

May one not argue, then, that the scarlet fever convalescent causing a "return case" has in some instances left the hospital not in an infectious state, but, owing to the change from the healthy open-air life and freely-ventilated wards of a hospital to the stuffy and ill-ventilated rooms of a cottage, has become more than usually liable to nasal catarrh—has, indeed, suffered such an attack, and is thereby again made capable of conveying scarlet fever infection?

I will give two examples that seem to support this view.

H. M., aged 6. Date of attack, April 28th; was discharged from hospital, June 19th, fifty-two days after onset of symptoms, and did not return home until August 22nd, spending the interval at a relative's house where there were no children.

On September 16th, her sister G. E. M., aged 7 years, had scarlet fever rash. When visited, H. M. was seen to have a purulent nasal discharge, and her mother said she had caught a cold in the head some days before, a not unlikely thing seeing the mother's habit of keeping all windows closed and a general want of cleanliness. There was no other known case of scarlet fever in the district.

J. W. R., aged 8 years; date of attack, July 22nd; discharged from hospital, September 7th, forty-seven days after onset of symptoms.

This boy was not notified until desquamation had well advanced, had caught the disease in an adjoining village, and had passed through the acute stage in the same bedroom where four other children under 10 years of age slept, none of whom took the disease. The removal to hospital was made in this case so that the house might be disinfected and the children attend school after the usual period of quarantine.

On October 23rd his sister, H. R., aged 1 year, had scarlet fever rash, and two days later a thick streptococcal membrane over the tonsils. J. W. R. was found to have pus in both nostrils, one being occluded with crusts. No other case of scarlet fever was known in the district.

I believe the reason that H. R. resisted the infection in July, but succumbed in October, was that she had an attack of measles and bronchopneumonia some few days before the scarlet-fever rash appeared, and thus had her resistance lowered.

The question whether the isolation at very considerable cost to the community of a disease in which no one can fix with certainty the time when a patient is free from infection is worth the labour and expense involved has been considerably debated of late. Whether there would not be a greater gain if the scarlet fever hospitals—for it is this disease which up to now has occupied most of the beds in the isolation hospitals—were used for the isolation of diseases in which one can fix a time after which a sufferer is no longer infectious appears to me very worthy of consideration.

MEMORANDA:

MEDICAL, SURGICAL, OBSTETRICAL.

STRANGULATION OF SMALL INTESTINE THROUGH RENT IN MESENTERY.

W. A., aged 14, was riding his bicycle on the evening of April 17th, when he lost control and ran with some violence into the hedge and was thrown off. On reaching home he was put to bed and seen shortly afterwards by Mr. H. Andrews, who found him suffering from slight concussion and bleeding from the nose; there were no external marks of injury, and he had not vomited.

Next morning (April 18th) he complained of pain in the abdomen and had not passed urine. The temperature was 101° F., and the pulse 130. Mr. Andrews asked me to see the boy with him. Examination showed some distension of abdomen and tenderness on pressure, dullness in right flank and patchy dullness in front; the liver dullness was normal, but there were signs of commencing peritonitis. Urine (about a pint) was drawn off; it was normal. Neither flatus or motions had passed since the accident, and he had vomited once during the night.

The patient was at once removed into the "home hospital" with a view to immediate operation. On opening the abdomen a coil of small intestine was found collapsed, and, tracing this upwards about 6 ft., I found that it had slipped through a rent in the mesentery, and was very tightly strangulated. On drawing the bowel out the tight constriction was seen to have so damaged the peritoneal coat that I inverted the edges and stitched

them over with fine silk. I flushed out the peritoneal cavity with normal saline, and closed the wound in layers. He made an uninterrupted recovery. On removing the dressings on the second day, a bruise exactly the shape of a bicycle handle-bar was clearly defined, and made it evident that the cause of the injury was the violent pressure of the handle-bar at the time of the accident.

Exeter.

CHARLES E. BELL.

THE TREATMENT OF SCABIES.

PRIOR to 1906, all cases of scabies in the Colchester Garrison were treated by sulphur, or liq. calcis sulph. Since January, 1906, every case has been treated by balsam of Peru. The last 24 cases have had the application removed by a hot bath twenty-four hours afterwards. No case has relapsed, and no albumen has been found in the urine. It seems certain, therefore, that the acari and their eggs are destroyed within a few hours after the application of the balsam. The following table appears to show:

(a) The diminished prevalence of itch in the garrison during the last two years, which may, I think, be justly ascribed to the perfection of the cure on the men's discharge from hospital, so that they are no longer liable to convey it to their comrades.

(b) The much reduced stay in hospital of each case, leading, of course, to a smaller loss to the State.

Year.	Average Strength of Garrison.	Number of Admissions for Scabies.	Total Number of Days in Hospital.	Average Number of Days in Hospital.
1904	3,148	89	1,691	19
1905	3,252	82	955	11.64
1906	3,573	51	179	3.59
1907 (to Nov. 1)	3,349	43	121	2.81

If it were possible to disinfect the men's clothing at once, they need not have been taken into hospital at all. As it is not possible with the naked eye to accurately locate the parasite, I prefer to paint the whole body at the same time. I do not think your American military correspondent is ever likely to hear of a British soldier meeting the same fate as the French Cupid. Balsam of Peru is soluble in water, and a profuse perspiration would dissolve the application. It is, I think, a vastly different procedure to varnishing the whole body with copal varnish and applying gold leaf accurately to the surface.

Lieutenant-Colonel W. J. Baker, R.A.M.C., reports 61 cases treated in his hospital in Dublin,¹ without a relapse or other untoward incident.

Colchester.

F. J. W. PORTER, Major, R.A.M.C.

CASE OF PTOMAIN POISONING FROM MUTTON, WITH MARKED BRADYCARDIA.

G. W., aged 39, a ploughman, whose previous history was good, though his digestion had always been easily upset, and he suffered occasionally from headaches, partook on Monday, September 16th, along with the other servants, of dinner at noon. The meal consisted of broth and mutton. The mutton was part of the carcass of a sheep which had been seen to be ill on the previous Thursday, and had been killed by the shepherd. This is a common practice among shepherds in Scotland, the meat being known as "braxy." According to the shepherd, the meat looked all right, but he thought that the viscera were not quite healthy, being dark and congested. The heart was minced up, and stewed with onions as a separate dish, and of this the patient ate freely. At 3 p.m. he had a sensation of fullness in the stomach, and felt sick; at 6 p.m. he vomited. (The other servants also felt ill and vomited, but soon recovered.) At 8 p.m. he again vomited freely, and at midnight he was seized with severe abdominal pain, with cramps of the extremities, and retraction of the head. This continued till 5 a.m. His wife gave him a dose of salts, which he vomited, and at 6 a.m. a dose of rhubarb.

I saw him first at 1.30 p.m. The bowels had moved at 12.30 p.m., the motion loose and very offensive. He was now fairly comfortable, though there was considerable tympanites and some abdominal tenderness, especially

¹ R.A.M.C. Journal, September, 1907.

over the sigmoid flexure. About 5 p.m. the pain returned with great severity, and was again accompanied by cramps in the extremities. At 9 p.m. I again saw him, when the pain had greatly lessened. The temperature was 100.5° F. There was considerable tenderness, and the tongue was foul. His breath had a curiously fetid character, which reminded the writer of the smell of a dead mouse which had caused considerable trouble by dying under the floor of a closet in his own house. The pulse was 48, regular and full but compressible. An enema with turpentine was given, and did not return for some time, when the motion was dirty-grey in colour and very offensive. On Wednesday the pulse was still about 48; there was no pain; a purgative was ordered, the motion resulting being the same as before. On Thursday morning he complained very much of weakness, and his pulse had fallen to 42; his breath was still fetid and his tongue foul. From this time he gradually improved; his tongue cleaned, and on Saturday his pulse was 62.

I have thought this case worth reporting (1) because Osler states in his *Practice of Medicine* that mutton and lamb have not been known to cause ptomaine poisoning, and (2) because of the remarkably slow pulse.

It should be noted that the weather was very warm and sultry at the time.

Thornhill, Dumfriesshire.

MUNGO BRYSON, M.B.

CASE OF RUPTURED TUNICA VAGINALIS.

AFTER reading the report of Mr. Nash's case in the *JOURNAL* of October 19th, p. 1065, I thought the following might prove of interest:

On August 1st, 1896, I was called to J. E., a cart-man, aged 45. He told me that he had had hydrocele on the right side for thirty-five years. The day before I saw him, while climbing from one ship to another, he fell astride an iron rail. He felt something give in the scrotum with a sharp pain; this passed off in a few minutes, and he continued at work, paying no further attention to it till he reached home at 11.30 p.m., and went to pass water. He then found the parts very much swollen and bruised, but had no trouble in passing the usual quantity of clear urine. He was at work on the morning of August 1st, and felt no pain or inconvenience.

I saw him in the afternoon, and found him in bed, looking and feeling well and in no pain. The scrotum was distended, pear-shaped, and reached to the middle third of the thigh. It was bruised, was not translucent, and was dull to percussion. The testes could be easily defined. The penis was very much swollen and oedematous. There was marked swelling in the hypogastrium, reaching to within 3 in. of the umbilicus. I diagnosed ruptured hydrocele, and treated the case with rest in bed and application of evaporating lotion. By the end of a week the bruising had disappeared, and the swelling in the hypogastrium had gone. At the end of a fortnight the only abnormality present was an oval, non-translucent swelling the size of a hen's egg, which occupied the right side of the scrotum. This condition has remained unchanged to the present day, a period of eleven years, and it represents, I suppose, the thickened tunica vaginalis. The hydrocele has been cured.

North Shields.

LACHLAN FRASER, M.D., M.S.

LARGE FATTY LIVER IN AN INFANT: SUDDEN DEATH.

IN the *BRITISH MEDICAL JOURNAL* of November 30th, p. 1581, is a letter from Dr. Alcindor, giving details of a case of hepatic congestion in an infant, apparently causing death. The following particulars may be of interest in this connexion:

On August 20th Mrs. L. was confined. The labour was normal and easy. On August 25th she developed mania, and on August 31st she was removed to the asylum. She died on September 15th.

The child was placed in charge of a neighbour, a very respectable person, who looked after him well. He was fed only on cow's milk and water, and grew apace. On November 9th I saw the boy, and arranged to vaccinate him on November 14th. He looked then the picture of health.

About 2 p.m. on November 12th his foster mother

brought him in great haste to my surgery. I saw him at once; he was just dead.

On November 14th, assisted by my partner, Dr. Peall, I made a *post mortem* examination. The child was well nourished—if anything, too well. All the organs of the body, including the brain, were apparently healthy—all except the liver. That was enormous. It reached right across the abdomen, and descended to within about 1 in. of the umbilicus. As no scales or any other conveniences for doing an autopsy are provided at the Ilford mortuary, I was unable to weigh the organ. It was smooth, rounded, yellowish in patches, and evidently just "fatty." There was no evidence of that very rare disease in infants, cirrhosis, and alcoholism, syphilis, and tubercle might, I think, be safely excluded as being the cause.

Holt states that fatty liver is exceedingly common in early life, and out of 345 consecutive autopsies at the Babies' Hospital, the liver was found fatty in 201. In 77 of these 345 cases the infants were noted as "well-nourished," and 45 of them, or 59 per cent., had fatty livers; 20 were "very fatty."

There were no symptoms of liver disease in this child before or after death; in fact the boy had been quite well from birth right up to within an hour or two of his death.

Had this large fatty liver anything to do with his death? What caused the liver to be enlarged and fatty? Was it over-feeding, and have overfed babies usually large fatty livers? as, if so, such livers must be very common. If the liver were not connected with the cause of death, what was the possible or probable cause? The jury's verdict was "Death from natural causes," of course.

Chadwell Heath.

T. REVELL ATKINSON.

REPORTS

ON

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

ROYAL ALBERT HOSPITAL, DEVONPORT.

A CASE OF APPENDICITIS COMPLICATED BY INTESTINAL HAEMORRHAGE.

(Reported by G. S. THOMPSON, M.R.C.S., L.R.C.P., Senior Resident Medical Officer.)

THE patient in the following case, a man aged 23, a gardener by occupation, was admitted on August 13th, 1906, with a history of ten days' abdominal pain. This came on suddenly and became continuous. It was referred to the umbilicus and at times exacerbated. There was also some sickness and diarrhoea, but no headache.

Condition on Admission.—He was a well nourished man, who did not appear acutely ill; he was cheerful, and remained so until just before death occurred. The abdomen moved but little on respiration, especially in the hypogastrium, which was tender, but not more so on one side than the other. The abdomen as a whole was somewhat distended, and the percussion note rather tympanitic. Rectal examination caused no pain, and revealed no fullness anywhere. The faeces were pulaceous in consistence, and a white clay colour—in fact, to the naked eye they precisely resembled psilotic evacuations. Air did not enter the lower part of the right lung freely, and vocal resonance and fremitus were impaired, a dull note being elicited on percussion; there were no adventitious sounds. The pulse was quick, and the temperature raised.

Progress and Result.—Six days after admission, or on August 19th, three copious haemorrhages from the bowel took place; on the 21st another occurred. On the 23rd he complained of sore throat and pain in the left knee-joint, which joint soon became distended by fluid. On the 26th blood-coloured fluid to the amount of 1½ pints was passed per rectum, and the patient at the same time became extremely blanched, the pulse also increasing in rate and becoming very feeble. An intravenous saline injection was then given, with marked temporary improvement to the pulse. Two hours later, however, collapse ensued, followed by the expulsion of a large quantity of blood from the bowel, for which again intravenous injection was performed. During the procedure the patient vomited and indulged in vigorous spitting, while extreme restlessness supervened, followed by violent struggling, which latter was only controlled with the greatest difficulty. The breathing became very laboured, whilst the patient was also as white as a sheet. The fatal issue followed about three hours afterwards.

MEDICAL NEWS.

THE first climatic sanatorium in Russia was recently opened within the precincts of the Ophthalmic Hospital at Jalta.

It is proposed to found a society in Boston for the study of diseases of children, to be called the New England Paediatric Society.

DR. JOHN C. S. RASHLEIGH of Menabilly, Par Station, has been nominated to serve as one of the Sheriffs of the county of Cornwall.

ON the recommendation of Major Torrens, H.M.V.L., the Lord Chancellor has appointed Dr. Thompson of Feeny to the Commission of the Peace for the county of Londonderry.

WE regret to announce the death of Professor Moritz Schmidt of Frankfort-on-the-Maine, one of the foremost laryngologists of Germany. A few years ago the title of "Excellenz" was conferred upon him by the German Emperor.

DR. THOMAS W. EVANS, the famous American dentist who helped the Empress Eugénie to escape from Paris after Sedan, left nearly his entire estate to found a museum and institute society in Philadelphia, to be called by his name. His wealth was great, but a considerable part of his princely gift has been frittered away in litigation. It is said that this is now ended, and the museum and institute will receive about £250,000. It appears that the lawyers, in the course of the litigation, have received about three times this amount.

THE lecture arrangements at the Royal Institution before Easter include two lectures on the internal ear of different animals by Dr. A. A. Gray, and six lectures by Professor W. Stirling on membranes, their structure, uses and products. The Friday evening meetings will commence on January 17th, when Professor Thorpe will deliver a discourse on the centenary of Davy's discovery of the metals of the alkalis. On the following Friday, Colonel David Bruce, R.A.M.C., C.B., F.R.S., will lecture on the extinction of Malta fever.

THE annual dinner of the Wigan Medical Society on December 5th was made the occasion of a presentation to Dr. William Berry in recognition of his twenty-five years' service as Honorary Secretary. The gift took the form of a silver tea service, in presenting which, on behalf of the Society, Dr. Monks said that alike as a physician, surgeon, specialist, and consultant, Dr. Berry had earned the goodwill of every one. Dr. Berry, who is Honorary Surgeon of the Royal Albert Infirmary, and Medical Officer of Health and Justice of the Peace for the County Borough of Wigan, was at one time President of the Lancashire and Cheshire Branch of the British Medical Association.

A FURTHER step in the transformation of St. Bartholomew's Hospital was taken on December 5th, when the foundation stone of the new Pathological block was laid by Lady Ludlow. The site adjoins the medical school facing Smithfield, and occupies one on which formerly stood the house of Johanna Astley, nurse of King Henry VI. The building, when complete, will have a frontage of 90 ft., and a depth of 48 ft. The topmost of the five floors will be devoted to the *post-mortem* rooms, the fourth to a pathological library, the third to rooms for bacteriology and histology, the second to research rooms and laboratories for the lecturers, the ground floor to rooms for the staff, and the basement to a mortuary and chapel. It is estimated that the total expenditure on the building will be £30,000, and, as it is not desired to pay for its construction out of the general rebuilding fund, a special fund has been started to meet the cost. A good deal has already been received, but more is required.

A CASE which has recently been occupying the attention of the Probate Court has brought to light one little fact which has a peculiar interest for medical men engaged in contract practice. The amount of the estate in dispute was £10,000, which had been left by a widow who must presumably have been living on the interest of this capital. During the hearing of the case the medical man who attended the deceased deposed that during her last illness he had been asked by one of the executors of the will to attend her as a private patient, but for the previous

ten years he had attended her as an ordinary member of the London and Manchester Friendly Society, whose members paid four shillings a year each for medical attendance. According to the newspaper report before us, this statement appears to have caused no surprise in court and to have elicited no comment from the judge. No doubt it seemed quite a matter of course and quite an equitable thing that a woman of considerable property should have the services of a qualified medical man during a period of ten years in return for a total payment of two pounds. It is, of course, well known to the medical profession that such abuse is common, and it may do good that such a flagrant instance should be noted. But as long as the present competition among friendly societies exists, so long will they pursue this short-sighted policy of accepting as members any one who chooses to join, irrespective of their financial position, and the medical man's only hope of protection against this form of sweating lies in membership of the British Medical Association.

THE members and friends of the Glasgow University Club dined together at the Trocadero Restaurant, Piccadilly Circus, on December 6th. The chair was taken by Professor John Ferguson. The Chairman, in proposing the toast of "The Glasgow University and the Club," referred to the system now followed in regard to the M.A. degree. The students called the method the soft option plan, and it might result in a man becoming a Master of Arts who had not studied the seven arts. It was proposed to remedy this defect by establishing different curricula from which a student would be able to make a choice instead of selecting a variety of subjects. The Chairman concluded his speech with stories of his experiences of the university in the olden days, and drew a contrast with the present time; he referred to the modern calendar of the university, a volume of 744 closely printed pages, as a proof of the material prosperity of the institution. The gifts to the university showed that the public appreciated the utility of the work done. The description of "Beelzebub," the taciturn attendant of the old reading room, who was credited with publishing poetry and a system of philosophy, greatly amused the audience. The toast of "The Guests" was proposed by Sir William Ramsay and acknowledged by Professor D'Arcy W. Thompson. The proceedings terminated with Professor J. M. Thomson proposing the toast of "The Chairman," which was duly acknowledged.

A PROPOSAL brought forward some little time ago to reduce the salary of the medical officer of health of Cheltenham by £100 a year has been finally dismissed, after a very long discussion of the whole subject at a meeting of the Town Council, fully reported in the *Cheltenham Examiner* for December 4th. The proposal emanated from an Inquiry Committee, which seems to have been appointed in the face of considerable opposition. In his reply to the attack of this Committee—which appears to have admitted to the full the excellence of his work—Dr. Garrett used phrases expressive of a doubt as to the propriety of the question being settled by individuals many of whom had been put to personal expense for sanitary repairs and the like. The Health Committee, to whom the matter was referred, decided that the proposal to reduce the salary was unsound and could not be supported. It disclaimed on behalf of Dr. Garrett any attack on the personal honour of the members of the Committee, and pointed out that the Local Government Board was unlikely to consent to any reduction of salary, as the existing total was only £100 above the minimum of £500 to which the Board would, in any circumstances, consent in the case of such towns as Cheltenham; this £100 had been long ago added to the original salary in acknowledgement of increased work, and since that time the town and the labours of the medical officer had again materially increased. This view was finally adopted by the Council, it being pointed out that the arguments of those who supported the recommendations of the Inquiry Committee were mutually destructive. On the one hand, they argued that the salary ought to be reduced because the town could not afford £600 a year; and, on the other, that Dr. Garrett ought to be mulcted £100 a year because he had not withdrawn the statements on which certain members chose to put an interpretation which they did not bear. One of the most effective speakers at the meeting was Dr. R. Davies, who fortunately has a seat on the Council; the opposition endeavoured to closure his speech, but by a vote the Council extended the time limit in order to permit of his observations being concluded.

A RETIRING PARTNER.

NEMO writes: A. B., aged 25, paid £500 to Y. Z. for the half share of a country practice worth £900 a year. In seven years, according to the agreement, A. B. was to purchase a further share for £200, and in ten years, or on the death of Y. Z., A. B. was to purchase the remainder. Between four and five years have elapsed, and now Y. Z. wishes to retire. What compensation should he receive for leaving the practice earlier than settled by the agreement?

* * Y. Z. cannot retire without the consent of A. B., and, if he wishes to retire, he must come to terms with A. B. In estimating the compensation to be paid to Y. Z., the chief factors to be considered are: (1) The present value of the practice; (2) the probable effect on the practice of Y. Z.'s premature retirement. It is impossible to give further advice on the data. The matter is one which only A. B. can properly decide.

LIABILITY FOR ACCIDENT.

A CORRESPONDENT puts the following legal conundrum: A. is the *locum tenens* of B. B., for the purposes of his practice, is in the habit of jobbing a horse and trap, which A. has power to order when he requires it. While driving in the trap, A. is injured owing to the negligence of the driver. What are his remedies?

* * This question divides itself into two subsidiary questions—What are the rights of the *locum tenens* (a) by statute, (b) at common law? With regard to (a) he might have had a remedy against B. under the Workmen's Compensation Act, 1906, if the injury had been more serious; but it does not appear from the facts that he was disabled for any time from continuing the practice of his calling. We are advised that it would hardly be worth his while to prefer a claim under that Act. As to (b), which relates to the remedy at common law, the jobmaster clearly owed a duty to the person who hired his trap to provide a competent driver. It seems that on this occasion the *locum tenens* was the hirer, and that the duty was owing to him. We are advised, therefore, that an action could lie against the jobmaster. Upon the facts stated, we cannot advise what amount of damages ought to be claimed.

THE OBLIGATIONS OF A SUBSTITUTE.

VENATOR writes: In May, 1905, Mrs. S., when driving away from the house of A., whom she had just consulted, met with an accident for which she was treated at the house of friends, who summoned their own doctor B. When B. found that she was A.'s patient, although at the request of the lady he continued in attendance, he agreed to attend for A., to whom he handed the fees. In November, 1907, Mrs. S., who had in the meantime married again, asked B. to see her baby. We are asked to say whether the former attendance as A.'s substitute precludes B. from attending.

* * A sufficiently long time (more than two years) has elapsed to remove any close connexion between the two events, and moreover B. did not act as A.'s substitute at A.'s request, and his consenting to regard himself in that capacity and to pay over the fees was quite a sufficient compliance with the requirements of the situation.

SALE OF DEATH VACANCY.

M. was engaged some months ago as a *locum tenens* on account of the illness of the principal. The latter has since died, and his practice has been put in the hands of several medical agents for sale. Nothing has come of this, but M. has himself recently introduced a friend, who has purchased the practice. Is he entitled to a commission on this sale?

* * Not unless the executors of the deceased had agreed to pay him a commission. It is not usual for a medical practitioner to claim a commission under such circumstances.

UNDER the will of the late Mr. Edmund Kyffin Lenthall, of Besselsleigh Manor, near Abingdon, who died on July 24th, the Radcliffe Infirmary, Oxford, receives a sum of £1,000.

At a meeting of the Dornoch Town Council, Dr. James MacLachlan was unanimously re-elected Provost of the burgh for another term of three years. This is the second time Dr. MacLachlan has been elected chief magistrate of Dornoch without a contest. We congratulate him on a distinction which shows how much his public services are appreciated by his fellow townsmen.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

DR. BARCLAY SMITH has been appointed University Lecturer in Advanced Human Anatomy for five years.

The following have been appointed members of Boards:

Financial Board.—Dr. Anderson.
State Medicine.—Dr. Shore, Dr. Gaskell, Mr. Fletcher.
Anthropological.—Dr. Guillemand.
Medicine.—Dr. Gaskell.

Mr. W. Bateson, M.A., St. John's College, has been appointed Reader in Zoology.

The following have been appointed additional Examiners for medical degrees:

PART I.—Professor Sims Woodhead, Professor C. R. Marshall, St. Andrews University.
PART II. Medicine.—Dr. F. Parkes Weber and Dr. P. Horton-Smith-Hartley.
Surgery.—F. J. Steward, M.S., F.R.C.S.

Mr. F. P. Jepson, Pembroke College, has been appointed to the Research Studentship in Medical Entomology, in place of A. H. Lees, who has resigned.

The following degrees have been conferred:

M.D.—E. Ward, Clare.
M.B.—W. L. Cripps, Trinity; C. A. W. Pope, Trinity; F. A. Barker, Emmanuel; R. B. Lloyd, Emmanuel.
B.C.—A. S. B. Bankart, Trinity; K. Davies-Colley, Emmanuel.

UNIVERSITY OF LONDON.

MEETING OF THE SENATE.

A MEETING of the Senate was held on November 20th.

Recognition of Teacher.

Dr. Frank Edward Taylor was recognized as a teacher of bacteriology at King's College.

Report from the Professor of Protozoology.

The report from the Professor of Protozoology for the year ending June 30th was received. The report stated that on November 15th Professor Minchin gave his inaugural lecture at the University of London, which, in spite of bad weather, was attended by about 300 persons. During May and June he gave a course of twenty-three lectures on protozoa at the Lister Institute, the average attendance at the lectures being twenty-five. Professor Minchin also reported that his assistant, Dr. J. D. Thomson, had been working in collaboration with Mr. Plimmer on the curative treatment of animals infected with trypanosomes, and that a preliminary communication was made by them to the Royal Society on July 10th last; Dr. Thomson had also completed some work, not yet published, on the cultivation of fish trypanosomes. Dr. H. M. Woodcock, the other assistant to Professor Minchin, had been engaged upon various researches upon protozoa, had compiled the report upon protozoa for the Zoological Record for 1906, and had completed an article on flagellata for Lankester's *Treatise on Zoology*.

Addition to University Extension Board.

Dr. H. A. Caley, F.R.C.P., has been added to the Board to Promote the Extension of University Teaching for the remainder of the period 1907-8.

University of London Lodge of Freemasons.

At a regular meeting of the lodge held on November 14th Dr. Robert Maguire was installed Master of the lodge for the ensuing year.

University Library.

The University library at South Kensington is now open from 10 a.m. to 9 p.m. on Tuesday and Thursdays, and until 5 p.m. on other week days.

UNIVERSITY OF SHEFFIELD.

DR. ARTHUR HALL has been elected to the post of Lecturer on Practical Medicine rendered vacant by the resignation of Dr. W. Tusting Cocking.

ROYAL NAVY AND ARMY MEDICAL SERVICES.

DIRECTOR-GENERAL OF THE ARMY MEDICAL SERVICE.

THE following has been substituted for Article 312 of the Pay Warrant: The appointment of Director-General of the Army Medical Service shall be for three years, unless the term is specially extended by the Army Council for a further period not exceeding two years, or for such time as may be necessary to enable the holder to complete thirty years' service.

THE VOLUNTEER AMBULANCE SCHOOL OF INSTRUCTION.

At the head quarters of the London Rifle Brigade on the evening of December 9th, Sir Alfred Keogh, K.C.B., Director-General, Army Medical Services, inspected the classes of the