

turbinal was unnecessary if the antro-nasal septum was resected to a low level.

Dr. WATSON-WILLIAMS considered Dr. Gogarty's paper of great value in directing attention to a group of nasal affections which frequently escaped detection.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

SUBCUTANEOUS INJECTION OF OXYGEN IN SEPTIC AMPUTATIONS.

SOME of the most disappointing cases in the present war are the compound fractures. Partly owing to the impossibility of giving early and effective treatment they arrive at a base hospital, or even a more distant centre, very seriously infected. Varying with the nature of the fracture, the size and character of the wounds, and the length of time that has elapsed, there may be merely local sepsis and sloughing, cellulitis far beyond the proximal joints, or extensive gangrene may have already set in. As has so frequently been said in the surgical literature of war, each case must be treated on its merits, but the principle may be laid down that the surgeon's duty is to save as much as possible. It is questionable if it is doing a man a service to disarticulate a limb at the hip or a right arm at the shoulder. It is often worth while giving such a man the chance of a more useful limb by such measures as abundant injections of oxygen both above the apparent limit of infection and deeply into the tissues nearer the wound, and free incisions and drainage.

In any case it may be said with fair confidence—and I appeal to the experience of many others to confirm me—that it is reasonably safe to incise through tissues evidently involved in a process of severe infection, as indicated by obvious signs of comminuted fracture with a black and gaping wound, oedema, and cellulitis. A large injection of several litres of oxygen with Bayeux's instrument into the stump during the operation, or soon after it, will go far to assure a satisfactory result. The flaps can be rapidly formed and very loosely sutured; they need not be left altogether unstitched.

It may be thought that oxygen is not easily obtainable; but since the oxyhydric flame has been so much used in motor and other industries every small town has its cylinders of oxygen. Even if Bayeux's instrument (which accurately measures the amount and regulates the rate of the injection) be not available, a simple system of the oxygen bag adapted to a tube passing through some dilute antiseptic solution can easily be organized.

My points, then, are:

1. Be economical in lopping off limbs.
2. Do not hesitate, in aiming at the preservation of tissue, to cut in deeply infected areas.
3. Drain freely.
4. Inject oxygen abundantly—till there is widespread emphysema. It is not toxic and it will be absorbed in twenty-four hours.

Our experience here as well as in other parts of France make it unnecessary to illustrate these principles by the details of special cases which are of daily occurrence. A recent instance is that of one of our patients now convalescent:

E. C., aged 25, a French soldier of the ——— Infantry regiment, wounded in the trenches near Dixmude by an exploding shell which fell a few yards away. Though wounded at 8 a.m. on Saturday, November 21st, it was not till Tuesday morning that he reached the base hospital. In the interval he had been carried on a comrade's back for several kilometres, passed most of one night in a horse ambulance and another in a train. Though he had been dressed several times the shattered fracture of both bones of the leg and the wounds leading to them were very gravely infected, a red blush of cellulitis extending above the knee. I amputated through the knee-joint, pus welling freely from my incision, stitched the flaps loosely together, draining freely and the same day injected about 3 litres of oxygen gas well above the dressing in the upper part of the thigh. Like many other similar cases the wound is healing perfectly.

Malo-les-Bains.

A. A. WARDEN, M.D.

A SERIES OF SEVEN THOUSAND ANTITYPHOID INOCULATIONS.

IN view of the attention which is being given to the question of antityphoid inoculation at the present time, both in the medical press and in a certain section of the lay press, the following notes of a series of cases may be of interest. In this communication it is intended to demonstrate not only the utility of the measure in the prevention of the disease, but also to point out how very trivial is the inconvenience caused, and how absolutely devoid of risk the operation is when ordinary precautions against sepsis are taken.

The observations are based on some 7,000 inoculations performed in an alien concentration camp in England where typhoid fever had already broken out, nine cases having occurred at intervals of a few days during the previous three weeks.

Although the sanitary conditions were good and the cases were isolated as they occurred, it was difficult to control with any degree of certainty the further spread of the disease, as prisoners were arriving daily from overseas—in many instances from areas already infected by typhoid. It was all the more striking, therefore, that not a single case of typhoid developed after the inoculations had been carried out.

The average number inoculated daily was about 400, those who had been in closest contact with the patients being done first. The vaccine employed was that prepared at St. Mary's Hospital, and the doses were 500 million and 1,000 million organisms at intervals of ten days. The site of inoculation was for the first injection the forearm and for the second the pectoral region. The usual technique was employed, the skin being painted with tincture of iodine and the needles sterilized either by boiling in water or by hot olive oil—a rapid and most satisfactory method. Inoculation was optional, but it is very satisfactory to note that over 85 per cent. submitted themselves to the first injection and over 60 per cent. had the second.

The reactions after the first injection consisted of a local redness and oedema for the first twenty-four hours, which rapidly subsided. There was no case of high fever and the general reaction was never more than a rise of 1° F. in temperature, with slight malaise. In no single instance was it necessary for the man to give up his ordinary camp duties and working parties carried on light work uninterruptedly. After the second inoculation there was practically no reaction, local or general.

Enteric fever has already broken out in France, and it is of vital importance that everything must be done to check its spread. The value of inoculation has been proved again and again. Is it not unfortunate, then, that the liberty of the press should be abused by the circulation of false reports calculated to influence our soldiers against inoculation, which may result in the loss of thousands of lives and the impairment of our military efficiency? It becomes the duty of every medical man to demonstrate the falsity of these reports, and to use his influence to counteract them.

I wish to thank the commandant of the camp for his permission to publish these notes.

D. GORDON CHEYNE, M.D., D.P.H., R.A.M.C.

A SUBSTITUTE FOR THE WASSERMANN REACTION.

IN the BRITISH MEDICAL JOURNAL for April 5th, 1913, I tried to show, as the result of some research work on surface tension, that syphilis can be treated satisfactorily by the subcutaneous injection of distilled water, and the cases then published have been corroborated by others equally interesting and important, and at the present time there are patients undergoing the treatment successfully at the Union Infirmary, Swansea.

Following up such a successful issue of a treatment arrived at on theoretical considerations, I decided to compare the response of healthy and syphilitic blood to various solutions, including one of ammonium chloride which has the unusual effect of raising the surface tension of distilled water.

In all these experiments it is important to have all the reagents pure and the glasses clean, for otherwise any impurity will negative the rise that ought to take place.

After using various strengths of the solution, I found that one of about 12 per cent. was the most satisfactory.

My method of procedure is as follows: I clean the lobule of the ear with petrol, prick it and draw off in a haemocytometer pipette a sufficiency of blood—that is, up to the 1 mark, and fill up the remainder with a 12 per cent. solution of pure ammonium chloride in distilled water. The blood and solution should be thoroughly mixed, and at once a drop should be placed on the slide and examined under the microscope forthwith. Delay in this case, as in all other things, is dangerous, for as soon as evaporation begins to take place the ammonium chloride tends to crystallize out, and the test is worthless.

Examined in this way the red corpuscles show a marked change, for in healthy blood the darker centre tends to contract into an irregular mass, whilst in syphilitic blood the darker centre seems to expand almost to the circumference. The effect is due to the different response to the altered surface tension caused by the presence of the ammonium chloride solution, and to the altered osmotic condition associated therewith.

Naturally there are gradations in the results from complete contraction to the point when doubt arises, and if in doubt use mercury, preferably in the colloidal form, combined with subcutaneous injections of distilled water.

My test takes, at the outside, three minutes, and can be done at a nominal cost by any medical man, whereas the Wassermann is a little more expensive, and outside the powers of the general practitioner.

Swansea. G. ARBOUR STEPHENS, M.D., B.S., B.Sc.Lond.

Reports

ON

MEDICAL AND SURGICAL PRACTICE IN HOSPITALS AND ASYLUMS.

THE LONDON HOSPITAL, E.

A CASE OF TUBERCULOUS ANEURYSM OF THE ABDOMINAL AORTA WITH RUPTURE INTO THE DUODENUM.

(By E. A. TOZER, M.B.Lond., M.R.C.S.Eng., L.R.C.P.Lond., late House-Physician to the London Hospital.)

A WELL-BUILT single man of 32, who had been a diver in the Royal Navy for eleven years, was admitted to hospital on September 12th, 1913, fourteen months after he had been invalided out of the service.

History.

Eighteen months before admission there had been a gradual onset of diffuse abdominal pain passing back to the loins. The pain, at first felt only at night, gradually increased in severity until the patient could get no rest by night or day. It was of a throbbing, gnawing character, made worse by recumbency, relieved by sitting up. He improved under medical treatment. Three months before admission there was a recurrence of all the symptoms. There was nothing noteworthy in the previous history or the family history. Venereal disease was denied.

Condition on Admission.

In the abdomen was a visible, expansile, pulsating tumour, about three inches long and two inches wide, situated just above and to the left of the umbilicus, in the course of the abdominal aorta. The pulse was 118 and regular. Both femoral arteries were thickened, and the impulse in them forcible. The radials were synchronous, and the stroke and tension moderate. There was marked pulsation at the sides of the neck. The apex beat of the heart was felt in the fifth space just external to the nipple line, and the impulse was forcible. The second sound was accentuated, especially over the aortic arch.

There were no symptoms pointing to derangement of the digestive, respiratory, nervous, or urino-genital systems, and a routine physical examination of these systems showed nothing abnormal. The temperature was 98.8°. The Wassermann reaction, tested independently and on different dates by Dr. P. N. Panton and Dr. P. Fildes, was found to be negative on each occasion.

Laparotomy was performed by Mr. F. S. Kidd on September 16th, 1913. He found a large aneurysm of the abdominal aorta which involved the greater part of the

vessel, so that any operative interference with it was not considered practicable.

The patient was subsequently transferred to a medical ward under the care of Dr. Percy Kidd. Rest in bed and the adoption of other medical measures soon considerably relieved the symptoms. The pain would disappear for days at a time, and when present was slight. The pulse decreased in frequency to an average of 88. The apex beat of the heart was in the nipple line. The appetite was good, and the patient felt quite comfortable in bed. On October 12th, 1913, whilst lying quietly in bed, he had sudden profuse hæmatemesis, followed by collapse and death two hours later.

Post-mortem Examination.

The body was well-nourished and developed. There was a wide-mouthed, saccular aneurysm, measuring 8 cm. by 4 cm., full of laminated clot, on the front of the abdominal aorta, below the orifice of the superior mesenteric artery. The neck of the sac extended above to within 2 cm. of the coeliac axis artery, and below to within 2 cm. of the bifurcation of the aorta. The aorta was extensively scarred and wrinkled in the neighbourhood of the coeliac axis artery, and there were succulent thickenings in the ascending arch of the aorta. The third stage of the duodenum contained a perforated ulcer 4 cm. long, and it was seen that the aortic aneurysm had ruptured at the site of this ulcer. A tongue of clot projected into the ulcer from the aorta.

Caseous tubercles measuring up to 2 cm. in diameter were found in a matted mass of lumbar glands. Smaller tubercles and a few calcareous nodules were found in the coeliac, pancreatic, and iliac glands. Caseous tubercles up to 3.5 cm. in diameter were found in the inguinal, mediastinal, axillary, supra-clavicular and cervical glands.

The lungs showed evidence of tuberculosis in a caseo-calcareous nodule in the apex of the right upper lobe, and a subpleural calcareous nodule at the hilum of the same lobe. Calcareous nodules were found in the right bronchial glands and in the gland at the bifurcation of the bronchi. A moderate degree of alveolar emphysema was present.

The heart showed hypertrophy of the left ventricle, and weighed 11 lb. 2 oz. There was a slight degree of atheroma at the base of the great vessels arising from the aortic arch.

The kidneys showed large areas of focal fibrosis in the interlobar portion of the cortex, and tuberculous endarteritic nodules. The stomach and intestine were filled with blood clot. The testicles showed simple atrophy; there was no fibrosis. Permission was not obtained for an examination of the head.

Microscopic Examination.

(a) *Lumbar Lymphatic Gland.*—Sections showed caseous tubercles. Sections stained by two methods for tubercle bacilli showed thin, rod-shaped, acid-fast bacilli with beading. (b) *Abdominal Aorta (above the Aneurysm).*—Sections showed a tuberculous aortitis. The intima was greatly thickened, and mainly composed of collagenous fibres with some wavy fibres of elastic. The lamina was not quite intact. The media was markedly thinned and its elastic fragmented. There was a diffuse fibrosis replacing muscle and elastic, but no wedge-shaped scarring as is seen in syphilitic aortitis. The media was also slightly vascularized, and there was some infiltration by lymphocytes. The adventitia was somewhat thickened and fibrosed. A lymphatic gland in the neighbouring fatty tissues showed tubercles and caseation.

(c) *The Aneurysm.*—Sections through the edge showed a similar extreme degree of fibrous intimal thickening. The media was very thin, and also showed fibrous scarring. On following it down the side of the aneurysm, the media was found to be entirely destroyed and replaced by the dense, laminated, fibrous tissue which formed the wall of the aneurysm. At a point proximal to the total destruction of media there was a vascular area with lymphocytic infiltration. On the intimal side of this, projecting into the thrombus, was a nodule of tuberculous granulation tissue containing giant cells. The dense fibrous tissue forming the wall of the aneurysmal sac blended with the adventitial fatty and fibrous tissues. Another section cut from the anterior wall of the aneurysm showed some fibrin clot which was invaded by a granulation tissue containing Langhans's giant cells. This bunch of granulation tissue was seen to be breaking through the remnant of the fibrous wall of the aneurysm. A few shreds of elastic in this fibrous wall indicated the position of the media. In the surrounding fibrous tissues there were large areas of caseation and tuberculous granulation tissue.

(d) *Kidney.*—Sections showed tuberculous arteritis with periarterial caseation.

come through the case successfully. He admitted that neither in his letter to the defendant nor in the pleadings had any such motive been suggested.

Dr. Fawcett, in giving evidence, said he had found no trace of minor epilepsy, but that a brother practitioner might have formed an honest opinion that the plaintiff had minor epilepsy.

Dr. Verling-Brown also gave evidence for the plaintiff.

The defendant, in giving evidence, said that when he first saw the plaintiff in 1908 he had collapsed in a fit on the floor of his bathroom. Subsequent examination of the plaintiff (in 1911) confirmed the view that he was epileptic, and when witness had interviews with Dr. Fawcett he considered that Dr. Fawcett agreed with him. When he informed the plaintiff of this, at the request of the solicitor, the plaintiff thanked him.

Mrs. Constance Allom, in giving evidence, said that the defendant had shown her Dr. Fawcett's letters, and that the defendant had no interest in her success in the suit with her husband.

Dr. H. C. Thompson and Dr. Woodward having given evidence for the defendant,

The jury intimated that in their opinion there was no case of fraud.

His Lordship: I think I should have held that there was no evidence, but I thought it would save the possibility of appeal to let the jury give a verdict.

Mr. McCall: It is much more satisfactory to the defendant that the jury should have given a verdict.

Judgement was then given for the defendant with costs.

The Services.

ARMY PENSIONS TO THE FAMILIES OF OFFICERS.

THE following are the rates of pensions and gratuities allowable to the families of officers (under the rank of colonel) of the Regular Army, the Special Reserve of Officers, and the Territorial Force, and to the families of officers holding *only* temporary commissions for the purposes of the present war.

Widows and Children.

CLASS A.

Families of Officers killed in action or dying of wounds received in action within seven years after having been wounded.

CLASS B.

Families of Officers dying from disease caused by fatigue, privation, or exposure incident to active operations in the field or from wounds or injuries sustained on duty (not in action) within seven years after removal from duty for the disease or injury.

Rank of Officer—that is, permanent rank, unless the Officer holds <i>only</i> temporary rank.	Pension to Widow (during widowhood), Yearly.	Compassionate Allowance for each child (Sons till 18, Daughters unmarried, till 21), Yearly.	Gratuity in addition to pension, etc.		Pension to Widow (during Widowhood), Yearly.	Compassionate Allowance for each Child (Sons till 18, Daughters, unmarried, till 21), Yearly.
			Widow.	Each Child.		
	£	£	£	s. d.	£	£ s. d.
Lieut.-Col.	180	24	450	150 0 0	135	20 0 0
Major ...	140	21	300	100 0 0	105	17 10 0
Captain ..	100	18	250	83 6 8	75	15 0 0
Lieut. ...	80	15	140	46 13 4	60	12 10 0
2nd Lieut.	80	15	100	33 6 8	60	12 10 0

(No gratuity is payable in these cases).

Motherless Children.—Twice the above rates of compassionate allowance may be granted to motherless children. If an officer (Class A) leaves a *daughter only* (unmarried and under 21) she may be granted, in lieu of the above rates, a special allowance varying from £40 to £90 a year, according to rank. These awards are in addition to the gratuity.

Mothers.—If an officer (Class A) leaves neither a widow nor legitimate child, his mother, if a widow without other pension or adequate provision, may be granted a special pension varying from £40 to £90 a year, according to rank, provided that she had been mainly dependent on the officer.

Sisters.—If an officer (Class A) leaves neither widow, legitimate child, parent, nor brother, a similar pension may be granted to his sister or sisters, jointly, if unmarried, subject to the above proviso.

Applications.—All applications for the grant of pensions, as above, should be addressed to the Secretary, War Office, Whitehall, S.W.

ROYAL NAVY MEDICAL SERVICE.

Report on the Examination of Candidates for Entry as Acting Surgeons, R.N.

THE medical department of the Admiralty requests us to state that the marks shown against Surgeon F. C. Hunot, on page 952 of the *BRITISH MEDICAL JOURNAL* of November 28th, are those obtained by him at the Entrance Examination only, when he took first place, he having been prevented by illness from attending the Greenwich course and from competing at the subsequent examinations.

Universities and Colleges.

UNIVERSITY OF LONDON.

MEETING OF THE SENATE.

A MEETING of the Senate was held on November 18th.

The War.

It was resolved:

1. That military service during the war be counted as equivalent to not more than two terms of a course of study in military science for internal students in any one of the three years over which such course of study would ordinarily extend.
2. That, in the session 1914-15, in the case of an internal student entering for an examination of the university, 120 hours of military training in the University of London (contingent of the Officers' Training Corps, duly certified by the Commanding Officer, be counted as equivalent to 25 per cent. of the hours of attendance prescribed for the student's course of study in that session.
3. That, during the continuance of the war only, the Second Examination for Medical Degrees, Part I, be held in December as well as in March and July.

Recognition of Teachers.

The following were recognized as teachers in the subjects and at the institutions indicated:

Guy's Hospital.—Mr. Patrick P. Laidlaw (Pharmacology) during the absence of Dr. Clark on military service.

London School of Tropical Medicine.—Dr. G. C. Low (Tropical Medicine).

Royal London Ophthalmic Hospital.—Mr. R. F. Moore (Ophthalmology).

General Physiology and the Intermediate Examination in Science.

The regulations for the intermediate examination in science for internal students were amended by the substitution of the words "120 hours" for the words "160 hours" at the end of section (2) of the curriculum in general physiology on p. 231 of the Red Book, 1914-15.

Second Examination for Medical Degrees and B.Sc. Honours in Chemistry.

The regulations for the B.Sc. honours examination for internal students were amended by the insertion of the words "Chemistry or" after the words "B.Sc. (Honours) in" in line 3 of the last paragraph on p. 256 of the Red Book, 1914-15; and the regulations in the Faculty of Medicine were amended by the addition of the words "Chemistry or" before the word "Physiology" in the fourth line of the third paragraph on p. 190 of the Red Book, 1914-15. It was resolved also that candidates who have passed the second examination for medical degrees, Part II, should be admissible after an interval of not less than one year to the B.Sc. Honours examination in chemistry for external students without having passed the intermediate examination in science.

B.Sc. Honours Examination in Physiology.

The regulations for the B.Sc. (Honours) Examination in Physiology for internal students was amended by the insertion of the following paragraph on p. 268 of the Red Book, 1914-15, before the words "Subsidiary Subjects":

No Honours course in this subject will be allowed to run concurrently with a course for the Final M.B., B.S. Examination.

Appointment of Examiners.

The following appointments to examinerships have been made: Dr. W. G. Ridewood, as staff examiner in biology for the first examination for medical degrees for internal and external students in December, 1914, in place of Mr. T. G. Hill, absent on military duty. Dr. M. S. Pembrey to be internal examiner in physiology in the second examination for medical degrees, part ii, for internal and external students in March and July, 1915, in place of the late Mr. C. F. Myers-Ward. Dr. S. P. Phillips (Medicine) and Professor A. Carless (Surgery) to act as examiners at the M.D. and M.S. examinations for internal and external students in December, 1914, in place of Dr. H. D. Rolleston (Medicine) and Mr. F. F. Burghard (Surgery) respectively, who are absent on military duty.

The Reitlinger Prize.

The Paul Philip Reitlinger Prize, offered this year for an essay embodying the result of research work on a medical subject, has been awarded to Alfred Hope Gosse, M.A., M.B.Camb., M.R.C.P., London Hospital Medical College, for an essay on *The Heart in Acute Rheumatism, with Special Reference to Graphic Methods of Investigation*. The prize, this year of the value of £40, was founded with funds given to the university by Mr. Albert Reitlinger in memory of his son, a student of

St. George's Hospital Medical School, who died on December 3rd, 1911. Next year the prize will be offered for the best essay on the economic condition of the people of England in 1815 in comparison with the present day.

UNIVERSITY OF SHEFFIELD.

The Council of the University has appointed Mr. William MacAdam, M.A., M.D., B.Sc.Glas., D.P.H.Camb., to be demonstrator in public health; and Mr. T. Chetwood, M.D.Lond., D.P.H.Oxon, to be lecturer on hygiene in the training department.

UNIVERSITY OF DUBLIN.

SCHOOL OF PHYSIC, TRINITY COLLEGE.

The following candidates have been approved at the examinations indicated:

INTERMEDIATE MEDICAL (Part I, Anatomy and Institutes of Medicine).—J. R. Brennan, P. Rocks, J. G. Bird, H. J. Rice, P. H. S. Smith, D. S. Prentice, Marie A. Hadden, W. F. Wicht, H. Brill, T. H. R. McKiernan, P. A. Hall, Rita Henry, Millicent Hamilton-Johnstone, R. W. Pritchard. (*Part II, Anatomy and Physiology*).—T. P. Chapman, C. L. McDonogh, J. B. Taylor, L. Blumberg, E. Lipman.

FINAL (Part I, Materia Medica, Medical Jurisprudence, and Hygiene and Pathology).—Esther V. Adderley, C. H. Commerford, J. H. C. Walker, F. Healy, C. E. Brady, M. McG. Russell, G. W. Doran, T. E. B. Beatty, W. Hunt, J. A. C. Kidd, T. W. Sweetman, L. Murphy, J. E. Jameson.

* Medical Jurisprudence and Hygiene, Pathology.

† Medical Jurisprudence and Hygiene, Materia Medica.

‡ Materia Medica, Pathology. § Pathology (completing examination).

FINAL (Part II, Surgery).—F. Harris, G. B. Hadden, E. P. H. Vickery, G. A. Hoffman, E. A. Lumley, E. L. P. Nash, D. S. Martin, E. G. Fish, Hilda M. Marsh, E. Robinson. *Medicine*: E. A. Lumley, F. Harris, W. J. Ronan, E. P. H. Vickery, B. C. O. Sheridan, F. A. L'Estrange, A. G. Varian, R. A. Anderson, G. B. Hadden, Kathleen D. Wallace, J. P. Quinn, R. W. Chapman, F. R. Dougan, D. S. Martin, T. J. L. Thompson. *Midwifery*: I. W. Corkey, E. D. T. Hayes, E. W. Craig, R. W. Shegog, Violet M. Deale, E. J. McSwiney, H. Mitchell, D. C. Pim, Geraldine Murphy, Hilda M. Marsh, G. Stanton, H. Daniel, C. C. Albertyn, E. Mannix, A. W. P. Todd, S. W. Fisher, F. J. O. King, M. B. King, D. H. Hall, C. McE. West, J. H. C. Walker, A. W. D. Magee, A. C. Bateman, G. Joughin, A. J. Horne, D. S. Martin.

* High marks.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

A COMITIA was held on Thursday, December 3rd, Sir Thomas Barlow, Bart., K.C.V.O., the President, being in the chair.

Narcotic Drugs.

A letter was read from the Foreign Office, dated November 4th, thanking the College for its communication concerning the sale of narcotic drugs.

Belgian Doctors' and Pharmacists' Relief Fund.

The Treasurer (Sir Dyce Duckworth) announced that the Finance Committee had recommended that the sum of 50 guineas should be presented to the Belgian Doctors' and Pharmacists' Relief Fund. The recommendation was adopted.

Early Clinical Thermometers.

A gift by Dr. J. E. Squire of two old clinical thermometers in use up to 1870, which had belonged to his father, Dr. William Squire, was accepted with thanks.

Election of Censor.

Dr. Newton Pitt was elected a Censor in the place of Sir Wilmot Herringham, M.D., resigned, owing to his absence with the army abroad.

New Regulations for the Weber-Parkes Prize.

Hitherto the Weber-Parkes Prize has been awarded triennially to the writer of the best essay upon some determined subject connected with the etiology, prevention, pathology, or treatment of tuberculosis. A silver medal has been awarded to the holder of the prize, and a similar medal, distinguished as the second medal, to the essayist who came next in order of merit. New regulations were adopted by the college, providing that the prize shall be awarded triennially for the best work already done in connexion with the etiology, prevention, pathology, or treatment of tuberculosis. A silver medal will still be awarded to the holder of the prize, but the second medal will not be continued.

Recognition of School.

A report was received and adopted from the Committee of Management, dated November 17th, recommending that the Newcastle-on-Tyne Royal Grammar School should be added to the list of institutions recognized by the Examining Board in England for instruction in chemistry and physics.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

Diploma of Fellow.

THE following candidates were approved at the First Professional Examination:

J. Adhya, Marian N. Boslock, L. S. Debenham, S. G. Dunn, B. T. Edye, A. N. Hooper, J. B. Hume, Helen Ingley, H. G. V. Mence, A. E. Moore, S. D. Rhind, T. O. Shah, J. R. White, D. Whyte, G. S. Wilson.

Medical News.

THE Mayor of Lyons suggests the creation of institutions in which soldiers rendered incapable of resuming their old trades in consequence of amputations should be taught new occupations suitable to their condition.

MR. P. JENNER VERRALL, M.B., B.C.Cantab., F.R.C.S., has been appointed medical officer to Epsom College, in succession to Mr. W. W. Coltart, L.R.C.P., M.R.C.S., who has resigned the position after holding it for twenty-eight years.

THE total number of medical students in Switzerland during the summer semester of 1914 was 2,705. They were distributed among the several universities as follows: Bale, 327, of whom 20 were women; Berne, 617, of whom 69 were women; Geneva, 879, of whom 223 were women; Lausanne, 316, of whom 70 were women; Zurich, 566, of whom 74 were women.

THE British Fire Prevention Committee, which has already issued 4,712 copies of its poster "Fire Warnings" to military hospitals and 4,355 to 474 Red Cross hospitals, offers to send copies to any hospital taking in wounded, or any refugee home or hostel not yet supplied. Application should be made to the Registrar of the British Fire Prevention Committee, 8, Waterloo Place, London, S.W., stating the character of the building and the number of beds.

THE National Council of Trained Nurses of Great Britain and Ireland has transmitted to the Secretary of State for War a resolution recording its disapproval of the present organization of the nursing of the sick and wounded soldiers in military auxiliary hospitals at home and abroad, and protesting against the dangerous interference of untrained and unskilled women, who have been placed in positions of responsibility for which they are not qualified.

WE are sorry to learn that the Notts County Council, which has in contemplation the appointment of a whole-time tuberculosis medical officer to have charge of the tuberculosis dispensaries and the general arrangements for the provision of tuberculosis treatment in the county, intends to offer a salary of only £450 to that officer. Even if offered in ordinary circumstances such a salary (which is substantially below the minimum of £500 now almost universally recognized in respect of responsible work of the kind) would, in our opinion, be inadequate. At a time like the present it is practically certain that the suggested salary cannot attract candidates fitted, by experience and ability such as would secure cordial co-operation with the members of the local medical profession, for such a post, and in our opinion the county council would, in the interests of the community, do well to reconsider its decision.

MAJOR LEONARD DARWIN presided over the December afternoon meeting of the Eugenics Education Society on December 3rd, when Professor J. L. Myres gave a lecture on the rise and fall of the ancient world. Eugenics in the modern sense of the word was, he said, a very recent branch of knowledge, although ever since practical politics had existed the question had been debated as to what kind of man made the best citizen and how this type might be obtained. This was especially true of the Greeks: the Oriental peoples valued population precisely as they did area, for its quantity rather than for its quality. Though little definite knowledge was obtainable it was possible to trace certain great rises and falls in the population of the ancient world. They were largely due to geographical rather than to political causes. Thus, a succession of bad seasons would lead the inhabitants of the high mountainous regions to emigrate in large numbers to the more fertile lowlands, with the result that one area would be almost denuded whilst another was overcrowded. There was every reason to believe that at certain periods the ancients, like ourselves, were confronted with the problem of over-population. Indeed, Hesiod went so far as to speak of the Trojan war with approval as a means of ridding the earth of its surplus population. Constant wars, of course, acted as a corrective to the natural tendency to increase and multiply, and the problem was also partly solved by colonization. Even this outlet, however, was not always available, for in the sixth century B.C. Greek colonization came to a standstill owing to the fact that all the available sites were already occupied. It was then that the Greek politicians began to preach a policy of restriction, whilst the Greek philosophers anticipated modern eugenicists by endeavouring to teach the wisdom of substituting quality for quantity in the birth-rate of the country.