

the absence of free acid the larger portion of the sugar is precipitated by the basic lead salt in the same manner as happens in the case of a pure glucose solution, and hence from the filtrate no osazone may be obtained.

The form of osazone crystal obtained is dependent on the varying conditions of concentration, rate of cooling, presence of foreign matter, etc.; and by suitably altering these conditions the same osazone may be made to separate out in different forms—as, for example, in ill-defined aggregates, feathery masses or sheaves of fine hairlike crystals, or needles grouped in sheaves or in starlike clusters. Urines of low specific gravity may require to be concentrated, whilst those of high specific gravity may require dilution before the characteristic crystalline osazone deposit is obtainable. It has often been found that boiling with the phenylhydrazine for a longer time (thirty minutes) led to the deposition of well-defined crystals where amorphous masses had otherwise been previously obtained.

The sugar present in normal urine is not solely, nor even chiefly, glucose. In a communication on the nature of the sugar present in normal blood, urine, and muscle, by F. W. Pavy and R. L. Sian, published in vol. xxvi of the *Journal of Physiology*, 1901, attention was drawn to the existence of a disaccharide—*isomaltose*—in association with the glucose. As *isomaltosazone* is more soluble than *glucosazone*, it follows that a larger quantity of osazone crystals will be yielded by a specimen of urine if the *isomaltose* is converted, prior to the treatment with phenylhydrazine, into glucose by hydrolysis with a mineral acid.

In Cammidge's pancreatic reaction, hydrolysis constitutes one of the essential features, and hence the conditions are such as to favour the production of osazone crystals from the sugar normally present in the urine. Adopting the method of hydrolysis described by Cammidge, it has been found that, after treatment with lead carbonate, basic lead acetate, and phenylhydrazine, most of the specimens of healthy urine examined have yielded a deposit of characteristic osazone crystals.

Besides normal human urines, the urines of horses, cats, and rabbits have been submitted to experimental treatment, and in almost all cases have been found to yield typical osazone crystals.

Although a sort of reluctant assent is now generally given to the statement that normal urine contains sugar, there nevertheless still seems to exist a tendency to minimize its significance. The quantity, however, although the urine may not give a reaction with Fehling's solution on account of the inhibiting effect of certain of its constituents, may be in reality considerable, amounting, for instance, as a general condition, to 2.5 or more per 1,000. It is therefore to be looked upon as nothing more than a natural occurrence that osazone crystals should be obtainable from normal urine, and it all depends upon incidental circumstances whether they are obtained or not.

## Memoranda:

### MEDICAL, SURGICAL, OBSTETRICAL.

#### CALCIUM CHLORIDE IN RHINORRHOEA.

It will be conceded even by the most experienced rhinologists that the treatment of that exceedingly annoying and distressing symptom, rhinorrhoea, is, to put it mildly, unsatisfactory.

It is considered, and has been considered for a long time, that rhinorrhoea is a symptom of a vasomotor rhinitis. All the remedies recommended for its relief had their basis in the idea that this symptom was an evidence of a neurosis. Personally I had felt for a long time quite helpless in the matter of treatment. There appeared only one other source for the trouble; and that was the blood. Consequently, some two years ago I first tried the effect of calcium chloride, giving 30 to 45 grains a day for two weeks. With scarcely an exception this objectionable symptom was completely removed; sometimes it recurred at long intervals, always to yield again; and, so far, no case of rhinorrhoea has proved absolutely unresponsive, though one was very intractable.

The real pathology of the condition I have not attempted

to elucidate, but the amount of chloride in the blood may yield a hint as to the causative factor, probably merely excessive osmosis.

I have not employed the salt so far in spasmodic sneezing, hay fever, or asthma, but it might possibly be of use here also.

London, W.

RICHARD LAKE, F.R.C.S.Eng.

#### A CASE OF SELF-PRODUCED ALOPECIA.

A MAN aged 30 is at present a patient in Northumberland County Asylum suffering from chronic mania. On admission three years ago he had a thick crop of hair and a heavy brown moustache. Some months since he began to pluck the hairs out of his scalp and face. Epilation has been carried out so extensively that except for a slight downy covering, he has no hair on his scalp, eyebrows, or face. He has also removed all hair from the axillae and pubes.

Though this form of self-mutilation is by no means uncommon amongst the insane, I have seen no other case in which epilation has been so persistent and complete. I have at present under my care another man who has in time past indulged in this insane practice. He has several whitish patches on his scalp, where the hair has grown again after epilation, but with a change in colour.

G. R. EAST, M.B., D.P.H.

Northampton County Asylum, Morpeth.

#### INJURY OF EAR BY HATPIN.

THE following case, as illustrating the dangers of the large hatpin, is, I think, worth recording:

On April 9th I received an urgent message to see a lady who was said to have run a hatpin into her ear.

On arrival, I was informed that the patient, in trying to fix on her hat with a large pin before the mirror, had inadvertently run the pin into her ear instead of the hat. She immediately suffered from giddiness and collapse, and nearly fainted.

On examining the ear, I could find no perforation of the tympanic membrane, but close to the drum the floor of the meatus showed a scratch. She complained of giddiness and tinnitus, but no pain, and was deaf to the watch and tuning-fork.

Under careful antiseptic dressing the wound healed without any discharge, the deafness and tinnitus remaining.

On May 13th I asked Dr. Stevenson, of Liverpool, to see her as to prognosis of recovery of the hearing. He reported: "I could not see any wound in the membrana tympani, but I think there is no doubt she has partially dislocated the stapes from its vestibular attachment, or, at any rate, altered its position. I think she will slowly improve."

Under politizerization—absorbent drops and mild counter-irritation to the mastoid—she has at the present date somewhat improved, but considerable deafness and tinnitus remain.

Chester.

ALFRED MANN, M.D.

#### URINE REACTION IN LOBAR PNEUMONIA.

I SHOULD like to call attention to a urine reaction in cases of lobar pneumonia which is not mentioned in any books on urinalogy or clinical medicine as far as I can discover.

The reaction is obtained by using Heller's test for albumen. A dense-white or dirty-white ring, or perhaps only a haze, appears above the junction of the acid and the urine. In albuminuria it is at the junction of the two fluids. Sometimes it only appears after the treated specimen has stood for an hour or more, whilst in others it appears immediately. If the urine is turbid it must be filtered, and the reaction will appear in the clear filtrate.

In all cases in which the reaction appears day after day the prognosis is favourable; if it disappears before the crisis or immediately after the crisis unfavourable symptoms are experienced. From my observations the quantity of precipitate appears to bear a distinct relation to the severity of the pneumonia and to the eventual recovery or otherwise. I have only known it to appear in one fatal case, and in this case three distinct rings were visible.

It is found most plentifully in those cases of pneumonia which have no abnormal temperature, or where the condi-

tion is discovered by accident. Cases of double pneumonia which have recovered without showing the reaction have had severe diarrhoea at the crisis.

The reaction is only found in fresh urines, and it may have completely disappeared in twenty-four hours. I have on three occasions sent specimens to be analysed, and in each case have had the reply that nothing in the nature I have described was present, and that there was no albumose; hence it is apparent that the substance is not one of the known albumoses.

I have used Heller's test systematically in all urine examinations since the reaction was first brought to my notice in July, 1903, at the Victoria Hospital, Burnley, and up to the present have failed to find this peculiar reaction in any other urines than those of patients suffering from some form of pneumonia.

The difficulty in collecting urine from infants has prevented me from placing any reliance upon the test as far as they are concerned, and the results are from those who were able to pass urine into an ordinary urine glass.

Southport. R. C. HOLT, M.D.Durh., M.R.C.P.Lond.

## Reports of Societies.

### ROYAL SOCIETY OF MEDICINE.

#### MEDICAL SECTION.

Tuesday, June 28th, 1910.

J. MITCHELL BRUCE, M.D., F.R.C.P., President, in the Chair.

#### *Auscultatory Sphygmometry.*

DR. GEORGE OLIVER gave a demonstration of this method, being a combination of tactile and auscultatory methods of reading the systolic and diastolic blood pressure. An ordinary Riva-Rocci band was applied to the arm, and the artery below was auscultated during the increase of the pressure by the armlet. At a certain pressure a "thud" became audible, and persisted till it disappeared on the maximum systolic pressure being reached. The middle of the period during which the thud was audible represented the diastolic pressure. Auscultation of the artery was effected either by a stethoscope or by a specially arranged phonendoscope attached by a bracelet to the front of the elbow below the band.

#### *Dorsal Percussion of the Thorax and of the Stomach.*

DR. WILLIAM EWART made a communication on this subject in which he first reviewed our present knowledge of the systematic dorsal percussion and plexigraphy of the viscera, both before and after the advent of radioscopy, incidentally describing the results of spinal percussion, and then described his results obtained in the dorsal examination of the stomach, particularly what he called the gastric nucleus of resonance—a circular area of resonance under 3 in. in diameter below the angle of the left scapula. This sign was claimed as new, and for its demonstration, as well as for successful dorsal percussion generally, the use of a suitable pleximeter was strongly advocated.

THE eighth International Physiological Congress will be held in the Physiological Institute of the University of Vienna from September 27th to 30th, under the presidency of Professor Sigmund Exner. Among the communications promised are the following: Dr. Edridge-Green (London): Demonstration of method of testing colour perception spectrometer; demonstration of lantern test for colour blindness. Dr. A. S. Grünbaum (Leeds): On the changes produced by radium in normal cells. Drs. F. S. Lee and M. Morse (Woodstock): The summation of stimuli. Communications in regard to the Congress should be addressed to Professor O. v. Fürth, Physiologisches Institut, Wien IX, Währingerstrasse 13. From September 26th to October 1st an exhibition of physiological apparatus will be held.

## Reviews.

### THE SPECIAL SENSES.

WE are indebted to Mr. M. GREENWOOD for an excellent book on the *Physiology of the Special Senses*.<sup>1</sup> Students of experimental psychology who study this book in conjunction with Professor C. Myer's admirable treatise issued in the same style and by the same publishers will gain a thorough knowledge of their subject, for the one book fills in and completes the other. Mr. Greenwood has set out to give the advanced student of physiology a more detailed knowledge of this part of the subject than can be obtained from the general textbooks. He assumes that the student has studied in the textbooks the anatomy and histology of the sense organs, and is acquainted with the rudiments of physiological optics and acoustics, and gives him a summary of inquiries into the original sources of information—the monographs of the best researchers in Europe, which time and difficulties of foreign languages hardly permit the student to make much use of. In the first chapter he deals with the "laws" of Müller, Weber, and Fechner, and concludes that "the experimental basis of Weber's 'law' is not firm enough to permit our attaching much importance to the formula itself." Measurements only have a meaning when the unit is clearly and uniquely defined—or, under very special circumstances only, when its existence can be inferred. In the case of sensations, no such scale has been given. To say that one body has twice the mass of another is intelligible because the unit of mass can be defined; to say that one sensation is twice as intense as another means nothing until the unit is fixed. It seems doubtful, then, whether we are in position to measure sensations at all, and until we are, the formulation of a quantitative law is hardly justifiable. In the following three chapters the author deals with the physiology of cutaneous sensations, and we note the interesting observation of von Frey that identical pressure sensations are produced by deforming the skin by pulling it out or by pushing it in: "The end organ is excited by a change in the existing pressure relations of end organ and superficialities, whether the change be positive or negative, increase or decrease." In connexion with pain he discusses the evidence for the existence of special pain points in the skin which von Frey thinks are the intraepithelial nerve endings. According to Lennander, increased peristalsis, set up by an inflammatory condition of the gut, acts as a mechanical stimulus exerting traction on the peritoneum. Traction alone is an effective stimulus for the parietal peritoneum.

All organs innervated by the sympathetic or by the vagus below the origin of the recurrent laryngeal are insensitive; thus pain is not excited by stimulation of the anterior wall of the vagina, the uterus, ovaries, and Fallopian tubes. Certain stimuli applied to the viscera are capable of eliciting pain, but the pain is not localized in the viscera; it is referred to some cutaneous surface, and the area of reference is often hyperaesthetic (Head). The author might well have given a little more space to the interesting and important subject of referred pain. Chapter IV is devoted to an excellent summary of Head and River's work on protopathic and epicritic sensibility. Mr. Greenwood considers their theoretical conclusions to hold good in spite of the recent experiments and criticisms of Trotter and Davis. The researches of Theodore Thompson seem to have established that the ascending intraspinal paths are three in number—one carrying up painful and thermal impulses of all forms, a second conveying tactile impulses, and a third those connected with the sense of position. "The distinction between protopathic and epicritic systems is therefore definitely subspinal." We are not yet convinced that there are these two forms of sensations, and think the protopathic type of sensation may be due to imperfect conduction, in spite of the curious agreement of the first-returning sensations in the paralysed part with those normal in the penis. In the fifth chapter, which deals with taste and smell, some ingenious experiments of Paulsen are noted; he placed squares of red litmus.

<sup>1</sup> *Physiology of the Special Senses*. By Major Greenwood, jun., M.R.C.S., L.R.C.P., F.S.S. London: E. Arnold, 1910. (Med. 8vo., pp. 247, 8s. 6d.)

and therefore our position can only be one of regret that generous treatment of Colonial wishes is looked upon with more favour than a similar treatment of some of the oldest Branches in the United Kingdom. Not only had I intended to refrain myself, but I had, I believe, also persuaded another Representative sitting near me to take a similar course. My neighbour's mind and my own were completely changed by Sir Victor Horsley's speech. That member of the Association seems to ascend the rostrum with the deliberate intention of stirring up strife, and of insulting those who differ from him.

There is a story of a recent archbishop who confessed that his idea of a satisfactory committee was one of three members, of whom one should be habitually absent, the second a good listener, and the third himself. Similarly, Sir Victor Horsley seems to consider that an ideal Representative Meeting should consist of three classes—that is, those who vote with him, those who do not vote against him, and himself.

I know Sir Victor Horsley, and personally like and respect him greatly, but I can only say that both my personal liking and my respect for his great abilities disappear entirely when I listen to such speeches as he delivered on June 29th. It is, in all the best interests of the Association, greatly to be regretted that he adopts such a tone.—I am, etc.,

Exeter, July 5th.

RUSSELL COOMBE.

#### REPRESENTATION IN THE ASSOCIATION.

SIR.—It was with a feeling of relief and pleasure that I read your leader of June 25th, which shows that there is still an open mind upon the present vexed questions before the medical profession. It was with a feeling of apprehension and regret that in the JOURNAL of July 2nd I saw that many so-called representatives were already elected.

The man who needs representing is the man who looks after the public—the man in whose hands are the care of the weakly, the sick, the infirm, and the young, and on whose advice the individual health of the country's men, women and children is maintained. These men are the general practitioners who are scattered from one end of the country to the other, and who, by the very nature of their occupation, have no opportunity of studying the medico-political questions which seem likely to swamp them, nor yet to learn what are the views, aims, objects, and sympathies of those who are put forward as representatives.

The general practitioners form a body of men who are not represented. If a man has time to attend an odd meeting of his Division (it means to many of them at least half a day), he knows very little of what is going on, and the real work is done by committees, and their minutes are passed without comment or protest, and are taken as the voice of the Division, even if there is barely a quorum to pass questions of moment.

The retort that men ought to read the JOURNAL and learn what is going on, and that it is their duty to attend meetings, is all very well; but a man's first duty is to earn his bread and cheese, and the SUPPLEMENT takes a desperate lot of reading, and even then one is apt to miss the kernel in the nut. How many general practitioners realized that when unqualified assistants were taken from them under the pretext that unqualified practice could not be dealt with while doctors themselves employed them, that practically the whole of the midwifery could be given into the hands of unqualified persons?

I do not want to belittle the work of officials, or "representatives," and give them credit for hard work and the effort to improve the status and pay of the general practitioner according to their lights, but what I do fear is, that the "representatives" are too much drawn from the classes of medical men who are not general practitioners, for it is obvious that no general practitioner can be a representative whose sole income is derived from his practice, and therefore one fears that in the assembly of "representatives" the general practitioner will not be sufficiently represented, and the result of it all tend to drive him out of an association which is doing that which is to his detriment and thus splitting up the "unity" of the profession.

I must apologize for the length of this letter, and will

conclude by saying how greatly I hope that Dr. A. Walker's speech as reported in the SUPPLEMENT of July 2nd (page 16), will be read by every general practitioner in the country, and also that an excellent rule for any Representative Meeting would be, not to consider any resolution for "advancing" the interests of the profession which does it by depriving some portion of their body, however small, of their "job."

It is often said in medical politics, "the world must move on after all," but, of course, the man who is "squeezed out," "has our sympathy"! All I ask is, if that is medical policy, how does it square with the golden rule which we were taught should regulate medical etiquette, namely, "Do unto others," etc.?—I am etc.,

Northwich, July 3rd.

HENRY EDWARD GOUGH.

#### THE PATHOLOGY OF "PERNICIOUS" ANAEMIA.

SIR,—I am sorry Dr. F. H. Edgeworth has misunderstood me. The lecture from which he quotes was delivered to students and taken down in shorthand. When I said, "I suggest," etc., I used the word to indicate that I wished to place before the minds of my hearers the view that the destruction of red cells took place in portal area. I did not claim any originality. I was well aware that the author of it was Dr. Hunter, and that objections had been raised to it. But it was impossible to include everything about my subject in an hour's lecture, therefore I sacrificed these and other interesting matters.

With regard to the changes in the spinal cord, it would have been better to have put the word "gross" before changes, but as, when speaking, I was handing sections of the cord round to the audience, I intended it to be understood that I meant naked-eye changes.—I am, etc.,

London, W., July 4th.

W. HALE WHITE.

#### INFLUENCE OF POSTURE IN PHYSICAL EXAMINATION.

SIR,—I greatly appreciate Dr. Ewart's kind remarks in your last issue. His letters have given me much valuable food for thought, for which I am very grateful.—I am, etc.,

Exeter, July 4th.

W. GORDON.

## Universities and Colleges.

### UNIVERSITY OF LONDON.

#### MEETING OF THE SENATE.

A MEETING of the Senate was held on June 15th.

#### *Amendment of Regulations for the M.D. Degree.*

It was resolved that the regulations for the M.D. degree be amended by the addition of the following words after the word "Examination" at the end of the first paragraph on pages 167 and 222 of the Red Book and Blue Book respectively:

In every branch, should the thesis or published work be judged of sufficient merit by the examiners, a candidate who has passed the M.D. examination not less than ten years previously may be exempted from the paper or papers, as the case may be, on medicine.

#### *The Physiological Laboratory.*

Mr. Frederick L. Golla, M.A., M.B., B.Ch., has been appointed honorary demonstrator of chemical pathology and pharmacology in the Physiological Laboratory.

The course of eight lectures on the rate and conditions of chemical change, delivered by Dr. V. H. Veley, F.R.S., in the Physiological Laboratory during the second term of the current session, has been recognized by the Senate as a course of advanced lectures which a candidate at the B.Sc. (Honours) examination in physiology may name for part of his practical examination.

#### *Recognition of College Hall.*

College Hall, Byng Place, W.C., has been recognized as a students' hostel.

### UNIVERSITY OF DUBLIN.

#### *Degrees.*

THE following degrees were conferred on June 30th:

M.D.—Madeleine S. Baker, J. F. Clarke, M. A. Diemont, St. G. Gray, W. Leggett.

M.B., CH.B., B.A.O.—E. P. Allman-Smith, H. de L. Crawford, J. G. Dods, H. R. M'K. Ferguson, V. M. Fisher, W. H. Hart, C. D. Hanan, A. A. Louw, B. A. Molyneux, V. W. T. M'Gusty, H. S. Millar, J. D. Murphy, R. P. Pollard, S. B. Richardson, J. W. Tomb, L. Trichard, J. H. Woodroffe, E. W. G. Young.

A BED has been endowed by Mr. and Mrs. Peter Brock in the Royal Infirmary, Glasgow, in memory of the late Mr. James Gilchrist, the brother of Mrs. Peter Brock.

## The Services.

### ROYAL ARMY MEDICAL CORPS (TERRITORIALS).

#### FIRST LONDON DIVISION.

##### R.A.M.C. Training.

THE medical units of the 1st London Division, headed by their excellent band, proceeded by march route to Philip's Farm, Hendon, N.W., under the command of the Administrative Medical Officer, Colonel P. B. Giles, V.D., F.R.C.S., on Saturday, July 2nd.

Notwithstanding the inclement weather the corps paraded in good strength; the units present being 1st, 2nd, 3rd Field Ambulances, 1st and 2nd General Hospitals, and the Sanitary Company. Advanced parties had been sent on in the morning to pitch tents, make arrangements for water supply and prepare rations. On Sunday Divine Service was held, after which the men were instructed in their special duties. The Field Ambulances were exercised in tent pitching and transport duties. The Sanitary Company attracted considerable attention by reason of its practical work, consisting of the preparation of latrines of various types and urine pits. Several forms of destructor were shown, some of the latter being of the square or round furnace type, others of the high, pyramid shape. This was proved last year to be capable of completely destroying in an hour and a half the contents of a latrine used by 180 men for twenty-four hours. The method of construction was lucidly explained by Captain A. R. Owst, F.R.C.S. During the fifteen days' divisional training at Bordon in August, the sanitary company will send details to each combatant unit to supervise sanitation. The Administrative Medical Officer expressed his satisfaction at the good muster and the work done, noting especially the improvement in the transport sections. The corps returned to London on Sunday, July 3rd, by march route, under the command of Lieutenant-Colonel R. R. Sleman. The weather was still inclement.

#### AMBULANCE COUNTY COMPANIES.

THE St. John Ambulance Association has issued details of a scheme for ambulance county companies to be formed by the territorial branch of the Association in each county. In case of war companies would be offered to the War Office for the service of the sick and wounded of the Territorial Force. If county companies join the St. John Ambulance Brigade they will form separate brigade companies. In their formation the general principles of the St. John Ambulance Association will be followed, candidates being required to attend classes in first aid, home nursing, home hygiene, and sanitation. The members of a company must be either registered medical practitioners, pharmacists, trained nurses, or persons who have obtained a St. John Ambulance Association certificate in first aid as regards men, and in first aid and home nursing as regards women. Provision will be made for the training of a full complement in first aid and special military duties. Any person may form and maintain a county company, which will be recognized by the St. John Ambulance Association so long as all the regulations are complied with. Every officer and member of the company will be required to enter into an obligation to serve with the Territorial Force in the county in case of war.

## Medico-Legal.

#### DIVIDEND DUE TO INSANE PERSON.

"WARRANT" inquires whether (1) a lady of unsound mind can legally sign her own dividend warrant, and (2) whether the signature should be given by the husband or by the son who pays for her treatment.

\* \* The committee of a person of unsound mind is the proper person to sign the dividend warrant. The husband or son would not be entitled to receive the lady's income otherwise than under the authority of the court.

## Obituary.

### ALFRED FRANCIS THOMPSON, M.B., CH.B.VICT.,

SENIOR ANAESTHETIST, ROYAL INFIRMARY, MANCHESTER.

AT a meeting of the Board of Management of the Manchester Royal Infirmary last week, the chairman, Sir Wm. Cobbett, referred to the lamentable death of Dr. A. F. Thompson, the senior anaesthetist at the Infirmary, who was killed in a motor car accident, on Saturday, June 25th. He said that Dr. Thompson, who was in the prime of manhood, had given every promise of a successful career as a surgeon. He was expert and skilful as an anaesthetist, and in the present day, when the administration of anaesthetics played so important a part in surgery, the services of skilful men in that branch of medical science were most valuable. He moved a resolution recording the board's sense of the loss the infirmary had sustained by

Dr. Thompson's death, and expressing to Mrs. Thompson and the members of the family deep sympathy in the great sorrow which had fallen upon them. The resolution was seconded by the Lord Mayor of Manchester and passed.

It appears that when the accident occurred in which Dr. Thompson was killed he was himself driving the car with the chauffeur at his side, and at the inquest the chauffeur said they were not going more than ten miles an hour. As they neared a crossing they saw a taxicab approaching, and had almost cleared the crossing when the taxicab struck their hind wheel. Their car was overturned, and Dr. Thompson was thrown out, apparently alighting on his head. The chauffeur escaped by clinging to the car, and immediately went to the assistance of his master, who lay with his feet under the steering wheel. There was no hope for him from the first, though medical assistance was soon available. The coroner said that there was no evidence of criminal negligence on the part of the driver of the taxicab. As to what was done by Dr. Thompson there was no clear evidence, and the jury would probably never know whether he failed to realize the danger until it was too late. The facts pointed to a pure accident. The jury returned a verdict that death was the result of an accident, and recommended that a danger signal should be put at the crossing. The coroner expressed the sympathy of the jury with the relatives of Dr. Thompson.

Dr. Thompson, who was a student of Owens College, graduated M.B., Ch.B.Vict., in 1903. He had held the offices of House-Surgeon to the Royal Infirmary and of Third Anaesthetist and Assistant Anaesthetist before promotion to the post which he held at the time of his death. He was also Honorary Anaesthetist to the Victoria Dental Hospital and the Skin Hospital and Assistant Anaesthetist to the Ear Hospital, Manchester.

The funeral took place at Brooklands Cemetery with military honours, as Dr. Thompson held a commission as major in the R.A.M.C. An escort of the members of the corps attended under Major Woolley, and there was a large gathering of medical men and other friends.

## Medical News.

THE KING has graciously consented to become Patron of the Royal Institution of London.

WE are asked to state that no meeting of the Obstetrical and Gynaecological Section of the Royal Society of Medicine will be held during July.

HER MAJESTY THE QUEEN has been graciously pleased to become Patron of the Invalid Children's Aid Association (London). Her Majesty has long been interested in this association, and gave her patronage as Princess of Wales.

THE Secretary of State for Scotland has under the Prisons (Scotland) Act, 1909, appointed thirty-five ladies to be additional members of the visiting committees of the prisons of Edinburgh, Glasgow, Aberdeen, Inverness, Dundee, Dumfries, and Greenock. Among the ladies so appointed is Dr. Anne Mercer Watson, of Aberdeen.

AT a provincial sessional meeting of the Royal Sanitary Institute to be held in Cambridge, at 11 a.m. on July 16th, a discussion on the sterilization of water by chlorine and ozone will be opened by Professor G. Sims Woodhead. Further information can be obtained from Dr. Bushell Annington, Walt-Ham-Sal, Barton Road, Cambridge.

DR. G. ELLIOT SMITH, Professor of Anatomy in the University of Manchester, and formerly Professor of Anatomy at the Cairo School of Medicine, has received the King's permission to accept the Third Class of the Imperial Ottoman Order of the Osmanieh, conferred upon him by the Khedive of Egypt, in recognition of valuable services rendered by him.

THE British Universities Students' Congress, which met this week in Birmingham, was attended by about fifty delegates representing all the universities in the United Kingdom except Oxford and Cambridge. The International Academic Committee reported that representatives had been appointed in Switzerland and the United States, and that it had been successful in securing for British degrees greater recognition and privileges in some of the universities in Switzerland. In concert with the Foreign Office it was endeavouring to induce the German authorities to withdraw a recent regulation abolishing privileges previously given to British graduates offering themselves for German degrees.