

lowest cord of the brachial plexus recorded by Thorburn,¹ Lewis Jones,² and others. Keen³ mentions that there are recorded four cases in which unequal pupil, unilateral sweating, or alteration in the palpebral fissure indicated pressure of an abnormal rib on the cervical sympathetic.

Cervical ribs may also press on the cutaneous branches of the cervical plexus, causing pains in the neck and shoulder; on the subclavian artery, causing either increased pulsation in the neck or impairment of circulation, even thrombosis or gangrene of the hand; or very rarely on the subclavian vein; but up till now the phrenic nerve seems to have escaped.

This case agrees with recorded experience that when symptoms are caused by the pressure of these ribs they are seldom noticed before puberty, probably owing to the ossification and increased rigidity of the ribs which then take place. Females are affected three times as often as males. It is noticeable that Russel⁴ estimates that only 10 per cent. of those who have cervical ribs suffer from symptoms due to them.

With regard to removal of the offending rib, Keen³ was able to collect, two years ago, 25 cases which had been operated on for the relief of various symptoms with no mortality.

REFERENCES.

¹ *Med.-Chi. Trans.*, 1905, vol. lxxxviii. ² *Quarterly Journ. of Med.*, 1908, vol. i, No. 2. ³ *American Journ. of Med. Sci.*, February, 1907. ⁴ *Montreal Med. Journ.*, 1907.

Memoranda :

MEDICAL, SURGICAL, OBSTETRICAL.

RARE VARIETY OF FEMORAL HERNIA.

THE following case is an example of a rare form of femoral hernia in which the sac protrudes beneath Poupart's ligament, but external to the femoral vessels. The patient was a woman, 58 years of age, who had undergone an operation for femoral hernia in the right side three years previously. For six days there had been abdominal pain and vomiting, the symptoms commencing suddenly while she was at work in her garden; for two days there had been constipation which was not quite complete, as flatus had been passed, and repeated enemata had produced a slight result. When seen, the pulse was 112, temperature normal, the abdomen was distended and there was some general tenderness. Just below and parallel with Poupart's ligament on the right side there was an old scar, and at the outer extremity of this scar and just external to the femoral vessels a little thickening could be felt; this small thickening was not tender and the patient declared it had been present ever since the previous operation; there was no swelling in the situation of the femoral canal. Owing to the fatness of the patient, the presence of the old scar and the unusual situation of the slight swelling present, I found it difficult to decide whether the patient was suffering from a hernia strangulated in an abnormal situation, or from some other form of intestinal obstruction. I therefore opened the abdomen in the middle line below the umbilicus; distended small intestine at once presented, and a little examination proved that there was a Richter's hernia into a small hernial opening just external to the femoral artery. The gut was easily separated by a little traction and was found to be undamaged; the hernial sac would just admit the tip of the index finger, Poupart's ligament could be felt in front and the pulsations of the femoral artery just to the inner side; the femoral ring itself was firmly closed. Owing to the condition of the patient no radical cure was attempted. The usual textbooks contain no account of the rarer forms of femoral hernia. Tillmanns's *Surgery* mentions the variety I have described and also a form in which the sac is placed behind the femoral vessels. Hesselbach has recorded a case in which the hernia accompanied the anterior crural nerve.

I have drawn attention to this case because a hernia appearing in one of these abnormal situations is apt to escape notice and lead to a mistake in diagnosis.

ERMUND C. BEVERS, M.A., M.B., B.Ch.Oxon.,

Oxford,

Assistant Surgeon, Radcliffe Infirmary.

A METHOD OF TEMPORARILY REMOVING COLOUR-BLINDNESS.

IN the *Practitioner* for October, 1908, I ventured to put forward a theory of colour-vision, and, consequently, one of colour-blindness.

My contention was that the cells of the retina move in one direction in response to a red stimulus, and in another direction to blue, while failure to move in any certain direction means failure to convey to the brain the result of a colour stimulus. This view I justified by some experiments I had done with electricity on sensitive photographic plates.

With regard to the sensation of white, I held that colour-blind persons respond to that sensation, because the total or complete movement of the cells is produced by a process of contiguity, which overcomes a sluggishness of response to any individual colour.

My theory, I venture to think, is the only one on which we can formulate any method of removing or temporarily improving this impediment of colour-blindness. Anything that would improve the movements of the cells ought to have the effect of stimulating the retinal cells to more ready response to colour sensations; and as the calcium salts have that stimulating effect on the body cells, I came to the conclusion that a big dose of calcium lactate ought to remove colour-blindness, if only temporarily.

The first case to undergo the experiment was a medical friend of mine, whose response to green sensations was nil, but who, after only 10 grains of calcium lactate, was able to appreciate and differentiate green-coloured articles. The appreciation in this person was certainly not complete, nor was I surprised that such was the case, for one could hardly expect that such a small dose would perform miracles.

In the next case I decided to give a greater quantity of the calcium salt, and for a longer period before the experimental test, and with this idea in view I arranged for the patient—a young man, aged 25—to call at my house at 2 o'clock, when I gave him 10 grains of the drug, and at 3 another 10 grains, and at 3.30 5 grains. At 4 o'clock I put him through a colour test and found that his response to all the colours was distinctly better.

The only objection to the experiment was that the patient had a headache for a few hours afterwards.

In the third case I gave only 20 grains, but the result was just as satisfactory and quite as conclusive.

Three cases are not sufficient to prove any theory, but they are sufficient to justify one in asking those who have greater opportunities for testing it to be so good as to do so.

G. ARBOUR STEPHENS, M.D., B.S., B.Sc.Lond.

Swansea.

Reports

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

HAYWOOD HOSPITAL, BURSLEM.

THREE INTESTINAL OPERATIONS ON THE SAME PATIENT.

(By HAROLD HARTLEY, M.D.Lond., M.B., Ch.B.Manch.,
F.R.C.S.Eng., Surgeon to the Hospital.)

A MARRIED woman,* aged 34, was admitted on March 14th, 1907, suffering from strangulated and gangrenous right femoral hernia. Herniotomy was at once performed, but immediate resection with anastomosis was quite out of the question, as she seemed to be actually dying.

Although by vigorous restorative measures her general condition improved, it was some time before the desired passage of flatus and faeces was satisfactorily obtained. Then a free discharge of irritating, offensive, alkaline fluid began. Attempts to shield the skin were very unsuccessful. Sepsaemia was marked and emaciation rapid. Neither a liquid nor a more solid diet, carbohydrates nor proteids, nor peptonization, made much difference to the discharge. Everything taken by the mouth appeared very quickly in a practically unchanged condition in the wound. Charcoal,

* This case formed the basis of a paper read before the Staffordshire Branch of the British Medical Association.

Harnack of St. Luke's literary skill, the dramatic pith and power of his style, and the poetic richness of his imagery. Reference should also be made, as Bishop Goodwin points out, that he has special claims to be regarded as a historian in the modern sense of the title. He is sensible, for example, of the importance of dates and of giving the means of verifying them. In his first chapter he gives a careful note of time: "There was in the days of Herod, the King of Judaea" (St. Luke i, 5), and again, in the second chapter:

It came to pass in those days that there went out a decree from Caesar Augustus that all the world should be taxed. And this decree was first made when Cyrenius was Governor of Syria.

This statement has aroused much controversy, an account of which will be found in *Smith's Dictionary of the Bible*, under the heading of "Cyrenius," and it is satisfactory to know that recent investigations establish the accuracy of St. Luke on this point. In the third chapter we have another careful note of time:

In the fifteenth year of the reign of Tiberius Caesar, Pontius Pilate being governor of Judaea, and Herod being tetrarch of Galilee, and his brother Philip tetrarch of Ituraea and of the region of Trachonitis, and Lysanias the tetrarch of Abilene, Annas and Caiaphas being the high priests, the word of God came unto John the son of Zacharias in the wilderness.

In this instance the mention of two high priests is contrary to the principle that there could be but one, but there is abundant evidence to show that Annas had been irregularly deprived by the civil power and Caiaphas substituted for him. Many other instances of St. Luke's historical accuracy might be given, but these must suffice. With regard to the medical language of St. Luke as a proof that the writer was a medical man, much has been written by several writers before the matter was taken up and discussed by Professor Harnack. In the *Gentleman's Magazine* for June, 1841, Mr. J. K. Walker calls special attention to the medical language used by St. Luke in his account of the miracles, and points out that not only is he more circumstantial in his narrative of those miracles which relate to the healing art than the other evangelists, but there is one recorded by him—that of raising the widow of Nain's son—not to be found in any other part of the four Gospels. When he mentions diseases, or their cure, he selects such words as none but a professional man would use, and shows some previous acquaintance with Greek writers. A few examples may be given. The word *ὄψωπικός*, applied to the man who had the dropsy, occurs only in St. Luke. In speaking of one afflicted with palsy, St. Luke uses the word *παρὰ λυμένος*, whereas the other evangelists use the word *παράλυτικός*, which is never used by Greek medical writers. The medical term, *παραψύσμος*, appears in St. Luke, but not in the other Gospels. In speaking of Simon's wife's mother, who was taken with a great fever (St. Luke iv, 38), he uses the term *συνεχομένη* in the same sense as the Greek writers. In 1882, the Rev. W. K. Hobart, LL.D., ex-Scholar of Trinity College, Dublin, published an exhaustive analysis of St. Luke's writings,* in which he gives a list of some four hundred words which are rather peculiar to St. Luke, or which, though not peculiar, are yet for the most part more frequently employed by him than by any other New Testament writer. The subject is also discussed by Mr. James Smith in his *Voyage and Shipwreck of St. Paul*. In his *Foundations of the Creed*, Bishop Goodwin remarks (p. 112) that it is not merely the use of medical terms, but the manner of dealing with medical subjects which brings home to the mind the fact that the third Gospel was written by a physician. Take one instance: St. Mark tells us (chap. v) that the woman who had an issue of blood twelve years had suffered many things of many physicians, and had spent all that she had, and was nothing bettered, but rather grew worse. Compare this severe account of medical treatment with the corresponding passage in St. Luke (chap. viii), who speaks of a woman having an issue of blood twelve years, which had spent all her money on physicians, neither could be healed of any. "The same story precisely, but very differently told. St. Mark was not a physician: St. Luke was." It is not without significance that in alluding to the expense incurred by the woman different words should be used

* *The Medical Language of St. Luke, a proof from Internal Evidence that the Gospel according to St. Luke and the Acts of the Apostles were written by the same person, and that the Writer was a Medical Man.*

by the two evangelists. St. Luke uses the word *προσάναλωσα*, derived from the verb signifying to expend, and St. Mark uses *δαπανήσα*, a word which is more applicable to wasting or spending in a riotous and luxurious manner, and this is the word used by St. Luke in the case of the prodigal son.

Medical News.

DR. DUDLEY BUXTON has been appointed to the newly instituted chair of anaesthetics at the Royal Dental Hospital of London in Leicester Square.

FRED. HIBBERT WESTMACOTT, F.R.C.S., from Honorary Associate, has been appointed a Knight of Grace of the Order of the Hospital of St. John of Jerusalem.

DR. ARMAUER HANSEN, of Bergen, the discoverer of the leprosy bacillus, has been elected a foreign associate of the Paris Academy of Medicine. At the same sitting a like distinction was conferred on Professor Morisani, of Naples.

UNDER the title of "L'Esculape" a medico-artistic society has recently been founded in Paris. It is organizing an exhibition of painting, sculpture, engraving, and decorative art for November next. Literary recitations and dramatic and musical sketches will be included in the programme. The honorary committee consists of: Drs. Garrel and Vidal, of the Academy of Medicine; MM. Gilbert, F. Henneguy, and Edmond Perrier, members of the Institute of France; Dr. Marcel Labbé, *professeur agrégé* in the Paris Faculty of Medicine. The following are the members of the committee: President, Dr. F. Bezançon, *professeur agrégé*; Vice-Presidents, Drs. Marx (Physician to St. Lazare), Barbillon, and Delmond-Berret; Secretaries, Drs. P. Rabier and Fr. Déherain; Treasurers, Drs. R. Sassier, Fr. Ferrand, Cabanès (editor of the *Chronique Médicale*), Cocquet, and Léon Petit.

A QUARTERLY court of the directors of the Society for Relief of Widows and Orphans of Medical Men was held on July 14th, Dr. Blandford, president, in the chair. Twenty-one directors were present. The death of a member of the society was reported, and seven new members elected. The sum of £1,255 was voted for paying the half-yearly grants to the forty-eight widows and thirteen orphans on the books of the society. The widow of one of the members applied for relief; her husband, owing to ill health, had been unable to make any provision for his widow, and a grant at the rate of £50 per annum was voted. The society only grants relief to the widows and orphans of deceased members. Membership is open to any registered medical practitioner who at the time of his election is resident within a twenty-mile radius of Charing Cross; the subscription is two guineas a year, or a member may become a life member by paying a sum fixed by the by-laws of the society. The invested funds now amount to over £100,000. Application forms for membership and full particulars may be obtained by applying to the secretary at the offices of the society, 11, Chandos Street, Cavendish Square, W. The next election takes place on October 13th. Application forms must reach the secretary on or before September 22nd.

OVER forty years ago, in September, 1865, a statue by Noble was erected in the Ranelagh Gardens, Chelsea Hospital, in memory of Sir James McGrigor, the first Director-General of the Army Medical Department. It was felt that the new Royal Army Medical College in Grosvenor Road would be a more fitting place for this memorial of an officer whose career was so closely and gloriously associated with the army and the advancement of medical science. Accordingly permission having been obtained from the authorities, the statue has been re-erected on a site in the grounds of the College on the north-east side facing the Tate Gallery. The cost has been defrayed by the officers of the Royal Army Medical Corps. Sir James McGrigor occupied very much the same position on the staff of the Duke of Wellington as that held by Barron Larrey on that of Napoleon, and as the statue of the famous surgeon, who was described by the Emperor as the most virtuous man he had ever known, adorns the grounds of the Val-de-Grâce (the army medical school in Paris), so now, after a lapse of many years, the monument of his British compeer has found a fitting place in the grounds of the Royal Army Medical College, London. Sir James McGrigor was a native of Aberdeen, and a memorial of him in the form of an obelisk of Peterhead polished granite was removed a few years ago from the quadrangle of Marischal College to the Duthie Park, Aberdeen.

well as of any new anaesthetics bill to put an effectual embargo on this class of practice—whether the anaesthetic be given by a dentist or medical practitioner.

Probably no single man has contributed more good educational work, so far as the administration of anaesthetics by dentists is concerned, than Mr. Guy of Edinburgh. It has been his invariable practice to induce only a brief anaesthesia by means of nitrous oxide and ether, or nitrous oxide and ethyl chloride, and by training students to do extractions very rapidly enable them to accomplish as much as possible in the time afforded—possibly one and a quarter to two minutes. If more be required, the patient returns another day. Nothing has done more to improve the technique of dental anaesthesia in Scotland and many parts of the English provinces where Scottish students settle than this.

And nothing has done more to put an end to the reckless and unjustifiable use of chloroform in dental operations. Personally I can see little objection to the dental student being so trained, and many advantages. The poorer classes thus get better treatment and comparative safety. Of course, the ideal—at which Dr. Hewitt would appear to aim—is the presence of a fully-trained anaesthetist or a well-trained physician, but the ideal is usually unattainable—and it certainly is so here.

In the present mixed-up state of medical education as regards anaesthesia, it is certainly much more difficult for a medical student to be adequately trained in the minor anaesthetics than for a dental student. Looking farther ahead, one sees the time coming when the dental and medical professions will be more closely welded than at present, and the medical side of the dental curriculum considerably extended—even to equalling that of the medical practitioner to be.

It would seem better, therefore, on cool reflection, that the efforts of those working in the department of anaesthetics should be directed not to restriction of the dental surgeon's powers and training, but to the framing and pressing forward of such a legal enactment as will secure a good training in anaesthetics all around—a compulsory training—and so lessen malpraxis; further, to make the use of any anaesthetic agents of a toxic nature, local or general, by the unqualified quack and impostor, an offence punishable by fine or even imprisonment.—I am, etc.,

Peebles, July 21st.

T. D. LUKE.

Universities and Colleges.

UNIVERSITY OF EDINBURGH.

The Professorship of Anatomy.

On July 29th the Curators of the University unanimously appointed Dr. Arthur Robinson, M.D., Professor of Anatomy in the University of Birmingham, to the Chair of Anatomy in Edinburgh University, rendered vacant by the death of Professor D. J. Cunningham. Professor Robinson studied at the University of Edinburgh, where he graduated M.B., C.M., with honours in 1883. In 1890 he proceeded to the degree of M.D., being awarded a gold medal for his thesis, which embodied the results of original investigations upon "The Development of Rodents." For a number of years he was on the teaching staff of Owens College, Manchester. In 1896 he was appointed Lecturer on Anatomy in the Middlesex Hospital Medical School, and in 1900 he was appointed Professor of Anatomy in King's College, London. He was Secretary of the Board of Intermediate Studies of the University of London, and was actively associated with the movement which resulted in the formation of the Board of Human Anatomy and Morphology by the Senate of the University of London. In 1904 he was elected to the Chair of Anatomy at Birmingham, and in 1905 he was appointed Sub-Dean of the Medical Faculty. In the summer of 1903 he was appointed Hunterian Professor by the Council of the Royal College of Surgeons of England. He has also been Examiner at Oxford and elsewhere. Professor Robinson has made many valuable contributions to the literature of his science; among them may be mentioned papers on the Position and Peritoneal Relation of the Mammalian Ovary; the Nutritive Importance of the Yolk Sac; the Formation and Structure of the Optic Nerve and its Relation to the Optic Stalk; the Development of the Pericardium; and the Comparative Anatomy of the Ova and the Placenta in Mammals—all of which appeared in the *Journal of Anatomy and Physiology*.

QUEEN'S UNIVERSITY OF BELFAST.

Departments of Physiology, Pathology, etc.

To provide for the expected larger demands upon its resources next session the senate has sanctioned the expenditure of £1,500

on the provision of better equipment for the departments of physiology and pathology, pathological laboratory, physics, chemistry, zoology, archaeology, anatomy, botany, and geology.

Graduates of the Royal University.

A notice has been issued to graduates of the Royal University of Ireland who are entitled under the Act to join the Queen's University, and an application form for the purpose has now been sanctioned by the senate, and will be sent to any such graduate by the registrar on application.

Officers' Training Corps.

The university contingent of the Officers' Training Corps went into camp at Ballykinler on July 31st for a fortnight's training. The Commander-in-Chief in Ireland (Sir Neville Lyttelton, G.C.B.) has expressed his intention of making the annual inspection of the corps during their stay in camp.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

An ordinary quarterly Comitia was held at the College on Thursday, July 29th, the President, Sir R. Douglas Powell, in the Chair.

Membership.

The following candidates, having passed the required examination, were admitted Members of the College:

Edwin Greaves Fearnside, M.A., M.B.Cantab., L.R.C.P., William Errington Hume, M.B.Cantab., James Lindsay, M.D.Edin., Henry MacCormac, M.B.Edin., Walter Malden, M.A., M.D.Cantab., Arthur Hallows Miller, M.B.Cantab., L.R.C.P., Patrick Thomas O'Sullivan, M.D.Roy. Univ., Irel., Leonard Gregory Parsons, M.D.Lond., L.R.C.P., Ivy Evelyn Woodward, M.D.Lond.

Licence.

Eighty-six candidates having passed the necessary examination were granted the Licence of the College to practise Physic.

Diplomas in Public Health.

In conjunction with the College of Surgeons, Diplomas in Public Health were granted the following gentlemen:

Andrew Allison, M.B., Ch.B.Glasg., Hugh Barr, M.B., Ch.B.Glasg., James Aylmer Beamish, M.B., B.Ch., R.U.I., Harry Boulcott Bolus, M.B., B.C.Cantab., L.R.C.P., M.R.C.S., Clement Henry Burton Bradley, M.B., Ch.M.Sydney, L.R.C.P., M.R.C.S., Thomas Evans, M.B.London, James Fairley, M.B., Ch.B.Glasg., Robert Myleraine Freer, M.D., C.M.Edin., Walter Ernest Fry, L.R.C.P., M.R.C.S., Henry William Harding, L.R.C.P., M.R.C.S., M.D.Lond., Richard Athelstane Parker Hill, M.B.Cantab., L.R.C.P., M.R.C.S., Thomas Edward Holmes, M.D., B.C.Cantab., Herbert Edward Littledale, M.D., B.Ch.Dublin, Walter St. Clair McCutcheon, L.R.C.P., M.R.C.S., Krishnaji Shripat Bhaskar, M.D., L.M. & S. Bombay, Richard Alfred O'Brien, M.D., B.S.Melb., Percy William Spaul, L.R.C.P., M.R.C.S.

International Medical Congress.

The President announced that he had received a communication from the Secretary of State for Home Affairs, requesting him to nominate a delegate to represent this country at the International Medical Congress to be held at Budapest this year. He nominated Dr. F. W. Pavy, who had already been elected to represent the College at the Congress.

Murchison Scholarship.

A report was received from the Examiners for the Murchison Memorial Scholarship at Edinburgh, stating that as the result of the recent examination the scholarship had been awarded to Mr. Alexander Gibson, M.A., M.B., and that Mr. G. C. Greenfield, M.B., had been "*Proxime accessit*."

Emeritus Registrar.

On the motion of the Senior Censor, Dr. Norman Moore, seconded by Dr. P. W. Latham, Dr. E. Liveing was elected Emeritus Registrar by acclamation.

Communication.

The following communication was received: From the Secretary of the College of Surgeons reporting proceedings of their Council on July 8th.

Censors and other College Officers.

On the nomination of the President, the Council, and the Library Committee, the following gentlemen were elected Censors, other College Officers, and Examiners:

Censors: Sir William Henry Alchin, M.D.; Francis de Havilland Hall, M.D.; Seymour John Sharkey, M.D.; James Kingston Fowler, M.D. *Treasurer:* Sir Dyce Duckworth, M.D. *Registrar:* Joseph Arderne Ormerod, M.D. *Harveian Librarian:* Joseph Frank Payne, M.D. *Elected Members of the Library Committee:* Norman Moore, M.D.; William Osler, M.D.; Arthur Francis Voelcker, M.D.; Charles Arthur Mercier, M.D. *Curators of the Museum:* Sir William Henry Alchin, M.D.; Seymour John Sharkey, M.D.; William Hunter, M.D.; Frederick William Andrewes, M.D. *Finance Committee:* Francis Henry Champneys, M.D.; George Newton Pitt, M.D.; Herbert Pennell Hawkins, M.D. *Examiners.—Chemistry:* Wm. Holdsworth Hurlley, D.Sc.; George Senter, Ph.D., B.Sc. *Physics:* Dawson, F. D. Turner, M.D.; Alfred Henry Fison, D.Sc. *Practical Pharmacy:* Arthur Philip Beddard, M.D.; Edmund Ivens Spriggs, M.D.; Robert Arthur Young, M.D.; William James Fenton, M.D.; Alfred Ernest Russell, M.D. *Physiology:* William Dobinson Halliburton, M.D.; Marcus Seymour Pembrey, M.D. *Anatomy:* Christopher Addison, M.D. *Medical*

Anatomy and Principles and Practice of Medicine: Wilmot Parker Herringham, M.D.; Richard Grainger Hebb, M.D.; Sidney Harris Cox Martin, M.D.; Herbert Pennell Hawkins, M.D.; Humphry Davy Rolleston, M.D.; Sir Edwin Cooper Perry, M.D.; Sir Hugh Reeve Beever, Bart., M.D.; James Galloway, M.D.; Wilfred James Hadley, M.D.; Laurence Humphrey, M.D. *Midwifery and Diseases peculiar to Women:* Herbert Ritchie Spencer, M.D.; George H. Drummond Robinson, M.D.; Arthur Hamilton Nicholson Lewers, M.D.; Arthur Francis Stabb, M.B.; George H. A. Comyns Berkeley, M.D. *Public Health:* Part I, William Henry Willcox, M.D., B.Sc.; Part II, Alexander Grant Russell Foulerton, F.R.C.S. *Murchison Scholarship:* David Bridge Lees, M.D.; Horace George Turney, M.D. The newly-elected officers, examiners, and members of standing committees gave their faith to the college.

Baly Medal.

On the same recommendation of the Council, the Baly Medal, for distinction in the Science of Physiology, was awarded to Emil Fischer, Ph.D., Professor of Chemistry, University of Berlin.

Moxon Medal.

On the same recommendation, the Moxon Medal, for distinction by observation and research in Clinical Medicine, was awarded to Sir William Gowers, M.D., F.R.S.

Committee of Management.

The Registrar, Dr. Ormerod, was elected a member of the Committee of Management in the place of Dr. E. Liveing, who had resigned.

Imperial Cancer Research Fund.

Dr. Sidney Martin, who retired by rotation, was re-elected a member of the Executive Committee of the Imperial Cancer Research Fund.

Reports.

The following reports were received:

1. From Dr. Norman Moore on the Darwin Commemoration at Cambridge, June 21st to 25th.
2. From Dr. Habershon on the celebration of the 350th Anniversary of the Foundation of the University of Geneva, July 7th to 10th.
3. From the Standing Committee on Beri-beri after a meeting held on May 19th last.
4. The Annual Report of the Imperial Cancer Research Fund.
5. From the Committee of Management, dated June 29th, recommending—

(a) That the London County Asylum at Long Grove, Epsom, be added to the list of lunatic asylums recognized by the Examining Board in England.

(b) That the Western Reserve University, Cleveland, Ohio, United States, be added to the list of institutions 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 the production of the required certificates of study.

Both recommendations were adopted.

6. From the same Board, dated July 13th, recommending that Mr. R. J. Godlee be appointed visitor to the examinations of the Egyptian School of Medicine for the examinations to be held in December next.

The recommendation was approved.

7. The Quarterly Report of the College Finance Committee, dated July 15th.

8. The Annual Report of the Library Committee.

9. The Annual Report of the Curators of the Museum.

10. The Quarterly Report of the Examiners for the Licence on the results of the examinations in April last.

Library.

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

Obituary.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Dr. Bondet, sometime Professor of Clinical Medicine in the Medical Faculty of Lyons, aged 78; Dr. Gustav Christian Lott, Professor of Obstetrics and Gynaecology in the University of Vienna, and author of writings on the anatomy and physiology of the cervix uteri, and many other contributions to the literature of his speciality, aged 66; Dr. Amédée Monteils, member of the General Council of Mende, and sometime representative of La Lozère in the French Chamber of Deputies; Dr. August Vogl, Ritter von Fernheim, Professor of Pharmacology and Pharmacognosy in the University of Vienna, of which he was Rector in 1887-8, besides being more than once Dean of the Medical Faculty, in his 75th year; and Dr. Gustave Gauthier, formerly representative of the Haute Saône department in the French Senate.

The Services.

INDIAN MEDICAL SERVICE.

At the examination on July 31st for 21 commissions in the Indian Medical Service there were 48 candidates. The highest number of marks obtainable was 5,100. The following were successful:

	Marks.		Marks.
C. H. Smith	3,997	D. G. Cooper	3,366
A. M. Dick	3,840	W. L. Forsyth	3,333
T. J. C. Evans	3,733	K. S. Thakur (Punjab) ...	3,288
R. J. Binning	3,712	M. A. Rahmar (Bombay) ...	3,281
M. J. Holgate	3,512	F. J. Kolaporewalla (Poona) ...	3,258
J. McD. Eckstein	3,503	H. R. B. Gibson	3,257
T. L. Bomford	3,471	D. Arthur	3,252
W. A. M. Jack	3,433	E. H. V. Hodge	3,225
G. H. Lynn	3,412	G. T. Burke	3,187
L. H. L. Mackenzie	3,404	R. H. Barucha (Bombay) ...	3,143
A. C. Anderson	3,385		

EXAMINATION FOR PROMOTION, HOME STATION.

THE following is the list of successful candidates at the May examination for promotion of majors of the Royal Army Medical Corps on technical subjects:

Major L. WAY, Sanitation and Epidemiology. Already passed in (d) ii, in Army Medical Organization in Peace and War, and in Medical History, etc.

Major G. A. T. BRAY, Technical Subjects; .8 in Medical History, etc. Already passed in (d) ii.

Major J. D. FERGUSON, D.S.A., (d) ii. Already passed in Technical Subjects.

Major E. E. POWELL, Army Medical Organization in Peace and War. Already passed in (d) ii, in Sanitation and Epidemiology, and in Medical History, etc.

Major O. L. ROBINSON, Technical Subjects; .8 in Medical History, etc. Already passed in (d) ii.

Major E. H. CONDON, M.B., (d) ii, and in Technical Subjects.

Majors B. W. LONGHURST and C. T. SAMMAN (d) ii, have yet to pass in Technical Subjects.

Major C. M. FLEURY, (d) ii. Has yet to pass in Sanitation and Epidemiology.

Majors W. TIBBITS, M.B., and A. W. HOOPER, D.S.O., (d) ii. Have yet to pass in Technical Subjects.

Captain W. H. S. NICKERSON, V.C., M.B., (d) ii; .75. Already passed in (h).

Captains M. M. LOWSLEY and H. B. G. WALTON, (d) ii. Already passed in (h).

Captains H. M. MORTON, M.B., and E. W. SIBERY, (d) ii; .75. Already passed in (h).

Captain J. A. HARTIGAN, M.B., (d) ii. Already passed in (h).

Captains B. S. BARTLETT, J. G. CHURTON, C. H. FURNIVALL, and E. BENNETT, (d) ii; .75. Already passed in (h).

Captain A. J. W. WELLS, (d) ii. Has yet to pass in (h).

Captain P. G. EASTON, (d) ii; .75. Has yet to pass in (h).

Lieutenant A. C. VIDAL, (d) ii, and in (h) ii and iii. Has yet to pass in (h) i.

Lieutenants C. CASSIDY and A. FORTESCUE, M.B., (d) ii and in (h) ii and iii; .75 in (d) ii. Already passed in (h) i.

Lieutenant M. P. LEAHY, M.B., (d) ii and in (h) iii. Already passed in (h) i and ii.

Lieutenant W. G. AVISS, (d) ii and in (h) ii and iii. Already passed in (h) i.

Lieutenant G. F. DAWSON, M.B., (d) ii and in (h) ii and iii; .75 in (d) ii and .8 in (h) ii and iii. Already passed in (h) i. Special Certificate.

Lieutenant H. V. B. BYATT, (d) ii and in (h) ii; .75 in (d) ii. Has yet to pass in (h) iii. Already passed in (h) i.

Lieutenant F. J. STUART, M.B., (d) ii and in (h) ii and iii. Has yet to pass in (h) i.

Lieutenant J. A. RENSHAW, (d) ii and in (h) ii and iii; .8 in (h) ii and iii. Already passed in (h) i.

Lieutenant R. DE V. KING, (d) ii and in (h) ii and iii. Already passed in (h) i.

Lieutenant D. B. McGRIGOR, M.B., (d) ii and in (h) ii and iii. Has yet to pass in (h) i.

Lieutenant R. G. S. GREGG, M.B., (d) ii and in (h) ii and iii. Already passed in (h) i.

Lieutenant W. A. SPONG, M.B., (d) ii and in (h) ii and iii; .75 in (d) ii and .8 in (h) ii and iii. Already passed in (h) i. Special Certificate.

Lieutenant H. P. HART, M.B., (d) ii and in (h) ii and iii. Already passed in (h) i.

Lieutenants A. E. B. JONES, M.D., and A. HENDRY, M.B., (d) ii and in (h) ii and iii. Have yet to pass in (h) i.

Lieutenant J. F. GRANT, M.B., (d) ii and in (h) ii and iii. Already passed in (h) i.

THE ROYAL ARMY MEDICAL CORPS (TERRITORIAL FORCE).

TRANSPORT TO GENERAL HOSPITALS.

IN his paper on transport to general hospitals, published in *National Defence* and noticed in our issue of July 24th, p. 243, Dr. Bowser mentioned that the Great Central Railway was the only company in possession of a railway ambulance coach. Mr. E. A. Richards, Secretary of the South-Eastern and Chatham Railway Centre of the St. John Ambulance Association, writes to inform us that that company has an ambulance saloon equipped in every respect, which is constantly in use for the conveyance of hospital cases. Mr. Richards also forwards prints of the coach taken from their last annual report.