

While it must be admitted that the cause of this condition is uncertain, it seems not unlikely that undue force used during delivery in the rectification of abnormal arm positions may be an important factor in the production of Sprengel's deformity. When we come to consider the question of treatment, very little is to be found in the literature of the subject. Whitman states that, if the contraction of the vertebro-scapular muscles is extreme in a young patient, the shortened tissues should be divided by open incision, and if the scapula is joined to the spine, the bony process should be removed.

In the present case an incision was made between the spine and the scapula and any resistant tissue present was freely divided. On examining the case six months after, one could not honestly say that any improvement had resulted from the operation.

In conclusion, I wish to express my sincere thanks to Mr. H. M. W. Gray, surgeon to the hospital, for his courtesy in permitting me to put this case on record.

BIBLIOGRAPHY.

Edinburgh Medical Journal, March, 1911. Keen's *Surgery*, vol. ii. Whitman's *Orthopedic Surgery*, third edition. Young's *Manual and Atlas of Orthopedic Surgery*.

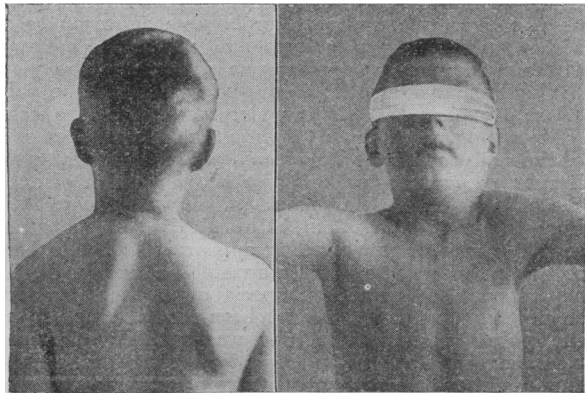
Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

A CASE OF SPRENGEL'S DEFORMITY.

THE condition shown in the accompanying photographs is, I presume, what is known as congenital elevation of the shoulder, or Sprengel's shoulder.

The previous history is unknown, the boy (aged 12 years) being in an orphan home. The left scapula is drawn upwards and towards the spine; with the arms at rest hanging by the side, the angle of the left is $1\frac{1}{2}$ in. higher than that of the right scapula, and is 2 in. from the middle line, the angle of the right being $2\frac{1}{2}$ in. On elevation of the arms above the head the angle of the right moves through $2\frac{1}{2}$ in., being 5 in. away from the mid line; the left moves through $1\frac{1}{2}$ in., thus being only $3\frac{1}{2}$ in. from the



mid line. This probably accounts for the fact that the boy cannot abduct the left arm through more than about 135 degrees.

With the arms hanging down there is practically no difference in the height of the point of the two shoulders; but as soon as abduction takes place this is altered, and, with the full limit of abduction, the outer end of the clavicle is almost vertical. From angle to coracoid process the left scapula measures $\frac{1}{2}$ in. less than the right. There are no irregularities of the bone to be felt, and it is not winged.

The condition can be explained by a shortening of the fibres of the trapezius; the levator anguli scapulae is probably also involved, at any rate, secondarily.

Would the lessened function of the left arm account for the smaller size of the scapula?

Great Yarmouth.

H.W. HARDING, M.D.Lond., D.P.H.

A PELVIC SEPTIC CONDITION DUE TO BACILLUS COLI.

THE following notes of the case of a lady who came under my care at Easter of this year are, I think, worth

recording. So many anxieties and difficulties were experienced, and the ultimate results so very encouraging, that I trust that some other country practitioners, like myself living in out-of-the-way corners, may find a use in their perusal.

I was called at 4 a.m. one day to see a visitor to this town. I found her suffering from severe abdominal pain of an intermittent character. So great was her pain that she could not help screaming. The symptoms resembled those due to uterine contractions. Pregnancy by the patient was not considered to be possible, as for the last two weeks or more she had been menstruating. Temperature 100° F., pulse-rate 110. Relief by means of morphine was obtained for a few hours. The pains kept recurring. A vaginal examination showed a fetid grumous bloody discharge coming from the uterus. The os was soft, but would not admit the forefinger. The temperature twelve hours after first seeing the case was 103° F., pulse 120, respirations 30. Inquiry revealed an immediate past history of dysentery and colitis contracted in India. The bowels were acting very frequently, and there was much mucus, and occasionally blood, in the stools. After about forty-eight hours a mass was discharged from the uterus. The examination of this left no doubt that a miscarriage of a very early pregnancy had taken place. The general condition of the patient did not improve in the next twelve hours. The pain continued in the abdomen. The pulse-rate was increasing, and the temperature, although erratic, touched 102° F. Under an anaesthetic the uterus, after dilatation of the cervix, was curetted and thoroughly washed out. A very foul uterine debris was removed. The general condition after this improved a good deal; the temperature and pulse-rate came down, but the abdominal pain remained, and was at times very severe. Diarrhoea, the evacuations being very offensive with some blood and much mucus present, was frequent. The third day after the curetting the symptoms became worse. Temperature, pulse-rate, and condition of tongue were all on the downward grade. The uterine discharge was becoming markedly offensive. Under an anaesthetic the uterus was again thoroughly cleansed; 30 c.cm. of Burroughs and Wellcome's antistreptococcal serum was injected into the buttock. This was repeated in twenty-four hours in 10 c.cm. doses. An intrauterine douche was given twice daily. The temperature, taken four-hourly, fluctuated between 100° and 101° F. Matters went on in much the same way for ten days, when again the temperature at times registered 103° F. The streptococci injections were now repeated daily for ten days in 10 c.cm. doses without any marked result. A cultivation was now made from the bacilli found in the mucous discharge and stools, by the Clinical Research Association, and 500 million of this special vaccine was administered for two days in succession, and then 100 million on alternate days for four injections, with good results, all symptoms improving, and especially those of the colitis. Just as we had reason to hope that all danger was past, and about fourteen days from the last vaccine injection, the temperature began to be very irregular, and much continual pain and some tenderness was complained of in the lower part of the abdomen. With alarming rapidity a rounded swelling appeared above the pubes, which was evidently uterine. The uterus became fixed, and Douglas's pouch became full. It was evident that acute cellulitis around the uterus had set in. As days went by the cervix uteri was pushed away from the middle line to the left, and the fundus was correspondingly displaced to the left of the middle abdominal line. The swelling became more tense in the posterior vaginal fornix. A pair of long forceps was pushed through into this swelling, and a very fetid pus was evacuated. From this discharge, through the medium of the Clinical Research Association, a vaccine was obtained of "a Gram-negative motile bacillus, which has been frequently isolated in cases of colitis." Injections were given daily of 10 million of this vaccine for four days, and then every other day for four days. Careful vaginal irrigation was carried out twice daily, and the opening into Douglas's pouch was kept open by passing blunt forceps through the site of the discharge. Under this treatment a very gradual improvement was seen. The temperature for some weeks never rose above 100° F., and was frequently subnormal. A very marked change for the better as to the colour of the skin of the face was soon seen. The

symptoms of the colitis entirely disappeared. At the end of fifteen weeks from the commencement of my charge of her, my patient was able to go on her way nearer to her home in the East Country. A report of her a few days ago after two months' absence reads: "A healthier and rosier young woman it would be hard to find. She suffers no pain, and feels perfectly well."

Looe, Cornwall.

J. EUSTACE WEBB.

A PRELIMINARY NOTE ON THE USE OF SAND BATHS.

For some time I have been conducting experiments with the object of ascertaining the value of sand baths as remedial agents. Unfortunately, there appears to be no available literature on the subject, which is strange considering how extensively they are employed by native races, at least in Egypt, Nubia and the Sudan. The various Arab tribes appear to have great confidence in their efficacy in all such painful conditions as are generally supposed to be of a rheumatic character, although they are employed by them as well in certain acute affections. They are very careful in selecting the site and only the yellow sand, the real desert sand, is used, as it is held that the grey sand is not only useless, but may prove positively injurious and originate disease of various kinds. There is no doubt whatever about the truth of these observations. The yellow sand has remained where it is for thousands of years with but little change, whereas the grey is entirely different, as it shifts about, and is largely made up of dust and debris of various kinds, with which is incorporated probably a plentiful supply of micro-organisms. The conditions where sand baths have been employed by me up to the present have been entirely rheumatic in nature, and there is no doubt that in such conditions their use is attended by very excellent results. The temperature of the sand varies, of course, according to the season, and in summer it is so high, even two feet from the surface, that in the late afternoon it can only be borne at the commencement with a certain amount of discomfort. Briefly, the results obtained, or observed, were:

1. Marked diminution in pain and swelling.
2. Profuse diaphoresis, which was in proportion to the degree of immersion and the temperature of the sand.
3. A marked sedative effect; drowsiness at the time, and for an hour or two afterwards. Sleep was also better during the night.
4. Increase in pulse-rate, as well as a slight temporary rise in the temperature.

The marked alternative and sedative effects may be due to the continuous heat, uniformly applied to all parts of the body, but unquestionably another very important factor has also to be taken into consideration, namely, the development of a tangible and measurable electrical current. When a sensitive milliamperemeter was introduced into the circuit there was a distinct oscillation of the needle, which deflected after some minutes an appreciable current, due possibly to the increasing moisture of the skin. This is a matter, however, for further investigation.

I think it extremely probable that a prolonged course of sand baths in the desert would be of great value in chronic rheumatic and neuralgic conditions, as well as in possibly, cases of insomnia and neurasthenia.

Cairo.

T. GERALD GARRY, M.D., M.A.O.

THREE meetings have recently been held on behalf of the After-Care Association, whose objects are to assist poor persons discharged recovered from asylums for the insane: At Bath, through the kind invitation of Mrs. Blackburne, when the Archdeacon of Bath presided, and addresses were given by Dr. Maurice Craig and Mr. H. Thornhill Roxby. At Hampstead, at the kind invitation of Mr. and Mrs. Adair Roberts, Mr. Roberts presiding. Short speeches explaining the work were made by the same gentlemen. At Bethlem Royal Hospital (by permission of the governors), Dr. Stoddart in the chair, the audience was addressed by Alderman Sir William Dunn, Dr. G. H. Savage, Dr. Chambers, Dr. Robert Jones, the Rev. H. Stephens, and Mr. H. Thornhill Roxby. During the past year applications on behalf of 379 cases were received from various parts of the country.

British Medical Association.

CLINICAL AND SCIENTIFIC PROCEEDINGS.

BOMBAY BRANCH.

Thursday, August 24th, 1911.

SORAB K. NARIMAN, M.D., in the Chair.

Tropical Liver Abscess.

MAJOR T. S. NOVIS, I.M.S., F.R.C.S., read a paper on tropical liver abscess. He had chosen the subject as there was still considerable difference of opinion regarding the treatment of the disease. There was usually a definite history of dysentery, and in some cases the patients were actually suffering from this disease when they came under observation. Many had been in the habit of drinking in moderation, and some admitted taking alcohol in excess. The onset was often marked by a rigor or rigors. In the latter case malaria might be a complication, followed by malaise and irregular fever, which was not really hectic in type, the temperature rarely going above 101° F., and was, perhaps, best described as "wandering." Pain, as a rule, followed fever, though it was sometimes the first symptom and varied greatly in intensity (some patients experienced little more than discomfort), and might or might not be referred to the right scapular region or above the clavicle. In one of his cases the patient was quite well until, whilst lifting a heavy weight, he was suddenly seized with severe pain in the right side, which he attributed to a strain. Discomfort or pain was often felt when lying on the right side. Jaundice was occasionally present in a slight degree, but, if marked, was suggestive of portal pyaemia. Profuse sweating, especially at night, was a prominent symptom and resembled the sweats of advanced phthisis. Leucocytosis was generally, but not always, present. Irregularity of the lower margin or the upper limit of dullness of the liver and fullness of the intercostal spaces were useful diagnostic and localizing symptoms. If untreated, an abscess might occasionally become encysted and remain latent for years, but usually continued to enlarge until it reached the surface of the liver, when the latter became adherent to one of the surrounding structures and pus was discharged: (a) Into the pleura; (b) through the lung, the pleura having become adherent; (c) on the surface of the body; (d) into one of the hollow viscera, usually the colon; (e) into the pericardium; (f) into the superior vena cava; or the rupture might take place into the peritoneal cavity, leading to general peritonitis or the formation of one of the varieties of subphrenic abscess. It was rare to find a liver abscess which had burst through the skin, as patients sought advice when a swelling appeared; but he had seen several pointing liver abscesses which had been opened as superficial abscesses without special antiseptic precautions, as a correct diagnosis had not been made. Rupture into the pleura through the lung was probably the most common complication if subphrenic abscess were excluded. Rupture into the colon was not very uncommon, and cases of rupture into the pericardium had been found in the post-mortem room of the Jamsetjee Jijibhoy Hospital, but he had never had the opportunity of treating this complication. Death was caused by rupture into the inferior vena cava in a case under his care in St. George's Hospital, Bombay. The history briefly was as follows:

W. D., European, male, aged 55, had suffered from irregular fever with rigors and sweating for three or four weeks, but complained of no pain; no hepatic enlargement could be made out, as the patient was very stout. The irregular fever and sweating led me to advise exploration after a course of quinine had been tried without benefit. Whilst being moved from his bed to the theatre he suddenly became cyanosed, his respiration was laboured and sighing, and death supervened in a few minutes. At the autopsy a medium-sized abscess was found situated at the back of the liver in front of the spine communicating through a ragged hole with the inferior vena cava.

Prognosis was good in uncomplicated cases, but many were far advanced or suffering from complications when they came into the hands of the surgeon. The usual causes of death after operation were: (1) Diarrhoea which could not be checked; (2) sepsis; (3) progressive emaciation, due probably to extensive destruction of liver

a liberal supporter of many charitable and religious institutions.

Dr. Millington leaves a widow, who is a sister of Sir Robert Ball, the Professor of Astronomy at Cambridge, and of Sir Charles Ball, the Regius Professor of Surgery at the Dublin University, both of whom attended his funeral.

SAMUEL McBEAN, M.A., M.D.,

PROFESSOR OF MATERIA MEDICA AND THERAPEUTICS, UNIVERSITY OF DURHAM COLLEGE OF MEDICINE, NEWCASTLE-UPON-TYNE.

AFTER a protracted illness, which had laid him aside from active work for the last two years, Dr. McBean quietly passed away at his home in Newcastle-upon-Tyne on November 6th, at the age of 72.

By his death Newcastle has lost a much respected and highly esteemed medical practitioner. He commenced his college career as a student in arts in Edinburgh University in 1856, and two years later transferred his attention to medicine; he subsequently completed his professional training at the College of Medicine, Newcastle-upon-Tyne. Shortly after taking the diplomas of L.R.C.P. and S.Edin. Dr. McBean was appointed to the Royal Naval Hospital, Plymouth. Here he received his commission as Assistant Surgeon to H.M.S. *Royal Adelaide*. A year later he was transferred to the *Argus*, and sailed to the Far East, where he saw active service; he was present at the bombardment of Kagosima in Japan, and at Yokohama he acted as Surgeon to the Royal Naval Hospital. In 1864 Dr. McBean was present at the bombardment of Simmosoki, Japan, and was with the Naval Brigade on shore when the town and forts were taken. For the part he played on this occasion he was mentioned in dispatches by the admiral. Later on he was surgeon on board H.M.S. *Lee* on an expedition up the Niger. By this time young McBean had seen enough of foreign service, so that on his return home, and after a short residence in the Royal Naval Hospital, Chatham, he left the navy in 1868 and settled down in Newcastle-upon-Tyne, where by degrees he built up a large and influential practice, being held in high esteem as a good all-round and reliable family doctor.

In 1873 he was appointed Joint Lecturer on Botany in the College of Medicine with Dr. H. E. Armstrong; five years later he was transferred to the chair of Materia Medica. In 1882 he added to the duties of his chair those of Lecturer on Therapeutics. The University of Durham conferred upon him the honorary degree of Master of Arts in 1888, and from the University of St. Andrews in 1889 he obtained the degree of Doctor of Medicine.

Of a gentle and retiring disposition, making his presence rather felt than asserted, Dr. McBean was a favourite alike with his colleagues of the College of Medicine, the students, and the general public. His influence with the students lay more in his power of quiet exposition than as a class-room lecturer. He was a favourite especially at examinations. There was no table in the examination hall less dreaded than that presided over by the late Dr. McBean, with Dr. James Murphy as colleague and assessor. Many men now in active practice must still retain pleasant memories of the kindly treatment they received at the Materia Medica table.

It was a special delight to Dr. McBean to talk of his early years as a naval surgeon, and of his experience in foreign waters. Almost to the last he kept up his acquaintance with old naval associates and friends by an annual visit to Portsmouth and to the naval ports of the South Coast.

Dr. McBean contributed little to the medical journals. His papers were marked by literary ability and good judgement. A widow, three sons, and three daughters survive him. Two of his sons are in the medical profession. One was in partnership with the father; the other is in the Royal Navy. The funeral was attended by several of the professors of the College of Medicine, and by students as well as by members of the medical profession and a large circle of friends.

K. P. GUPTA, M.A., M.B.CAL., F.R.C.S. EDIN.,
LIEUTENANT-COLONEL I.M.S. (RET.).

WE regret to have to record the death of Lieutenant-Colonel K. P. Gupta of Calcutta. It took place on August 28th, in the 69th year of his age, and brought to an end a

career reflecting throughout its course much credit on Dr. Gupta himself, on the community to which he belonged, and on the socio-political conditions which made it possible. A member of a family which possessed no means, and having lost his father while still a small child, Dr. Gupta owed his early education to a mission school in his village, and at the hands of its authorities was baptized when he reached the age of 16. Subsequently he pursued his general education in Calcutta under the same auspices, and at length, in 1863, entered Calcutta Medical College. From this institution he emerged as M.B. five years later, having passed in the first division. He had also pursued the Arts course at the university, and besides heading the list of candidates for the M.A. degree had obtained first class honours at a special examination in natural and physical science. From the beginning he had proved an admirable student, and, thanks to his success in winning scholarships and money awards throughout his student career, he was enabled not only to pay his own expenses in this way, but to contribute towards those of his family. His education in India completed he proceeded to Scotland, where after taking the diploma of L.R.C.P. Edin. he became a candidate for the Indian Medical Service. Here, again, he was successful, and took a high place on the list. At a later date he paid a further visit to Edinburgh and was admitted to the Fellowship of the Royal College of Surgeons. In the Indian Medical Service he was employed for a few years on military duty on the North-West Frontier, but spent the greater part of his life on the civil side. At one time and another he held several civil surgeoncies, but his most important work was done as Deputy Sanitary Inspector for Bengal. For such work he had specially qualified himself by paying a further visit to England and taking the diploma in Public Health at Cambridge almost as soon as it was established. In the last few years of his active career he frequently acted as Principal Sanitary Commissioner for Bengal, and in that capacity rendered very valuable service. On his retirement from the service some twelve years ago with the rank of Lieutenant-Colonel he took up his residence in Calcutta, where his death is the cause of very deep regret. This is easily comprehensible, for, apart from his intellectual capacities, Lieutenant-Colonel Gupta was a man of exceptionally amiable disposition, and possessed many other attractive personal qualities. In particular he exhibited a capacity for loyal friendship and markedly benevolent instincts. Throughout his life, indeed, he had proved a very generous friend to his native village. Not only did he show constant interest in its progress and assist in the promotion of the education of the younger members of the community; but among several things that it specifically owed to him personally were the establishment of a dispensary, the construction of a much-needed road, and the building of a public tank and bathing ghat.

THE death at Saltash is announced of Surgeon-General ROBERT WYATT MEADOWS, M.D., in his 78th year. His commissions were as follows: Assistant Surgeon, May 26th, 1854; Surgeon, August 22nd, 1865; Surgeon-Major, March 1st, 1873; Brigade Surgeon, November 27th, 1878; Deputy Surgeon-General, February 6th, 1883; and Surgeon-General, October 16th, 1889. He served with the 9th Regiment in the Crimea from October, 1854, and was present at the battle of Inkermann and at the siege, assault, and fall of Sebastopol, receiving a medal with clasp and the Turkish medal. He was also in the Afghan war in 1879-80, including the actions at Ahmed Khel and Urzoo, near Ghuznee; he was mentioned in dispatches and granted the medal with clasp.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are: Professor Philipp Stöhr, who succeeded Kölliker in his chair in the University of Würzburg, aged 62, and who made valuable contributions to the literature of descriptive anatomy and the history of development; Professor Steinert, one of the chief physicians of the medical clinic of the University of Leipzig, aged 37; and Professor A. Binet, of Paris, the well-known psychologist, aged 54.

direct, or through the Administrative Medical Officer of the Division, or through the commanding officer of the medical unit or regiment in which he desires to serve.

The duties of a medical officer will depend on the particular unit and on the number of its medical officers. Regimental medical officers examine all recruits for the unit, for which is a head is allowed by most associations. They also train the regimental bearers in first aid and ambulance, and the sanitary squad in sanitary duties. Lectures are delivered on first aid, sanitation, etc., to officers and men. There is no pay except at camp, and only one M.O. per regiment can receive pay at camp. The camp pay and allowances (mess, field, and half lodging allowance; for medical officers ranges from £1 2s. 1d. per diem for a lieutenant to £2 2s. 3d. for a lieutenant-colonel, but regimental M.O.'s do not reach higher rank than major (pay and allowances 34s. 6d. per diem). During camp the officer finds everything for himself except the share of an unfurnished tent. The camp duties comprise attention to the sanitation and conservancy of the camp and the health of the men, attention to sick, lecturing on the preservation of health, etc., training the stretcher-bearers and sanitary squad, and going out with the regiment on field work. A sum of five pounds is provided for a horse for the fifteen days.

The provision of service dress is compulsory for each officer, and the initial grant on passing the first examination will cover this. Full dress and mess kit are now optional, but are almost invariably obtained by officers. The latter is essential for social functions. The cost will depend a good deal on the tailor. Mess expenses, exclusive of camp, vary according to the unit and the rank of the officer—say from three to ten guineas; and here also much depends on social functions. As our correspondent resides in Scotland, he might obtain any further details from the honorary secretary of the Scottish Volunteer Medical Officers' Association, Lieutenant-Colonel Halliday, 14, St. Andrew's Drive, Glasgow.

Medical News.

DR. L. F. COGAN of Northampton was elected Mayor of that town on November 9th.

THE Local Government Board for England has issued a memorandum dated November 11th, 1911, relative to the operation of the Housing, Town Planning, etc., Act of 1909, and the earlier Housing Acts as amended by that Act. (Cd. 5953, price 1½d.)

THE annual dinner of the Association of Certifying Factory Surgeons will take place on Friday, December 8th, in the Trocadero Restaurant, London. Further information can be obtained from the Secretary at 16, John Dalton Street, Manchester.

THE Royal Dental Hospital, Leicester Square, has received a donation of £100 and a new yearly subscription of £50 from Mr. James Buchanan, a donation of £52 10s. from N. M. D., and £10 10s. each from the Skinners' Company and Messrs. Drummond.

THE Glasgow University Club, London, will dine at the Trocadero Restaurant on Friday, December 1st. Dr. J. Yule Mackay, M.D., LL.D., Principal of University College, Dundee, will take the chair at 7.15 p.m. Further particulars may be obtained from Mr. W. Craig Henderson, 2, Paper Buildings, Temple, E.C.

THE autumn dinner of the Irish Medical Schools' and Graduates' Association will be held at the Hotel Cecil, London, on November 30th, at 7.15 p.m. The President (Sir Charles Cameron, C.B.) will be in the chair, and the Right Hon. Lord Ashbourne, P.C., and Mr. R. F. McCall, K.C., will be the guests of the association. Tickets may be obtained from Mr. W. J. Corbett, F.R.C.S.I., Honorary Secretary, 18, Weymouth Street, Portland Place, W.

THE committee which has undertaken the task of providing one or more homes for nurses as a memorial to His late Majesty has appointed Sir Everard Hambro, K.C.V.O., as chairman, and Miss Cave, matron of the Westminster Hospital, as deputy chairman. Towards the project some £12,300 have at present been received, about £5,300 having been provided by nurses. Sir John Wolfe Barry, K.C.B., has placed at the disposal of the committee a house at Clapham, in which the first home will be started as soon as the necessary alterations have been made. The donors include Her Majesty Queen Alexandra, who sent £100. Further assistance from those who have benefited from the services of nurses is invited. All letters on the matter should be addressed to Sir Everard Hambro, at 15, Buckingham Street, Strand.

MR. CLAUDE DOUGLAS, F.R.C.S., who has recently completed twenty-five years' service as honorary surgeon to the Leicester Infirmary, and who is about to surrender his appointment, was entertained at luncheon by the board of governors and the medical staff on November 15th. On its conclusion, his health was drunk, and a presentation made to him in the form of an illuminated address and a

gold watch. In acknowledging the gift, Mr. Douglas laid emphasis on the importance to a surgeon of skilled nursing, and expressed his gratitude to those who had thus assisted him in his work. The best hours of his professional life had been passed within the walls of the infirmary. On the same occasion a portrait of her husband was presented to Mrs. Douglas. A copy of this picture is to be hung in the infirmary.

THE past and present students of the National Dental Hospital met together at the Trocadero Restaurant on November 17th for the annual dinner held in connexion with the dental college of this institution. The proceedings included a prize distribution, an excellent programme of music, and a certain number of speeches. The considerable number of guests present included Mr. Rickman Godlee, now president of the Royal College of Surgeons of England, the deans of kindred institutions, the presidents of dental associations, and the examiners for the diploma in dentistry of the Royal College of Surgeons. Sir William Ramsay, who was in the chair, proposed the toast to "The Hospital and its College," and in the course of his remarks mentioned, on the authority of Professor Gardner, that though both in Greece and ancient Rome the law strictly forbade the burial of treasure of any kind—even of silver coin—yet the dead were allowed to be buried with gold stoppings in their teeth. Speaking of the present, he urged that neither dental students nor dental practitioners should allow themselves totally to be absorbed by their professional work; some part of their thoughts and energies should be devoted to their duties as citizens in helping to preserve for themselves and their fellows political and national freedom. In acknowledging the toast, Mr. Sidney Spokes, the dean of the school, said that though the alterations found necessary had been very large, they would practically be out of debt when the work was complete. Among other items a sum of £150 was being expended in providing for x-ray work. The toast to "The Guests," proposed by Mr. Kenneth Goadby, vice-dean of the school, was acknowledged by Mr. Rickman Godlee, who, speaking of the diploma in dentistry introduced by the Royal College of Surgeons in 1859, said that those who held it included about 39 per cent. of all dental practitioners. The winner of the Ash prize was Mr. W. V. T. Styles, of the Cottrell prize Mr. G. L. Venning, and of the Rymer medal Mr. S. S. Beare. The latter was also awarded the medals in dental anatomy and physiology and in dental histology, while Mr. Venning was likewise the winner of the medal in dental surgery and pathology.

ON November 15th an extraordinary general meeting of the governors of Epsom College was held at 37, Soho Square for the purpose of considering a proposal to amend By-law 16, Section 1, and By-law 24, Section 2, in order to enable the full number of 50 pensioners and 50 foundation scholars to be on the books of the college at the beginning of every school year. The treasurer, Sir Henry Morris, who was in the chair, observed that prior to the alteration of the by-laws sixteen years ago, any vacancies for pensioners and foundation scholars occurring within three months after the annual election could be filled by the appointment of the unsuccessful candidates who had obtained the largest number of votes. But under the existing by-laws only three vacancies in each class could be so filled, the limit of time after the election being three months in the case of pensioners and four months in the case of foundation scholars. As many of the pensioners were advanced in years, it was probable that a number of vacancies might occur between the date of the council meeting in April when the voting papers had to be printed and three months after the annual general meeting of the governors, held about the end of June. In the case of foundation scholars, it was exceedingly difficult for the head master and the bursar to estimate in April the number of boys who would be leaving the college within four months after the election. In issuing appeals for subscriptions and donations, the council had for many years drawn attention to the fact that 50 pensioners and 50 foundation scholars were being maintained by the foundation; hence, if more than three vacancies occurred amongst either the pensioners or the foundation scholars the council were not, strictly speaking, keeping the promise held out to persons as an inducement to subscribe. If the suggested amendments in the by-laws were adopted the council would be able to ensure that there were on the books of the college at the beginning of every school year the full numbers of 50 pensioners and 50 foundation scholars. A formal resolution was then unanimously carried making the proposed alteration in By-laws 16 and 24, namely, the deletion of the proviso. (The by-laws were printed in the JOURNAL of November 11th, page 1309.)

Universities and Colleges.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

ANNUAL MEETING OF FELLOWS AND MEMBERS.

THE annual meeting of Fellows and Members of the Royal College of Surgeons of England was held at the College in Lincoln's Inn Fields on November 16th, with the President, Mr. R. J. Godlee, in the chair, who in the course of presenting the annual report pointed out that the result of the action taken by the Council in respect of the National Insurance Bill had not been satisfactory.

Mr. H. Nelson Hardy moved the following resolution:

That this meeting of Fellows and Members thanks the Council for its letter of June 1st to the Chancellor of the Exchequer, stating definitely the five points on which, in the opinion of the Council and in that of the great majority of the Fellows and Members of this College, amendments were required in the bill; regrets the unsatisfactory nature of the official reply, which subsequent events have shown to be entirely misleading; and trusts that until all those five points have been satisfactorily arranged no Fellow or Member of this College will take part in carrying out the scheme of national insurance proposed in the bill.

He said that the admirable letter of the Council* summarized under five headings the objections of the profession to the bill as originally drawn. The views therein expressed were in accordance with those of the great majority of the Fellows and Members of the College. They were also in harmony with the representations made to Mr. Lloyd George by the General Medical Council and by the British Medical Association. They believed with the Council that "the members of the medical profession have never been more united in feeling" than they were in opposition to some of the provisions of that bill, and they thanked the Council for having put on record a definite expression of their views. The official reply must be regarded as altogether unsatisfactory and misleading. Mr. Lloyd George, it was stated, would be glad to receive the co-operation of the medical profession in carrying out his scheme of national insurance, "and he is happy to note that in the most important respects his own proposals are in accord with those in the statement set forth in your letter." Could anything be more nearly the reverse of the truth than that allegation? Resolution No. 1 stated that the administration of the medical service should not be in the hands of friendly societies, etc. Mr. Lloyd George's bill provided that it should be in the hands of those societies, and when the common sense of the House of Commons had in Committee transferred it to the local Health Committees, Mr. Lloyd George, if the daily papers were to be believed, promised to restore, on the Report of the bill, the administration of medical benefits to the friendly societies, and had in fact given notice of a new clause with that intent. Resolution No. 4 stated that persons whose incomes averaged more than £100 per annum should not be permitted to receive medical benefit under the scheme. The bill provided that all earning up to £160 must, and those earning more might, insure and receive medical benefits. Resolution No. 5 urged that no attempt should be made to force upon medical men a service which was not sufficiently well paid to yield a proper remuneration for the labour entailed. Mr. Lloyd George's reply was, "This is all a wrangle about fees in a sick room; you can make your own terms with the local Health Committees," which meant they might fight the battle of the clubs over again, and he absolutely refused to put anything in the bill that would ensure proper remuneration. Those three points were amply sufficient to show how little truth there was in the official reply to the Council's letter that Mr. Lloyd George's proposals were in accord with the demands made on behalf of their Fellows and Members by the Council of this College. What the rank and file of the profession should do, in face of the dangers which threatened their means of livelihood, if the bill, as seemed probable, should pass in its present state, had next to be considered. They knew already that the representations of the General Medical Council, of the Council of their own College, and of the British Medical Association had been unavailing to procure the changes which they desired. No one, not even Mr. Lloyd George or his expert advisers, knew or could know what would be the practical result of the great experiment about to be tried of admitting some 15,000,000 lives, good, bad, and indifferent, to a so-called health assurance on the contract system at ordinary rates. What they did know was that no insurance company in the world would dare to take the risk of doing so, and that the effect of taking bad and doubtful lives would certainly be largely to increase, probably to double, the medical

work involved as compared with that involved in the treatment of carefully selected lives under the old club system. Mr. Lloyd George, in his tabernacle and town hall speeches, had been fond of boasting that he was going to give the working classes 9d. for every 4d. they contributed. If they reversed the shield they would see how he expected to do that. He asked the medical profession to do 9d. worth of work for 4d., leaving the rest of the 9d. for sanatoriums, etc. If they refused to take the risk he sneered at their "wrangle about fees in a sick room." If those present agreed with him (Mr. Hardy) that they should refuse to take the risk, then they had simply to determine that under no circumstances would they take office under the insurance scheme proposed to be established under the bill until the objections raised on their behalf by the Council of their College had been met and removed. He thought they might also confidently express their hope, as the resolution did, that no Fellow or Member of the College would be so forgetful of what was due to his profession and to their own dignity as to assist in carrying out a scheme condemned by the general voice of the profession.

Mr. Arthur Maude (Westerham), in seconding the motion, emphasized the importance of the crisis and the necessity of obtaining a pronouncement by a poll of the College, in order to influence those in charge of the bill, while it was still possible. The feeling of the House of Commons was reasonable and sympathetic to the profession, but the Chancellor of the Exchequer, if he granted a concession one week revoked it by a fresh amendment the next. Out of the points demanded by the Council of the College in June the only point clearly conceded was the free choice of doctor; the corollary—the right of the doctor to refuse an insured patient—was conceded in principle, but in Mr. Maude's opinion was nullified by the slovenly drafting of Clause 14 (2) d. The "Addison amendment" was passed to meet the profession to some extent in the important question of the wages limit, but the bottom was knocked out of the amendment by the constitution of the committees. Since those committees were now to consist of insured persons, labourers and artisans, in the proportion of over half of each committee, and the profession was only to have two, or at most three, representatives in committees varying from 40 to 80 in number, it was impossible to expect any fair regulations to be laid down by such committees. On those grounds Mr. Maude considered that the College would be taking up a perfectly dignified position if it advised all Fellows and Members to refuse service under the Act, and that now was the time to make the refusal.

Mr. Collingwood said that it must be recognized that, however small a fee was given to the individual practitioner, it must be given for services rendered. The medical profession would be undertaking an unknown amount of work unless payment was by "the piece."

Mr. H. Elliot-Blake said that the Council could call a meeting of the Fellows and Members to consider the bill, and resolutions from such a meeting would impress Mr. Lloyd George more than the resolutions which had come from an oligarchical council.

Mr. J. Milward said that if the members of the profession stood together firmly, solidly, and shoulder to shoulder Mr. Lloyd George would not be able to coerce them.

Mr. Horace Rose said that they had listened to much talk about the iniquity of contract practice. If contract practice was so iniquitous, why should nearly every member present have submitted to it? The principle was right. He urged those present not to think of their pockets only, but to think a little of the nation and remember that the question concerned fifteen million of their fellow subjects.

Mr. A. S. Morton pointed out that the fifteen million fellow subjects were already provided for by the Poor Law boards of guardians in regard to receiving relief and medicine.

On Mr. Hardy's resolution being put to the meeting it was carried with two dissentients.

The following was moved by Mr. H. Elliot-Blake and duly seconded, but was lost on being put to the vote:

That this meeting of the Fellows and Members desires the Council to obtain an Act of Parliament to authorize the change of the present and obsolete graduate titles of the College to the current and usual ones of M.D. or M.B., B.S., and of F.S. and F.M. for the respective Fellowships. And for those purposes to seek corresponding power to regulate their University courses within the schools of the University of London or elsewhere.

The following was moved by Mr. Joseph Smith, J.P., duly seconded, and carried:

That this twenty-seventh annual meeting of Fellows and Members again affirms the desirability of admitting

* BRITISH MEDICAL JOURNAL, SUPPLEMENT, June 10th, 1911, p. 411.

Members to direct representation on the Council, which, as now constituted, does not represent the whole corporation, and that it does so in order that the constitution of the Council of the Royal College of Surgeons of England shall be in keeping with modern ideas of true representation.

The following was moved by Mr. Sidney C. Lawrence, duly seconded, and carried:

That this meeting of Fellows and Members requests the Council to include in their next annual report a balance sheet showing fully and without reserve the assets and liabilities of the College on Midsummer Day, 1912.

UNIVERSITY OF OXFORD.

Pharmacology.

THE Trustees of the Oxford University Endowment Fund having offered the sum of £1,100 for the provision and equipment of a Department of Pharmacology in the University Museum, the Delegates of the Common University Fund will shortly proceed to the election of a University Reader in that subject. Information as to the conditions attaching to the Readership may be obtained from the Registrar of the University.

Appointments.

The following have been appointed to Examinerships: Dr. David Hepburn (*Human Anatomy*), Dr. W. H. Thompson (*Physiology*), Professor Georges Dreyer (*Pathology*), Dr. F. E. Fremantle (*Forensic Medicine and Hygiene*), Dr. H. D. Rolleston (*Medicine*), Mr. Charters J. Symonds (*Surgery*), and Dr. F. W. N. Haultain (*Obstetrics*).

UNIVERSITY OF LONDON.

THE following candidates have been approved at the October examinations indicated:

FINAL M.B., B.S. (*Both Groups of Subjects*).—*G. Gushue-Taylor (London Hospital), *J. C. Jefferson (Victoria University of Manchester), *O. R. Kelly (Westminster Hospital), *H. L. Martyn (King's College Hospital), *S. B. Radley (Victoria University of Manchester), *E. G. Schlesinger (Guy's Hospital), *T. H. Whittington (King's College Hospital), G. A. Blake, Gertrude Brooks, M. A. C. Buckell, R. H. Candy, A. B. Clark, F. Cook, T. P. Edwards, R. F. Eminson, C. G. Galpin, G. Hadfield, H. L. Hopkins, A. W. Jones, D. W. Jones, E. H. Jones, T. L. Jones, E. C. Lindsay, G. W. Lloyd, J. H. Lloyd, Mary F. Lucas, J. T. M. McDougall, M. D. Mackenzie, G. Marshall, J. Menzies, D. A. Mitchell, C. T. Neve, A. W. Owen, A. A. W. Petrie, R. E. Porter, W. Pratt, N. R. Rawson, Maude M. Richards, C. F. Schuler, D. Seurlock, E. B. Smith, A. J. Tonkinson, Edith E. Tucker, G. E. S. Ward, H. H. V. Welch, J. C. Woods, R. M. Wright, J. M. Wyatt.

FINAL M.B., B.S. (*Group I only*).—G. C. Chubb, Irene N. Clough, V. Glendinning, T. H. Holroyd, E. L. Hunt, C. D. Killpack, H. A. Moody, H. B. Parker, B. R. Parmiter, Mary M. Patterson, N. A. D. Sharp. (*Group II only*).—J. W. Adams, M. M. Adams, E. A. Attenborough, J. H. Campaign, W. C. Dale, J. L. Davies, J. B. Dunning, M. C. F. Easmon, A. Ferguson, J. M. Foord, N. F. Graham, A. S. Hahn, G. F. Haycraft, R. H. Hodges, W. H. Kauntze, A. B. Lindsay, M. W. Littlewood, R. Pearse, C. J. H. Pearson, E. P. Scott, R. G. Sparkes, A. H. Thomas, F. S. Williams.

* Honours.

† University medal.

UNIVERSITY OF EDINBURGH.

UNIVERSITY COURT.

The late Dr. Joseph Bell.

THE Edinburgh University Court has adopted the following minute with reference to the late Dr. Joseph Bell:

By the death of Dr. Joseph Bell the University Court have been deprived of one of their oldest members. Elected by the General Council in 1895 as one of their assessors, he has continuously discharged the duties of the appointment since that period. He was punctilious in attendance, and brought to bear on the transaction of business a keen intelligence and a knowledge of affairs which gave weight to his opinions, and which materially assisted the Court in their deliberations. As a graduate of the University, he was loyal to his Alma Mater, and jealous of her reputation. His colleagues found him invariably most ready to undertake the duties which he was called upon to discharge; and his genial nature and habitual courtesy both in manner and in speech made it a pleasure to be associated with him.

The University Court desire to record in their minutes an appreciation of the services rendered by their late colleague to the University, and they resolve that a copy be sent to the members of his family.

Congress of Universities.

The Court appointed the Vice-Chancellor, Sir William Turner, as a representative of the University on the Congress of the Universities of the Empire, to meet in London during the week beginning July 1st, 1912, and resolved to invite the Senators to appoint from their number three additional representatives.

Appointments.

Dr. Lowe was appointed a Curator of Patronage, in room of the late Dr. Joseph Bell.

The following applications for recognition were granted: (1) Dr. G. F. Barbour Simpson, Edinburgh (Midwifery and Gynaecology); (2) Dr. John Orr, Edinburgh (Materia Medica, Systematic); (3) Dr. James Miller, Edinburgh, as a Teacher of Practical Bacteriology to women students, for the diploma in Tropical Medicine and Hygiene, and the certificate in Diseases of Tropical Climates; (4) Dr. W. Ford Robertson, Edinburgh (Pathology of the Brain and Nervous System, and Bacteriology in its relation to Mental Diseases), for the diploma in Psychiatry; (5) Miss Winifred Muirhead, L.R.C.P. and S., Edinburgh

(Bacteriology in its relation to Mental Diseases), for the diploma in Psychiatry.

It was intimated that the General Council had re-elected Dr. R. McKenzie Johnston as one of its assessors on the University Court, and had elected Dr. George A. Berry as an assessor in room of the late Dr. Bell.

UNIVERSITY OF GLASGOW.

GRADUATION CEREMONY.

The winter graduation ceremony at Glasgow University took place in the Bute Hall on November 16th. In the absence of the principal through indisposition the capping of the graduates was performed by Professor Ferguson. The proceedings were conducted in dumb show amid considerable disturbance on the part of a large body of students, whose rowdiness took the form at times of a veritable *mêlée* in the middle of the hall. A good deal of actual damage was done, and after the ceremony, which was hurried through and only occupied thirty-five minutes, the students lined up on each side of the central passage, and, with upraised arms, formed an arch through which the new graduates passed. The graduates, including 50 ladies, were 170 in number. The following were the graduates in the medical faculty:

M.D.—*H. Morton, *P. D. Strachan, *D. S. Harvey, *D. L. Carmichael, *W. Gibson, *T. McCrick, *D. MacDonald, *N. S. MacNaughtan, *A. C. Munro, *J. Reid, *A. Robertson, *C. S. Thomson, W. Campbell, W. Clements, H. O. Cowen, R. Donald, R. S. Fullarton, J. D. Gray, W. McCreadie, A. R. Mitchell, T. Speirs.

B.Sc. in PUBLIC HEALTH.—A. Allison, M.B., Ch.B., J. K. Patrick, M.B., Ch.B., and E. J. Primrose, M.A., M.D., C.M.

* Passed with honours.

† Passed with high commendation.

‡ Passed with commendation.

UNIVERSITY OF WALES.

A BILL has been issued for the extension of the Medical Acts to the University of Wales and its medical and surgical graduates. It empowers the University to hold qualifying examinations in medicine, surgery, and midwifery, and to grant diplomas, which may be registered under the Medical Acts.

NATIONAL UNIVERSITY OF IRELAND.

THE following candidates have been approved at the examinations indicated:

SECOND M.B., B.Ch., B.A.O.—From University College, Dublin:

*J. F. Herbert, *J. Doyle, *A. H. Flannery, *M. T. MacMahon, *P. McDonnell, J. D. Carroll, T. J. Farrell, T. Fennessy, E. T. Freeman, J. Garry, J. S. Johnson, Mary C. McKenna, F. I. MacMahon, E. A. M. Magennis, J. Moonan, G. P. O'Donnell, E. J. O'Kelly, J. J. Reynolds, J. P. Robinson, J. Stokes, E. Tempamy, Catherine J. Timony. From University College, Cork: *J. Kennedy, *T. F. Kennedy, *V. O'Hea-Cussen, T. J. Buckley, P. Cagney, A. T. Crowley, T. Kennedy, W. Lehan, J. J. Magner, J. G. Mann, W. A. Murphy, Mary J. O'Connor, J. P. O'Flynn, J. E. Power. From University College, Galway: W. Bergin, T. J. Flannery, W. F. Hare, T. J. Lydon, *J. I. Murnane, Mary M. A. O'Leary, *M. Shanahan, H. Smith.

THIRD M.B., B.Ch., B.A.O.—From University College, Dublin:

T. F. Colfer, A. J. Dempsey, B. Doyle, B.A., E. H. Fennessy, C. J. Halpin, R. Hennessy, J. O'B. Hodnett, J. J. Keirans, *C. J. MacAuley, H. T. S. McClintock, M. J. McCormack, D. A. MacErlan, *K. McGrath, M. McGuire, B.A., W. J. Moloney, *H. F. Moore, J. O'Connor, W. M. J. O'Connor, P. J. O'Grady, J. Prendiville, J. M. Rishworth, M. Sweeney, F. C. Yorke. From University College, Cork: *P. J. Walsh, *M. J. Roche, *Sarah C. Wolfe, *H. V. O'Shea, *J. F. Rahilly, *S. P. Stoker, *E. C. Fawcett, D. E. J. Burke, M. J. Cogan, H. J. Cotter, D. J. Enright, G. H. Hayes, J. C. Johnson, J. S. Lewis, D. Lynch, J. P. O'Brien, T. J. O'Riordan, A. Verling, J. F. Walsh.

FINAL.—From University College, Dublin: *O. J. O'B. O'Hanlon, *M. McGuire, C. Barragry, P. E. Carroll, T. A. Daly, G. Fitzgerald, J. L. Kilbride, A. D. MacMahon, D. McSparron, P. F. Murphy, H. O'Neill, J. M. Rishworth, W. N. Rishworth, P. J. Ryan. From University College, Cork: *R. H. Barter, *R. C. Cummins, M. J. Cogan, F. H. Duke, T. F. Hegarty, H. J. V. Mullane, D. O'Brien, J. A. O'Flynn, F. D. D. Twigg. From University College, Galway: *J. Lyons, S. E. Watson.

M.D.—*M. Dowling, W. Crofton, J. Flynn.

D.P.H.—J. J. Dennehy.

The Special Prize of £50 has been awarded to S. A. McSwiney, of University College, Dublin.

* First-class honours in all subjects.

† Second-class honours.

‡ First-class honours in certain subjects.

§ Gold medal for thesis.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

THE following candidates have been approved at the examination indicated:

FIRST COLLEGE.—G. G. Alderson, A. B. Appleton, Elizabeth L. Ashby, G. W. Beresford, E. Boyd, G. N. Brandon, R. M. Carter (Captain I.M.S.), J. Clark, R. J. Clausen, A. R. C. Doorly, P. G. Doynne, W. Gilliat, J. R. Griffith, T. S. S. Holmes, H. J. Hoyte, J. Kennedy, H. R. Knowles, A. C. Magarey, Nanalal M. Mehta, H. L. C. Noel, V. C. Pennell, J. L. Perceval, M. N. Perrin, J. L. Preston, M. O. Raven, H. G. Rice, W. Salisbury, W. Smith, A. H. Southam, H. F. Strickland, G. Viner, I. S. Wilson.

CONJOINT BOARD IN IRELAND.

THE following candidates have been approved at the examination indicated:

D.P.H. (FINAL).—C. Barry, D. R. J. Davidson, Wm. Elder, H. T. Galbraith, *E. Lewis-Lloyd, D. J. F. O'Donoghue (Captain R.A.M.C.), R. W. Orpen, H. B. Sherlock, M. Walters.

* Passed with honours.