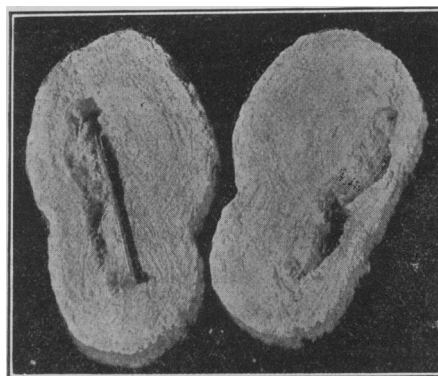
ESSEX AND COLCHESTER HOSPITAL.

A CASE OF VESICAL CALCULUS.

(Reported by E. CHICHESTER, M.B.Lond., Honorary Surgeon.)

THE patient in the following case, a boy aged 16, was admitted, complaining that he was unable to hold his water for long, that it dribbled away, and that he had smarting pain in the urethra when he did pass any quantity. He was a small, stunted boy for his age, and seemed partially imbecile. He had been gradually getting worse for some months.

State on Admission.—His urine was alkaline, and contained small quantities of pus and albumen; no renal casts.



I examined him under an anaesthetic, and found that he had a large stone in the bladder. He was kept in bed at first and the bladder washed out, with a view to improving the cystitis. At first the condition of the bladder did improve, but the pus never entirely cleared up,

and before long began to increase in quantity again. His temperature went up, ranging as high as 103°, and a profuse and intractable diarrhoea set in.

INFECTION AND IMMUNIZATION BY THE INTESTINAL ROUTE IN EXPERIMENTAL TUBERCULOSIS.

IN the June number of the *Annales de l'Institut Pasteur* MM. Calmette, Guérin, and Breton describe the results of their experiments on guinea-pigs, which show that these animals can be readily infected with tuberculosis by feeding, and that the introduction into the alimentary tract of bacilli deprived of their virulence will, under suitable conditions, confer a considerable degree of immunity. Many investigators have found that attempts to infect guinea-pigs by feeding have resulted in a large percentage of failures, but this, the present authors consider, must be attributed to a faulty technique. Positive results, they maintain, will be obtained without fail if their own method be adopted. They take a potato culture of bacilli about thirty days old, emulsify it very finely in an agate mortar, and then mix it with a mucilaginous decoction of linseed. This liquid has the same consistency as saliva, and maintains the finely-divided bacilli in a state of perfect suspension until they arrive at their destination in the intestine. The mixture is introduced directly into the animal's stomach by means of an oesophageal tube. By this method of infection the lesions produced are principally situated in the lymphatic glands and the lungs, whilst the spleen and the other abdominal viscera are hardly ever affected; but disseminated lesions are sometimes found in other situations, such as the testicles or the joints, and the lymphatic glands connected with the trachea and bronchi are very frequently involved. Infection was produced with such marked constancy that the authors thought it necessary to ascertain the reason for the irregular results obtained by some observers who had endeavoured to infect guinea-pigs by feeding with emulsions of tuberculous tissue or with pure culture. For this purpose special experiments were devised, the result of which was to make it clear that failure to obtain the bacilli in a finely-divided state was the main obstacle to success. When the bacilli are included in fragments of tissue or consist of solid clumps of culture, infection by feeding, in the experience of M. Calmette and his collaborators, only rarely takes place.

Tubercle bacilli killed by heat or maceration in alcohol and bacilli which have been deprived of their envelope of wax and fat are known to be toxic for the guinea-pig, and the writers have found that such bacilli, when administered by feeding in a dose of from 20 to 35 cg., cause the death of an adult guinea-pig in from two to five days. With smaller doses the animals became emaciated and cachectic, and succumbed within a few weeks. But "the same bacilli, if treated with different chemical substances, or killed by heat, may, when they are absorbed by the digestive tube in minimal doses separated by sufficiently long intervals, confer on the guinea-pigs a marked resistance against virulent infection." In the experiments which the authors cite they generally used doses of 1 or 2 cg. For the preparation of the bacilli they recommend the following methods: "(a) The maceration of the bacilli for ten days in the incubator at 37° in 10 per cent. saline solution; (b) the maceration of the bacilli in Gram's iodine solution; (c) heating for ten minutes at a temperature of 100°." They find that the ingestion of a "minimal dose" of bacilli heated for ten minutes at 100°, followed, forty-five days afterwards, by a second dose of equal amount heated for ten minutes to 65°, secures a still more manifest power of resistance, and is sufficient to enable a certain number of guinea-pigs to tolerate with impunity, at the end of two months, the absorption by the digestive tube of a dose of virulent tubercle bacilli which was always fatal to the control animals.

In the July issue of the same journal MM. Calmette and Guérin give an account of some feeding experiments which they have conducted upon bovines. Doses of 50 mg. of virulent bovine bacilli were administered on four successive occasions, at intervals of five days, to two calves. The animals were subsequently tested with tuberculin several times, and always gave a well-marked reaction. They were killed at the end of six months, and showed extensive disease of the mesenteric glands. This result is contrasted with the fate of six calves which only received one dose (50 mg.) of the same culture. When

tested with tuberculin a month afterwards, only one of them reacted, and when the test was repeated at the end of the second and the end of the third months, none of the animals gave a positive reaction. Seventy-five days after the first feeding these six animals were given a second dose, consisting of 100 mg. of virulent bovine bacilli, and when they were tested with tuberculin one, two, and three months afterwards, the reaction proved negative in every instance. Since then they have been kept for nearly a year in close contact with six animals suffering from manifest tuberculosis. So far none of them react to tuberculin, whereas five out of the ten controls, which have been exposed to the same conditions, have already given a positive reaction. Other experiments are also quoted in which the administration of a single dose, varying from 50 to 250 mg., has been followed by complete recovery, and the animals have subsequently exhibited a marked degree of resistance against fresh infection. These results have been obtained with adult bovines as well as with calves. The authors have also found that the ingestion of tubercle bacilli, heated at 70° C., or of living bacilli of equine origin, will, if repeated on a second occasion after an interval of about forty-five days, confer on the bovine a definite power of resistance, demonstrable by the fact that the animals fail to react to tuberculin after they have been treated with doses of virulent bacilli, which invariably produce this reaction in the controls. As to the duration of this immunity they are not yet able to express a definite opinion. Their animals are still under observation, and further experiments are in progress.

MEDICAL NEWS.

THE annual dinner of the Harveian Society will be held at the Imperial Restaurant, Regent Street, at 7.30 p.m. next Thursday, Dr. Sidney Phillips (President) in the chair.

THE spring course of post-graduate lectures in Berlin will begin on March 2nd and end on March 28th. Further particulars can be obtained on application to Herr Melzer, Langenbeck Haus, Ziegelstrasse 10, Berlin.

THE late Mrs. Sarah Elizabeth Reed Parry, of Hereford, who died on October 16th, left £200 each to the Hereford General Infirmary, Hereford General Dispensary, and the Victoria Eye and Ear Hospital in the same city.

A CONFERENCE of members of the medical profession to discuss the question of establishing an out-patient department of a restricted and consultative character in connexion with the Infants' Hospital, Vincent Square, Westminster, S.W., will be held at the hospital on November 29th, when the chair will be taken by Dr. F. J. Allan, M.O.H., Westminster, at 4.30 p.m.

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., on November 8th, Dr. de Havilland Hall in the chair. The accounts presented showed that the sickness experienced in the month of October had been abnormally light and give good reason for the hope that, notwithstanding the somewhat heavy claim account experienced during the summer months, the business of the whole year will show a margin in favour of the Society. The sickness claims, though numerous, have been for the most part of short duration, but several additions have been made during the year to the list of those who in all probability are permanently incapacitated. On the other hand, one or two of these chronic claims have ceased, through the death of the members. Many of the members, especially among those who joined the Society at its starting in 1884, have now reached the age when any serious illness may easily prevent a man from ever resuming his professional work, and even mild attacks may incapacitate him for a considerable time. Against this risk a large reserve has been accumulated, but so far the sickness experience of the Society in respect of the older members has been well under the expectation, while the younger members have drawn rather more than their share. The net result has been a substantial margin in favour of the Society. Prospectuses and all further particulars on application to Mr. F. Addiscott, Secretary, Medical Sickness and Accident Society, 33, Chancery Lane, London, W.C.

of which were floating free in the fluid. These on close observation appeared to be distinctly though slowly amoeboid, and several possessed a long, motile filament. A stained preparation made from the broth culture showed several of these bodies with the filament intact. Like Dr. Eve, I thought at first that I was dealing with some form of protozoal organism. The bodies were easily noticeable in the broth culture after several days' incubation at 37° C.; but there was no apparent increase in numbers, and all efforts to obtain a culture either aerobically or anaerobically were unsuccessful.

I also noticed in the broth culture several crenated red blood cells with one or more filaments attached to the tips of the crenations, and in the stained preparation small globular bodies stained pink, both with and without a filament, suggesting in appearance that they were small fragments which had become detached from the red cells. Similar bodies were found in the blood of one or two other cases of general paralysis.

I have also observed similar bodies on one or two occasions in the cerebro-spinal fluid withdrawn by lumbar puncture from cases of general paralysis. Unfortunately this fluid was never obtained without accidental admixture with blood, though usually in such small amount as to be detected only by the aid of the microscope. So far as my recollection serves me, the number of the bodies present in the fluid appeared to bear a direct relationship to the amount of blood present.

After reference to Dr. George Buckmaster's book on *The Morphology of Normal and Pathological Blood* (London: Murray, 1906) I relinquished, for the time being, further work on the subject, as I came to the conclusion that the bodies I had observed were probably some peculiar forms of blood platelets, the origin of which has been so much disputed.

Dr. Eve's observation that his bodies can be seen to originate from the leucocytes in certain pathological cerebro-spinal fluids is interesting in connexion with one of the theories as to the formation of blood platelets by fragmentation from red or white corpuscles.

That curious bodies similar to those described by Dr. Eve can be found occasionally in the blood and cerebro-spinal fluid of cases of general paralysis I can endorse from my own observations, but their mode of origin and significance are obscure. Whether they are evidence of degeneration of the cellular elements or are merely artefacts remains to be decided, but the subject is worthy of further consideration.—I am, etc..

J. P. CANDLER, M.A., M.B. Cantab., D.P.H.,
Assistant Pathologist, London County Asylums, Claybury.
November 19th.

WE are asked to remind Fellows and Members that the inaugural dinner of the Royal Society of Medicine will take place on December 3rd, and, as very few seats remain, those who desire to be present should make immediate application to the Secretary, 20, Hanover Square, W.

On November 22nd Professor Adalbert Tobold, of Berlin, one of the German pioneers of laryngology, completes his 80th year. He celebrated the golden jubilee of his graduation as Doctor of Medicine on March 13th, 1905. He has presented his valuable collection of wax models of diseases of the throat to the Kaiser-Friedrich Museum.

THE members of the International Committee in the United States, have issued a statement that the International Committee formed to collect funds for the monument to Lamarck has up to the present time received subscriptions amounting to about £1,000. A further sum of £200 still remains to be raised.

THE Society of Apothecaries of London, as one of the Ancient Guilds of the City, gave a dinner in its hall at Blackfriars on November 19th in honour of the newly-elected Lord Mayor and Sheriffs. Dr. George Wilks, of Ashford, Kent, Master of the Company, presided, and about 120 members of the Society and guests were present. The senior and junior Wardens are respectively Dr. Parker Young, outgoing Master of the Society and member of the Central Midwives Board, and Alderman Sir Thomas Crosby, a member of the Senate of London University, and ex-Sheriff of the City of London. The guests included, besides the Lord Mayor and his sheriffs, the Presidents of the Royal College of Physicians and the Royal College of Surgeons respectively, the Chairman of the Central Midwives Board, Mr. Helby, Chairman of the Metropolitan Asylums Board; Sir F. Banbury, one of the members for the City of London; and the Right Hon. George Hothfield.

UNIVERSITIES AND COLLEGES.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.
AN Ordinary Council was held on November 14th, Mr. Henry Morris, President, in the chair.

Diplomas.

Diplomas of Membership were issued to 87 candidates found qualified at the recent examination, and two diplomas of the Licence in Dental Surgery.

The diploma of Fellow has been conferred upon Robert Henry Bott, Lieutenant I.M.S., of St. Bartholomew's Hospital, who has now complied with the by-laws in regard to the Fellowship.

Primary Examinations for the Fellowship.

A letter from the Deans of the Medical Faculties of the Universities of Leeds, Liverpool, and Sheffield, suggesting the desirability of altering the times of the year at which the Primary Examinations are held, was referred to a committee for consideration.

The Bradshaw Lecture.

This will be delivered by Mr. Rickman J. Godlee on December 6th, at 5 p.m., on the Prognosis and Treatment of Tuberculous Disease of the Genito-Urinary Organs.

Court of Examiners.

The vacancy on the Court occasioned by the expiration of Mr. C. T. Dent's term of office, will be filled up at the next meeting of the Council on December 12th.

Gift of Books.

One hundred and thirty duplicate volumes were presented to the Boston Medical Library.

CONJOINT BOARD IN ENGLAND.

THE following candidates have been admitted after approved examination to the Membership of the Royal College of Surgeons, and have received also the Licence of the Royal College of Physicians:

W. S. Anderson, M. T. Ascough, W. T. Briscoe, A. Burroughs, M. Camacho, J. R. C. Canney, J. A. Clark, R. M. Coalbank, J. L. Cock, G. G. Collet, W. W. Cook, R. Crawford, N. C. Davis, G. H. Davy, E. J. de Verteuil, R. L. E. Downer, G. W. Dryland, N. A. Eddleston, E. P. Evans, F. P. Fisher, A. E. Foerster, A. E. G. Fraser, T. K. Glynn, P. H. G. Gosse, M. Greer, J. E. Hallstone, J. P. Hastings, H. J. Henderson, E. B. Hinde, F. G. Hitch, E. Le Roy Hodgins, M. J. Holgate, F. H. Holl, J. G. Ivers, R. Jamison, W. M. Jeffreys, R. Knowles, P. Lang, A. N. Leeming, K. A. Lees, W. H. Leigh, R. McC. Linnell, H. N. Little, E. W. Lowry, R. J. P. McCulloch, J. A. Master, W. L'E. Mathews, M. H. E. R. Montesole, Colonel H. Montgomery, B. Moore, H. H. Moyle, A. T. Nankivell, W. F. Neil, D. North, E. E. T. Nuthall, B. H. Palmer, J. Parkinson, D. G. Pearson, D. G. Perry, C. H. L. Petch, A. G. Peter, L. L. Phillips, M. Phillips, E. M. Phipson, M. D. Price, M. J. Rattray, C. M. Rigby, C. F. Robertson, L. P. Sanders, A. E. Saunders, S. M. Saunders, G. B. Scott, R. B. S. Sewell, F. M. Smith, P. L. Stallard, R. H. E. Stevens, K. H. Stokes, H. D. Thomas, G. G. Timpon, S. N. Tiwary, A. J. Turner, G. W. Twigg, R. W. S. Walker, G. D. H. Wallace, A. L. Walters, R. Willan, R. T. Williams, G. E. Wilson, A. L. Yates, A. P. Yonge.

CONJOINT BOARD IN IRELAND.

THE following candidates have been approved for the Diploma in Public Health:

J. W. Bullen, Major, R.A.M.C.; E. J. Day, F. C. Drew, D. P. Johnstone, Captain, R.A.M.C.; G. A. Moorhead.

TRINITY COLLEGE, DUBLIN.

THE following candidates have been approved at the examination undernoted:

FINAL MEDICINE (Part II).—*W. S. Thacker, *G. F. Graham, F. R. Seymour, B. A. H. Solomons, E. C. Stoney, E. J. H. Garstin, J. B. Jones, H. J. Keene, W. H. Sutcliffe, W. Knapp, J. H. Waterhouse, A. E. Wynne.

* Passed on high marks.

Medico-Ethical.

The advice given in this column for the assistance of members is based on medico-ethical principles generally recognized by the profession, but must not be taken as representing direct findings of the Central Ethical Committee.

THE RIGHT TO A PRESCRIPTION.

M. A. A. writes: A patient brought his child for advice to a medical practitioner in dispensing practice, and after a few weeks' treatment the practitioner took the child to a consultant at the request of the father. No prescription was