

DISCUSSION.

Dr. BROWN KELLY (Glasgow) said that Dr. Watson-Williams's suction syringe was the revival of an old method of diagnosis introduced many years ago by Moritz Schmidt, who had modified a Pravaz syringe for the purpose.

Dr. N. C. HARING (Manchester) used a two-way cannula introduced through the inferior meatus, so as to wash out the antrum and to obtain washings uncontaminated by the nasal mucosa.

DYSPHAGIC CONDITIONS WRONGLY ATTRIBUTED TO OESOPHAGEAL SPASM.

By WILLIAM HILL, M.D.Lond.,

Surgeon, Diseases of the Ear and Throat, St. Mary's Hospital, London, etc.

(Abstract.)

In opposition to several other observers, the author denies that idiopathic spasm of the oesophageal muscle in the region of the cardiac orifice of the stomach can induce obstruction so severe and prolonged as to lead to great dilatation of the oesophagus above. So far as his investigations go, spasm of a really unyielding nature is not found even when some spasm admittedly exists, whether it be of the rare reflex kind or secondary to tumefaction or ulceration. The existence of primary spasm is supposed to take place "at the initial and terminal portions of the gullet" (Guisez), where sphincters of the oesophagus are conceived to exist. But the existence of a sphincter at the cardiac orifice is denied by Professor Macalister,¹ and gastroscopic examination from below supports his descriptions. The upper sphincter, stated to be at the orifice of the gullet, is in reality a sphincter of the end of the pharynx.

Regarding the lower end of the oesophagus, the narrowest part of the tube is where it passes through the diaphragm, and Chevalier Jackson has described the occurrence here of a primary "phreno-spasm," but the author is unable to confirm Jackson's findings.

Finally, the author holds that functional dysphagia is usually due to pharyngeal paresis and rarely to pharyngeal spasm. There may occasionally be concomitant paresis of the gullet, but pure primary spasm of the oesophagus, whether functional or organic, is, in his experience, "often heard of, but never seen." If the difficulty in swallowing is located purely in the oesophagus, an organic lesion will be found if sought for.

REFERENCE.

¹ *Textbook of Human Anatomy.*

DISCUSSION.

Dr. JOHNSON HORNE (London) agreed that care should be exercised in using the term "idiopathic" or "functional" in dealing with dysphagia due to oesophageal spasm. He instanced a case of malignant disease of the oesophagus which had been relieved by the passage of bougies not many years previous to death, and which, in consequence, had been diagnosed as oesophageal spasm.

Dr. BROWN KELLY (Glasgow) did not agree with Dr. Hill. Spasm of the oesophagus was, in reality, easily excited, as the complete closure which followed the impaction of foreign bodies, too small to cause obstruction, showed. The speaker's experiences confirmed the views of many other observers as to the existence of cardio-spasm.

[NOTE.—The papers read in this Section of which abstracts appear in this number of the JOURNAL will be published in full in an early issue of the *Journal of Laryngology, Rhinology, and Otology*.]

Memoranda :

MEDICAL, SURGICAL, OBSTETRICAL.

MULTILOCULAR OVARIAN CYST IN A CHILD
AGED 12½ YEARS.

THIS case is somewhat remarkable owing to the size of the cyst and the age of the girl—namely, 12½ years. The mother stated that the child had always been "of a high stomach." She had not menstruated and there had not been any pain. Three weeks previous to being seen the

abdomen was noticed to be enlarging, but she continued to walk nearly a mile to school until her admission to hospital, and it was not till the last week that she had been inconvenienced, then becoming breathless on exertion. There had also been some increased frequency of micturition.

The whole of the abdomen was filled with a tense, regular swelling, the left flank being somewhat fuller than the right; the abdominal wall was much stretched. There was a small area of resonance below the ensiform cartilage and in the right flank. A distinct thrill was felt. There was loss of resonance all over the tumour, but no shifting dullness. No uterine souffle was to be heard on auscultation. Examination by the rectum revealed a tense swelling filling Douglas's pouch and the left lateral fornix; less so the right. On pressing the swelling upwards, movement was communicated to the left hand placed on the abdomen. A diagnosis of dermoid or ovarian cyst was made and the patient was admitted to hospital for operation.

Operation.—The abdomen was opened by a median incision extending from the pubes to 2 in. above the umbilicus; the pearly white wall of the tumour presented immediately. It was found to be a large multilocular ovarian cyst, filling the pelvis, both flanks, and reaching upwards as far as the liver. On account of the size many of the loculi had to be punctured and the contents, thick, greenish-yellow fluid, evacuated; about 6 pints were thus removed. The cyst originated in the left ovary, and was adherent to a small portion of the sigmoid. These adhesions were easily broken down, the left broad ligament tied with interlocking ligatures, and the cyst removed. The peritoneal cavity was carefully mopped out and 3 pints of saline solution left in it. The abdomen was closed in the usual manner. For the next twenty-four hours 1 pint of saline solution was given by the rectum every three hours.

The patient made an uneventful recovery.

The size of the cyst was, before puncture, roughly that of a Rugby football; after puncture of some of the cavities and removal from the body it weighed 3 lb. 6 oz., and measured 15½ in. in length and 8½ in. in width.

Evesham.

NORMAN G. HARRY, M.B., B.C.Cantab.

EPILEPSY AND CONSTIPATION.

In your report of the Medico-Psychological Association proceedings, in the JOURNAL of August 19th, Dr. Hayes Newington's remarks (p. 397) in reference to the frequent association of constipation with epilepsy, and the importance of correcting this condition, remind me of a case which I treated some six years ago, and which I think should be published in brief as bearing out in some measure the view above expressed.

The patient, a domestic servant aged 27, suffered from an extreme degree of constipation, sometimes not having her bowels moved for periods as long as a month. She had suffered from epilepsy for two years, the attacks occurring at intervals of about a fortnight.

I performed Lane's operation of ileo-colostomy. The result was a tendency to a too free action of the bowels at times, but since the operation there has been no return of the epileptic attacks. The case was demonstrated at a meeting of the Hull Medical Society.

Hull.

T. CAMERON, M.B., C.M.

AN EPIDEMIC OF INFECTIOUS JAUNDICE.

MEMORANDA in the JOURNAL of April 22nd and June 24th on this subject must, I imagine, relate to instances of what has been met with by several medical practitioners. Between November, 1910, and May, 1911, I have had fourteen cases of infectious jaundice, occurring in three villages about two to three miles apart, and there were several other slight cases which were not medically attended. With one exception the fourteen cases were all between the ages of 6 and 30 years, and males and females were equally affected. As a general rule the older the patient the more severe was the disease. The symptoms were very much as Dr. Hallows described. In the worst cases there was severe epigastric pain; vomiting—in one or two instances sufficiently bad to prevent anything being taken by the mouth for twenty-four hours—temperature up to 102° F., in one case 104° F., followed in two or three days by well marked jaundice, tenderness and slight enlargement of the liver, and very persistent constipation. The jaundice in the severer cases lasted a week or ten days. In the

mild cases—always little children—loss of appetite, constipation, sickness, a feeling of discomfort in the epigastrium, and a transitory jaundice, often lasting only a day, were the only symptoms.

The treatment I adopted in most cases was calomel or hyd. c. creta, salines, and, if necessary, enemata, and then salicylates, and liquid extract of cascara until the jaundice disappeared. At the time I regarded the cases as influenza of the gastro-intestinal type with this peculiarity, that the part of the intestinal tract principally affected was the duodenum. When the duodenitis had lasted two to five days, the swelling in the common bile duct or its orifice caused obstruction to passage of bile. I noted two cases of obviously the same disease in children in which all the symptoms were present except jaundice. I certainly agree with Dr. Hallows in thinking that this is not the same disease as that described as Weil's disease. It would be most interesting to determine whether all cases of so-called catarrhal jaundice and epidemic icterus are not due to the influenza bacillus.

Evershot, Dorset.

A. G. WHITAKER, M.R.C.S., L.R.C.P.

CUTANEOUS TRICKS.

A young lady consulted me with the following history: For many months she had been in the habit of sitting in front of a mirror, and with a pair of pincers plucking out every hair she could discover on her face; so persistent was she in this process that at times she would spend the whole night in front of her glass. The case was in my experience unique, as I had never met with such continuous efforts to get rid of the fine hairs which are always present on the face. The girl was not in any sense of the word hairy.

Another case which I saw during the summer of 1907 was even more unusual. A young girl was brought to me because she was in the habit of plucking out her eyebrows and eyelashes; so complete was the process that with the naked eye I could not see a single eyelash or eyebrow. The hairs in other positions were present and normal. The girl did not appear to be ashamed of her habit, but frankly told me that at times she did it with full knowledge, at other times she acted automatically. It was not a family trick. She commenced this plucking when she was 7 years of age. (She was 21 when I saw her.) I tried to gather a history of mimicry, but failed to do so.

The case of a man springs into my mind as I write who is constantly picking pieces of skin off his fingers without the excuse that they itch. Another man pulls out his moustache, whilst scarcely a family exists in which we do not find a nail-biter. I have seen children with whooping-cough pinch pieces of skin out of their faces.

These cases of self-inflicted damage to the skin often puzzle our diagnostic power and baffle our moral sense. It is impossible to conceive why a young girl is prompted to plunge a naked leg into boiling water; such patients are often shameless and act as if possessed by some malicious power.

Imagine a girl applying pure carbolic acid to the skin of the forearm and then consulting a doctor as to the cause of the lesions on the skin, as in the case described by Dr. Norman Walker last year.¹ Yet two such cases have come before me during the last twelve months. We shrug our shoulders and mutter "hysteria"; but does that enable us to understand the why of such cases? Does it enable us to suggest any line of treatment or conduct which will make these individuals truthful and useful members of society? There is only one way I know of any avail, which is to tell them the naked truth, and, what is of more importance, never allude either to the habit or the manifestation again. These patients always want an audience; they are the vampires of any family and will suck the vitality out of all those who sympathize with them. Many a mother has lost her own health and increased her daughter's morbidity by showing too much sympathy. I have already alluded to nail-biting, and although doctors are seldom consulted as to this common, troublesome and disfiguring habit, it is often a real annoyance. Patients grow into disgust with the habit, and as life advances they cure themselves by the exercise of their will power. The

pleasure of nail-biting must be great or it would never become such an established habit, a habit which is often so abiding that the victim will bite through a glove.

Man is so constituted that he has a disposition to repeat what he has done before; a walk on the deck of a ship is very confined and monotonous, but it becomes so much a custom that a sailor will often confine himself within similar limitation. Kane once made an excellent road through an island and yet the inhabitants adhered to the old road. We all remember how in the case of Fielding's Jonathan Wild the power of habit was so overwhelming that he could not keep his hands out of the Count's pockets when they were playing at cards, although he knew the pockets were empty; just as the Count could not abstain from cheating Mr. Wild, although he knew perfectly well that Wild had no money to pay him. A nerve track is like a path across a meadow, deeper and more difficult to eradicate after long use. We often see grimaces and odd tricks in our friends; we have them ourselves. We do not know how they begin, but we do know they affect families for years and enable us to recognize them. Smoking, swearing, or scratching often become ineradicable, and will cut into our daily lives and seem to become a part of ourselves. All habits are bad, even good ones, was a paradoxical saying of Sir James Paget, and whether it be nail-biting, finger-picking, or eyelash-plucking, we must check it before the path is laid from the nerve centre, or we may be too late.

London, W.

TOM ROBINSON, M.D.,
Physician to the Western Skin Hospital.

GASTRO-INTESTINAL HAEMORRHAGE IN A NEWBORN INFANT.

IN THE BRITISH MEDICAL JOURNAL for July 1st, just to hand, p. 17, I note a communication on the above subject from Mr. Fentem, and as he suggests recording such cases, I send the following:

A month ago I attended Mrs. W.; normal labour; a little chloroform given at the last to ease severe pains; second child. No history of any account in either parent; both healthy; aged 27 and 23 respectively. On the fifth day, about an hour after I had called, when all had been going on well, I received an urgent message that the child, a male, had vomited blood, and was passing red and black clots per rectum. While watching it I saw it bring up a large quantity of bright red blood and mucus. Examination did not show anything, and from the appearance of blood I gathered that the whole gastro-intestinal tract must have been oozing. Treatment was calcii chlorid., $\frac{1}{2}$ grain every hour, and gelatine water, as much as the child could be made to swallow from a feeding bottle, allowing it to take the breast as well. It did not seem upset in any way from the loss of blood, and its colour kept good. There was a good deal of vomiting after treatment commenced, and it varied, being blood-stained at times and clear at others, but by the bowel the motions continued as at first. The condition lasted three days and then cleared up as abruptly as it had begun. The child at present time (a month after) is quite healthy, and apparently none the worse for its alarming symptoms.

Lismore, N.S.W.

E. M. HUMPHERY, M.B., Ch.M.

Mrs. S. was in her sixth confinement on September 15th. She was always a tedious case. At 11 p.m. same date she gave birth to a son; normal labour.

This child, twenty-one hours after birth, vomited about 2½ oz. of blood. The clothes were changed, the baby washed, and then replaced in its cradle but, in twenty minutes, a similar amount was vomited.

All that day the napkin was stained slightly with blood, and towards evening it passed per rectum a large quantity of black blood and clots. I saw this last haemorrhage; it could not be less than 6 oz. of blood, probably more, but after this attack it passed no more blood, either by rectum or mouth, and since then it has done well; although pale and anaemic, it is doing well and thriving.

This is the only case I have seen in twenty years.

Rhode.

W. T. MILLS.

¹ BRITISH MEDICAL JOURNAL, 1910, vol. i, p. 1481.

burdens and cheered their lives by his fine sympathy and brightness and by his encouraging words. His nature was essentially bright, happy, and youthful. He will be long missed by a wide circle of friends and patients.

His funeral took place from St. George's United Free Church on the afternoon of October 7th. There was a large attendance of the office-bearers of his church; of the Royal Colleges of Physicians and Surgeons, of the University, of the Royal Infirmary, of the Longmore Hospital, of the Queen Victoria's Jubilee Institute of Nurses, of army veterans, of the Children's Hospital, and of the public.

DR. LEONARD KEATLEY YELF, formerly of Moreton-in-Marsh, Gloucestershire, died on October 3rd at Bransgore near Bournemouth, in which neighbourhood he had been living since his retirement from practice some fifteen years ago. Dr. Yelf, who was a native of the Isle of Wight, commenced his medical career as an apprentice to a medical man at Leamington, completing his medical studies at King's College Hospital, where he became M.R.C.S., L.S.A. in 1852. He subsequently spent some two years in Australia; on returning home he took the M.D. St. Andrews and then settled down in Moreton-in-Marsh, in the Cotswold district of Gloucestershire. He remained busily at work in that neighbourhood for some forty years and took an active part in founding the cottage hospital in that town. On his retirement he was made consulting surgeon to the institution and at the same time was presented with a silver bowl and purse of money as a testimonial from his numerous friends and patients. These terms are interchangeable, for he had acquired the affection of all classes. His memory has been kept green in the neighbourhood since his departure by the fact that he was succeeded in his practice by one of his sons. Dr. Yelf was married and is survived by his wife. Of his many children two are members of the medical profession.

Medical News.

IT is said that in the United States there were 3,421 arrests in eighty cities in the course of a single year for spitting in streets and other public places. The fines inflicted amounted to about £1,000.

SIR ALMROTH WRIGHT has been commissioned by the mining groups of the Rand to investigate and report on the question of immunization against pneumonia, a disease which is said to be the cause of the largest mortality among the native labourers on the goldfields.

A CONVERSAZIONE will be held by the medical staff and lecturers of the Royal Dental Hospital of London at the Royal Institute Galleries, Princes Hall, Piccadilly, on October 18th, at 8 p.m. Mr. A. H. Gilkes, Head Master of Dulwich College, will distribute the prizes to the successful students at 8.30 p.m.

DR. CHARLES F. HARFORD has been transferred from the post of Physician to the Church Missionary Society to that of the Secretary of the Medical Committee with supervision of the medical missions of the society. These comprise 48 stations in which 91 medical men and women and 59 nurses are working. The statistics for the last completed year were: Beds, 3,388; in-patients, 31,871; out-patients, 1,136,518. Dr. Harford will still continue work as Principal of Livingstone College, as he did when holding his former post.

THE members of the Westminster Division will dine together at the Criterion Restaurant on October 26th, and after dinner a cinematograph demonstration will be given of living micro-organisms, including those of sleeping-sickness and of syphilis. Any member of the medical profession may attend the demonstration, and will also be welcomed to the dinner, tickets for which can be obtained from Mr. J. Howell Evans, F.R.C.S., 25, Berkeley Square, W.

THE Medical Society commenced its winter session on October 9th, the presidential address being delivered by Dr. J. Mitchell Bruce, who said he thought it would be in the interest of the society and of medicine that general practitioners should take a larger share than heretofore in the work of the meetings of the society. Not only were certain aspects of disease best studied and best understood by the general practitioner, but in some of its relations disease could be adequately studied and described by him alone.

Universities and Colleges.

UNIVERSITY OF CAMBRIDGE.

THE following candidates have been approved at the examinations indicated:

FIRST M.B. (Part II, *Physics*). K. Atkin, C. N. Carter, H. B. Dodwell, J. S. Eloff, H. W. Featherstone, E. A. Fiddian, H. G. Galbraith, L. S. Gathergood, A. A. Gemmell, E. A. Grylls, J. H. Gulliland, W. F. T. Haultain, H. D. Y. Herries, N. S. Hewitt, H. C. Hopkinson, D. E. Jerwood, C. M. Jones, F. Moor, E. S. Orme, A. H. Pearce, C. G. Schurr, F. N. Sidebotham, R. O. Sternberg, B. H. Swift, C. H. Vernon, G. H. Ward, V. Wilkinson.
FIRST M.B. (Part III, *Elementary Biology*). S. L. Bhatia, H. Chell, H. G. Galbraith, H. D. Y. Herries, H. C. Hopkinson, B. E. Jerwood, C. G. Schurr, R. O. Sternberg, C. H. Vernon, V. Wilkinson, A. G. P. Wills.
SECOND M.B. (Part II, *Pharmacology and General Pathology*). W. G. Bigger, H. J. Bower, E. C. Bradford, J. Brewer, J. M. Brown, E. H. P. Brunton, L. B. Clarke, G. M. Cowper, J. L. Davies, K. B. Dickson, E. L. Dobson, J. M. Evans, W. D. Galloway, C. H. M. Gimlette, W. B. Gordon, C. H. Gow, N. Gray, R. J. Hearn, C. Helm, A. M. Humphry, B. L. Hutchence, R. W. P. Jackson, J. S. Kennedy, S. D. Kilner, H. H. Mathias, J. B. Matthews, S. C. Miskin, O. G. Morgan, W. New, A. V. O'Keefe, H. G. Oliver, R. A. Peters, R. S. Scott, L. E. S. Sharp, W. H. Shephard, A. G. Shera, L. R. Shore, A. C. S. Smith, W. S. Soden, E. W. Todd, R. L. M. Wallis, G. C. Wells-Cole, F. A. Williamson.

UNIVERSITY OF LONDON.

ST. MARY'S HOSPITAL.

THE annual dinner of the medical school of St. Mary's Hospital took place at Princes' Restaurant on October 3rd, the assemblage numbering 152. The chair was occupied by Mr. A. T. Norton, C.B., who, in proposing the toast to the hospital and school, gave a vivid description of the district of Paddington as he remembered it in his youth. At that time the present site of the Great Western Railway station was occupied by a wood, while a creek meandered along the present Westbourne Grove. Having described the past and forecast the future, he suggested that the scope of vaccines and serums had still to be determined, and that unless the National Insurance Bill were altered there would be a falling off in the number of recruits for the medical profession. Mr. Austen Leigh, chairman of the hospital board, in responding to the toast expressed a hope that never again, as last summer, would St. Mary's Hospital have to perform the work of four hospitals during the hottest part of the year. During the summer its neighbours, the Middlesex, St. George's, and Paddington Green Hospitals, had all been closed for a considerable time. Sir John Broadbent, the Dean of the school, who also responded, said that the entries for the winter session were considerably larger than last year. The evening concluded with a warmly-greeted toast to the chairman.

UNIVERSITY OF GLASGOW.

THE following candidates have been approved in the subjects indicated:

FIRST M.B. CH.B. (B., Botany; Z., Zoology; P., Physics; C., Chemistry). R. Aitken (B., P.), W. D. Allan (B., P.), J. Alston (B., P.), W. Baird (B., P.), W. Barras (B., P.), M. N. Bhattacharjee (B., P.), T. Blackwood (B., P.), R. M. S. Boyd (Z., C.), W. E. Boyd (Z.), J. Bradford (Z., C.), J. Buchanan (P., C.), D. R. C. Cameron (B., Z., P., C.), D. S. Campbell (B., P.), J. F. Campbell (B., P.), W. Campbell (B., P.), T. W. Carstairs (Z., P.), J. Chalmers (B., P.), A. Le B. Clark (Z., C.), D. H. Coats (B., P.), J. Connal (B., C.), W. K. Connell (B., P.), A. F. Cook (B., P.), A. S. Cook (B., P.), W. G. Cook (B.), R. S. Crawford (B., Z., P., C.), H. P. Crow (Z., C.), J. F. Cunningham, M.A. (B., Z., C.), W. Cunningham (B., P.), J. W. Dalziel (B., P.), R. S. Dickie (B., Z., P.), J. Dunbar (B., P.), E. M. M. Dunlop (B., Z., P., C.), J. J. Finlay (Z., C.), T. Finlay (B., Z., P.), T. Fleming (B., P.), G. J. Fraser (C.), M. M. Frew (B., P.), W. W. Galbraith (C.), L. W. Gemmell (C.), J. A. F. Gibson (Z.), R. S. Gibson (Z., C.), N. W. Gilchrist (P.), R. K. H. Gillespie (B., Z., P.), C. C. B. Gilmour, M.A. (B.), J. G. Gilmour (B., Z., P.), J. Glaister (B., P.), P. F. A. Grant (B., P.), D. Heard (B., P.), A. C. Hepburn (B., Z., P.), W. A. Higgins, M.A. (B., P.), A. R. Hill (B., P.), O. Johnston (B., P.), J. C. Knox (B., C.), R. Kyle (Z.), R. M. Lang (B., P.), H. B. Lawrie (C.), J. A. Leiper (B., Z., P., C.), P. Y. Lyle (B., Z., P.), H. L. McCormick (B., Z., P.), P. M'Diarmid (B., Z., P.), R. W. MacDonald (P.), J. W. Macfarlane (B., P.), J. M. Macfie (B., P.), A. D. C. McGowan (P.), A. M'Innes (B., Z., P., C.), J. A. M'Innes (B., Z., C.), A. F. M'Intosh (B., P.), J. M. Mackintosh (B., P.), K. S. Macky (B., P.), G. Maclean (P., C.), P. D. MacLean, M.A. (P.), D. M. Macmillan (Z., P.), F. R. Martin (B., P.), J. C. M. Matheson (B., P.), A. M'C. Millar (B.), W. D. Miller (B., P.), J. D. Milligan (B., P.), P. O. Moffat (C.), F. W. Morrison (B., Z., P., C.), W. W. Morrison (B., P.), A. Morton (B., P.), J. H. Murray (B., Z., P.), T. F. Noble (P.), M. O'Callaghan (B., Z.), J. A. O'Connor (B., P., C.), R. L. Ormsby (B., P.), A. W. Panton (B., P.), J. R. Pate (Z.), J. A. Paterson (B., Z.), T. S. Paterson (B., Z., P., C.), J. H. Paul, M.A. (B., P.), W. J. Poole (B., P.), W. B. Primrose (B., C.), H. Quigley (P.), R. S. Reid (B., P.), J. G. Rennie (P.), J. K. Rennie (B., P.), J. Richardson (B., P.), K. M. A. Ross (B., Z., P.), A. Stenhouse (B., Z., P.), D. S. Stevenson (B., Z., P.), P. A. Stewart (B.), W. M. Stewart (B., P.), A. S. Strachan (B., C.), J. B. Sweet (B., Z.), C. B. Templeton (B., P.), R. T. Todd (B., P.), J. L. Torley (B., Z., P.), A. J. van der Spuy (B., P.), G. T. Walker (B., P.), R. R. Waters (B., P.), J. D. Watson (B., P.), W. J. C. Watt (B., P.), R. S. Weir (B., P.), T. M'S. Wilson (B.), J. T. Wylie (B., P.), Women: C. B. Buchanan (B., P.), M. C. Cairney (B., P.), A. K. Cormack

(B. Z., P. C.), J. B. Davidson (B. Z., P.), J. C. Gilchrist (B., P.), J. F. Henderson (Z., P.), H. I. W. Kerr (B., Z., P., C.), M. C. B. Leigh (B.), D. McCubbin (B., P.), M. J. MacLachlan (B., P.), E. C. McVie (B., C.), E. S. Martin (B., P.), M. A. Noble (B., P.), M. H. Routledge (B., P.), M. Scott (B., Z.), I. M. Sinclair (Z.), J. Stalker (B., P.), M. A. H. Stewart (B., Z., P.), I. S. Thomson (B., P., C.), M. B. D. Wilson (B., P.), I. H. Younger (P.).

* Passed with distinction.

SECOND M.B., CH.B. (A., Anatomy; P., Physiology; M., Materia Medica and Therapeutics).—D. K. Adams, M.A. (M.); A. Baird (M.), H. S. Banks, M.A. (M.), A. M. A. Blackwood (A., P.), A. Blashky (A., P.), J. S. K. Boyd (M.), J. L. Brownlie (A.), S. Bryson (A.), A. G. Buchanan (P.), E. T. Burke (A.), J. J. Burke (A.), J. Cameron (A.), W. L. Cassels (M.), B. Cohen (M.), G. G. Cooper (M.), T. M. Crawford (A., P., M.), L. Crombie (P.), W. Cullen (M.), G. D. de Kock (A., P.), A. Dick (M.), J. N. Dobbie (A.), J. Dunbar (A., M.), W. E. Elliot, B.Sc. (A., M.), W. C. Fleischmann (P., M.), J. B. Fotheringham (P.), W. Fraser (P., M.), I. Grant (P.), J. G. Hendry (A., P., M.), T. C. Houston (M.), W. Y. Jamieson (A., M.), W. J. B. Lavery (A.), A. Lindsay (A., P.), J. W. McDonald (P., M.), J. McGhie (A., M.), J. G. McKinnon (P., K.), N. Maclean (M.), N. Macleod (A., P.), R. M. Minn (M.), E. S. Macphie (A., M.), W. S. Martin (A., P., M.), J. P. Mathie (A.), T. S. McEighan (M.), A. U. Millar, M.A. (A., P., M.), T. A. O'Brien (A., P.), J. L. R. Philip (A., P., M.), A. Rankine (M.), D. R. E. Roberts (M.), S. D. Robertson (M.), N. I. Sinclair (A.), W. R. Snodgrass, M.A. (A., M.), J. F. Steven, M.A. (P.), H. Stewart, M.A. (A.), R. Stewart (M.), W. B. Stewart (P., M.), H. C. Watson (M.), J. Whiteside (A., P.), A. S. Wilson (A., P.), A. M. Young (M.), J. M. Young (M.), Women: C. S. T. Anderson (M.), G. T. Anderson (A., P.), M. J. Brown (A., P.), E. Crawford (A., P., M.), L. B. Hardie (M.), M. P. Hislop (M.), A. R. McKail (A., P., M.), S. A. J. Rankine (M.), M. Walker (P.), J. A. Woods (M.).

* Passed with distinction.

THIRD M.B., CH.B. (P., Pathology; M., Medical Jurisprudence and Public Health).—J. C. H. Allan (M.), J. Angus (P., M.), R. A. Barlow, B.Sc. (P., M.), S. Blumenfeld (M.), V. Borland (P., M.), J. W. Burton (P., M.), N. Cameron (M.), G. W. Clark (P., M.), R. Craig, M.A. (M.), G. Dalziel (P., M.), J. H. Dible (M.), P. Fiddor (M.), A. R. H. Geyer (P.), L. Gushak (M.), C. W. F. Greenhill (P., M.), J. M. F. Grier, M.A. (P., M.), J. F. Hutton, M.A. (P., M.), T. P. Inglis (M.), A. J. Jeubert (M.), C. J. H. Kirk (P.), R. A. Lennie (P.), J. A. M'Connochie (M.), J. H. Magoveny (M.), W. Montgomery (M.), K. D. Murchison (P.), A. A. Murison (M.), A. Neilson (M.), A. Peden (P.), J. Purdie (M.), J. F. Quigley (Larabill) (P., M.), D. W. Reid (M.), J. R. R. Ritchie (M.), A. L. Robertson (M.), E. Robertson (P., M.), J. G. M'G. Robertson (P., M.), J. I. Robertson (M.), A. W. Russell (M.), J. F. M'G. Sloan (P.), K. C. van der Wat Smit (M.), J. A. Smith (P.), J. K. Smith (P., M.), A. R. B. Soga (P., M.), J. A. Stewart (M.), W. P. A. Stewart (P., M.), W. R. Taylor (P., M.), E. G. Y. Thom, M.A. (P., M.), E. N. Thomson (M.), A. Walker (M.), T. Walmsley (M.), M. White, M.A. (P., M.), F. J. Whitelaw (P., M.), W. B. Wilson (M.), Women: J. K. M' E. Hunter (P.), M. A. Kirk (P., M.), J. M. Walker (M.).

* Passed with distinction.

FINAL M.B., CH.B.—M. J. Aitken, A. J. Archibald, T. S. Barrie, W. E. H. Beard, J. E. Black, J. Bower, D. S. Brough, A. D. Buchanan, W. M. Buchanan, C. Cameron, M.A., J. Campbell, G. Cochrane, M.A., J. A. J. Conway, R. C. Corbett, J. Findlay, M.A., L. L. Fyfe, W. G. Goudie, J. R. Grice, M.A., C. H. Haddow, J. S. Hall, D. C. Hayes, J. R. Herbertson, A. G. Holms, Isabel Inglis, J. Johnstone, A. Kirkhope, J. M'G. Lang, N. M'Farlane, Barbara Macgregor, M. Mackinnon, W. Wyllie MacNaught, Katherine S. Macphail, F. Matheson, J. Matheson, J. Mitchell, A. Muir, Ellen B. Orr, H. Paterson, J. B. Paterson, H. C. D. Rankin, H. Y. Riddell, W. L. Scott, Christina H. Shearer, A. H. Sinclair, J. Smith, Isabel J. Stark, J. A. H. Telfer, W. Tudhope, J. L. Ure, G. A. Valentine, H. F. Watson, A. Wilson, D. Wilson, W. P. Yates.

* Passed with distinction in one or more subjects.

ROYAL COLLEGE OF PHYSICIANS IN IRELAND.

At a meeting on October 6th the following candidates were admitted to Membership of the College:

C. P. Ball, W. P. MacArthur, R. J. Rowlette.

ROYAL COLLEGE OF SURGEONS OF IRELAND.

RETIREMENT OF THE REGISTRAR.

At a meeting of the Council, held on October 5th, the resignation of Mr. G. F. Blake, the Registrar, was accepted with great regret, and the following resolution was unanimously adopted:

The President, Vice-President, and Council of the Royal College of Surgeons in Ireland have accepted with much regret the resignation of the Registrar of the College, Mr. George Francis Blake, J.P.

During the long period of thirty-one years that Mr. Blake discharged the onerous duties of Registrar to the College his devotion to its interest, his courteous deportment to all with whom he has relations, and the admirable manner and efficiency in which he carried out the important work connected with his office were beyond all praise.

The President, Vice-President, and Council feel that by the resignation of Mr. Blake the College has lost the services of a most efficient officer and a kind friend whom it will be difficult adequately to replace.

They hope that in the many years which they trust are before him, he will enjoy his well-deserved rest from duty. He may at the same time be assured that his valuable services to the College will long be remembered and appreciated.

(Signed)

ROBERT H. WOODS,

President.

R. DANCER PUREFOY,

Vice-President.

CHARLES A. CAMERON, Kt., C.B.,

Secretary.

CONJOINT BOARD IN ENGLAND.

The following candidates have been approved in the subjects indicated:

FIRST COLLEGE (Part I, Chemistry; Part II, Physics).—H. S. Baker, W. F. Barrett, H. S. Bryan, G. Dayall, C. F. Good, F. J. Good, J. A. Hart, Elma J. Ishmael, R. F. Jarrett, R. Jenner-Clarke, P. R. E. Kirby, T. W. Le Mesurier, Louise M. Lister, E. M. Litchfield, G. S. B. Long, W. D. McRice, J. F. M. Payne, T. M. Payne, D. G. Pearce, W. D. Pearnan, N. M. Sen-Gupta, G. R. Sharp, W. W. S. Sharpe, Violet A. Shaw, E. W. Terry, C. P. G. Wakeley.

* Passed in Part I only. † Passed in Part II only.

FIRST COLLEGE (Part III, Elementary Biology).—R. Ambler, H. S. Baker, W. F. Barrett, C. F. Good, E. G. Howell, R. Jenner-Clarke, T. L. Kan, P. G. Russell, Violet A. Shaw.

FIRST COLLEGE (Part IV, Practical Pharmacy).—M. Barker, W. F. Barrett, A. W. C. Bennett, E. C. Bowden, R. G. Brown, R. C. C. Clay, C. F. Constant, G. M. Coppe, E. D. Fountain, H. C. C. Hackney, A. E. Huxtable, H. B. Hyde, T. H. James, K. J. T. Keer, W. M. Langden, J. L. Lauder, G. Lawrence, E. T. H. Lee, F. M. Lipscomb, E. F. Ilarena, M. Mackenzie, B. McDermott, W. F. Morgan, W. H. Parr, C. J. B. Pasley, J. Remers, H. T. Retallack-Moloney, D. R. Reynolds, H. C. Ring, H. Robinson, M. Scott, A. H. Warde, N. J. Wigram.

SECOND COLLEGE (Anatomy and Physiology).—C. L. Balkwill, O. Barkau, D. Basu, W. M. Binning, C. Bluett, G. A. G. Bonser, F. W. Chamberlain, E. L. Christoffelz, J. E. Davies, W. S. Desai, A. P. Ferd, F. B. Gillespie, E. W. Griffith, F. A. Gunekera, D. H. Hargrave, J. F. Holmes, O. R. Horwood, A. M. Jones, J. P. Jones, W. H. Jones, J. G. L. Etang, D. M. MacMannus, S. Mallinick, G. F. Meinertzhagen, A. R. Muir, H. F. Mullan, K. M. Nelson, W. J. Penance, L. R. Pickett, J. W. Rammell, C. A. Robins, G. W. R. Ruckin, H. C. Samvel, M. Sharaf, C. Shaw-Crisp, A. E. Stafferth, G. S. Stathers, H. C. Viehoff, P. P. Warren, E. J. Wright.

ENTRANCE SCHOLARSHIPS.

Guy's Hospital.—The following entrance scholarships have been awarded at the medical school of this hospital: The two Junior Science Scholarships, value £120 and £60 respectively, to Mr. Lemarch Snowden Debenham, of St. Paul's School, and Mr. Peter George McEvedy, of the preliminary science class of the college; the two Entrance Scholarships in Arts, of the respective value of £100 and £50, to Mr. T. A. V. Wood, of Wolverhampton Grammar School, and Mr. F. Gilbert Scott, B.A., of Merton College, Oxford.

St. Mary's Hospital.—The awards of entrance scholarships made this year are as follows: Two University Scholarships, each of the value of 50 guineas, to Mr. A. S. Cohen, of University College, Cardiff, and Mr. F. A. Williamson, B.A., of Queen's College, Cambridge; two Open Scholarships in Natural Science, one of the value of £50 and the other of £25, to Mr. G. E. Barker, of Latymer School and Birkbeck College, and Mr. A. R. Fuller, of Leighton Park School, Reading. The Epsom scholar is Mr. T. R. Davies.

Medico-Legal.

DEATHS FROM BURNING.

DURING the course of an inquest on September 27th on the body of a child which had died from burning, Dr. Waldo, the City Coroner, mentioned that it was frequently stated that of the enormous number of deaths of children which occur in England and Wales each year the greater proportion were due to the practice of using for children's garments flannelette which had not been rendered fireproof. These deaths, he said, were preventable, and ought to be prevented, but to draw such constant attention to one particular factor in the position was not the best way of doing so. The initial cause of these fatalities was not the wearing of flannelette or any other fabric of an inflammable character, but the fact that children were left alone in rooms whose lighted fireplaces were not fenced off by proper fireguards. Another initial cause was the failure of mothers and other persons supposed to be in charge of children to keep matches out of their reach.

WORKMEN'S COMPENSATION ACT.

Appendicitis or Accident?

IN Miller v. Londonderry Collieries, Limited (Newcastle, May 4th), the question was raised whether appendicitis was or was not due to an accident. Evidence was given that while lifting a full tub in the mine the applicant's foot slipped, and he fell backwards. Immediately he felt a pain in his right side, and could not straighten himself. He was put off work, and Dr. Hopper attended him. Three weeks later he returned to work, but still felt the pain, and in October Dr. Hopper found that he was suffering from appendicitis, and Dr. Ayre Smith operated for this at the Sunderland Infirmary.

The point at issue was whether the strain he received while lifting the tub set up the appendicitis. Drs. Hopper and Rutter held that a strain could set up appendicitis in a healthy appendix. Drs. Ayre Smith and G. B. Morgan expressed a contrary view.

His Honour held that the incapacity to work arising from the appendicitis was not due to the accident, and therefore found judgement for the defendants.