

At 9 a.m. on May 5th her pulse was 114, regular, of small volume; temperature, 100°; respirations, 32. She complained of drowsiness and of a sweet taste in her mouth. The jaundice was of a deeper colour, especially marked on the face and in the conjunctivae. Her expression was anxious, her pupils dilated; the tongue furred, its tip being denuded of epithelium; the breath had an ethereal odour, with a smell of apples; no perspiration was noted.

She was encouraged to drink water, milk, and barley-water; elimination by the skin was attempted by blankets and hot bottles. Tinct. digital. mv was ordered every four hours, and sod. bicarb. gr. xxx, aq. menth. pip. ad 3j every two hours. The champagne was withheld, whisky (3ss), puro (3j) in water being substituted every four hours. At 3 p.m. the bowels acted freely; after enemata of hot water, about 3x of sod. bicarb. solution (3ij to Oj hot water) were left in the bowel. At 10 p.m. she was delirious, the acetone smell being strong in the breath. Pulse, 120; temperature, 100.4°; respirations, 39. Thirty-five ounces of urine were collected since the previous midnight; specific gravity, 1028, brown-amber colour, markedly acid; no albumen; acetone and diacetic acid present. The deposit showed uric acid and urates, and some crystals like tyrosin, but too small.

At 9 a.m. on May 6th she had passed a restless night, with marked delirium; vomiting began at 11 p.m., consisting of bile, mucus, and the food taken.

She lay tossing from side to side, moaning and breathing rapidly; she would greedily take a drink, and in a short time vomit it up, with no apparent effort.

The pupils were widely dilated, the breath charged with acetone; the skin was dry, the jaundice being unchanged. Pulse 127, temperature 100.8°, respirations 46.

Copious enemata were ordered every six hours, with as much sod. bicarb. solution to be left in the bowel as possible; during this procedure great care was taken of the perineal wound. A mixture containing sod. bicarb. gr. lx, sod. citrat. gr. xx, was ordered every two hours.

At first everything was vomited up, but either by repeating the dose or by making the patient drink freely of water, which usually resulted in her vomiting, the soda mixture was retained. In the afternoon the vomiting occurred about once every two hours.

At 6 p.m. she could retain her medicine, and also teaspoonfuls of puro and water.

At 10 p.m. she had vomited once since 6 p.m. She was rational, but had very confused ideas as to what had happened. Calomel (gr. iij) was ordered. Pulse 115, temperature 100°, respirations 40. At midnight she was perspiring freely, and inclined to sleep. Fifty ounces of urine were collected, specific gravity 1026, acid; acetone present. A few uric acid crystals and abundant urates were deposited.

On May 7th she was much improved, there had been no vomiting, and she had taken nourishment well during the night.

At 9 a.m. her pulse was 100, of a larger volume, temperature 98.6°; the jaundice was not so marked. The pupils were of normal size, and no odour of acetone was noted in the breath.

The sod. bicarb. was given every four hours; the enemata were stopped except when the bowels moved; the whisky and digitalis were discontinued.

At night her pulse was 90, temperature normal. She had taken nourishment well during the day and had not vomited; 3c of urine were collected of a straw colour, specific gravity 1018, moderately acid, acetone present and a deposit of urates.

May 8th, her condition showed further improvement. The jaundice had faded markedly. The sod. bicarb. was reduced to gr. xl every four hours, without the sodium citrate; 3lxxx of urine were collected, still acid, and containing acetone.

From this she steadily progressed to recovery; the urine was acid and contained acetone till May 10th, when it was alkaline with no acetone. The sod. bicarb. was discontinued on that date.

On May 18th the liver dullness was found to be unchanged, and the jaundice in the conjunctivae, which had persisted to that date, to have disappeared.

In this case there was no apparent sepsis, nor was there any antecedent disease of the liver or kidneys which could be ascertained.

Anning² published a case in which the patient, a primipara, with no antecedent kidney disease, had violent symptoms of poisoning after labour in which chloroform was the anaesthetic used. His case differs in that the symptoms appeared with greater rapidity, the pulse-rate being more frequent, the delirium more marked, and the vomiting being haemorrhagic—all differences of degree only. The material difference being that the liver dullness showed diminution in size as recorded by percussion, which was almost normal in ten days. The cause suggested was acute yellow atrophy of the liver.

Now it appears that acute yellow atrophy of the liver and delayed chloroform poisoning may produce similar symptoms; but while the former is a rare disease, symptoms of the latter are not, although admittedly rare in cases of parturition. Therefore I venture to express the opinion that the symptoms of poisoning in my case were directly attributable to a delayed excretion of acetone,

resulting from delayed chloroform poisoning; and that Anning's case is more easily explained by such an assumption than by that of acute yellow atrophy of the liver.

That symptoms of delayed chloroform poisoning should be recognized and treated, the cause not being attributed to delayed shock or sepsis, unless definite signs of either are evident, is expressed by Stiles and MacDonald.³

REFERENCES.

¹ BRITISH MEDICAL JOURNAL, May 19th, 1906. ² *Lancet*, October 6th, 1906. ³ *Scot. Med. and Surg. Journ.*, August, 1904.

Memoranda :

MEDICAL, SURGICAL, OBSTETRICAL.

RUBELLA.

IN the JOURNAL of October 31st Dr. Arnold describes an outbreak of rubella, and his observations seem to me of considerable interest, because of the evidence he adduces in favour of the specific nature of the disease—though he himself does not think such proof necessary—and because of the approximate incubation period, symptomatology, and points of diagnostic value involved. I agree with him that the opportunities for studying the disease are not frequent, chiefly because it runs such a mild course, and even when seen by the medical attendant is not often diagnosed. Indeed there seems still to be so much confusion with respect to it that it is wise to record individual experiences. By so doing we may hope often to save patients from those perils that an error in diagnosis involves, and likewise to rid the State of burden and expense.

Some years ago a number of cases came under my observation, and I personally attended many of these. One series of cases was detailed in a paper I read at the Liverpool Medical Institution. In nearly all the initial symptoms were frontal headache, nausea, and malaise. The "pimply red rash" appeared within a few hours—in every case within twenty-four hours—on the back, between the shoulders, behind the ears, and on the forehead, and subsequently spread over other portions of the body. It then gradually faded, lasting altogether from three to seven days. In a few cases no symptoms were complained of before the rash appeared. The rash nearly always repeated itself, first taking the form of minute papules, disappearing on pressure; subsequently these papules quickly coalescing to produce irregularly shaped patches of a darker colour, without any tendency to assume the crescentic shape. It was particularly confluent on the face and wrists. It was copious in a direct ratio to the severity of the general symptoms, and desquamation only followed in the more severe cases. I have never seen the mucous membrane of the mouth invaded by the rash, though the fauces early became red and swollen, and the tonsils enlarged. Koplik's spots have never been seen on the mucous membrane.

As regards the temperature, I am rather surprised at Dr. Arnold's figures. He states that in 17 of his 19 cases it was normal. I have never met with a case in which the temperature during the entire attack remained normal, and my experience in this respect agrees with most observers; indeed, his description hardly agrees with Dr. E. W. Goodall's as regards this point. The rise in temperature in rubella occurs very early—within twelve hours of the onset—and rarely continues beyond twenty-four hours, and so I can understand that in some cases it could not have been noted, and pyrexia, therefore, presumed to be absent altogether. In some of my cases the temperature on the first day was 102°; the pulse, 130; and there was no bronchial trouble whatever. The cervical glands along the posterior border of the sterno-mastoid were enlarged and tender, including the suboccipital. Pains in the legs and itching of the skin were troublesome symptoms in some.

I have found the conjunctivae injected, with lacrymation, and marked photophobia in a small percentage of cases.

I have never seen a case in which such complications as albuminuria, nephritis, or enlargement of the spleen have occurred, but I am aware that these have occasionally been noted by some writers on the subject.

London, W.

G. W. STEEVER, M.D.

OPHTHALMIA NEONATORUM TREATED BY ZINC IONS.

I wish to call attention to a method of treating this disease which will probably be adopted in the future if quickness of cure and ease are wanted.

The conjunctiva of the diseased eye was everted and a positive electrode which consisted of some cotton-wool saturated in a 2 per cent. solution of zinc sulphate was applied. The nurse held the negative electrode in the child's hand. The battery employed was an ordinary bichromate battery which gave twenty volts, and half a milliamperé current was passed for three minutes. Twelve hours after the application the inflammation was subsiding and another application was made. Two days later the case was cured. In my experience the case ordinarily treated by silver nitrate or protargol applications (twice a day) would have taken fourteen days and would have been an anxious one.

I hasten to publish this case so that it may be confirmed by others. I anticipated this result from my experience of ionic treatment. I am sure that many cases of opacities of cornea will be saved by this treatment.

London, W.

H. KAY RAMSDEN, M.B.

STOMATITIS PARASITICA.

A short time ago I was called to see the usually strong, healthy, and well-cared-for child of well-to-do parents, living in a new house amidst excellent surroundings.

I found him in a very bad way, suffering from stomatitis parasitica, the patches on the tongue and cheeks being so thick as to prevent him protruding the former. As the pain was so bad I gave him chloroform and cleaned out the mouth.

Next in importance to prognosis and treatment was the question of causation. The disease is one that is very intimately associated with filth, but in this case the child, aged 2 years, and the only one, had no opportunities of roaming for filth. After much cogitation on the part of the mother, she suddenly remembered that a few days before the attack she had left him on the lawn for a few moments, to find him on her return nibbling a piece of bread that a bird had dropped within grabbing reach of him. She cleaned the mouth as well as she could, and thought no more of the incident until searching for some explanatory cause.

I only know of one other case of a person being fed by birds, but the after-history of the case is too indefinite to quote.

Swansea.

G. ARBOUR STEPHENS.

INSUFFLATION IN THE NEWLY-BORN.

On April 10th, 1903, I first practised insufflation to resuscitate a newly-born infant.

The case was a breech presentation and the child was full-time and heavy. The labour pains had almost ceased from exhaustion, and the extraction of the head was a matter of some difficulty. The child was born apparently asphyxiated and I at once proceeded to artificial respiration in the classical manner. After fifteen minutes there were no voluntary efforts at inspiration and the body was pale and cold. I then bethought me of insufflation, and taking the rubber tubing off a feeding-bottle I succeeded without difficulty in introducing it into the glottis. Placing the other end in my mouth I inflated the child's chest with my breath. I did this twice, and then to my extreme gratification a distinct voluntary inspiration occurred. After repeating this manœuvre twice more the breathing of the child became thoroughly established, regular and deep, and the face and limbs began to assume a natural colour. The child was shivering with cold. It had now been exposed nearly an hour entirely naked and wet in a room a little over 60° F. It was given a hot bath and wrapped in warm cotton-wool, but the jaw still chattered. It made no attempt to suck, and could with difficulty be got to swallow a little hot milk and water. The child shivered without intermission for twenty-four hours, and then it died, apparently from cold and exposure.

The great disadvantage of the usual methods of artificial respiration in these cases is the inevitable exposure of a body which has become accustomed to a temperature of

nearly 100° F. to an atmosphere 40° lower. So impressed am I with this disadvantage that I have determined never to resort to these methods again in midwifery cases, but to at once proceed to insufflation. This can be done while the body is well protected, and even in a warm bath. The operation is quite easy, and the results in my experience eminently satisfactory.

Hampstead.

W. COODE ADAMS.

Reports

ON

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

THE VICTORIA HOSPITAL FOR CHILDREN, LONDON, S.W.

A CASE OF INTESINAL OBSTRUCTION CAUSED BY A MESENTERIC CYST.

[Under the care of Mr. WATERHOUSE.]

(Reported by J. D. MARSHALL, M.B., M.R.C.S., Resident Medical Officer.)

A MALE infant, aged 11 months, was admitted with the following history: The child had been quite well until four days previously, when vomiting commenced; from this time all food and medicine given had been almost immediately returned; he had also vomited a dark brown, watery, offensive-smelling liquid occasionally. No faeces had been passed for four days. No blood, but a little mucus, had been passed per rectum.

Condition on Admission.

When admitted the child was in a very collapsed condition; the pulse was thready, temperature normal, fontanelle much sunken. The abdomen was rather distended; some peristalsis was visible through the abdominal wall. Nothing definite could be made out by palpation, percussion, or rectal examination.

Operation.

An incision was made a little to the right of the middle line. A large tumour, which had the appearance of a much dilated caecum, was at once seen in the right iliac region; when withdrawn this was found to be a thick-walled mesenteric cyst about 3½ in. in diameter. This cyst, by flattening and stretching a portion of the small intestine, caused complete intestinal obstruction. A small incision was made into the cyst, from which 8 oz. of fluid escaped. A rubber drainage tube was inserted and fixed to the wall of the cyst by suture. The wound was closed by two continuous sutures, leaving exit only for the long rubber drainage tube, the free end of which was passed into a bottle containing carbolic lotion. The operation was completed in eleven minutes. Saline per rectum was given almost continuously for three days. The tube was removed on the eleventh day, the sinus gradually closed, and the child was discharged in excellent condition thirty-three days after admission.

Examination of the Cystic Fluid.

The fluid was of a pale salmon colour, odourless, did not coagulate on standing, specific gravity 1020, contained a little albumen. On extracting with ether and evaporating, a residue of fat was obtained, which stained characteristically with Sudan III and osmic acid. Microscopically, the cellular elements were numerous small lymphocytes, with a few red cells. Chyle globules present. These observations were confirmed by the Lister Institute. The cyst was probably a lacteal retention cyst.

UNDER the will of the late Mr. John Lawrence, of Chorley, Lancashire, the Rawcliffe Hospital and Dispensary receives a bequest of £500.

Medical News.

THE annual dinner of the Harveian Society will take place at the Prince's Restaurant next Thursday, at 7 p.m.

DR. DONALD MACALISTER has been appointed a Justice of the Peace for the County of the City of Glasgow.

ON the occasion of the visit of the American fleet to Auckland, New Zealand, the Auckland Division of the British Medical Association entertained the surgeons of the fleet at the Northern Club, the entertainment taking the form of a supper and a smoking concert.

THE Worshipful Company of Barbers will celebrate the six hundredth anniversary of the admission of the first recorded master of the company, Richard le Barbours, who became master in 1308, by a dinner, which will be held at Grocers' Hall on Tuesday, December 15th.

DR. J. SHOLTO CAMERON DOUGLAS, eldest son of Dr. Claude Douglas, of Leicester, who in July last rescued a lady from drowning at Trevone Bay under circumstances related at the time, has been awarded the Royal Humane Society's medal.

AT the first evening meeting of the present session of the Pharmaceutical Society of Great Britain to be held in the lecture theatre, 17, Bloomsbury Square, W.C., on Tuesday next at 8 p.m., Dr. H. Macnaughton Jones will deliver a lecture, illustrated with lantern slides, on What we owe to Pasteur. The chair will be taken by the President of the society.

MR. W. JAGO, F.I.C., of Lincoln's Inn, Barrister-at-Law, will deliver a course of four public lectures on forensic chemistry at University College, London, beginning on Friday, November 13th, at 5.30, when the chair will be taken by Mr. A. J. Walter, K.C. The lectures are open to the public without fee or ticket.

THE Greville Research Studentship at Guy's Hospital, for original investigation in connexion with the subject of cancer, is vacant. The studentship, which is of the annual value of £200, is tenable for two years, and is renewable annually for a further period of three years. Further particulars will be found in our advertising columns.

AT a sessional meeting of the Royal Sanitary Institute to be held at the Town Hall, Durham, on Saturday, November 14th, at 11 a.m., a discussion on the health visitor and school nurse in relation to sanitary administration will be opened by Dr. H. Renney, M.O.H. Sunderland. Tickets for admission of visitors can be had on application to Dr. Eustace Hill, Shire Hall, Durham.

A DEPUTATION representing the Incorporated Society for the Destruction of Vermin, at an interview with the President of the Board of Agriculture and Fisheries on October 29th, urged that in view of the great damage done by rats, and the risks to the public health involved by their activities, a bill should be passed giving powers to local authorities to undertake their destruction, and to enable the Local Government Board to step in if such authorities neglected the duties imposed upon them by the Act. A draft bill was submitted, to which Earl Carrington promised to give his consideration.

IN connexion with post-graduate instruction in Brighton, a series of about six demonstrations on clinical pathology and bacteriology will be given at the Pathological Institute (Stephen Ralli Memorial) of the Sussex County Hospital, Brighton. The first was given on November 6th. The course will deal with the principles of bacteriology, types of bacteria, media, and culture making, methods of staining, isolation and identification of bacteria, the bacteriological and microscopical examination of the blood, sputum, urine, faeces, exudates and transudates, serum diagnosis, immunity, serum and vaccine therapy, and the estimation of the opsonic index. The fee for the series of demonstrations is £1 ls. to medical practitioners. Further arrangements for practical work may be made if required, and full particulars can be obtained from the pathologist, Dr. F. G. Bushnell, M.D., D.P.H.

THE President of the Local Government Board has appointed a departmental committee, consisting of Dr. L. W. Darra Mair (Chairman), Mr. A. H. Grenville Malet, M.Inst.C.E., and Mr. Harry John Pearson, A.R.I.B.A., to inquire and report with regard to the use of intercepting traps in house drains. The secretary of the committee, Mr. E. Hardwick Terry, informs us that the committee will shortly be prepared to receive evidence on the subject from medical officers of health, engineers, architects, and others having special knowledge of it. The committee is of opinion that the terms of reference will involve consideration of the need or otherwise of the intercepting trap; of any disadvantages of the trap; of the effect on the community of emanations from sewers or drains; to

some extent, also, of the ventilation of sewers and drains; and of the bearing of existing conditions on the question.

A CENSUS of the population of Johannesburg was taken in August last, when it was found that the white population number 95,126, South African-born coloured persons 78,781, and Asiatics 6,780, giving a grand total of 180,687. These figures are those yielded by enumeration, with the exception that the South African children and Asiatic children were calculated on the assumption that they were respectively 9.13 and 22.85 of the total number of those races, excluding Chinese mine coolies, these percentages being founded on the recorded percentages of the coloured children at the census in 1904. The total white and coloured population as enumerated corresponded very closely with the estimate made by Dr. Charles Porter, medical officer of health, last spring, upon the system recommended by Dr. Newsholme.

AN appeal has been issued for funds to extend the work begun by the Council for the Promotion of the Higher Training of Midwives, at Woolwich. It is proposed to open some beds for children and women in a separate building, and with a separate staff, but under the same management as the Home for Mothers and Babies. The maternity hospital, founded in 1905, is, it is stated, refusing applications for beds daily from lack of room. It is intended that women training to be district midwives shall receive preliminary instruction in the proposed general wards before proceeding to the study of midwifery. The promoters are influenced by the belief that whereas large hospitals in London are overweighted with more beds than they can keep up, the greater ring of outer London is much in need of smaller institutions of a less ambitious character which will meet a local need, and act as feeders to the larger hospitals.

AT a meeting of the Liverpool Medical Institution on October 22nd, Mr. C. E. Walker described a series of experiments undertaken to determine: (1) The effect of the presence in an organism of numerous reproductive cells out of the somatic co-ordination therewith; and (2) whether the introduction of cells of this order derived from an animal of Species A into an animal of Species B would lead to the production in its blood serum of some body inhibitive of the growth in Species A of normal structures containing reproductive cells or of tumours made up of cells of an apparently similar nature. The experiments were not conclusive, but afforded room for belief that further research might profitably be undertaken into the effect on cancerous growths of a serum derived from an animal into which had been injected a fresh emulsion of the testes of a different but closely allied species.

A PARTY of medical men, members of the Société d'Hydrologie de Paris, accompanied by their wives, spent the week beginning October 25th in London visiting various hospitals and places of interest, the arrangements having been made by Dr. Leonard Williams. On October 27th they paid a visit to St. Bartholomew's Hospital, where they were received by Dr. Shore, the Dean of the medical school, and shown over the hospital. They visited the London Hospital on October 28th, and on October 29th inspected the museum of the Royal College of Surgeons, where they were received by Dr. Keith. In the afternoon they visited the French Hospital, and were afterwards the guests of the British Balneological and Climatological Society at the annual meeting of the latter, and in the evening the Fellows of the two societies dined together at the Hotel Great Central, Dr. Solly (Harrogate) being in the chair. After the toasts of "The King, the Queen, and Other Members of the Royal Family," and "The President of the French Republic" had been honoured, Sir Dyce Duckworth, in an eloquent speech delivered in French, proposed "The Health of the French Visitors." Dr. Schlemmer (President of the Société d'Hydrologie de Paris) responded. Professor Huchard proposed the toast of "The Entente Cordiale Médicale," which was responded to by Dr. Pernet. Dr. Guillon of Paris proposed the toast of "The Ladies," which was responded to by Mr. de Merc. Dr. Fortescue Fox proposed "The Health of the President of the British Balneological and Climatological Society," and Dr. Solly replied. On October 30th the party visited Bath, where they were received by the local members of the society and the Mayor and Corporation, the arrangements being kindly made by Dr. Begg of Bath. In the evening they were entertained at dinner. On October 31st they went to Oxford, where by the kindness of Dr. Collier they were shown round the chief points of interest in the university and town by Mr. Kempstead, Professor of Foreign Languages and Literature, and Monsieur Berthon, Professor of French at the university.

attendant. The following rule contained in the report of the Central Ethical Committee on the ethics of medical consultation bears on the point:

10. *Consultant not to Supersede Attending Practitioner.*

A practitioner who has seen a case in consultation should not supersede the attending practitioner during the illness with regard to which the consultation is held, and, if he be asked to attend or prescribe in any future illness, he should only do so after explanation with the attending practitioner, unless circumstances make this impracticable.

SUPERSESSION.

IN LOCO writes: A. sets up a practice in a country village where there is no resident doctor, and is asked if he will accept the post of surgeon to the local working men's club, which post has been held for many years by B., who is a medical man living several miles away. The secretary of the club states that the members wish to have A. as their surgeon, as he lives "in the place," and if A. will accept the post they will ask B. to resign. A. wishes to accept the appointment but does not know if he has a right to do so according to the rules of professional etiquette, and A. also is not quite certain what is the correct thing to do when called in to attend residents, who in the past have been B.'s private patients.

* * (1) The desire of the local working men to have as their surgeon one who lives in the place is reasonable and legitimate, and the right course would be for the club to declare the post vacant at the time of the annual election of officers, and then to invite A. to become a candidate. (2) A. has a right to attend any person who calls him in without reference to B., unless he is in attendance at the time, when A. should make it clear that any arrangement with B. must be terminated before he can take charge of the case.

The Services.

ROYAL ARMY MEDICAL CORPS SPECIAL RESERVISTS.
ARMY ORDERS just issued state that it has been decided to enlist a limited number of special reservists, for service as privates only, for the Royal Army Medical Corps. The Orders deal with the recruiting, training, and pay of the men so enlisted, and certain special conditions applicable to militiamen of the Royal Army Medical Corps who join are set forth.

Universities and Colleges.

UNIVERSITY OF OXFORD.

Romanes Lecture for 1909.

THE Vice-Chancellor has appointed the Right Honourable Arthur James Balfour, Hon. D.C.L., P.C., F.R.S., M.P., Chancellor of Edinburgh University, to deliver the Romanes Lecture in the year 1909.

Examination for the Degrees of B.M., B.Ch.

The examination will commence on Thursday, December 3rd. The names of candidates, entered on forms issued for the purpose, and accompanied by the proper certificates, must reach the Assistant Registrar, Old Clarendon Buildings, Oxford, not later than 10.30 a.m. on Tuesday, November 17th.

UNIVERSITY OF DUBLIN.

THE following candidates have been approved at the examinations indicated:

INTERMEDIATE (*Part II*).—W. L. English, R. T. Vaughan, T. G. Hardman, C. Grene, T. A. Watson, J. H. Crane, J. W. Flood, C. D. Hanan, W. M. Johnstone.

FINAL (*Part I*).—W. R. Watson, P. H. Lemass, S. R. Richardson, W. P. H. Smiley, W. H. Hart, L. Trichard, B. H. Moore.
* Passed on high marks.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

AN ordinary quarterly comitia was held at the College on Thursday, October 29th, the President, Sir R. Douglas Powell, in the chair.

Jenks Scholarship.

It was announced that Mr. Ernest Haines Walker had been elected Jenks Scholar.

Membership.

The following gentlemen were admitted Members of the College: Hugh Tuke Ashby, M.B.Cantab., L.R.C.P.; Haldin-stein David Davis, M.B.Oxon., L.R.C.P.; Harold Benjamin Day, M.D.Lond., L.R.C.P.; Gordon Morgan Holmes, M.D. Dubl.; Charles Ernest Lakin, M.D.Lond., L.R.C.P.; Archibald Currie MacGilchrist, M.B.Edin.; Otto May, M.B.Cantab.; William Southwick Willmore, L.R.C.P.

Licence.

In conjunction with the Royal College of Surgeons, the Licence of the College was granted to ninety-four gentlemen.

Communications.

The following communications were received:

1. From the Chancellor of the University of Cambridge, inviting the College to appoint a delegate to represent it at the Commemoration of Charles Darwin, which will be held at the University in June, 1909. The invitation was accepted, and, on the nomination of the President, the Senior Censor, Dr. Norman Moore, was appointed to represent the College.

2. From the Secretary of the Royal College of Surgeons, reporting proceedings of the Council on July 30th and October 15th.

3. From Dr. Henry Selfe Bennett, offering for the acceptance of the College a pastel portrait of his father, the late Sir Risdon Bennett, President of the College. The gift was accepted, and a vote of thanks passed to Dr. Selfe Bennett with acclamation.

Swiney Prize.

The President, the Senior Censor, the Treasurer, the Registrar, and the Harveian Librarian were appointed members of a Committee to join five appointed by the Society of Arts for awarding the Swiney Prize in January next.

University College, Bristol.

Sir William Church, who retired by rotation, was re-elected a Representative of the College on the Council of University College, Bristol.

Committee of Management.

Dr. Edward Liveing, who retired by rotation, was re-elected a member of the Committee of Management.

Reports.

The following reports were received:

1. From the Committee of Management, dated October 6th, recommending—(a) That the Municipal Technical Institute, Portsmouth, and the King's School, Canterbury, be added to the list of institutions recognized by the Examining Board in England for instruction in chemistry and physics. (b) That the Victoria Infirmary, Glasgow, be added to the list of general hospitals recognized by the Board. (c) That the University of Nebraska, United States, be added to the list of universities at which the curriculum of professional study required for the diplomas of the Royal Colleges may be pursued, and whose graduates may be admitted to the final examination of the Examining Board in England on production of the required certificates of study.

The recommendations were agreed to.

2. The quarterly report of the Finance Committee, dated October 22nd, was received.

3. The quarterly report of the examiners for the licence on the results of the July examinations was received.

Library.

Books and other publications presented to the library during the past quarter were received, and thanks returned to the donors.

CONJOINT BOARD IN IRELAND.

THE following candidates have been approved at the examination indicated:

THIRD PROFESSIONAL.—R. J. Barlee, J. Egan, J. J. Foran, F. V. Henratty, F. R. Jones, C. L. Lapper, T. Murray, J. T. O'Boyle, J. J. O'Connor, Nora T. Williams.

FINAL.—T. Crowley, J. P. Grainger, M. J. Hawkshaw, J. Holmes, H. S. Johnston, A. A. Murphy, W. A. Ryan, J. P. Zeederberg.

Public Health

AND

POOR-LAW MEDICAL SERVICES.

WOMAN WORKHOUSE MEDICAL OFFICER.

AT the fortnightly meeting of the Shepton Mallet Board of Guardians on October 30th Mr. F. D. Court, the Local Government Board Inspector for the Western Counties, referring to the unanimous appointment by the guardians of Dr. Annie Hyatt as workhouse medical officer, said there was not a single case in the country of a lady doctor acting as a medical officer. He did not know how far the Local Government Board would be able to meet the guardians. He thought the very most it would be able to do would be to sanction the appointment on condition that arrangements were made for a male doctor to deal with cases unsuitable for a lady doctor to take. If the Local Government Board was unable to sanction the appointment, it would be no slur on Miss Hyatt; but the Board had taken a very strong line on this point, and it would be setting up an entirely new precedent if it sanctioned the appointment without male supervision or assistance, as the case might be.

CIRCUMSTANCES UNDER WHICH MEDICAL OFFICERS OF HEALTH SHOULD VISIT CASES.

A. B. Z.—The Local Government Board have stated that "it is condition in the appointment of a medical officer of health that the duties he shall be called upon to perform in that