

unrelievable. They were described as follows: "Every act of micturition, and it occurs every ten minutes, resembles the labours of childbirth." The bladder could be felt projecting above the pubes, for it was so full of soft growth that it, with its containing urine, felt like a child's football. I brought both ureters on to the loin at one sitting.* There was no shock and his suffering was greatly reduced. A week later I removed his bladder (Fig. 1) by a method I adopt in non-malignant cases, which I may roughly designate as "shelling." He has been free from pain since, and it is now six months since the operation.

The technique of excision of the bladder is simple. Its secret consists in the operator using a strong electric head lamp, appropriate retractors, and in shelling out the *distended* bladder without opening it except at the vesical orifice by keeping strictly to the outer muscular layer of the organ. A vertical skin and a transverse muscle incision is made suprapubically. The bladder being brought into view, its posterior aspect is first separated by scissor-clipping from the peritoneal layer as far down as the posterior border of the prostate (Fig. 2). The separation proceeds *between the prostate and the bladder base* until the trigone is reached. If there is any suspicion of cancer, the vesicles and prostate must be removed, and in this case the shielding hand protects them from the rectum while the scissoring continues. The anterior surface is now separated from the

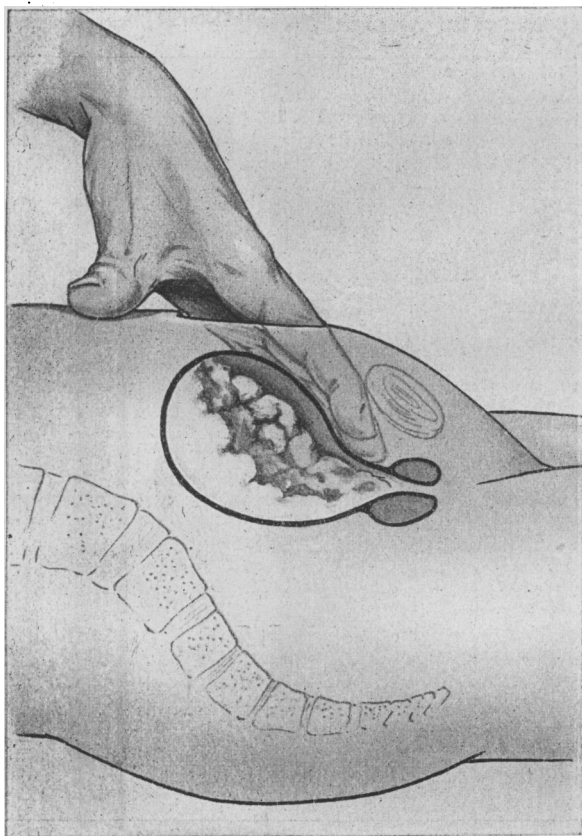


Fig. 3.—Separation of bladder from the pubes.

pubes as low as the prostate (Fig. 3). With a little tactile dexterity the scissors (a broad-bladed pair) can be made to cleanly cut through the vesical orifice—if the prostate may be left—and the trigone. The freed bladder is now lifted on to one side to allow of the ureters being traced; these are detached a little way up and divided. If the prostate has to be ablated, the scissor aims lower and cuts through the membranous urethra to join the posterior incision.

CYSTECTOMY, PROSTATECTOMY, AND SEMINAL VESICULECTOMY.

* Another patient, a gentleman aged 56, sent me by Dr. Reynolds of Stamford Hill in April, with a soft carcinomatous growth of the right lateral wall of the bladder, a growth which just filled a 6-oz. measure glass, was in great distress with frequent and painful urination.

*It is a detail which does not invalidate the principle, but this patient had three ureters and I overlooked one of them.

Both ureters were first short-circuited, and a week later the bladder, prostate and vesicles, and lower part of the ureters were skinned out entire and without opening the peritoneum. He is up and healing well.

UNILATERAL URETEROSTOMY AND HEMICYSTECTOMY.

We can extend the principle in women, but not, I think, in men, to unilateral ureterostomy and subsequent hemicystectomy, when the vesical cancer has distinctly invaded only one ureter and the other is clear.

I was asked by Dr. Lewis Smith to examine a female patient sent to him by Dr. Collie of Balham. She was 40 years of age, and had suffered from continuous haematuria for weeks. The right kidney was enlarged and tender.

The diagnosis was carcinoma of the bladder overlapping and blocking the right ureteric orifice, causing back pressure on the right ureter and right kidney pelvis, complicated by ascending pyelitis. I brought the right ureter on to the loin for drainage. It was swollen, dilated, and puriform urine oozed from it. At the same sitting I split the bladder in two, vertically, and removed the right half of the organ with 3 in. of the lower right ureter. I left the vesical orifice of the bladder and repaired in the same way as that adopted in removal of half the tongue, attaching the upper cut convexity to cut concavity of the trigone. She is bidding fair to do well. The growth covered the right ureteric orifice; it was hard and carcinomatous and equalled half a Tangerine orange in size.

I gratefully acknowledge that the principle of bilateral kidney drainage is due to F. S. Watson of Boston. I think as a principle, even as an operation, it will rank high in palliative urinary surgery. I do not think, however, it is realized how simple, expeditious, and free from shock ureterostomy is, and as an operation of relief it will be preferred to nephrostomy.

I should like to advance the following propositions:

1. What can be done for uncontrollable and luxuriant benign villous growth of the bladder, in which the patient suffers from exhausting haemorrhage or uncontrollable pain, or is commencing to suffer from ascending septic changes along the ureters? In such a case I agree that bilateral nephrostomy, or, better still, ureterostomy, should be performed, and a fortnight later the bladder should be removed—if the patient's physical condition and future seem to permit of this mutilation.

2. If the bladder is affected by interstitial cancer, which has so invaded the surrounding areas that no chance remains of removing the organ, I submit that bilateral ureterostomy is wiser, for this will relieve the patient of the agony of urination.

3. If malignant disease is detected early, as it can be by the cystoscope, it is wiser to perform double ureterostomy; and if the physical and renal condition of the patient permit, let the bladder, with or without the prostate and seminal vesicles, be entirely ablated.

REFERENCE.

¹ *Annals of Surgery*, December, 1905.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

SURGICAL EMPHYSEMA.

My partner, Mr. Blaber, and I were recently called to a case of surgical emphysema that was curious, first in the way it originated and secondly in the absence of symptoms. The patient, at about 6 p.m., stepping off a motor omnibus before it had stopped, fell upon his face, giving his neck a severe jerk and causing his nose to bleed. He walked home, and an hour and a half later, the epistaxis having ceased, partook of dinner, consisting of cutlets, vegetables, etc., and a glass of soda water. His wife then noticed that his face and neck were beginning to swell, and he also felt that his collar was tight. An examination showed extensive surgical emphysema, surrounding his neck and reaching from his eyes to the fourth rib on each side, to be present. There were two or three superficial abrasions upon the nose. No facial bones or ribs were broken, and he complained only of a slight stiffness of the neck. At the back of his palate was a clot of blood, and the removal of this disclosed a black object sticking into his nasopharynx just above the pillars of the fauces of the right side. This was detached with some difficulty, and proved to be the vulcanite mouthpiece of his pipe, measuring 2½ in. in length. Until then we had heard

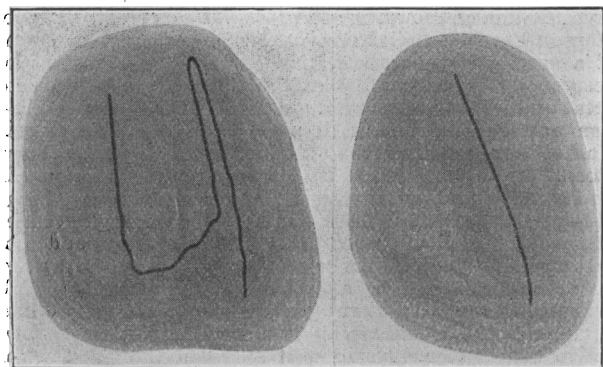
no mention of a pipe, but he now produced the bowl to which the mouthpiece, with the exception of a minute portion, fitted exactly. He had had two whiskies and soda during the day, and was not under the influence of drink. The fact that he had eaten his dinner with only the slight discomfort of a stiff neck is extraordinary. A day or two later there was a small collection of pus in the region of the injury, but this, with fomentations and a spray of glycothymoline, soon cleared up, and he made an otherwise uninterrupted recovery.

Cricklewood.

A. S. WOODWARD.

VESICAL CALCULI FORMED AROUND BROKEN HAIRPIN: SUPRAPUBIC CYSTOTOMY.*

H. J. V., aged 25, was admitted into Chatham Hospital on December 2nd, 1907, from H.M.S. *Magnificent*, suffering with symptoms pointing to vesical calculus. The following history was obtained. Two years previously a hairpin was introduced into the meatus and slipped in beyond recovery. The patient at once went to the Temperance Hospital, London, and was anaesthetized; the hairpin, however, was not withdrawn, and he was told that he could either have it removed by operation in the hospital or allow it to remain as long as it caused no trouble. He chose the latter alternative. Until three weeks previous to his admission to Chatham Hospital there had been little discomfort, but then difficulty in micturition, perineal and pubic pain,



especially after physical exercise, and urethral pain after micturition, with occasional passage of bloody urine, began and increased in severity, so that he applied for relief. A catheter was passed on board ship, and a foreign body was felt at the neck of the bladder. He was discharged to hospital for treatment the same day. On admission into hospital the urine was found to be alkaline and to contain albumen and pus. An x-ray examination with the screen showed two oval shadows in the pelvis, and an x-ray negative confirmed these as vesical calculi, with a portion of the hairpin in the centre of each stone. A suprapubic cystotomy was performed on December 10th, and two phosphatic calculi about the size of large pigeon's eggs were removed. The attached radiograms by Surgeon George Ross, R.N., show very clearly the portions of the hairpin embedded in the laminated phosphatic deposit.

Fleet Surgeon F. J. A. DALTON, R.N.

Reports

ON

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

ST. GEORGE'S INFIRMARY, FULHAM ROAD, S.W.

AN UNUSUAL CASE OF RUPTURE OF THE BLADDER:
SUBSEQUENT PROSTATECTOMY.(By J. C. MUIR, M.D. Cantab., Medical Superintendent
of the Infirmary.)

History and Progress.

J. F., a male patient aged 60, was admitted on June 21st, 1907, complaining of severe pain in the suprapubic region, which had come on at 9 a.m. on the same day when

* Communicated by the Director-General, R.N.

straining to pass urine. He had had difficulty in micturition for a few days; he had previously been healthy.

There was decided tenderness and rigidity of the abdomen above the pubes, but nothing else definitely abnormal could be detected. A catheter was passed without difficulty and withdrew quite normal urine. The prostate was moderately enlarged, firm, and elastic. The temperature was 99.8° F., and constitutional disturbance only slight.

During June 22nd his condition was unchanged. No urine was passed normally; the catheter was passed several times and always withdrew normal urine.

On June 23rd there was superficial redness and infiltration of the tissues above the pubes. The perineum was normal. It was then evident that there was an extra-peritoneal rupture. The patient being anaesthetized, a suprapubic incision was made. Urine was found in the prevesical space, but no opening could be found in the bladder wall, either by external inspection or by a sound within the bladder. The prevesical space was drained with a large tube and a catheter tied in the bladder, in the hope that the wound, which was evidently a small one low down near the neck, would heal.

Pain was relieved, and the general condition at once improved, but the infiltrated tissues sloughed extensively, and there was much cystitis. The bladder was washed out twice daily. On July 22nd, that is about a month after operation, some very large sloughs were removed from the left side of the wound; after this the wound granulated healthily, until only a small sinus was left. Various attempts were made to leave cut the catheter (passing it at frequent intervals to avoid distension), but the result was always that after a few days, during which the patient suffered discomfort and passed little urine naturally, the sinus leaked again. Ultimately he was left with a permanent fistula, through which all urine passed.

Prostatectomy.

On October 17th, therefore, under A.C.E. anaesthesia, suprapubic cystotomy was performed and the prostate enucleated; there was a well-marked "collar" projection of the gland round the urethral opening. The original rupture could not even now be located. The wall was thick and healthy, without any thin spots or pouching, as far as could be seen.

Subsequent progress was satisfactory. The tube was left out in a week. Urine was first passed on the fifteenth day, and the sinus was quite closed three days later. Micturition was free and without difficulty, though still rather frequent, that is about six times in the twenty-four hours. He returned to the workhouse, and remains in good health at the time of writing, May, 1908. He appears to have a tendency to constriction near the neck of the bladder, for which I pass a sound at intervals, a No. 12 passing easily. I do not know whether this is to be attributed to some fault in the enucleation or whether it is a sequela which may be expected in a percentage of cases.

REMARKS.

The chief points of interest appear to be: (1) The occurrence of rupture so soon after the first symptoms of urinary trouble and in the apparent absence of secondary changes in the bladder wall. (2) The withdrawal of perfectly normal urine on several occasions after the rupture. (3) The failure to find the site of the rupture, which was evidently low down, near the neck on the left side.

As to the correct treatment to be followed under such circumstances, it seems probable, in view of the prolonged course of this case, that it would be better to drain the bladder suprapubically at once, with or without prostatectomy at the same time; considering the likelihood of sloughing of the infiltrated tissues, however, it would probably be better to postpone prostatectomy until later, especially if the general condition were not good.

I am indebted to Dr. Ingram, my late colleague, for assistance at the operations and for much of the after-treatment.

A SPECIAL meeting of the Association of Public Vaccinators of England and Wales will be held under the presidency of Dr. Drury of Halifax, in Sheffield, during the visit of the British Medical Association to that town. Further particulars as to the time and place of the meeting will be announced subsequently.

advice about works of art in private possession, yet in this case, and as my opinion is entirely favourable to the works in question, I can say what I think about them as a private citizen. In my opinion the sculptures are very interesting, they are dignified and reverent in treatment, and the sculptor has expressed ideas in a way unusually suitable to the material in which he has worked, and both ideas and workmanship harmonize with the building.

"I do not know the sculptor, but I hear he is a young man. From the works I have seen I believe the British Medical Association will be proud of having given him this work to do in the future when he has made the name for himself which his work promises.

"Yours faithfully,

"(Signed) CHARLES HOLROYD.

"PS.—May I add that I think the work is too severe and reverent to be in any way improper?"

Medical News.

ON Friday next the Earl of Crewe will unveil a statue of Queen Alexandra at the London Hospital at 4 p.m. Prizes to the students and nursing probationers will be distributed on the same day at 3.30 p.m.

THE King has been graciously pleased to confer the decoration of the Royal Red Cross upon Miss Ethel Jane Martin, Matron, Queen Alexandra's Imperial Military Nursing Service, in recognition of her general excellence in nursing and organizing the nursing of His Majesty's soldiers.

SIR HENRY PITMAN, M.D., celebrated his hundredth birthday on July 1st. Among the many congratulatory messages received by him was one from His Majesty the King. A deputation from the Royal College of Physicians presented Sir Henry with a handsome piece of plate. The Royal College of Surgeons sent a letter acknowledging his great services in the promotion of medicine and surgery. The Council of the British Medical Association, which met on the same day, unanimously resolved, on the motion of Dr. Collier of Oxford, to send a congratulatory message to Sir Henry.

THE jubilee festival dinner of the Royal Dental Hospital of London was held at the Hotel Cecil, London, on June 25th, under the chairmanship of Sir Fredk. Treves. The object of the dinner was to raise money for the institution, and the amount subscribed reached the total of £3,000. The Chairman, in proposing "The Hospital and School," said it was a national work, and should be supported by people on national grounds. Amongst other speakers were Sir R. Douglas Powell, Sir J. Crichton-Browne, Sir A. Keogh (Director-General of the Army Medical Service), and Inspector-General J. Porter (Director-General of the Medical Department of the Royal Navy).

WE are informed that any member of the medical profession visiting the Franco-British Exhibition at Shepherds Bush will be admitted to Ballymaclintock, the famous Irish Village, on simply showing his or her visiting card. All the profits from the village, both from the gate and from the sale of goods, are to be devoted to further the scheme established by Her Excellency the Countess of Aberdeen for the suppression of consumption in Ireland. In the Irish village, besides many most interesting sights, there is a tuberculosis exhibition, a form of object-lesson which has been found so useful in educating the people of Ireland, where everything can be seen which is employed in teaching the causation, prevention, and treatment of tuberculosis.

THE usual monthly meeting of the Executive Committee of the Medical Sickness, Annuity, and Life Assurance was held at 6, Catherine Street, Strand, London, W.C., on June 19th. The accounts presented showed that although the epidemic of influenza which so greatly increased the sickness-pay disbursements in the early part of the year seemed to have subsided, the claim list of the society was still somewhat heavier than the expectation. There were, however, signs that with the warmer weather a large number of the members suffering from bronchitis, tonsillitis, and other throat affections would be able to resume

their ordinary work. The mortality experience still continued remarkably good. Amongst those who had secured sums payable at death the claims were very few, and well under the number expected by the mortality table by which these risks were measured. Among those members, all over 65 years of age, drawing annuities no deaths have occurred this year. Among the group of members permanently disabled and drawing the sick-pay allowance of £109 4s. per annum very few deaths occurred. Prospects and all further particulars can be obtained on application to Mr. F. Addiscott, Secretary, Medical Sickness and Accident Society, 33, Chancery Lane, W.C.

A MURAL tablet was unveiled at the Middlesex Hospital on June 29th as a memorial to the late Mr. Edward Ashby Fardon, who for twenty-eight years was resident medical officer of the hospital. It is a medallion in bronze, bearing the name of the deceased and the inscription: "Resident medical officer, 1879-1907. An able administrator, a faithful servant to the hospital, a much-loved physician." Mr. Fardon's memory will be further commemorated by three medals—one of gold, one of silver, and one of bronze—each bearing his portrait on the obverse. These will be distributed annually among the members of the nursing staff, to the furtherance of whose welfare Mr. Fardon continually devoted both time and energy during his long connexion with the hospital. The tablet was unveiled by Dr. William Cayley, consulting physician. Among those present was Lord Cheylesmore, who, speaking of Mr. Fardon, said that he was a colleague admired and beloved by all; no hospital had ever had a better resident medical officer, and by his death they had all sustained an irreparable loss.

THE first meeting of the Socialist Medical League was held on June 25th under the chairmanship of Dr. A. Salter, L.C.C. The Acting Secretary, in his report, explained the genesis of the movement, and announced that over seventy medical practitioners had become members of the league. Dr. Robb (Bourneville) moved the following resolution: "That a Socialist Medical League be and is hereby formed in order that the special knowledge of medical practitioners be enlisted toward and represented in the reconstruction of society upon a socialist foundation." This was seconded by Dr. Davidson (London), and carried. It was agreed that membership should be limited to registered British medical practitioners and dentists who accept the principles of socialism; and that medical and dental students and non-British practitioners be admitted as associates. The annual subscription was fixed at 5s. for qualified practitioners, and 1s. for students. It was arranged to hold a yearly meeting during the annual meeting of the British Medical Association, and in the same town. Dr. A. Salter was elected Chairman, Dr. Williams (Eastbourne), Treasurer, and Dr. Eder (London), Secretary, to serve during the first year together with a committee of ten members.

THE dinner given last Saturday in honour of Miss Isla Stewart at the instance of the Matrons' Council of Great Britain and Ireland was so well attended that greater significance than a mere compliment should perhaps be attached to it. Not many years ago it would have been difficult to imagine a score, and still less many scores, of matrons and nurses from all parts of the country assembling in honour of a fellow-worker. Even still less realistic would it have seemed to picture them giving a public dinner only differing from the many that take place every week in London in the fact that there were more persons present than at the majority of dinners, and that three-fourths of the diners were ladies. The fact is that the nursing world has progressed not only in its capacity as handmaiden of medicine and surgery, but on the same lines as those which are bringing suffrage questions to the fore amongst women. The dinner was well managed, the speeches excellent, and during the evening a number of bouquets were presented to Miss Stewart by delegates from different nursing bodies. A medal, moreover, was presented to her on behalf of the *Ministère de l'Assistance Publique* in France. Miss Isla Stewart has been a strong and prominent advocate of State registration of nurses, and therein, perhaps, lies the chief significance of the dinner, which may be regarded in some degree as a demonstration by nurses in favour of State registration—an anticipated measure which has been consistently approved by the British Medical Association ever since it was first suggested.

EDINBURGH UNIVERSITY: LORD RECTORSHIP.—Three candidates are now in the field for the Lord Rectorship of Edinburgh University: The Right Hon. George Wyndham, the Right Hon. Winston Spencer Churchill, and Professor William Osler.

State management in these cases has not been so efficient and beneficial as to augur well for the prosperity of the profession if it became one vast State service.

The path of the medical practitioner seldom lies in pleasant places. Few of us find it easy to make a living, and it is harder now than in our fathers' time. Still, bad as the present time is for most of us, Dr. Whitby opens out to us a decidedly worse prospect in his "more enlightened and generous views."—I am, etc.,

June 27th.

MAJOR GREENWOOD.

SIR,—The socialization of medicine, as Dr. Whitby points out, is not a matter that lies in the hands of the profession to decide, and any objections to it must be urged by us as citizens, not as doctors.

Such an objection, for example, as that offered in your leader that "socialism would stop progress" has already been so well refuted by socialist writers that it seems unnecessary to add one more nail to its coffin, but such a nail lies to our hand in a review of our own profession. "Who would fardels bear?"—does not the history of medicine, especially its recent history, point clearly to the medical profession as a body of men who have consistently striven for increase of knowledge without reward or hope of reward? Is there one single discovery or advance in medical science that has brought its discoverer any pecuniary reward? Were Hunter, Harvey, Simpson, Lister, or any of the hundreds of medical benefactors of mankind stimulated to study, to learn, to probe the secrets of nature by the incentive of pecuniary reward? Do we now, any of us, relieve the sick *only* because we desire money?

To my mind, the practice of medicine stands out, though not by any means alone, as a proof of the socialist's contention that human nature is at bottom a grand thing, and not the miserable avaricious entity that the older political economists asserted it to be.

That the competitive system has an influence on the profession is undoubted; but that influence is not to make its members strive the harder after knowledge, but only after gain; to that influence is due not our real progress in learning, but only our little meannesses and jealousies towards each other, our unprofessional keenness for stray dollars, our club squabbles, and unseemly competition for inadequate salaries.

Why, the very existence of our Association, founded for "the promotion of medical and the allied sciences," seems enough to disprove most of your arguments against the socialistic idea. Here is a body of men who have been so little actuated by the greed of gain that their spare cash (often very spare) spreads itself freely on a scientific society, but shuts itself up when medical benevolence, medical defence, or emergency funds stretch out urgent empty hands.

Your leader, as Dr. Whitby says, is testimony to the growing power of the socialist idea, and we general practitioners who daily and hourly are in contact with the horrors of life to the poor under the capitalistic régime, would indeed be blind if we did not see how near its end that régime was.

Apart altogether from the question of how any change might affect ourselves in particular, as men of broad minds and kindly hearts we should be prepared to accept any not intolerable conditions which might ensue in the transition from organized wage slavery to a free and happy life for all.

May I refer to one other point? On page 1609 you say, "Why does not medicine . . . attract so many men of the highest intellectual power as the law?" Is this really so? Is the medical intellect so inferior to the legal? Whose are the legal brains we are to consider superior to those on our own roll of fame? In spite of the fact that medicine offers rather less than a living wage for a life of arduous work, the profession is overstocked. Is this really because we are stupid? or is it not rather because, though the prizes are few and small, the "incomparably greater interest and beneficence of medicine" have an intellectual attraction which nullifies to some extent the ordinary worldly considerations actuating the choice of an occupation?—I am, etc.,

Bristol, June 27th.

HARRY GREY, M.D.

*** We admire the fine sentiments expressed by Dr. Harry Grey, but we venture to point out that he would seem to have changed his attitude since he did us the

honour to address a communication to us on the remuneration of Poor-law district medical officers, which appeared in the *BRITISH MEDICAL JOURNAL* of March 19th, 1904, p. 705. There, after narrating a case of "sweating" of the doctor by Bumble of the usual type, he says: "Underlying this reply" (that of the guardians to two doctors overworked and underpaid), "is the strongly-felt and frequently-expressed opinion that, as there is never any difficulty in filling a vacancy at ever so inadequate a salary, why should the guardians not accept the lowest tender? More especially, as dealing with honourable professional men, they have no fear of the contract not being carried out both in letter and spirit. As for the Local Government Board, that is a broken reed for us to lean upon; the duty of the Local Government Board as regards local administration appears to be to prevent increase of expenditure. *It is becoming increasingly evident to me that commercialism can be met only by commercialism, and appeals to fairmindedness, generosity, and justice (which boards of guardians and club members are conspicuously wanting in) are only met with derision.*" But, as Dr. Grey would now say, "as men of broad minds and kindly hearts," how are we to condemn Bumble for offering doctors what he happily calls "organized wage slavery" as long as men are to be found who think they see a prospect of "a free and happy life" under a socialistic dispensation?

Universities and Colleges.

UNIVERSITY OF CAMBRIDGE.

THE following degrees were conferred on June 18th:

M.D.—T. R. Elliott, Trin.; J. M. Hamill, Trin.; J. Lambert, Down.

M.B., B.C.—R. G. Chase, Trin.; M. R. Sandhay, Down.

M.B.—G. W. Goodhart, Trin.; A. S. M. Palmer, Jes.; M. M. Fergusson, Magd.

M.A. Research.—D. G. Sutherland, Joh.

The following degrees were conferred on June 20th:

M.B., B.C.—E. G. Fearnside, Trin. H.; E. B. Hinde, Emm.

And on June 23rd:

M.D.—R. E. Whitting, King's.

M.C.—E. H. Dooty, King's.

M.B., B.C.—R. C. Priest, Gov. and Cai.; K. D. Pringle, Gov. and Cai.

M.B.—J. H. B. Martin, Emm.; S. L. Walker, Sid. Suss.

B.C.—H. S. Berry, Clare; H. J. Cardew, Clare; J. B. Mennell, Pemb.

G. D. Alexander, Gov. and Cai.; R. Burgess, Gov. and Cai.

H. N. Little, Gov. and Cai.; J. B. Bannister, Jes.; J. F. Windsor, H. Selw.

Dr. Humphry has been appointed Assessor to the Regius Professor of Physic for the ensuing academic year.

The following candidates have been approved at the examinations indicated:

FIRST M.B. (*Elementary Chemistry and Physics*).—K. B. Aikman, Cla.; C. S. Atkin, Cai.; G. L. Attwater, Pemb.; J. Aydon, Cla.; D. C. C. Ballinghall, Emm.; H. A. Bell, Jes.; G. A. G. Bonsor, Joh.; H. J. Bower, Emm.; E. C. Bradford, Pemb.; R. St. L. Brockman, Cai.; A. E. Brown, Christ's; E. H. P. Brunton, Trin.; S. Butt, Joh.; R. N. B. Byatt, Cla.; F. L. Cassidy, Corp. Chr.; G. M. Chapman, Cai.; W. H. W. Cheyne, Trin.; M. T. Clegg, Jes.; G. D. Compston, Trin. H.; E. H. Copeman, Christ's; A. C. M. Coxon, Magd.; H. E. Creswell, Cai.; J. L. Crommelin-Brown, Trin.; H. V. Deakin, Trin.; B. C. Ewens, Cai.; E. Ezra, Pet.; W. D. Galloway, Cla.; N. Garrard, Pemb.; N. Gray, Emm.; S. W. Green, Cla.; J. R. Griffith, Christ's; H. G. Hooper, Emm.; B. L. Hutchence, Cai.; C. C. Kerby, Trin.; G. C. King, Cai.; C. Lambinudi, Christ's; F. C. Lapage, King's; F. G. Lescher, Cai.; G. A. Lilly, Cai.; W. B. Loveless, Pemb.; L. A. McAfee, Pemb.; H. D. McCall, Christ's; H. Y. Mansfield, Emm.; J. A. Martin, Pemb.; C. F. Mayne, Cai.; T. W. Melhuish, Pemb.; I. Mortada, Trin. H.; W. New, Down.; N. F. Norman, Down.; H. G. Oliver, Cai.; D. S. Page, Cai.; A. A. Pallis, Trin.; C. F. Pedley, Jes.; R. A. Peters, Cai.; A. C. Pickett, Cai.; S. G. Platts, Cai.; E. L. K. Sargent, Joh.; C. J. Scholz, Emm.; D. N. Seth-Smith, Emm.; L. R. Shore, Joh.; W. S. Soden, Joh.; C. B. Spence, Pemb.; E. C. W. Starling, Jes.; R. J. Tweedy, Cai.; C. F. Verrall, Trin.; P. Wallace, King's; C. A. Weller, Cla.; B. Whitehead, Cla.; H. C. Whittall, Cai.; A. G. Williams, Cai.

FIRST M.B. (*Elementary Biology*).—K. B. Aikman, Cla.; S. G. Askey, Joh.; M. L. Atkinson, Emm.; J. Aydon, Cla.; D. C. G. Ballinghall, Emm.; P. H. Berry, King's; W. G. Bigger, Queens'; G. A. G. Bonsor, Joh.; E. J. Boyd, Sid. Suss.; E. C. Bradford, Pemb.; J. C. Bramwell, Trin.; E. J. Y. Brash, Joh.; R. St. L. Brockman, Cai.; A. E. Brown, Christ's; E. H. P. Brunton, Trin.; E. N. Butler, Cla.; F. L. Cassidy, Corp. Chr.; C. M. Chapman, Cai.; W. H. W. Cheyne, Trin.; A. C. M. Coxon, Magd.; E. D. Davies, Christ's; H. V. Deakin, Trin.; G. D. East, Emm.; B. C. Ewens, Cai.; E. Ezra, Pet.; W. D. Galloway, Cla.; N. Garrard, Pemb.; N. Gray, Emm.; J. R. Griffith, Christ's; W. T. Hare, Christ's; A. D. Haydon, Cai.; C. Helm, King's; G. J. Hill, Pet.; A. N. Hooper, Emm.; A. M. Humphry, Trin.; T. Jones, Sid. Suss.; F. G. Lescher, Cai.; H. A. Lucas, B.A. Trin.; L. A. McAfee, Pemb.; H. D. McCall, Christ's; M. MacGregor, Cai.; A. R. MacMullen, Cai.; H. Y. Mansfield, Emm.; F. D. Marsh, Trin.; W. H. Marshall, Pemb.; C. F. Mayne, Cai.; A. T. Miller, Cai.; I. Mortada, Trin. H.; R. F. S. Morton, Trin.; H. G. Oliver, Cai.; P. R. T. Owen, Christ's; D. S. Page, Cai.; A. A. Pallis, Trin.;

A. E. Panter, Cla.; R. A. Peters, Cai.; S. G. Platts, Cai.; A. St. Johnston, Trin.; E. L. K. Sargent, Joh.; C. J. Scholtz, Emm.; D. N. Seth-Smith, Emm.; J. E. Sharp, Cai.; T. W. Sheldon, Emm.; L. R. Shore, Joh.; W. S. Soden, Joh.; G. W. Spencer, Joh.; E. C. W. Starling, Jes.; M. T. W. Steedman, Cla.; H. M. Stephenson, Cai.; A. V. Stocks, Joh.; W. J. F. Symons, Sid. Suss.; E. S. Taylor, King's; J. B. Thomson, Trin.; J. M. Thorburn, Trin.; E. H. Thurston, Cai.; C. F. Verrall, Trin.; P. Wallace, King's; C. A. Weller, Cla.; B. Whitehead, Cla.; K. J. Yeo, Emm.

SECOND M.B. (*Human Anatomy and Physiology*).—W. B. Alcock, Trin. H.; L. A. P. Anderson, Emm.; G. V. Bakewell, Cla.; H. G. Baynes, B.A., Trin.; C. H. Crawshaw, Christ's; J. Ellison, B.A., Down.; G. V. Fiddian, Down.; J. P. Hill, M.A., Cai.; R. S. Kennedy, Christ's; D. N. Macleod, Cai.; O. de B. Marsh, B.A., Pemb.; W. M. Oakden, Pet.; T. H. Oliver, Cai.; J. H. Pendered, Cai.; M. J. Petty, Down.; P. W. Ransom, Pemb.; W. A. Russell, B.A., Emm.; C. M. Ryley, Emm.; F. B. Smith, King's; J. R. A. D. Todhunter, B.A., Cai.; C. Worster-Drought, Down.; C. R. Wright, Christ's.

THIRD M.B. (*Part I. Pharmacology and General Pathology*).—G. D. Alexander, B.A., Cai.; H. L. Attwater, B.A., Pemb.; M. W. Baker, Joh.; J. B. Banister, M.A., Jes.; R. L. Barker, B.A., Cai.; H. S. Berry, M.A., Cla.; A. M. Bodkin, B.A., King's; R. G. Canti, B.A., King's; H. J. Cardew, M.A., Cla.; H. T. Depree, B.A., Cla.; E. St. G. S. Goodwin, B.A., Cai.; R. H. P. Hick, B.A., Christ's; A. C. Jepson, B.A., Pemb.; K. T. Khong, Joh.; R. L. Ley, B.A., Pemb.; H. N. Little, B.A., Cai.; E. Mellanby, B.A., Emm.; J. B. Mennell, M.A., Pemb.; G. Moore, B.A., Cai.; P. P. Opie, B.A., Cai.; W. M. Penny, B.A., Jes.; R. L. Rawlinson, B.A., Trin.; F. H. Robinson, B.A., Queens'; A. L. Sachs, M.A., Pemb.; F. P. Saunders, B.A., Cla.; C. F. Searle, B.A., Pemb.; H. E. S. Stiven, B.A., Trin.; F. R. Thornton, B.A., Trin.; G. B. Wainwright, B.A., Trin.; M. H. Whiting, B.A., Down.

UNIVERSITY OF LONDON. ST. GEORGE'S HOSPITAL.

THE EARL OF PLYMOUTH, one of the Treasurers of the hospital, distributed the prizes to successful students at St. George's Hospital on June 24th. The Senior Physician, Dr. Rolleston, in introducing Lord Plymouth, said that a close connexion had always existed between the hospital and the school, and pointed out that the Governors, recognizing the advantages accruing to the general public from the maintenance of the school, had always shown great interest in it. The Earl of Plymouth delivered a short address, in the course of which he remarked that the opportunities afforded by the large hospitals of this country for the instruction of medical students were of the highest importance, and that the work so done was worthy of the fullest support by the public. The Endowment Fund, started at St. George's Hospital for the benefit of its school, ought to be materially increased in order that the settled income derived from this source might suffice to enable it not only to afford a sound education in all branches of medical science, but to promote research. The examination returns of the various licensing bodies showed that students belonging to St. George's Hospital were remarkably successful. Mr. Clinton Dent, the Senior Surgeon, in moving a vote of thanks to the Earl of Plymouth, said the close and cordial relations between the Governors of the hospital and the school were of twofold value. The arrangements by which students frequented the wards, and the part they took in the work of the hospital, were not merely of educational utility. If ever a time came when hospitals were rate-aided and State governed, students would perhaps no longer be trained at St. George's Hospital, but in that case the cost of the work would be found to have trebled and its efficiency to have diminished to one-third.

LONDON HOSPITAL MEDICAL COLLEGE.

Lectures on Clinical Surgery.

The fourth lecture of Mr. Jonathan Hutchinson's course on clinical surgery will be delivered on Tuesday next at 3 p.m., the subject being the present state of the leprosy question. The lecture is open to all students of the university, and to medical graduates.

UNIVERSITY OF DUBLIN.

The following candidates have been approved at the examination indicated:

FINAL, PART II (*Medicine*).—*W. H. McCarthy, *G. B. M'Hutcheson, *J. L. Phibbs, D. P. Clement, D. G. Madill, R. P. Hadden, A. K. Cosgrave, E. C. Lambkin, J. A. W. Pantou, S. F. A. Charles, G. A. Jackson, G. G. Mccredy, J. E. M'Causland, G. Halpin, T. Ryan, A. H. Smith, J. C. Baker.

* Passed on high marks.

UNIVERSITY OF EDINBURGH.

The following candidates have been approved at the examination indicated:

M.B. C.M. (*Old Regulations*).—G. Bidie, Captain, I.M.S., P. M. Carlyle, J. C. Tennant, M.A.

M.B. Ch.B. (*New Regulations*).—R. C. Alexander, M.A., H. Anderson, Marian Archibald, Margaret Bartholomew, Lydia D. L. T. Bateman, A. B. Bearn, J. Black, W. Boyd, B. S. Browne, E. A. Batemitt, J. E. Brydon, J. T. Carson, L. L. Cassidy, Jean G. Cathels, D. G. Cooper, H. S. Cormack, A. C. Court, D. D. Craig, J. C. Craig, M.A., Emille C. Creaser, J. Crockett, J. M. Dalrymple, F. J. Davidson, P. Davies, J. M'G. Deuchars, A. L. Dykes, J. Findlay (with distinction), W. Fleming, W. T. Gardiner, T. Gardner, A. Gibson, M.A. (with distinction), A. I. Girdwood, R. L. Girdwood, J. A. Gordon, P. Gorrie, J. C. Grant, F. W. Greaves, J. Greenfield, J. O. Hamilton, R. Hannah, F. W. Hay, H. M. Henderson, W. Holden, J. D. Ingram, K. K. Iyengar, Frances E. Jardine, J. J. Jervis, H. E. Johnson, J. V. Karve,

R. A. Krause, R. D. Laurie, H. R. Lawrence, A. J. Leckie, A. R. Leggate, M. A. Lindsay, J. Lorimer, J. C. Lorraine, J. Macdonald, R. F. D. MacGregor, K. Mackenzie (with distinction), W. M. Macnab, D. Macnair, L. R. D. Maconochie, A. C. Mallace, M.A., J. Marshall, Eva Meredith, R. C. J. Meyer, B.A., J. A. Mitchell, J. B. de W. Molony, Flora Morrison, Katharine B. A. Nelson, I. A. Nickerk, A. C. Norman, Hilda M. Northcroft, A. B. Pearson, J. H. H. Pearson, J. H. Peek, A. A. W. Petrie, B. Blair Phillips, A. R. Price, Laura W. Pugh, C. A. Purnell, K. A. Rahman, J. J. Rensburg, F. E. Reynolds, C. L. D. Roberts, J. Scott (with distinction), J. T. Simson, J. T. Simson, T. Smyth, W. B. Sommers, J. E. Spence (with distinction), R. A. Spence, J. W. Stirling, A. Tait, A. E. Tait, G. P. Taylor, J. G. Thomson, M.A., J. J. Thomson (with distinction), R. W. L. Todd, B.Sc., R. Verel, F. H. de Villiers, A. A. Walbrugh, E. A. Walker, W. O. Walker, H. S. Wallace, D. R. P. Walther, L. E. B. Ward, J. Ware, F. K. Water, F. W. Waterworth, A. P. Watson, M.A., H. B. Watson, M.A. (with distinction), W. S. Watson, G. Wilson, G. G. Wray, A. G. Yates, M.A., and W. A. Young.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

THE Barker Anatomical Prize for 1909 is open to any student whose name is on the Anatomical Class List of any school in the United Kingdom. The prize is of the value of £21. The preparations entered must be placed in charge of the Curator on or before April 30th, 1909. The prize is offered for a dissection, from behind, of the lumbo-sacral plexus.

The preparations must be sent to the Curator of the Museum, Royal College of Surgeons, each being marked with a fictitious signature, and accompanied by a sealed envelope bearing outside the same signature, and containing within,

(a) The full name of the competitor, and

(b) A declaration to the effect that the work of the preparation has been carried out by himself.

The printed form necessary for this declaration can be obtained on application to the Curator.

The dissections are to be mounted in vessels fitted with glass covers, but the covers must not be sealed down. Earthenware basins and plaster-of-Paris settings are not compulsory if the specimens can be equally well displayed and preserved by other means.

The dissections for which prizes are awarded become the property of the College.

Those competitors who enter dissections for which prizes are not awarded, but which show sufficient merit, may be refunded such amount of the cost of production as the examiners deem fit.

The cost and risks of transport must be borne by the student. The College will not be responsible for any damage the preparations may sustain, but those of unsuccessful competitors residing at a distance will be carefully repacked and handed to the carriers for delivery at such address as may be specified by the student.

SOCIETY OF APOTHECARIES OF LONDON.

THE following candidates have been approved at the examinations indicated:

SURGERY.—F. M. Cunningham,* C. P. R. Harvey,* J. M. Murray,* H. C. Simpson,* W. H. Tomlinson.

MEDICINE.—A. Bernstein,* J. G. Eady,* C. P. R. Harvey,* O. C. H. L. Moll,* A. D. Rees,* H. C. Simpson,* A. P. Van Ryn,* G. F. Wilson.

FORENSIC MEDICINE.—A. Bernstein, J. A. Laughton, H. V. White.

MIDWIFERY.—A. Bernstein, A. P. Van Ryn, H. V. White.

* Section I.

* Sections I and II.

The diploma of the Society has been granted to Messrs. C. P. R. Harvey, O. C. H. L. Moll, J. M. Murray, H. C. Simpson, and W. H. Tomlinson.

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.

MEDICAL ANSWERS TO NEWSPAPER CORRESPONDENTS.

WE have received from the medical contributor to the *Birmingham Weekly Post* a letter in which he states that the advertisement in the *Birmingham Daily Mail* of the "health hints" in the *Birmingham Weekly Post* was initiated without his knowledge, and that the editor has promised to conform to his medical contributor's wishes by refraining from inserting such advertisements in future. The editor of the *Birmingham Weekly Post* refers to a decision recently come to by the Law Society with reference to the propriety and regularity of barristers answering questions in a similar way on law subjects through the newspapers; and our correspondent adds that he would welcome investigation by the Central Ethical Committee. We therefore propose to refer the case to that Committee.

THE DUTIES AND RESPONSIBILITIES OF ANAESTHETISTS.

H. W.—Where the anaesthetist is an independent member of the staff of a hospital, he should bear the whole responsibility of the administration, and carry it out in his own way; but when, as in the instance complained of, the operation is one