

left-sided scrotal abscess and a good deal of oedema of both scrotum and penis developed. These were incised under local anaesthesia. The patient left the nursing home on June 16th, and I have since heard that his progress is satisfactory.

The signs of intraperitoneal laceration of the bladder are in nearly all cases immediately manifested, but here, as in rare instances, the patient passed a few hours after the accident in comparative freedom from urgent symptoms. The explanation of this, of course, lies in the fact that he was probably too anaesthetically intoxicated to be conscious of his condition.

In the treatment of intraperitoneal rupture, the adequate drainage of the peritoneum is obviously of prime importance, but the orthodox method of combining this with the second stage of the operation—namely, the discovery and accurate suture of the laceration—would have occupied time, the expenditure of which, in such a subject, would have been only to court disaster. Even so, during the shorter operation, the continuous administration of oxygen throughout the latter period of the anaesthesia, became imperative.

Yet again it may be urged that at the second operation the suprapubic wound might have been completely closed and a catheter tied in, or catheterization every six hours resorted to. It was found, however, after the preliminary operation, that the patient was particularly intolerant of the presence of the instrument. There was, in addition, some prostatic enlargement, and the bladder itself, friable with fatty infiltration of its walls, demanded very free drainage for the conservation of the intraperitoneal closure. With due regard to the varied complications, I am still inclined to the view that, on the whole, the plan of procedure ultimately adopted was the best.

A SIMPLE METHOD FOR DETERMINING THE AMOUNT OF GLUCOSE IN DIABETIC URINE AND OTHER LIQUIDS.

BY

A. F. DIMMOCK, M.D.,
HARROGATE.

THERE are many methods now in use for estimating the sugar in urine, and many others have been suggested from time to time. The ordinary method by Fehling's solution seems one of the best, but requires apparatus and needs a good deal of experience and skill to arrive at accurate results. The fermentation test is extremely accurate, but it takes a long time to obtain results. An objection to the picric acid test recommended by the late Sir G. Johnson is the fact that creatinin produces a colouring similar to the glucose. The following simple method can easily be used without much apparatus, and gives a quick result:

The urine is diluted twenty times, that is, 10 c.cm. of urine is measured and poured into a 200 c.cm. flask; this is made up to the 200 c.cm. mark, and the whole well shaken. A solution of potassium carbonate (K_2CO_3) 2 oz. to 6 oz. of distilled water, is filtered and made up to 8 oz. To 20 c.cm. of the diluted urine 10 c.cm. of the potassium carbonate solution is added in a small flask, and this is boiled carefully for three minutes, and when cool made up to a definite amount, say 50 or 100 c.cm., with distilled water. In order to estimate the amount of sugar present, a solution of pure glucose is prepared, 1 gram in 200 c.cm. of distilled water; 20 c.cm. of this and 10 c.cm. of the potassium carbonate solution are boiled together in a small flask for three minutes, and when cool made up to 50 c.cm. or 100 c.cm. The two solutions are then compared by holding the glass tubes over a piece of white paper at an angle of 45 degrees. By pouring the liquid from the known solution into a measure glass until the tints of both are alike, and observing the amount of the known glucose solution used, the percentage can be readily determined; for example, if 27 c.cm. of the pure glucose solution were required for the solution, then, multiplying by two, we obtain 5.4 as the percentage of glucose in the urine.

I am quite aware that it is a little troublesome to prepare two solutions, and attempts will be made to use some other method of comparison. Coloured glass seems to offer the best solution of the difficulty. Experiments have been made with various iron solutions (ferric acetate and ferric and ammonium citrate), but none have come up to expectations.

Allen says in his *Chemistry of Urine* that, using normal liquor potassae B.P., when equal parts of this and urine

are boiled in a flask or test tube, the test does not indicate with certainty the presence of a small amount—say less than 2 per cent.—of glucose. Albumin should be removed by acetic acid and heat. The colouring matters in urine do not seem to have any effect, but these could easily be removed by lead acetate or subacetate, taking care not to use excess, filtering or allowing to stand; any slight excess of lead is easily soluble in the potassium carbonate solution. The colouring matter of rhubarb and senna becomes reddish-brown with alkali before heating, and samples containing catechol (pyrocatechin) acquire a brown colour on exposure to air.

Memoranda : MEDICAL, SURGICAL, OBSTETRICAL.

A MODE OF RETRO-CATHETERISM.

SOME months ago a stockbroker's clerk came to me suffering from retention of urine. All the usual plans failed to relieve him; even that useful expedient of passing an endoscopic tube to the stricture, so as to widen out its face and thus find the aperture. I then used the following method, which I had thought out years ago:

The apparatus required consisted of a long, narrow, fully-curved trocar and cannula, scarcely 6 mm. in thickness, with a round and smooth proximal end, and a filiform 18 in. long, to pass through the cannula. After aspirating the bladder suprapubically by the trocar and cannula and filling the organ with boric acid solution, I reversed the trocar, so that its round blunt end protruded from the distal end of the cannula. This end was then depressed on the trigone: then lowering the hand whilst pushing gently, the instrument slid easily into and beyond the internal meatus. The trocar was withdrawn for the second time and the filiform substituted; aided by pulling the penis forward and upward the filiform passed out through the external meatus. Had it failed to do so, at worst it would have reached the posterior surface of the stricture, and any attempt to deal with the membranous urethra from the perineum would, on account of its presence, be more exact.

After twenty-four hours urethrotomy became easy; the urine in the interval trickled freely alongside the filiform as it always does. Thus a cure was established on cheap terms. I might have used and was prepared to use a larger trocar and cannula, but that would have entailed more risk.

I think the perineal mutilation one often sees is avoidable. If a Wheellhouse operation does not immediately succeed, it is better to open the membranous urethra behind the stricture or to do retro-catheterism; even better perhaps would it be to push a very fine trocar and cannula through the stricture, the direction being aided by the finger tip, a filiform being then passed through the cannula. In any case the puncture would be harmless.

The great secret in a Wheellhouse operation is not to obliterate the little pouch left at the front of the stricture until the orifice is found; if obliterated the chief landmark is gone.

London, E.C.

JAMES MACMUNN.

OCCLUSION OF COLON IN A NEWBORN CHILD.
The following case was of interest in that it showed an occlusion not only of the upper part of the rectum but of the whole colon. I attended a confinement in a primipara aged 28, which, though slow, was otherwise normal, on April 25th, 1913. The pregnancy was also normal, and the baby, a female, looked well nourished and healthy. The next day the child began to vomit at intervals, then the abdomen began to show signs of distension. Urine was passed, but the bowels had not moved. Examination of the anus showed that the sphincter was normal, also the rectum for 2½ in. to 3 in., then it narrowed and became completely occluded. The vomiting became more frequent; there were evidences of pain such as crying and pulling up of the legs.

Post-mortem examination showed that the ileum was distended in its lower two-thirds to within 3 in. of the ileo-caecal valve, where it narrowed considerably. The caecum including the appendix was small but otherwise healthy and patent, but about 1 in. beyond the ileo-caecal

junction the colon narrowed to a white-cord-like rudiment which continued to the rectum, where again it presented the appearances above stated. The meso-colon, etc., looked normal. The lower part of the ileum and the whole of the colon was removed down to the rectum and laid open. The colon was with difficulty opened along its free border. The wall was thin, and coated internally by a white hard material resembling inspissated mucus, which was very adherent. The whole rudimentary colon was not thicker than a medium-sized probe. The ileum entered the colon obliquely from below upward, then seemed to dip downward on the inner surface of the caecum, making the lower lip of the opening overlap the upper. The mouth of the opening (that is, the ileo-caecal valve) was transverse, and had thus by his overlapping caused an obstruction which had persisted through fetal life, and caused the death of the child three days after birth.

Nelson.

ROBERT STEWART, L.R.C.P. and S., D.P.H.

Reviews.

CHOYCE'S "SURGERY."

THE third volume of Choyce's *System of Surgery*¹ completes the work. We may say at once that the high level of excellence exhibited in the first two volumes is well maintained and places this book in the front rank of general surgical works of the encyclopaedic order. Plainly, the object of the editor has been to present more than a good textbook. There are many such published in this country, but there is room also for a bigger effort, for a great collection of treatises by men specially fitted for the task.

The contributors to this volume are of the same standing as those of the other volumes, and the various chapters are written in the same lucid, full style. Mr. Rock, Carling writes on the cardio-vascular system and on surgical affections of muscles, tendons, and fasciae. The lymphatic system is in the hands of Mr. J. F. Dobson; the lungs and pleura are considered by Mr. H. Morriston Davies. Mr. Sherren writes the chapter on nerves, and the section on the surgery of the central nervous system is by Mr. Wilfred Trotter. Mr. Choyce contributes the sections on diseases of bones and diseases and injuries of the joints—no mean share of original work. Fractures are in the able hands of Mr. Albert J. Walton. We make no attempt to criticize where we find the quality of the work so good. If there is any inequality at all, it is in the number and aptness of the illustrations. Authors differ on the point. On the whole, we think that of late surgical books have suffered from over-illustration; strict supervision should be exercised and pictures introduced only when words fail, or to save words, or to demonstrate a more or less rare condition. Several of the coloured plates in this book would have been quite as convincing in black and white, and some photographs of specimens in jars are very unsatisfactory. Mr. Walton's skiagraphs, though not all now published for the first time, form a well chosen representative collection. Many will feel disposed to regard the last named author's definition of a compound fracture as incomplete in so far as it does not clearly bring out that a compound fracture is one which communicates with the external air through the soft tissues. His teaching that in this class of fractures a plate may occasionally be used is contrary to the experience of many surgeons, including J. B. Murphy. We are glad to find Mr. R. P. Rowlands calling special attention to the "terrible variety of flat-foot due to the talipes valgus that is too often left after Pott's fracture." The frequency with which this deformity is met with in medico-legal practice, and the difficulty the examiner finds in suppressing his own opinion of the work of the man in charge of the case, are equally well known.

We unreservedly congratulate Mr. Choyce and Professor Beattie on the completion of this work, which is a monu-

ment to their industry, and we believe will prove a powerful indication of the strength of British surgery of the present day.

THE HOUSING QUESTION.

In the lecture² delivered under the provisions of the Warburton Trust in Manchester in November last, Mr. B. SEEBOHM ROWNTREE discussed how far it was possible to provide satisfactory houses for the working classes at rents which they can afford to pay. He asserted that the permanent causes of the shortage of such houses were that a house takes a century to consume, that land values are comparatively speaking inflexible, and that the working man can only afford a cheap house. He expressed the opinion that to solve the problem of housing a survey of existing conditions must first be made, and that as rapidly as possible there must be an expansion of the minimum wage policy already adopted in connexion with mines, confectionery, tailoring, shirtmaking, chainmaking, and other industries. Measures for the decasualization of labour must be pressed forward. Town planning must be made compulsory and all towns provided with adequate transit facilities, and improved powers must be obtained for the acquisition of land. Money must be more freely lent to public utility societies and the burden of rates on small houses lessened. It must be made a statutory duty of all towns to see that their inhabitants are satisfactorily housed, and anticipating the proposals of the Chancellor of the Exchequer, Mr. Rowntree considered that any grant in aid of rates from national funds should be made conditional upon the proper fulfilment of their statutory duties by local authorities. Professor PIGOU in his lecture delivered in January last considered the housing problem as one aspect of the general problem of poverty. He expressed the opinion that a great part of the squalor and discomfort of certain houses of the poor was not the result of inability to pay a reasonable rent, but flowed from the low character and want of training of those that inhabited them. Advice and help to poor persons in the art of keeping their houses in a good state—like instruction in the art of cooking, the condemnation of uninhabitable houses, and the condemnation of diseased meat—might accomplish no small amount of good. There would still, however, be many persons who, abandoned to their own unaided efforts, could not afford to purchase that quantity and quality of housing accommodation which the general judgement of the country declared to be a necessary minimum. When discussing the policy of subsidies in aid of the housing of the poor, Professor Pigou admitted that it was open to serious practical objections, though he was not convinced that these were incapable of being overcome, and considered that carefully drawn schemes of State assistance towards the housing of the poor ought not to be condemned out of hand upon grounds of principle.

OLD-ESTABLISHED CHARITIES.

THE twenty-third edition of the *Annual Charities Register and Digest*,³ by Mr. C. S. LOCH, falls into three parts: an introduction, a series of essays on various special branches of philanthropic work, and a register of all institutions and societies having head quarters in London and undertaking work of a charitable order on behalf of residents therein. There is also a comprehensive list of chapter headings and subheadings, and a very full index. The register of philanthropic enterprises divides them primarily into those whose benefits are open to all and those whose operations are confined to certain areas. They are then classified according to the particular class of work they undertake, ordinary schools which contain a charitable element and institutions such as reformatory and prisoners' aid institutions not being overlooked. The information given in respect of all of them is fuller on the whole than that to be found in any other allied publication. The essays are by various authors, each of whom is a more or less well-known specialist on the subject discussed by him. Sir Edward Brabrook, for instance, deals with friendly

¹ *A System of Surgery*. Edited by C. C. Choyce, B.Sc., M.D., F.R.C.S. Pathological Editor, J. Martin Beattie, M.A., M.D., C.M. In three volumes. Vol. iii. London and New York: Cassell and Co., Ltd. 1914. (Med. 8vo, pp. 917; 35 plates, 242 figures. 2ls. net.)

² *Lectures on Housing*. By B. S. Rowntree and A. C. Pigou. The Warburton Lectures for 1914. Manchester: The University Press; London: Sherratt and Hughes. 1914. (Post 8vo, pp. 70. 1s. 9d.)

³ *The Annual Charities Register and Digest*. 23rd edition. By C. S. Loch. London: Longmans, Green, and Co. 1914. (Demy 8vo, pp. 1144. 5s. net.)

recommended, the Department to control such statement, at their discretion, by analyses made confidentially by the Government chemist.

7. That a special court or commission be constituted with power to permit or to prohibit in the public interest, or on the ground of non-compliance with the law, the sale and advertisement of any patent, secret, or proprietary remedy or appliance, and that the commission appointed for the purpose be a judicial authority, such as a metropolitan police magistrate sitting with two assessors, one appointed by the Department and the other by some such body as the London Chamber of Commerce.

8. That the President of the Local Government Board (or Minister of Health) have power to institute the necessary proceedings to enforce compliance with the law, the sale, and advertisement of any patent, secret, or proprietary remedy or appliance.

9. That a registration number be assigned to every remedy permitted to be sold, and that every bottle or package of it be required to bear the imprint "R.N. . . ." (with the number), and that no other words referring to the registration be permitted.

10. That in the case of a remedy the sale of which is prohibited, the proprietor or manufacturer be entitled to appeal to the High Court against the prohibition.

11. That the Department be empowered to require the name and proportion of any poisonous or potent drug forming an ingredient of any remedy to be exhibited upon the label.

12. That inspectors be placed at the disposal of the Department to examine advertisements and observe the sale of proprietary remedies and appliances.

13. That an annual fee be payable in respect of every registration number issued.

The Committee makes the following recommendations regarding the amendment of existing laws:

1. That the Stamp Acts be consolidated and amended to remove the numerous existing anomalies and unreasonable exceptions. In this connexion, pure drugs vended entire under a fancy name should no longer be exempt from duty; the distinction between the name of an ailment, and the name of an organ the seat of that ailment, should be abandoned; and the exemption of medicines generating carbonic acid gas should be omitted (see Par. 16). Further, any reference in advertising matter to the Government stamp should be prohibited, and no name of a proprietor or firm should be printed upon the stamp.

2. That the Indecent Advertisements Act be amended on the lines of Lord Braye's Bill.

Your Committee further recommend the following legislative enactments:

1. That every medicated wine and every proprietary remedy containing more alcohol than that required for pharmacological purposes, be required to state upon the label the proportion of alcohol contained in it.

2. That the advertisement and sale (except the sale by a doctor's order) of medicines purporting to cure the following diseases be prohibited:

Cancer,	Diabetes,	Locomotor ataxy,
Consumption,	Paralysis,	Bright's disease,
Lupus,	Fits,	Rupture (without operation
Deafness,	Epilepsy,	or appliance).

3. That all advertisements of remedies for diseases arising from sexual intercourse or referring to sexual weakness be prohibited.

4. That all advertisements likely to suggest that a medicine is an abortifacient be prohibited.

5. That it be a breach of the law to change the composition of a remedy without informing the Department of the proposed change.

6. That fancy names for recognized drugs be subject to regulation.

7. That the period of validity of a name used as a trade mark for a drug be limited, as in the case of patents and copyrights.

8. That it be a breach of the law to give a false trade description of any remedy, and that the following be a definition of a false trade description: "A statement, design, or device regarding any article or preparation, or the drugs or ingredients or substances contained therein, or the curative or therapeutic effect thereof, which is false or misleading in any particular." And that the onus of proof that he had reasonable ground for belief in

the truth of any statement by him regarding a remedy, be placed upon the manufacturer or proprietor of such remedy.

9. That it be a breach of the law—

- (a) To enclose with one remedy printed matter recommending another remedy.
- (b) To invite sufferers from any ailment to correspond with the vendor of a remedy.
- (c) To make use of the name of a fictitious person in connexion with a remedy. (But it should be within the power of the Department to permit the exemption of an old-established remedy from this provision.)
- (d) To make use of fictitious testimonials.
- (e) To publish a recommendation of a secret remedy by a medical practitioner unless his or her full name, qualifications and address be given.
- (f) To promise to return money paid if a cure is not effected.

The Committee believes that departmental and legislative action as outlined above will not inflict injustice upon any patent or proprietary medicine or appliance; that it will, alike by its operative and its deterrent effect, afford the public efficient and urgently needed protection against injury and fraud; and that no measures of a smaller scope will secure this result.

Medical News.

OWING to the necessary curtailment of the number of pages in the weekly issues of the BRITISH MEDICAL JOURNAL, all correspondents are particularly requested to write as succinctly as possible.

THE ambulance of 200 beds which the American Hospital of Paris is now establishing is in need of an administrator and secretary having experience of hospital administration. The person appointed must speak French fluently as well as English. Offers should be addressed to Dr. Jarvis, 81, Boulevard Malesherbes, Paris.

THE Seamen's Hospital Society has placed 200 beds at the disposal of the Admiralty in the Dreadnought Hospital at Greenwich. The hospital is close to the river, and patients can be removed from the vessel which brings them direct to the hospital. The number of beds could be increased if necessary. In addition the Society has offered 25 beds at its Albert Dock Hospital.

WE are pleased to be able to state that the action against the British Medical Association and certain former members of the medical staff of the Mount Vernon Hospital for Consumption and Diseases of the Chest, which was instituted by the president and trustees of such hospital, has been settled by agreement between the parties.

MEDICAL officers whose duties include school work are invited to attend a meeting of the School Medical Service Group of the Society of Medical Officers of Health to be held at 1, Upper Montague Street, Russell Square, London, W.C., on Saturday, September 5th, at 3 p.m., when a petition asking the Council to constitute a Branch of the Society to be called the "School Medical Officers Branch" will be submitted. The Honorary Secretary is Dr. A. Ashkenney, 38, George Road, Edgbaston, Birmingham.

THE Yarrow Convalescent Home at Broadstairs, which was established some years ago and endowed by private benevolence, is intended for children whose parents may be of the professional and educated middle classes, but who are possessed of only limited means. An illustration of the desire of those responsible for the management of the institution to render it as efficient as possible is to be found in the erection last year of a dairy in connexion with the home, in order that the milk supplied to the children might be produced under the best possible conditions. On the occasion of the last celebration of founder's day Mr. A. F. Yarrow gave a very satisfactory account of the results which had followed this new enterprise. A comparison was made of the average gain in weight per child during two periods of ten weeks, one of which was prior to, and the other subsequent to, the date of the provision of the new milk supply; it was found there had been an improved daily increment in weight per child of nearly 30 per cent. That the milk of the home is now produced as it should be is evidenced from the statement made by Mr. Yarrow that it was found to contain on examination at the Lister Institute only 1,200 bacteria per cubic centimetre. The example set at the Yarrow Home might well be followed at other institutions.

Universities and Colleges.

ACADEMIC POSITION OF STUDENTS ON MILITARY SERVICE.

IMMEDIATELY after the outbreak of war we suggested that the case of medical students who had volunteered for duty as dressers should receive special consideration from the university and other licensing authorities. The matter has since been considered by some of the universities in respect of their undergraduates generally. The following letter addressed to us by Sir Donald MacAlister, Principal of Glasgow University, seems to express the general attitude assumed by the authorities of the universities which have moved in the matter:

Sir.—May I ask for your kind offices in conveying to undergraduate students, called to active service for their country, the assurance that the University of Glasgow will do what it can to safeguard their academic interests? The authorities whom I have been able to consult agree with me in recommending that to such students every consideration should be extended which the Ordinances will permit. In relation to attendance on courses of instruction, to duration of study, to periods of notice required, and the like, account will be taken of a student's absence on military duty, so as, if possible, to ensure that his graduation shall not be unduly delayed.—I am, Sir, yours very faithfully,

DONALD MACALISTER,
Principal.

University of Glasgow,
August 19th, 1914.

The Vice-Chancellor of the University of Oxford anticipates that the same course will be followed as during the war in South Africa—that is to say, that the time limit for entering the Hcnours Schools will be extended, and that, by a separate decree for each individual, other undergraduates will be allowed to count the terms elapsed during their absence as if they had been in residence.

The Senate of the University of Cambridge has decided "to allow terms and leave to 'degrade' (that is, to postpone examination) to all undergraduates prevented from residing by the requirements of military service."

The Vice-Chancellor of the University of London states that he is confident that the Senate will do all in its power to render it easy for members of the university, and especially for cadets of the Officers' Training Corps, to offer their services, and that it will (1) remit fees paid in for examinations which a student is unable to take, and (2) that generally it will take each and every step possible to prevent students who are serving their country from being in any way prejudiced in their university career.

It is proposed to hold a meeting of the Vice-Chancellors of the universities of Liverpool, Manchester, Leeds and Sheffield, before the session begins to consider how far common action can be secured in dealing with the various claims for consideration that may be expected to arise. The Vice-Chancellor of the University of Liverpool, who makes the announcement, states that in due time everything that can be done by the university will be done to safeguard the interests of members of the staff and of students who have offered themselves for national service at home or abroad—"It is our duty to ensure, so far as may be, that one sacrifice shall not involve another."

Sir George Hare Philipson, writing on behalf of the College of Medicine, and Dr. W. H. Hadow on behalf of Armstrong College, state that at the first meeting of the Senate of the University of Durham a special grace will be proposed to safeguard the interests of all undergraduates who have volunteered for training or for active service. The session at both colleges will open at the appointed time. The Vice-Chancellor states that the colleges at Durham have taken similar steps.

The Vice-Chancellor of the University of Wales has undertaken that the university will arrange that, in the case of students who entered the university in 1911, the coming session shall not be reckoned as the last of the four years beyond which honours in the B.A. or B.Sc. degree cannot be obtained, so that they may complete honours schemes in the session 1915-16 under the same conditions under which they would have completed them in the coming session. As pursuance of qualifying courses is essential for initial degrees, a year of absence cannot be reckoned as a year of the qualifying period, but, subject to this proviso, he has no doubt that the university will be anxious to consider cases of disability arising other than the one above provided for, with a view to making special arrangements for their relief.

UNIVERSITY OF GLASGOW.

Special Graduation for Medical Students.

AMONG the undergraduates who volunteered their services for the war were a number of medical students who had practically concluded their course, and would have come up for examination in October. Arrangements were made for a special examination, and the following passed and received the degree of M.B., Ch.B., on August 15th: Edmund Tytler Burke, John Eglington Cameron, Thomas Ingram Dunn, James Jackson Finlay, Allan Dumbreck Fraser, M.A., B.Sc., Robert Masson Greig, Fergus Leslie Henderson, Alastair Caulfield Jebb, Douglas Reid King, George McCullum, Joseph McCulloch, *Archibald Munn McCutcheon, David Mackie, Percival John

Moir, †§ Andrew Pickin, John Stuart Prentice, James Vallance, † William Semple Wallace, † Joseph Bannister Williamson, B.Sc.

* Received degrees of M.B., Ch.B., with honours.

† Received degrees of M.B., Ch.B., with commendation.

‡ Passed with distinction in surgery and clinical surgery.

§ Passed with distinction in midwifery.

SOCIETY OF APOTHECARIES OF LONDON.

THE following candidates have been approved in the subjects indicated:

MEDICINE.—D. Aucutt, *H. S. Baker, *A. G. Bodman, *P. H. Burton, *W. E. K. Coles, *L. S. Daly, *C. D. Day, *J. A. W. Ebdon, *C. de W. Gibb, *R. M. Handfield-Jones, *G. W. Hassall, *H. R. Ibbotson, *G. L. Lawlor, *A. N. Minns, *T. S. Nelson, *G. D. Newton, *L. E. Pinnin, *R. H. Simpson, *C. R. Smith, *L. H. Terry.

FORENSIC MEDICINE.—D. Aucutt, H. S. Baker, A. G. Bodman, P. H. Burton, W. E. K. Coles, L. S. Daly, J. A. W. Ebdon, C. de W. Gibb, R. M. Handfield-Jones, A. N. Minns, T. S. Nelson, G. D. Newton, L. E. Pinnin, R. H. Simpson, C. R. Smith, L. H. Terry, E. M. Townsend.

MIDWIFERY.—D. Aucutt, H. S. Baker, A. G. Bodman, P. H. Burton, W. E. K. Coles, V. H. M. A. Dangerfield, J. A. W. Ebdon, C. de W. Gibb, A. E. Gravelle, R. M. Handfield-Jones, A. N. Minns, T. S. Nelson, H. B. Padwick, L. E. Pinnin, R. H. Simpson, F. Simpson, C. R. Smith, L. H. Terry.

SURGERY.—*D. Aucutt, *H. S. Baker, *A. G. Bodman, *L. B. Clarke, *W. E. K. Coles, *L. S. Daly, *J. A. W. Ebdon, *C. de W. Gibb, *R. M. Handfield-Jones, *G. W. Maw, *A. N. Minns, *T. S. Nelson, *G. D. Newton, *H. T. Roberts, *M. P. dos Santos, *R. H. Simpson, *C. R. Smith, *L. H. Terry, *J. A. Watson.

Section I.

Section II.

The diploma of the Society has been granted to Messrs. H. S. Baker, A. G. Bodman, W. E. K. Coles, V. H. M. A. Dangerfield, L. S. Daly, C. D. Day, J. A. W. Ebdon, C. de W. Gibb, R. M. Handfield-Jones, A. N. Minns, T. S. Nelson, R. H. Simpson, C. R. Smith, L. H. Terry, L. B. Clarke, G. W. Maw, H. T. Roberts, M. P. dos Santos, and J. A. Watson.

Obituary.

OLIVER HUMPHREY FOWLER,

CIRENCESTER.

MR. FOWLER, of Cirencester, whose death at the age of 74 took place on August 10th, was for forty years a leading practitioner in the Cotswolds. He was born at Kingsclere, Hants, where his father practised, and received his medical education at St. Bartholomew's Hospital. He obtained the diploma of M.R.C.S.Eng. in 1864, and two years later began work at Cirencester as locumtenent to the late Mr. Edward Cripps. Soon afterwards he joined Mr. Cripps as a partner, and was associated subsequently with his son, Mr. E. C. Cripps. Later on Mr. Fowler became the senior of three partners. He early obtained a leading position in the district, and his success was due in large measure to his untiring industry and powers of physical endurance; he was in the saddle early in the morning and his work was not finished until late in the evening, yet he was always able to turn up everywhere and anywhere to meet a professional engagement or take part in a social gathering, neat and spick and span, full of buoyant, not to say boyish, spirits; with his weather-beaten face and athletic figure, he looked very much an old-fashioned sportsman, but never, we believe, gave any time to field sports. His whole energies were devoted to his profession and to public work. He was surgeon to the Cottage Hospital and to the Cirencester Hospital, which grew out of it, and at the time of his death was an active member of the managing committee. He was one of the founders of the Winsley Sanatorium for consumptives and for long a member of its managing committee.

At Christmas, 1906, Mr. Fowler retired, and at a meeting in Cirencester, presided over by Earl Bathurst, was presented by his patients and friends with an address accompanied by a fine silver cup; in the address the signatories gave expression to their deep gratitude for his constant care, patience, and kindness in their times of sickness. "In matters which have touched us nearly," the address continued, "we have always been able to rely on you as a true friend, as well as a medical adviser; you have inspired us with complete confidence in the soundness of your judgement, as well as in your skill in treatment, and we know that all alike would testify to the faithfulness, honour, and delicacy with which you have discharged your duties."

After his retirement he became a member of the Cirencester Urban District Council, and was its chairman from