

curred, and those who were what was termed "derelicts." Both the Public Health and Poor Law services asked to have them. Would not the reply be that the former should be encouraged to take advantage of the invalidity insurance scheme? This scheme would retain the family doctor, prevent derelicts, and so reduce the Poor Law work. In accepting any invalidity scheme they should be careful that the Government did not make use of the profession to bear the burdens of the State. Such a scheme should allow of the co-operation of the Government, friendly societies, trade unions and this Association. The Poor Law service should continue, the doctors be made whole-time officers, being given possibilities of advancement and superannuation, and even of transference into the Public Health service. If the latent possibilities of an invalidity insurance scheme were developed, the necessity for a Poor Law service would in time be found to be very little, and it might ultimately be absorbed into the Public Health service under a Minister of Health. But that time had not yet arrived.

Dr. A. BYGOTT (M.O.H. Barking) referred to the infant mortality in Barking, which was as much as 160 per 1,000 in one ward, and in two others 86 and 66 respectively. This showed how much medical supervision was needed, and it did not seem to be adequately provided for by the British Medical Association scheme. He had discussed this matter repeatedly with parents, and examined several family budgets, and it appeared impossible to provide these people with medical assistance on a contributory scheme which could be satisfactory. At the same time the choice of doctor ought not to be left to the individual when the community paid, because it was found that in the case of vaccination the poor and ignorant would go to those who would do the work least efficiently. He had for seven years in a large practice endeavoured to solve the problem of dealing with the poor by the general practitioner, and was reluctantly driven to the conclusion that to do the work adequately special training and resources were needed which were out of his reach. He had later seven years in the Poor Law service, and was quite sure that the solution was not that way; in fact, he found things so bad that he was glad to give up a senior post and take a junior one in the sanitary service. Something had been said as to the subordination of the Poor Law medical officers to the sanitary officers. There should be no subordination, but rather a co-ordination. The district medical officer would be entirely responsible for treatment, but he would report to the medical officer of health, who would incorporate his statistics in his tables. He himself found it much more satisfactory to report to a sympathetic friend and colleague than to a relieving officer and board of guardians. When complaints were made by the poor the doctor was placed in a very undignified position, and it would be far better for him in such circumstances to have the support of a trained and sympathetic colleague used to dealing with committees. They were not unmindful of the economical conditions of their professional brothers, and recognized the increase of expense owing to the greater cost of living and the necessity for keeping motor cars, etc.; but they wished to assist them by getting much work done, and adequately paid for, that at present went undone, to the detriment of the public health. They had made a present to the community of valuable gifts in the way of free treatment, not dreaming that it would be carried to the extent or lead to the abuses that it had done; but the time had now come to reconsider their position. In conclusion, the speaker earnestly exhorted all present to think seriously over these problems, to read books and discuss the subject over their pipes, and not to be led away by this person or that, but to make up their own minds on these important questions.

Mrs. WEBB, in reply, dealt first with two questions of fact. Dr. Ford Anderson had asserted that under the scheme of the British Medical Association for a public medical service, all patients, including those paid for by public authorities, would have the right to choose their own doctor. This was a mistake of fact. The British Medical Association scheme expressly provided that where a local authority or society paid the whole fee—this being the case for Poor Law, Public Health, and Education

Committee patients—the patient was to have no choice, and would necessarily be dealt with by the existing rate-paid doctor, so that the ordinary private practitioner would get no more of this large field than he now did. The second issue of fact was as to recovery of cost. Dr. Ford Anderson had declared it to be practically impossible for a public body to recover, instancing the failure of education authorities to recover for school dinners. But school dinners were confined to cases of obvious destitution, so that if anything was in fact recovered, it proved only that a mistake had been made in feeding at all. Quite the opposite was the lesson of experience where services were rendered to non-destitute people. As a matter of fact, half a million a year was even now recovered by public bodies, where there was means (in lunacy, in industrial schools, and in Poor Law infirmaries). The income limit was quite easy to fix. The Home Office, for its reformatory school cases, found it quite practicable to fix 3s. per week per adult unit, excluding rent. As regards Dr. Sykes's advocacy of the Poor Law principle of "retardation" in seeking medical aid, this negated any successful campaign against phthisis or cancer, and would play havoc with public health. She would give a typical instance of the danger of continuing any approval of the principle of retardation. The Government, speaking by Lord Beauchamp and Lord Sheffield, had deliberately decided to make the doctor's fee in midwifery emergency cases payable by the board of guardians instead of by the county or borough council, because "the use of the Poor Law machinery would prevent many people from availing themselves of the relief offered to them, which would not be the case if a less obnoxious authority was employed." Thus, the "principle of retardation," as Dr. Sykes called it, was avowedly to be applied to prevent the calling in of the doctor, even when the midwife thought it necessary. Lord Beauchamp even laid it down that "there was no obligation to send for the doctor. The midwife advised that the doctor should be sent for, but neither the midwife, the patient, nor the parent was obliged to accept that advice." It seemed to her that incidentally this meant the retardation of doctors' fees, but that was a matter for the British Medical Association.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

VERONAL POISONING.

APROPPOS the recent note on a case of veronal poisoning by Dr. Sowden, I think the facts relating to two cases bearing on the possible influence of the drug, which came under my own supervision, may be of interest.

Both patients were elderly females, about 70 years of age, and there is an interval of about ten months between the two cases coming under my notice. In each the diagnosis was "senile heart," whilst insomnia was the distressing symptom in both cases. Veronal was tried in each case with exactly similar after-effects.

Five grains of the drug was given at night. The report of the nurse was, in each case, that the patient had had a splendid night's sleep, and that she was still drowsy.

On examination the drowsiness was apparent, although only to a slight degree. What struck one immediately was that a hemiplegia had occurred, as evidenced by paralysis of the left arm and left side of the mouth. The left leg was not affected to any recognizable extent. There was no aphasia, and the patient could open and shut either eye on request. In the first case I saw the patient again the same night, and found that the paralysis had almost totally disappeared, a slight weakness in the grip of the left hand, as compared with the right, being the only remaining symptom. The next morning it was found that this also had disappeared, the grips now being practically equal. The second patient I did not see until the next morning, and found that here also the hemiplegia had totally disappeared.

It is the taking of the two cases together, and the exact similarity of the symptoms in each, that forces me to

the conclusion that the veronal itself was the exciting cause of the hemiplegia, because I was strongly inclined to believe that the veronal in the first case had nothing to do with the condition. I looked upon it as a transient hemiplegia that one occasionally meets with in the aged. It was only looking back on the first case in the light of the second that made me regard the veronal as the exciting cause of the hemiplegia, although, even yet, the possibility of a coincidence cannot be altogether ignored; and bearing upon this, it might be of interest to hear of the experience of any other of your readers with regard to this drug.

Crook.

STEWART McNAUGHTON,
M.B. Edin., D.P.H. Camb., etc.

TETANUS IN A SEPTUAGENARIAN: RECOVERY.
The following note on a case of tetanus may prove of interest:

Mr. S., aged 75, on April 29th punctured the base of the flexor aspect of his left forefinger with a chip of earth-soiled, dirty wood, while chopping. The splinter remained in the finger until May 7th, when it came out after applying poultices, and the wound was soundly healed by May 9th.

Two days before it came out, being six days after the accident, he felt slight pain and stiffness in his jaws, pain in the neck, and slight difficulty in swallowing, and by the time the wound was healed the pain and difficulty in swallowing were marked. I saw him on May 9th, and commenced serum treatment at once. Dr. Melland, who saw him with me, agreed with the diagnosis of tetanus.

Dr. Melland also saw him with me on May 15th, when the patient seemed to be *in extremis*. The stiffness and cramps had gradually extended down the neck to the pectorals, deltoids and arms, and the muscles of the back, producing painful cramps with opisthotonos. *Risus sardonius* was present from the commencement. Lastly, the legs became affected, the cramps in the buttocks being severe.

From the 11th to the 30th May his relatives quite gave him up, especially as a chronic bronchitis, from which he suffered, became very troublesome owing to the great difficulty he experienced in coughing up sputum. The tetanus itself was very severe; only a few drops of fluid nourishment were got down his throat at a time. Rectal feeding, with plenty of fluid, was resorted to. By the end of May he began to swallow fluids more freely, and gradually a little solid food was taken, and convalescence was steady, though cramps were still painful and all movements difficult. On June 7th severe bronchopneumonia set in, with oedema of all the left leg, and the temperature rose above 100° F. for the first time (to 103° F.) These complications gradually subsided, and by June 20th he was able to get up, feeling well, except for slight stiffness and cramps in the right leg and both arms.

Medication consisted of 50 c.cm. Pasteur's dried serum at first, followed by 20 c.cm. of the same daily for a week, then by 20 c.cm. daily of Allen and Hanburys' serum for nine days, injected under the abdominal skin. Chloral was given in 20-grain doses thrice daily. I also gave, while the patient could swallow, as much precipitated sulphur, in treacle, as could be got down; he took half a pound in all. I was led to do this from reading in an old BRITISH MEDICAL JOURNAL that sulphur is used in Chili, locally and internally in tetanus, with good results. Very moderate purgation resulted.

The recovery seems remarkable, considering the patient's age, the severity of the disease, and the complications.

Most of my medical friends do not think serum of much use, whether given under the skin or in the spinal canal. They also agree as to the frequency of chest complications. I feel inclined to give some credit to the sulphur.

Fallsworth, Lancs.

E. BARNES, M.D. Aberd.

INTESTINAL MYIASIS.

In the early part of last year I reported in the BRITISH MEDICAL JOURNAL two cases of myiasis—one nasal, the other in a tumour of the face.

I had just read the paper on intestinal myiasis by Dr. Soltan Fenwick published in the JOURNAL, when I was fortunate enough to have, for the first time, a case brought to me for treatment.

V. F., a male child of 13 months, was pale and anaemic, yet bright and lively when seen by me. Unfortunately he lived in the country with his mother, so that I could not do any observation myself. The mother, however, was an intelligent woman and gave a clear history of the case.

On one occasion, when 4 or 5 months old, his mother, on removing his napkin, found a maggot on it. Since that he had passed maggots up to the time of my seeing him. They were passed intermittently, the longest interval being a month, and a week the longest period of continuous passing.

Although seen and treated by more than one doctor he had never been cured, and now, eight or nine months after their first appearance, he still passes them. Not feeling quite sure that the mother was correct in her statement, I got her to bring me some stool with the maggots, intending to hatch them out myself. The mail leaving for England, however, before flies had hatched out, I forwarded the specimen to Mr. E. Austen of the British Museum, who had kindly determined a previous fly for me (and whose ready kindness I here acknowledge), in order to have the fly named. He has been good enough to inform me that the fly belongs to the species known as *Aphiochaeta ferruginea*, Brun (family Phoridae).

A few days after obtaining the first specimen, I asked for another, and instructed the mother to secure it immediately after stool and protect it carefully from any outside infection. This she did, and I was able to watch with much interest the development, using a pocket lens. These maggots were uncommonly greedy feeders, and one could practically see them growing until they reached the full size. I now have in my possession a fly hatched out from this set.

The infection has been of about eight months' duration, and it is difficult to imagine frequent reinfections. It is equally difficult to believe that the number of eggs in the first infection could have been the source of supply for so long a time. What, then, is the relation of the fly in my possession to that which first caused the infection?

It is now some weeks since I last saw my little patient, and I am anxious to know what the result of the treatment has been.

STEPHEN M. LAURENCE, M.B., C.M. Edin.

Port of Spain, Trinidad, B.W.I.

Reports

ON

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

ESSEX COUNTY HOSPITAL.

SLOUGHING OF LUNG TISSUE IN PYOPNEUMOTHORAX.

(By SYDNEY W. CURL, M.A., M.D. Cantab., M.R.C.P. Lond.,
Honorary Physician.)

The following are notes from a case of pulmonary tuberculosis in which pneumothorax occurred, and at the *post-mortem* examination of which several sloughs of lung tissue were found in the pleural cavity:

The patient, a girl 16 years of age, was admitted to hospital on April 4th, 1910, and the history she gave was somewhat indefinite, but it appeared that for a month previous to admission she had suffered from cough and expectoration. There had apparently been no haemoptysis.

Until the onset of these symptoms she had been perfectly well, and, with the exception of scarlet fever in childhood, she had had no previous illness.

Her family history was a markedly tuberculous one, her mother and grandmother having died of pulmonary tuberculosis, one sister was ill with the same disease, and a brother had died of general tuberculosis. A significant fact in connexion with this tuberculous family history was that all these persons had resided in one cottage.

On admission she was seen to be a fairly well-nourished girl, but rather pallid in appearance. The pulse-frequency was 104, and the respiration-rate 40 per minute, the temperature registering 103.2°.

Examination of the chest showed the left side to be enlarged, with deficient expansion, absent vocal fremitus, hyper-resonant percussion note, and faint amphoric breathing; all these signs

and chiggers, and probably thus helps to prevent the propagation of the diseases mentioned.

Until some other means can be invented, I protest that in tropical climates for the prevention of typhoid, dysentery, ankylostomiasis, plague, tuberculosis, leprosy, we find the free use of chemical disinfectants invaluable.—I am, etc.,

Belén, Concepción, Paraguay,
South America.

J. W. LINDSAY, M.B.

EPIGASTRIC PAIN AS A COMPLICATION OF MUMPS.

SIR,—I was much interested in the letter of Dr. Horace Godfrey in the BRITISH MEDICAL JOURNAL of July 23rd referring to epigastric pain and vomiting as a complication of mumps, for during a recent epidemic of mumps in this district I had noted similar symptoms to those pointed out by Dr. Godfrey in at least five cases which I had been able to follow up—namely, epigastric pain and vomiting, the onset in each case being some four and in one case seven days after the subsidence of the parotid swelling, the child in the interim feeling apparently quite well.

In all the cases there was a considerable rise of temperature (100° to 101° F.) with the onset of the vomiting, which in two cases was very severe for twenty-four and thirty-five hours respectively, food being vomited immediately it reached the stomach; the duration of the attack was from three to five days.

The three most severe cases were neighbours and playmates, a point of interest which may possibly suggest some greater virulence in the initial attacking organism.

From data obtained from parents, I should say that about 30 per cent. of those suffering from mumps during this epidemic have had similar symptoms to those recorded, all of which, to my mind, appears to confirm the suggestion of Dr. Godfrey that there is some metastasis to the pancreas or to the secreting glands of the stomach.—I am, etc.,

MABEL RUSSELL, M.B., B.S.Lond., D.P.H.Camb.,

School Medical Officer to Borough of
Bromley, Kent.

August 3rd.

AUSCULTATION OF THE ABDOMEN.

SIR,—I do not imagine very many members of the profession auscultate the abdomen as a routine in examining patients with abdominal symptoms, but I think this is a mistake, as valuable information can be obtained by doing so. In many cases of obscure abdominal pains, sometimes with a rise of temperature and slight tenderness over "McBurney's spot," it is difficult to decide whether there is or is not any peritoneal trouble. But if the abdomen is auscultated and the usual and familiar gurgling is heard all over the area, it is almost certain (even if there is a rise of temperature) that there is no implication of the peritoneum.

On the other hand, if over any area there is an absence of the usual sounds, a very careful diagnosis and prognosis should be made, and all symptoms, besides the physical signs, taken into account.

This sign is, I believe, called "Lockwood's sign," and it has been so helpful to me for some years past that I venture to bring it to the notice of those members of the profession who may not hitherto have tested it.—I am, etc.,

DIGBY MACPHAIL, M.B., C.M.Glasg.

St. Lucia, B.W.I., July 25th.

AUSCULTATORY PERCUSSION.

SIR,—Dr. Hertz gives a drawing of the area of the stomach as determined by means of auscultatory percussion by himself and two others. According to this, one half of the organ lies to the right of the median plane (extending, apparently, to the right edge of the trunk) and a considerable distance above the umbilical plane. As this region is that entirely occupied by the liver comment is needless.—I am, etc.,

London, W., July 25th.

A. G. AULD.

A CORRECTION.

In the letter entitled "Ship Surgeons" from Dr. John F. Elliott, which was published in the JOURNAL of August 6th, the words "offending the susceptibilities of the shipping companies," which occur in the last two lines of the fifth paragraph, should not have been in inverted commas.

Universities and Colleges.

UNIVERSITY OF OXFORD.

THE following candidates have been approved for the diploma in ophthalmology:

P. E. H. Adams, M. E. D. Allen, J. Burdon-Cooper, A. B. Cridland, E. J. Curran, H. A. J. Gidney, F. A. Newman, S. Stephenson, R. G. Waddy.

UNIVERSITY OF LONDON.

THE following candidates have been approved at the examinations indicated:

FIRST M.B.—A. W. Adams, †B. P. Allinson, D. Aucutt, A. R. Balmain, H. E. Bamber, *F. G. L. Barnes, S. Batchelor, †M. S. Beaumont, C. S. Beyers, D. A. Blount, *A. L. Blunt, Margaret S. G. Bott, F. H. Bray, M. C. Breese, C. M. Brophy, J. E. Clark, Lillian A. Clark, Mabel C. Clark, P. C. P. Cloake, B.Sc., W. R. K. Coles, *C. Cooke, C. J. C. Cooke, A. W. Davies, P. G. S. Davis, A. D. d'Avray, J. N. Deacon, Grace M. Denham, C. R. Denny, R. W. D. C. Easom, J. A. W. Edden, H. Ellis, J. Fanstone, I. Feldman, H. R. Friedlander, D. H. A. Galbraith, E. D. Granger, A. E. Gravelle, H. S. Griffith, Grace M. Gulston, *E. F. Guy, S. A. Hall, F. J. Hallinan, †Norah Hamill, R. M. Handfield-Jones, A. G. P. Hardwick, C. E. Harrison, Jessie E. Hart, F. K. Hayman, H. F. T. Hogben, W. A. Hotson, W. V. Hughes, R. N. Hunter, G. M. Jackson, L. P. Johns, Hilda G. Johnson, Mary E. Joll, C. O. H. Jones, R. T. Jones, S. W. Jones, T. A. Jones, G. M. Kendall, N. E. Kendall, R. Kerr, B.Sc., J. Kyle, W. M. Lansdale, E. A. Levisseur, H. J. Levisseur, *†G. C. Linder, E. R. Lovell, †Helen M. M. Mackay, S. S. Malkani, P. S. Marshall, A. Menzies, D. Menzies, V. M. Métivier, D. G. F. Moore, J. B. Mudge, Violet Newmarch, †W. H. Nicholls, Kathleen H. Parkinson, O. Parry-Jones, Margaret R. Paterson, A. H. Pemberton, A. C. Perry, L. E. Pimm, Mary C. Poonen, C. L. G. Powell, A. L. Punch, K. N. Purkis, J. B. Rawlins, Violet Ione Russell, P. Sal. B. Sampson, E. A. L. Sansom, S. K. Sanyal, F. H. A. Sayed, J. E. Scanlan, Hilda M. Scarborough, C. J. H. Sharp, Edith A. Shaw, B. B. Silcock, A. G. Simmins, J. F. H. Stallman, J. G. Stevens, T. C. Summers, G. T. Symons, E. W. Tait, *W. E. Tanner, D. G. C. Tasker, L. H. Terry, J. O. Thomas, R. R. Thompson, H. C. C. Veitch, G. M. Ververs, Katharine A. Waring, C. J. B. Way, H. Wearne, C. M. Williams, L. H. W. Williams, H. Williamson, J. M. Wyatt, C. F. B. Wyborn.

Under Old Regulations.—J. W. Heekes, J. A. Pridham.

* Distinction in Inorganic Chemistry.

† Distinction in Physics.

‡ Distinction in General Biology.

M.D. BRANCH I. (Medicine).—M. Bannister, B. H. Barton, J. Cameron, E. C. Hadley, C. E. K. Herapath, J. E. Lane-Claydon, D.Sc., E. G. Mack, J. Parkinson, P. Rees, B.Sc., L. J. Short.

M.D. BRANCH II. (Pathology).—J. A. B. Hicks.

M.D. BRANCH III. (Mental Diseases and Psychology).—A. T. W. Forrester.

M.D. BRANCH IV. (Midwifery and Diseases of Women).—Alice M. Benham, Rhoda H. Butler, T. C. Clare, D. W. Daniels (University Medal, St. Mary's Hospital), Eleanor Davies-Colley, E. E. T. Nuthall, F. G. Sergeant.

M.D. BRANCH V. (State Medicine).—A. H. G. Burton, J. A. Milne, A. T. Nankivell (University Medal, King's College and St. Bartholomew's Hospital), F. A. Sharpe, C. O. Stallybrass, C. G. Welch.

M.D. BRANCH VI. (Tropical Medicine).—J. McF. W. Pollard, H. J. Walton (University Medal, St. Bartholomew's Hospital and London School of Tropical Medicine).

M.S.—E. T. H. Davies, M.D.

UNIVERSITY OF BRISTOL.

THE following candidates have been approved at the examinations indicated:

SECOND M.B., CH.B.—B. G. Derry and A. G. Hieber.

FINAL M.B., CH.B.—C. W. J. Brasher, A. L. Flemming, V. B. Green-Armytage, W. W. King, †S. H. Kingston, L. A. Moore, L. N. Morris, F. C. Nichols, J. W. Taylor.

† Part I only.

UNIVERSITY OF EDINBURGH.

MEDICAL GRADUATION.

THE medical graduation ceremonial took place on Friday, July 22nd, in the McEwan Hall, the Vice-Chancellor (Principal Sir William Turner) presiding. The following degrees were conferred:

M.D.—*A. R. Bearn, *R. A. Campbell, S. G. Corner, M.A., C. S. Crichton, C. H. Derksen (in absentia); *R. J. Dick, *M. Douglas, (M.A.), J. Dunbar-Brunton, (in absentia); J. Dunbar, *A. L. Dykes, A. Fleming, *W. E. Foggie, M.A., S. Forest, M.A. (in absentia); *N. C. Forsyth, W. D. Forsyth, M. S. Fraser, *R. S. Frew, T. Gardner, Jessie H. Gellatly, *G. H. R. Gibson, H. J. Glover, (in absentia); *A. S. Gordon, *W. L. Gordon, *P. Gorrie, J. G. Graham, I. M. Grant (in absentia); F. G. Harper, R. C. Jameson, *R. H. Jamieson (in absentia); W. W. Johns, *T. Johnston, J. E. Kuhne, *H. R. Lawrence, S. B. Legge, W. Lilico, *G. C. Low, M.A., T. Lyon, *W. K. Macdonald, J. E. Mackenzie, *R. E. McLaren, *J. N. McLaughlin, *A. C. B. M'Murtrie, *J. Mathewson, M.A., H. J. More, M.A., R. H. Morrison (in absentia), *W. C. Morton, M.A., *R. E. Moyes, E. Muir (in absentia), *J. G. P. Murray, W. D. Osler, J. H. Peek (in absentia), *E. L. Phillips, W. E. Reynolds, *R. M. Robertson, *W. M. Scott, E. S. Simpson, E. D. Smith, *R. A. van Someren (in absentia), *W. S. Stevenson, H. M. Stumbles, *H. F. L. Taylor, M.A. (in absentia), J. C. Tennant, M.A., *L. H. F. Thatcher, E. G. Thoras, G. R. Twomey, A. A. Walbrugh (in absentia), *G. F. C. Wallis, *W. H. Welsh, *H. L. W. Wemyss, J. R. Williams, *A. G. Yates, M.A., *J. Young.

C.M.—*J. Fraser.

** Awarded Gold Medals for their Theses.

** Highly Commended for their Theses.

* Commended for their Theses.

M.B., Ch.B.—**P. Allan, **R. M. Allan, *F. G. Bell, O. H. Blacklay, J. G. Boal, H. B. Borchards, C. J. G. Bourhill, **J. C. Brash, M.A., B.Sc., F. S. Brennan, G. S. Brock, *J. F. Brown, G. R. Bruce, M.A., J. le F. C. Burrow, G. D. Cairns, E. H. Cameron, A. Campbell, W. W. Carlow, M.A., G. J. Carr, W. D. Chambers, M.A., A. Cochrane, J. Dancel, W. Darlington, Lucy E. Davies, Jemima B. Dickie, **M. R. Drennan, M.A., **J. Drummond, Isabella G. Emslie, W. J. Feltham, E. L. Ferguson, F. P. Fouché, **F. B. Fraser, B.A., C. Gamble, Annie C. Greenep, E. B. Gunson, E. S. B. Hamilton, D. S. Harvey, W. R. C. Heslop, D. van V. Hoffman, J. Honeyford, A. Hood, A. J. G. Hunter, J. Hunter, G. J. Joubert, J. C. J. Khambatta, J. St. P. Knight, Lina Kurz, E. C. Lang, D. T. M. Large, *R. S. Lawson, M.A., Janet Leiper, J. J. Levin, L. A. Lewis, J. P. Litt, J. M. Logie, **D. M. Lyon, W. C. Lyons, W. G. McAfee, J. C. MacCallum, M.A., K. B. MacGlashan, E. C. Mackay, M.A., J. M. P. Mackinnon, P. W. MacLagan, K. A. Maclean, Mary Macmillan, W. M. Naughton, D. F. Macrae, N. F. Mann, V. P. Mondon, B. B. Morcan, A. A. Morison, D. M. Morison, M. L. Morrison, O. A. J. N. Muriset, W. P. Murray, H. G. G. Nelson, P. J. Olivier, H. F. Pantan, Dora E. Paterson, W. C. Paton, M. A., J. F. Penman, A. Z. Phillips, L. T. Poole, A. H. Porter, S. P. P. Proctor, S. H. Pugh, N. Purcell, A. W. Rattrie, W. D. Reid, D. T. Richardson, A. G. Ritchie, J. Robertson, Lizzie Rose, W. Russell, T. M. C. Sellar, W. A. Shafro, Daisy L. Shawyer, F. M. E. Sinclair, D. B. B. Sivright, K. F. Sonntag, G. H. Stevenson, J. D. G. Stewart, J. Taylor, H. C. Todd, W. A. Todd, J. J. Tough, **C. B. Tudehope, R. C. Wallace, A. M. Warwick, J. C. Watson, W. G. Waugh, M.A., W. L. Webster, H. J. G. Wells, S. H. Wilkinson, G. A. Wyon.

* First-class honours. ** Second-class honours.

B.Sc. in PUBLIC HEALTH.—K. Nehru, M.B., Ch.B., R. S. Williams.

The diploma in Tropical Medicine and Hygiene was conferred on John Scott, M.B., Ch.B. (with distinction), and on Adam White, M.B., Ch.B. (in absentia), and the following Scholarships and Prizes awarded:

The Cameron Prize in Therapeutics to Professor August Bier, for his important additions to Practical Therapeutics embodied in his work on Spinal Anaesthesia, and on Hyperaemia as a therapeutic agent; the Syme Surgical Fellowship to W. K. Macdonald; the Ellis Prize in Physiology to R. A. Krause; the Gunning Victoria Jubilee Prize in Surgery to J. Fraser; the Anderson Henry Prize in Botany to Bertha Chandler, M.A.; the Bittles Scholarship to F. G. Bell; the Allan Fellowship in Clinical Medicine and Clinical Medical Surgery to J. Drummond; the M. Cosh Graduate's and Bursaries to R. M. Allan; the Beane Prize in Anatomy and Surgery to A. A. Morison; the Mount Scholarship in the Practice of Physic to J. C. MacCallum; the Conan Doyle Prize to C. J. G. Bourhill; the Annandale Gold Medal in Clinical Surgery to J. J. Tough; the Buchanan Scholarship in Gynaecology to M. R. Drennan, M.A.; the James Scott Scholarship in Midwifery to K. B. MacGlashan; the Dorothy Gillilan Memorial Prize to Lina Kurz; the Pattison Prize in Clinical Surgery to J. C. Booth; the Wightman Prize in Clinical Medicine to W. D. D. Small.

In presenting the Cameron Prize to Professor August Bier, Berlin, Professor Sir Thomas Fraser said that as chairman of the Cameron Prize Committee he had the honour to present Professor Bier, the distinguished surgeon of Berlin, and Professor of Surgery in the renowned University of that city. With much originality of conception Professor Bier had devised new methods and improved existing methods for the prevention of pain by local anaesthetics. In a lecture which he recently delivered he had favoured the university with a most interesting description of the last development of his researches, whereby, by reducing the blood supply in a limited part of the body, the production of local anaesthesia was more rapidly and completely effected than it otherwise could be. The broad result of Professor Bier's work was a great improvement in the methods by which pain-perception in a limb or part of a limb may be suspended. By his method it may be suspended so completely as to allow even the most serious operations to be performed without any suffering and without the necessity of inducing unconsciousness or general anaesthesia, with its well-known risks and dangers. These valuable achievements constituted the grounds on which the Senatus had awarded the Cameron Prize in Therapeutics to Professor Bier. It was a prize which was offered by the university, without distinction of race or country, or even of profession, to the benefactor of mankind who had devised, in the preceding five years, some highly important advancement in therapeutics. Using the word "therapeutics" in its widest sense to imply anything, within the range of the healing art, that constituted a means of preventing or curing disease—whether medical or surgical, or any other variety of it—the previous recipients of the prize included men famous in several departments of science, and such notable benefactors of the human race as Pasteur, Lister, Ferrier, Horsley, Behring, MacEwan, Colonel Bruce, Major Ross, and Finsen. They were much gratified to add the name of Professor Bier to the list, and thus to bring him into close and especially honoured association with the University of Edinburgh—a university which had already taken a great and memorable part in the introduction of anaesthesia for the mitigation of human suffering.

Professor F. M. Caird then gave the usual Promoter's address to the graduates.

UNIVERSITY OF ST. ANDREWS.

The following candidates have been approved at the examinations indicated:

THIRD M.B., Ch.B.—S. D. Craig, Margaret C. Ferrier, D. D. MacKay, G. B. Salmond, W. A. Young.

FINAL M.B., Ch.B.—R. Davidson, W. Johnston, L. A. Moncrieff, Mary Murray.

* With distinction.

QUEEN'S UNIVERSITY, BELFAST.

The following candidates have been approved at the examinations indicated:

FIRST M.B. (all subjects).—W. K. Campbell, * A. Fullerton, C. M. N. McCormack, a * E. B. C. Mayrs, d * G. R. B. Purce, Elizabeth M. Robb, b * J. Tate, c * O. Wilson.

* Honours. a First Scholarship. b Second Scholarship. c Third Scholarship. d Fourth Scholarship.

Physics.—H. Moore.

Chemistry.—A. Black, R. G. Blair, H. M. Coulter, F. J. Devlin, E. Doherty, J. Duffin, Margaret Gorman, T. Grimson, W. H. Hardy, W. S. B. Hay, Mary M. Keirns, J. J. Kerr, B. Lyons, J. M. McCormack, W. T. M. Curry, J. R. M. Mackenzie, F. M. Kibbin, R. N. M. Kinstry, T. P. M. Quaid, E. A. Mallon, J. O'Connor, G. W. Rea, J. C. Robb, J. S. Savage, A. F. L. Shiels, F. A. E. Silcock, F. G. Smyth, P. P. Wright.

Zoology.—S. T. Alexander, A. W. Bourke, A. E. M. Carleton, W. J. Carson, H. T. Chatfield, W. M. N. Chesney, R. Coudy, H. M. Coulter, J. Cullenan, C. F. Davey, W. W. Dickson, J. W. Donald, D. Gaston, M. Gilligan, G. Gordon, C. C. Humphries, J. F. D. Hunter, D. Jamison, Mary M. Keirns, W. J. Lascelles, J. M. McCormack, J. M. Kay, J. R. M. Mackenzie, H. F. M. Nally, H. Moore, J. O'Connor, M. G. Paul, W. Russell, J. K. Stewart, D. B. L. Walker, D. Watterson, N. W. F. Wheeler, E. H. Wilson, W. R. E. Wilson, A. A. Woods.

Botany.—R. G. Blair, A. W. Bourke, W. J. Carson, H. T. Chatfield, W. M. N. Chesney, R. Coudy, J. Cullenan, F. J. Devlin, W. W. Dickson, E. Doherty, J. Duffin, D. Gaston, M. Gilligan, Margaret Gorman, T. Grimson, W. H. Hardy, W. S. B. Hay, J. F. D. Hunter, D. Jamison, Mary M. Keirns, W. J. Lascelles, B. Lyons, J. M. McCormack, W. T. M. Curry, J. M. Kay, T. B. M. Kee, F. M. Kibbin, R. N. M. Kinstry, H. F. M. Nally, T. P. M. Quaid, E. A. Mallon, Sylvia Marsh, E. B. C. Mayrs, J. J. Murray, J. O'Connor, M. G. Paul, G. W. Rea, J. C. Robb, J. S. Savage, A. F. L. Shiels, F. A. E. Silcock, F. G. Smyth, J. K. Stewart, D. B. L. Walker, J. C. Wilson, E. H. Wilson, W. R. E. Wilson, F. N. Woods, P. P. Wright.

SECOND M.B.—F. L. P. Bennett, W. W. Blair, W. A. L. Dunlop, J. M. K. Ferguson, S. Geddis, T. W. G. Hogg, G. D. Latimer (scholarship of £15), J. B. Lyle, W. J. M. Cracken, J. J. H. Mitchell, M. Neilson, * R. L. Rea (first scholarship, £40), Edith Robinson, * T. Walker (second scholarship, £30), T. H. Wilson.

Physiology.—T. M. Adamson, D. M. Clements, J. E. Finlay, W. M. Dermott, E. U. MacWilliam, S. E. Picken, H. R. Sinclair.

THIRD M.B. (Old Regulations).—P. A. Clearkin, * T. F. S. Fulton (prize of £10), * N. B. Graham (prize of £10), W. M. O'Farrell. Anatomy and Physiology.—H. A. Gillespie, L. D. J. Graham, J. V. Holmes, Hugh A. Skillen, James R. White. Anatomy only.—G. E. Hull. Materia Medica.—S. Armstrong, S. H. Davidson, J. M. Gibson, J. R. Henry, F. Jefferson, S. M. Comb, J. M. Fadden, R. C. M. Millan, M. M. G. Ing, E. M. Sorley, I. W. Magill, W. M. N. Walker.

THIRD M.B. (New Regulations).—W. K. Calwell, * G. Cooper (first scholarship, £40), * F. Crooks (second scholarship, £30), T. D. Graham, W. S. Haydock, B. C. Letts, W. M. Millar, W. Paul, W. O. Wilson, F. J. Wiseley. Medical Jurisprudence and Hygiene.—D. R. Acheson, J. S. Bellas, J. L. Brown, E. S. Dixon, H. Emerson, T. H. Houston, R. M. Culloch, W. Megaw, J. Patrick, S. J. Turkington, W. Wilson. Pathology and Hygiene.—E. Morrison. Pathology.—J. F. Craig.

FINAL M.B., B.Ch., B.A.O.—H. Black (first class honours, special scholarship in medicine, £30), V. L. Connolly, F. P. Ferran, B. A. Kerr (first class honours and first scholarship, £20, and special scholarship in midwifery, £30), S. K. M. Kee, T. P. M. Murray, H. D. Manderson, C. I. Melvill (second class honours, and special scholarship in surgery), C. J. Simpson, W. Stevenson, R. S. Taggart, R. W. Vint. Pathology, Medical Jurisprudence and Hygiene.—P. J. Gaffikin, G. S. Glass, R. J. M. Feeters, U. J. G. Mulligan, E. F. Ward. Medical Jurisprudence and Hygiene.—W. Boyd.

M.D.—Marion B. Andrews, D. J. Collins, J. S. Dickey (gold medal), S. Hamilton (with commendation), R. F. Kennedy (with commendation), H. M. M. Crea, E. H. M. Milligan, W. A. M. Kee. D.P.H.—W. Burns, W. Godfrey, B. O'Brien, J. Shaw, A. Trimble.

* Honours.

CONJOINT BOARD IN ENGLAND.

The following candidates have been approved at the examination indicated:

D.H.P. (Final).—A. Barber, T. D. C. Barry (Lt.-Colonel I.M.S.), Kul Bhūsan, R. Cameron, W. H. Cazaly (Capt. I.M.S.), J. T. Clark, J. K. P. Clarke, J. C. Craig, J. Findlay, J. N. Griffiths, A. H. Hayes (Capt. R.A.M.C.), H. Holroyd, S. K. N. Kabraji, R. C. Leaning, Helen N. Payne, J. Rose, E. D. Shroff, A. C. H. Suhr, C. Trivedi, A. C. F. Turner, Alice M. Van Ingen, J. Walker, Hilda K. Whittingham, A. C. Williams.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

The following candidates have been approved at the examinations indicated:

FIRST FELLOWSHIP.—H. J. Cotter, J. O. B. Hodnett, A. A. McConnell, W. Pearson, S. B. Surti, I. M. Swanepoel, Miss K. Wall. FINAL FELLOWSHIP.—V. J. McAllister, A. E. S. Martin, H. S. Meade, E. Montgomery, W. Pearson.

CONJOINT BOARD IN IRELAND.

The following candidates have been approved at the examinations indicated:

FIRST COLLEGE.—* T. L. Enright, B. A. Austin, W. P. Cooney, F. J. Cronin, J. Dwyer, O. Farrelly, M. Fitzgibbon, W. A. N. Fox, J. J. Gray, J. Hegarty, J. Lanigan, W. J. A. Laird, M. J. Loftus, F. J. McKeon, R. McGrath, W. G. D. McCall, A. McCawley, A. Merrin, D. Mullin, J. A. Musgrave, L. S. O'Grady, P. J. O'Malley, G. W. Pope, G. M. C. Powell, T. H. Sarsfield, M. Shipsey, N. A. K. Sparrow, C. J. Stack, W. S. Sullivan, M. F. B. Welphly.

SECOND COLLEGE.—*H. A. S. Deane, *T. R. Elliott, *B. Goldberg, *K. McGrath, *J. F. B. Magner, *R. J. May, *G. E. Pepper, R. J. Aberne, W. D. Beamish, P. D. Daly, J. P. English, J. J. Elliott, R. Green, M. B. Gunn, A. Humphreys, T. C. Dillon Kelly, M. P. Leonard, J. D. MacCormack, D. A. MacElean, F. T. McKenna, P. M. Moriarty, D. O'Carroll, J. O'Driscoll, T. Sampson, R. Slaney, T. S. Smith, G. N. Smyth.

THIRD COLLEGE.—*M. J. Hillery, J. C. Attridge, D. Burns, W. H. Condell, A. H. Crowley, N. S. Deane, T. Dowzer, S. Griffin, J. Good, W. H. Johnston, C. W. Joynt, T. Kennedy, P. McCartan, B. Murphy, L. J. O'Donovan, D. P. H. Pearson, T. P. H. Roberts, M. V. Sexton, W. Waugh, A. Wiley, V. J. White, G. Young.

FINAL.—M. M. S. Coghlan, M. Drummond, C. A. Farrell, A. Foley, J. M. Gage, F. J. Graham, J. P. Johnston, W. V. Johnston, J. Mitchell, H. H. Montgomery, P. T. J. O'Farrell, M. C'Brien, M. F. O'Hea, J. Fatten, J. S. Pegum, C. D. K. Seaver, T. Sheedy, J. P. Shorten, E. White.

D.P.H. (Both Parts).—*D. Alexander, T. Sabastian, Thomas Febily, H. R. Gogte, E. T. Herron, O. G. F. Luhn, J. K. Shaw, G. F. Shepherd, B. B. Surti, W. R. Wilson.

* With honours.

APOTHECARIES HALL OF IRELAND.

The following candidates have been approved at the examinations indicated:

FIRST HALL.—J. Curran, M. B. Kennedy, D. J. Chadwick.

THIRD HALL.—Marie Meady, L. A. Hynes.

FINAL.—J. V. Pestana, W. S. Devoux.

Medico-Legal.

WORKMEN'S COMPENSATION ACT.

Objections to Examination.

In the Westminster County Court on August 3rd Judge Woodfall heard an application from the London County Council for a stay of proceedings and compensation in a case in which the injured workman had refused to submit to medical examination.

On the workman's behalf it was argued that this was an incorrect statement; he was ready to submit to a fair examination, but if the examination was to be conducted by Dr. Collie it must take place at the office of the workman's solicitors and in their presence. This, it was urged, was a legitimate stipulation to make, because his legal representatives had evidence that Dr. Collie behaved with brutality, and called those whom he examined malingerers and lazy.

The workman's solicitor, giving evidence, stated that for some years he had objected to Dr. Collie on account of the way he treated claimants; he shouted at them and frightened them so that they could not tell from what they were suffering. He was not the only solicitor who took up this position.

The workman, giving evidence, stated that Dr. Collie had told him not to wear the bandage he had on his leg, and made him walk without his stick. He spoke very sharply, and would not allow the witness to speak. He would refuse to be examined by Dr. Collie any more, even if his solicitors were present.

Dr. Collie, in answer to questions put to him by the judge, stated, as a member of the medical profession, its objections to laymen being present at examinations. The presence of the solicitor embarrassed both patient and doctor. Whenever he chose, he objected to questions asked, and told the patient not to answer them. This roused a spirit of antagonism between the patient and the doctor, with the result that the doctor felt that he was trying to extract information from what practically amounted to a dumb man. The doctor, feeling that objection might be taken at any moment to questions put by him, felt his power of diagnosis paralysed. A solicitor's office was not a place for a medical examination; there were no facilities for the work, especially when the condition of individual organs and the settlement of fine points were in question. On one occasion a solicitor had insisted on being present, even when the patient was a woman.

The judgement delivered by Judge Woodfall was to the effect that he had no evidence on which he could say that the workman concerned in the case had, apart from personal dislike, any reason to refuse to be examined by Dr. Collie. Dr. Collie had given evidence before him in many cases, and in many of those his evidence had been very damaging to the workmen concerned in them. But he had only given his medical opinion, and what the court had to consider was whether he acted fairly as a medical man. If a doctor asked questions as to what compensation a man would take he would be going beyond his duty, but there was no evidence whatever that Dr. Collie had ever done this, or had asked questions with a view to settling what compensation a man was to have. It had also to be considered whether the workman concerned in the case had been unusually obstructive. In giving evidence on his own behalf he said that Dr. Collie spoke very sharply to him. That was very likely, for Dr. Collie's manner was perhaps peremptory; but why should it not be so? He also complained that Dr. Collie had told him not to use his stick. That was Dr. Collie's opinion; it might be wrong and the workman might feel that he could not get along without his stick. But there was no ground whatever to say that it was not an honest opinion. Dr. Collie also told him to leave his bandage off. The same considerations again applied. The workman said that he did not care to leave his

bandage off, and that he would not do it whatever medical man advised him to do so. But again it was a matter of medical opinion. All these facts offered no ground for saying that Dr. Collie was unfair in his examinations, or that the workman was justified in refusing to be examined by him. It would be going a very long way to say that on such grounds the London County Council was not to have the services of its medical officer, a man of great skill. It was entitled to his services, and the court could see no just cause or reason for the workman refusing to be examined by Dr. Collie.

As for the question of whether examinations should take place in the presence of laymen, it was a preposterous thing to suggest that a layman should be introduced at a medical examination. Dr. Collie had given evidence to the effect that the making of examinations of patients before laymen was contrary to the feeling of the medical profession and to its ideas of what was right, and though he was the only medical man who had given evidence on the point, that evidence was upborne by the experience of laymen themselves. The idea of having a layman present seemed to the court to be open to every objection and contrary to general experience when medical men were consulted by laymen on their own behalf.

It was said that the workman must be protected, but the Act fully protected him, since it made it legitimate for him to have his own medical man present if he liked. The Court could not entertain objections on the ground that the doctor might be young and be overwhelmed by the presence of a senior. It must assume that he would be a properly qualified medical man. Hence, if in these circumstances the workman concerned in the case still persisted in refusing to be examined by Dr. Collie, the court must accede to the application and stay the proceedings, including the right to compensation.

A further reference to the case appears at page 393 of this issue.

Rupture of Heart.

Sheriff Boyd, Glasgow, has awarded £280 as compensation in an action under the Workmen's Compensation Act by Mrs. Jackson and her daughter, against the Scotsburn Estate Company, in respect of the death of the husband and father, who was in the defender's employment. In October, 1908, while Jackson was engaged in carrying joists, on a day which was hot and oppressive, he fainted and fell to the ground. Death took place shortly afterwards in his own home, and was found to be due to a rupture on the left side of the heart, caused by the strain resulting from the work in which he was engaged.

The only comment in this case which seems to be called for is that it is imperative on employers of labour, in order to safeguard themselves against being mulcted in heavy damages, to have their employees medically examined at stated intervals, especially workmen who are over 50 years of age.

Recent decisions under the Workmen's Compensation Act seem to prove that nearly every ailment to which the human body is liable can be classed as an "accident" arising "out of, and in the course of," the workman's employment.

Medical Assessor or Medical Referee?

WITNESS writes: On a recent occasion, when giving evidence under the Workmen's Compensation Act in a Scottish Court before the sheriff and a medical assessor, the sheriff at the close of the rider requested the assessor to examine the workman's alleged injuries. I should like to know if this is the general practice, as it seems to me that the assessor is not then acting as such, but as a medical referee; and that time and money could be saved, and the results the same, if he acted as referee and referee only. After he examines the workmen, the assessor should, I consider, be put in the witness-box and cross-examined as any other expert witness. As it is, he seems to act as witness and judge.

** Under the Workmen's Compensation Act, 1907, Schedule II (5), a judge of county court (in Scotland the sheriff or his substitute) may, if he thinks fit, summon a medical referee to sit with him as an assessor. We presume that this is what our correspondent refers to. The object of the assessor sitting is to advise the judge, where there is conflicting medical evidence, as to what he (the medical assessor) considers the extent of the injury or disablement the workman suffers from. To satisfy himself on some point of evidence, the assessor may wish to examine the workman himself. This was evidently done in the case our correspondent refers to. Under the Statutory Regulations issued on May 2nd, 1898, in connexion with the Workmen's Compensation Act, 1897, by the Secretary of State, paragraph 19 reads as follows: "In any case of special difficulty the judge, or appointed arbitrator, may require the attendance of the medical referee at any proceedings in the arbitration subject to the receipt of the report, at a date and hour to be arranged, and the medical referee shall attend accordingly, but this Regulation shall not authorize the medical referee being called as a witness." This Regulation, we presume, still holds good and deals with the point raised by our correspondent.

NOTIFICATION OF BIRTHS.

IN the JOURNAL of July 30th (p. 297) brief reference was made to a case in which the Acton magistrates dismissed with costs a

profession generally, have lost a personality that will be difficult to replace. Having been closely associated with him both professionally and personally for over forty years, I can speak with a full knowledge of all his valuable qualifications.

He commenced his medical career by becoming apprenticed to the firm of the late Drs. Barwise and Monks, who kept an open surgery, and practised in Scholes, Wigan, after proceeding to Glasgow, where he took out his medical and surgical classes, obtaining the diplomas of M.R.C.S.Eng. and L.R.C.P.Edin. One of his first appointments after qualifying was House-Surgeon to the Lancaster Dispensary. Thirty-five years ago Mr. Berry commenced practice in Wallgate, Wigan, and carried on an extensive work in Wigan and district. Always a studious man, he some years ago obtained D.P.H. and F.R.C.S.I.

For many years he was a public man, serving as Councillor, Member of Board of Guardians, Justice of Peace, Honorary Surgeon to the Infirmary. All these positions he filled with satisfaction to all concerned, giving much of his valuable time to carry out the duties connected with them. On the death of Dr. Barwise he was appointed Medical Officer of Health for Wigan, which position he held up to his decease.

He was devoted in his work as a sanitarian, and one has only to look round the town to note the vast improvements carried out under his suggestions during the years of his medical officership.

As a physician and surgeon he was much above the average practitioner, gaining much by experience; he kept himself well up to date, never neglecting to read religiously the *BRITISH MEDICAL JOURNAL*. As an operating surgeon he could at all times cope with any difficulties that might arise, and a record of his surgical experiences would be a valuable manual to peruse.

Mr. Berry was connected with the British Medical Association for many years, and when the Lancashire and Cheshire Branch held its annual meeting in Wigan he was the President; this meeting was one of the most successful held by the Branch. He was Honorary Secretary of the Wigan Medical Society for twenty-five years, and on resigning this position some three years ago the members presented him with some silver plate in recognition of his valuable services.

In conclusion, this is only an outline of the valuable life of one of the most distinguished practitioners in the North of England, and the town of Wigan and district; and the profession generally feels that it has lost one of its brightest stars.

He leaves three sons and three daughters to mourn his loss. His eldest son succeeds him in his profession, whilst the second son is School Inspecting Officer for Wigan.

The funeral took place on Tuesday, August 2nd, at the Wigan Cemetery, and was attended by the magistrates, Corporation officials, Medical Board Infirmary, members of Medical Society, Board of Management Infirmary, and medical officers and several practitioners from many towns. The President of the Royal College of Surgeons, Ireland, was represented by Mr. M. G. McElligott. Mr. Berry was a staunch Roman Catholic, and died fortified by the holy rites of his church.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Dr. Henry Granger Piffard, a leading dermatologist and scientific investigator of New York, in his 68th year; Dr. Laloy, librarian of the Paris Academy of Medicine; Dr. Philipp Josef Pick, Professor of Dermatology in the German University of Prague, and author of numerous writings on diseases of the skin, aged 76; Dr. Henry Toupet, physician to the Paris hospitals; Dr. F. Plehn, a leading and very popular ophthalmologist of Berlin; Dr. Pasmal Garin, Professor of Clinical Surgery in the University of Valencia; Dr. W. H. Seaman, Professor of Chemistry and Toxicology in the Howard University, Washington; Dr. Marc Dufour, Professor of Ophthalmology in the Faculty of Medicine, Lausanne; and Dr. Manuel Dominguez, formerly Professor of Therapeutics in the Faculty of Medicine, Mexico.

An International Exposition of Social Hygiene is to be held in Rome in 1911, under the presidency of Professor Baccelli. The exposition will be in connexion with the International Congress on Tuberculosis.

Medical News.

THE King and Queen have been graciously pleased to become patrons of the Royal Dental Hospital of London, Leicester Square, W.C.

AN International Congress on Pathology will be held in Turin in 1911.

DR. ARCHIBALD DONALD MACKINNON, of Broadford, Skye, has been placed on the Commission of the Peace for the County of Inverness.

DR. HUGH C. HIGGET has received the Royal permission to accept the Order of the White Elephant, Third Class, conferred upon him by the Emperor of Japan, in recognition of valuable services rendered by him.

It is stated by the *Nottingham Daily Express* that at Melton Mowbray the medical practitioners of the town have decided to commemorate King Edward's reign by raising a fund for the establishment of a cottage hospital.

SIR RUBERT BOYCE and his expedition of students from the London School of Tropical Medicine, who have been out to Sierra Leone and Sekondi on behalf of the Government, directing the measures necessary for the suppression of the outbreak of yellow fever, are expected to return to Liverpool at the end of the month.

THE eleventh French Congress of Medicine will be held in Paris this year on October 13th and two following days, under the presidency of Professor Landouzy, Dean of the Faculty of Medicine of Paris. The questions proposed for discussion are: (1) Bradycardia; (2) the treatment of symptomatic epilepsy; (3) the relations of the liver and spleen in pathology. The programme also includes the following subjects: Accidents of serum-therapy, acute cerebro-spinal meningitis, tuberculin treatment, and affections of the pancreas.

THE winter session of the St. George's Hospital Medical School will open on Saturday, October 1st. The prizes will be distributed and the annual oration delivered by Dr. S. Squire Sprigge, Editor of the *Lancet*, at three o'clock. The title of the oration will be "On Prizes." At 4.15 the annual meeting of the St. George's Hospital Club will take place. The annual dinner will be held at Prince's Restaurant at 6.30 for 7.0 o'clock, Mr. G. R. Turner, Surgeon to the Hospital, in the chair. Applications for dinner tickets should be addressed to the Dinner Secretaries, St. George's Hospital, S.W.

WE have received from the Wolseley Tool and Motor Car Company a copy of a souvenir issued by it in connexion with a visit recently paid to its works by the American and British Societies of Engineers. This souvenir is a book containing over fifty views relating to the production and history of the Wolseley motor car, together with letter-press giving a general account of the operations of the firm in respect of motor car manufacture. Copies can be obtained, we understand, by motorists, on application at the firm's head quarters, Adderley Park, Birmingham.

AT the monthly meeting of the Halifax Town Council on August 3rd it was resolved to advance the salary of Dr. J. T. Neech, Medical Officer of Health, from £500 to £600 per annum by annual increments of £50. Dr. Neech has been in the service of the corporation ten years, and this is the first application he has made to the council for an advance of salary. Alderman Hey, Chairman of the Health Committee, proposing the resolution, spoke in eulogistic terms of Dr. Neech's work, alluding to his busyness as well as his medical ability. Under his guidance, the health of the borough had greatly improved.

THE American Public Health Association will hold its thirty-eighth annual meeting in Milwaukee, Wisconsin, September 5th to 9th next. Representatives from many of the national organizations working in the interest of the public health have been invited to be present and to discuss methods for the correlation of the work of such organizations, and for co-operation with a view to increasing efficiency and economy. Sanitary engineering will occupy a conspicuous place in the programme. This association, according to the *Medical Record*, is the oldest national sanitary organization in the United States. Its membership extends over the United States, the Dominion of Canada, Mexico, and Cuba. Information concerning it can be obtained by addressing Dr. Wm. C. Woodward, Secretary, Washington, D.C.