circulation of the fluid in the recesses of the conjunctival sac. Each application should last for at least five minutes, and should be repeated within two hours in bad cases. The administration of urotropine is a valuable adjuvant, as this is excreted in the tears and acts as a mild disinfectant.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

MENINGITIS DUE TO PFEIFFER'S BACILLUS. E. S., female, aged 7 months, was admitted to the Derbyshire Royal Infirmary on March 13th. The history was that the child had been ill for seven days with what seemed at first to be an ordinary cold. On the third day of the illness a red pin-point rash came out on the chest and back, and the child began to vomit. The rash disappeared quickly, but vomiting persisted, and the child began to have attacks of screaming.

On admission the temperature was 102° F. and the pulse uncountable; the child looked very ill, was fretful and restless; the head was markedly retracted; lifting the head off the pillow made the child scream; the fontanelle was bulging; the pupils reacted normally; there was no ptosis or strabismus; abdominal reflexes active; knee jerks normal; no Kernig's sign; Babinski doubtful. The child had a very harsh and troublesome cough; breath sounds were harsh, and there were moist sounds all over both lungs.

Lumbar puncture showed the cerebro-spinal fluid to be under great pressure and that it was purulent. The cells were mostly polymorphonuclear, and a Gram-negative bacillus was also seen. Some cerebro-spinal fluid was sent to the county laboratory for culture.

The temperature ranged from 102° to 103°F., and the child

died twenty-one days after admission to hospital.

The bacteriological report stated that cultures were obtained on human blood agar, ox serum, potato, egg, and plain agar, and subcultures on human blood agar. The bacillus showed a great variety of form—cocco-bacillary, bacillary, strepto-bacillary, and club-shaped forms. No growth was obtained on any of the above media anaerobically. The organism from cultural and microscopic appearances was proved to be the B. influenzae of Pleiffer.

I am indebted to Dr. Barber, senior physician to the hospital,

for permission to publish this case.

R. L. Manson, M.B., Ch.B. Aberd., Late House-Physician, Derbyshire Royal Infirmary.

THE CREOSOTE TREATMENT OF PNEUMONIA. In the Journal of June 10th (p. 940) Dr. F. C. McCombie relates his experience of the treatment of lobar pneumonia by protassium iodide and creosote, and gives results in a large number of cases. The slightly diminished percentage (2.2) of deaths during the eight months' trial of this treatment (with considerably fewer cases than in the previous year) was not an encouraging result, and does not support the c'aim for its specificity. My own experience with this treatment during the influenza pandemic of 1918-19 was equally discouraging, for though occasionally it seemed to do good it was by no means reliable, and I concluded that very little crossote is absorbed by the gastro-intestinal mucosa, and even that little must pass through the portal circulation before reaching the heart and lungs.

I have since adopted another and, I believe, more efficacious method of using crossote—namely, by inunction into the axilla. It is a highly vascular and absorptive part, and numerous veins, venules, and lymph ducts pass beneath the thin integument at a point close to the thoracic duct and

large veins emptying directly into the right heart.

The mode of administration is very simple, consisting of the rubbing into either or both armpits of about 1 drachm of a creosote ointment about every four hours. I usually prescribe the ung creosoti B.P.C., 33 per cent. creosote for adults and 25 per cent. for children. As the ointment has a tendency to chafe the skin it is well to use the right and left axillae alternately. The arm on the side treated should be begught across the chest to ensure absorption.

I have had very gratifying results with this method of treatment in both lobar and lobular pneumonia. When the case is seen early it virtually aborts the attack. Even when

case is seen early it virtually aborts the attack. Even when the disease is established the results are, in uncomplicated

cases, remarkable. Usually the temperature falls to or below normal within twenty-four hours, the breathing becomes slower and easier, and toxic manifestations disappear. The usual physical signs are still to be found for several days after commencing treatment, but resolution begins earlier, and the affected lung clears up within a weck.

I regret I am unable to publish particulars of cases treated during the past three years, but without making extravagant claims for this method I can say that it has rarely failed in my hands.

London, N.W.

W. A. M. SWAN.

ANTIMONY IN YAWS.

I have read with great interest Dr. Cawston's description in the British Medical Journal of February 18th (p. 266) of cases of syphilis successfully treated by antimony, and, it being one of my duties in this station to inject intravenously some 7,000 or 8,000 cases per annum of acute and so-called tertiary yaws, I was at once struck by the immense reduction of expense that might be effected if such a cheap drug as tartar emetic could be substituted for galyl and novarsenobillon, the two preparations that I have been using for the last twelve months. I accordingly took a few ordinary adult. cases of acute yaws, for practical purposes exactly like Figs. 89 and 90 in Manson's Tropical Diseases, and gave them intravenously I grain of tartar emetic daily, no local applications being used; this was continued for from eight to ten days, one patient complaining of slight headache and nausea on the seventh, eighth, and ninth days; no ameliora-tion whatever was noted; in fact, my assistant considered the fetor to be slightly increased. The patients, accustomed to see their friends cured within three days by one injection of galyl or novarsenobillon, became restive and had all insisted upon their discharge by the tenth day. No cases of (so called) tertiary yaws were tried with the antimony treatment, the presumption being that if the very curable acute yaws was not relieved this very much more resistant form could not be benefited.

This investigation, though incomplete, is, I think, of interest, and I hope that Dr. Cawston may have an opportunity of also investigating the action of antimony in yaws in South Africa, where I have seen (in the Western Transvaal) many hundreds of acute cases of yaws and a corresponding number of ulcerations, periostitis, etc., following. Since 1891, however, I have noticed myself, and have heard from others,

that the number of cases has greatly diminished.

I wish to thank Dr. Gilks (principal medical officer of this colony's medical service) for permission to publish this note, and also to subassistant surgeon Wilayat Shah for assisting in conducting the investigation.

Fort Hall, British East Africa.

F. T. AUDEN, M.D.Edin.

ACUTE TORSION OF A HYDROSALPINX.

THE following case appears to be one of such rarity that its

publication seems justified.

The patient, a female student, aged 19, was admitted to the Hospital of SS. John and Elizabeth on May 3rd, 1922. The history was that at the age of 7 she had an attack of pain in the right iliac fossa, the condition being diagnosed as appendicitis; she recovered without operation. Apart from this she had always enjoyed excellent health until August, 1921, when one morning at about 7 o'clock, before getting up, she had a sudden severe attack of spasmodic pain localized in the right iliac fossa. She had slight nausea but did not vomit; the bowels had been quite regular. From this attack she recovered in a day or two. From January to April, 1922, however, similar attacks recurred, becoming more severe and of longer duration; the bowels were quite normal, the menses unaltered, and micturition unaffected.

On May 2nd the patient was obliged to go to bed on account of an exacerbation of the previous symptoms, which took place at 10 a.m.; this attack, however, was far more severe than any of the previous ones. When admitted, on May 3rd, the temperature was 98.4° F., the pulse 80, and respirations 20. The patient's general condition was good. The tongue was slightly furred. The abdomen moved well with respiration; it was not rigid, but there was some increased resistance deep in the right iliac fossa, as well as fairly marked tenderness. The pelvis was not examined.

On May 4th the temperature had risen to 100.8° at 6 a.m.; the pulse was 100, and the respirations 23; tenderness was very marked in the right iliac fossa. Under general anaesthesia a gridiron incision was made, and on opening the

abdomen the appendix was found to be very small; there was no evidence of recent inflammation. Further examination revealed a cystic tumour $2\frac{1}{2}$ in. by 2 in. by 1 in. resting on the anterior surface of the uterus, which was retroverted. The "cyst" had become twisted on its pedicle three times; it was evanotic, and on closer inspection was seen to be a hydrosalpinx which had undergone acute torsion; the fimbriae could just be made out, the abdominal ostium being closed by many adhesions. Salpingectomy was performed. The other pelvic organs were normal, and the abdomen was closed

The hydrosalpinx contained blood-stained fluid, and microscopical examination showed some fibrosis and extravasated blood into the tissues of an otherwise normal Fallopian tube.

Except for some slight pleural effusion, possibly due to an infarct, the patient made a good recovery.

For permission to publish this case I am indebted to Mr. G. A. Ewart, surgeon to the hospital, under whose care the patient was admitted.

F. Joselin Jauch, M.R.C.S. Eng., L.R.C.P. Lond., Late Resident Medical Officer, Hospital of SS. John and Elizabeth.

Reports of Societies.

COMPARATIVE ANATOMY OF THE ACCESSORY SEX GLANDS.

A MEETING of the Section of Urology of the Royal Society of Medicine was held at the house of the Royal Society of Medicine on June 29th, with the President, Sir Thomas Horder, in the chair. Sir Thomas Horder gave a summary of the findings of the special committee appointed to report on evidence submitted at previous meetings of the Section on the subject of renal function tests. This résumé, he announced, would be published in the *Proceedings* of the

Mr. Kenneth Walker then read a paper on the comparative anatomy of the accessory sexual glands. In opening his subject Mr. Kenneth Walker said that he had embarked on this expedition into comparative anatomy with a definite object in view—namely, that of seeing whether comparative anatomy would throw the light on the whitest of the function anatomy would throw any light on the subject of the function of the accessory sexual glands. Our ignorance of the physiology of reproduction was profound. What was the true function of the prostate? All that we knew was that the prostate provided a secretion which supplied a food and a favourable environment to spermatozoa. Spermatozoa remained active in saline containing prostatic secretion for a period of from seven to ten times longer than when in normal saline alone. With regard to the seminal vesicles we were in still greater ignorance. All that we really knew was that the term "seminal vesicle," in so far as it signified a sac in which semen could be stored, was a misnomer. The vesicles certainly took a more active part in reproduction than had previously been supposed, and contributed a secretion which although not essential was nevertheless important to reproduction. The experiments of Walker of Baltimore and of Steinach had shown that excision of the prostate and the vesicles had no effect on the sexual vigour of an animal. A male rat that had been subjected to excision was observed to indulge in coitus eighty times within the course of an hour on being allowed to return to the females. The rat was, however, undoubtedly sterile.

The lecturer said that he did not intend to discuss the accessory sexual glands of the lower members of the animal kingdom, such as fish, insects, and reptiles. It was, however, interesting to note that the accessory glands were well represented amongst fish by the cloacal glands. After emission of the sperm the cloacal glands evacuated a thick viscous material which provided for the delicate sperm a protective Here was foreshadowed the function of the prostate, which, inasmuch as it was developed from the cloaca, might be regarded as the analogue of the cloacal glands.

A series of drawings of the accessory sexual glands of selected animals was then shown on the epidiascope. The lecturer pointed out that in the ornithorhynchus both the prostate and the seminal vesicles were absent. The epididymis, on the other hand, was very highly developed, and might possibly discharge some of the functions of the absent glands. Amongst the marsupials could be seen the beginnings of a prostate. The long uro-genital sinus was definitely

thickened in the kangaroo, and microscopical examination of its wall showed the existence of two coats-an inner glandular and an outer muscular. In the specimen of the wombat which the lecturer had recently dissected this was particularly well marked. Drawings were then shown which demonstrated the enormous development of the prostate and more especially of the vesicles amongst rodents. The greatest more especially of the vesicles amongst rodents. development of all would seem to be found in the case of the viscacha, a guinea-pig-like rodent found on the Argentine pampas. Here the vesicles by their size overshadowed the whole of the genito urinary system and were suspended on mesenteries of their own.

The point of interest in the rhinoceros was the great similarity in structure between the prostate and the vesicles, both being solid multilobulated glands with no obvious line of separation between the two. In the rhinoceros, and still more in the case of the Red River hog, Cowper's glands reached an enormous size. What was their function? Their reached an enormous size. What was their function? secretion had been said to neutralize and sweep out any urine remaining in the urethra before coitus, but surely such high development implied the existence of some more important function than this. The chief point of interest amongst antelope and deer was the presence of a very highly developed uterus masculinus. In the aard-vark (a species of wild pig living in South Africa) this structure was so large that it would almost appear to have some functional value. The elephant and the zebra were both of interest on account of the presence of well-marked ampullae to the vasa deferentia. A section of this ampulla in the zebra laid bare a structure that very much resembled the section of a seminal vesicle. This latter structure in the case of the zebra was a simple thin walled sac, so that it would appear that the highly developed ampulla, so rich in glands, was performing in this animal the function normally discharged by the vesicle. Oppel's observation was of some interest in this connexion. Oppel had noted a relationship between the presence of an ampulla and the time taken in coitus. Those animals provided with a well-marked ampulla of the vas, like the horse, the ram, and the bull, had a very short period of coitus, whereas animals like the dog, the cat, and the pig, who had no ampulla in which semen could be stored ready for ejaculation, occupied a long time in the sexual act.

In conclusion the lecturer drew certain conclusions from the specimens shown on the screen. The first point worthy of note was the very marked variations that occurred in the degree of development of the accessory sex glands in different members of the animal kingdom. Moreover, it would appear that there was considerable overlapping in function between the prostate and the vesicles. This was suggested not only by similarity of structure but also by the fact that, broadly speaking, where the prostate was highly developed the vesicles were often rudimentary, and vice versa. This observation, which the lecturer for a short time had flattered himself by imagining to be original, was actually an observation of John Hunter's. Thirdly, it would appear that Cowper's glands, which in man were of such trifling importance, in certain animals performed a very important but unknown function. Finally, a study of comparative anatomy fully justified the inclusion of the epididymis and the ampulla of the vas

amongst the accessory sexual glands.

Sir THOMAS HORDER, after congratulating the lecturer on what he considered to be a very original paper, declared the

matter open to discussion. Mr. RAFE THOMSON said that he considered the common explanation given of the function of Cowper's glands absolutely inadequate. There was very little urine left in the urethra and it was absurd to suppose that Cowper's glands were there simply to neutralize this moisture. He did not entirely agree with Mr. Kenneth Walker's views of the function of the verumontanum, which he (the speaker) believed to act merely as a mechanical means of preventing semen from passing back into the bladder during coitus. Finally, had Mr. Kenneth Walker noticed any relation between the size of the accessory sex glands and the size of the litter in different animals?

Sir John Thomson Walker, after congratulating Mr. Kenneth Walker, said that he was somewhat doubtful of the significance of George Walker of Baltimore's excision experiments. But, after all, these experiments were repeated whenever a prostatectomy was performed in the human subject. It was well known that prostatectomy had no effect on virility, but it probably sterilized the patient. He had seen no case in which a patient had produced children after submitting to prostatectomy, and would be interested

Anibersities and Colleges.

UNIVERSITY OF OXFORD.

THE following candidates have been approved at the examinations

ndicated:

Final B.M., B.Ch.—Materia Medica and Phirmacology: H. N. Bradbrook, R. J. Brocklehurst, R. E. D. Cargill, A. F. Clarke, C. L. Ellgood, K. J. Franklin, C. J. Fuller, C. A. H. Green, L. N. Jackson, P. H. Leslie, G. F. L. Mitcheson, H. W. Pearson, A. A. F. Peel, V. P. Robinson, A. W. L. Row, G. P. Roxburgh, H. N. Stokoe, T. S. Townsend, H. F. Turney, W. R. Wood, C. R. Young, Alice E. B. Harding. Pathology: P. W. Boobbyer, R. J. Brocklehurst, R. S. Creed, A. D. Dyson, C. J. Fuller, P. H. Leslie, H. W. Pearson, G. F. Skinner, A. Q. Wells, G. I. Wilson, Dorothy J. Collier, Sybil R. Eastwood, Katherine M. Hodgkinson. Forensic Medicine and Public Health: W. B. Boone, W. R. Brain, D. S. Davies, H. A. Gilkes, E. H. Koerner, C. R. Lane, B. W. Williams, C. R. Young, Nancy B. Ockenden, Jean Ohr-Ewing, Constance M. Ottley. Medicine, Surgery, Midwifery: C. W. C. Bain, W. Champneys, S. Hartley, R. F. Johnstone, D. G. Lejs, T. L. Orme od, H. A. Osborn, H. D. Paviere, B. W. Williams, Dorothy W. Crook.
D. P. H.—Part I: C. Funcomb, K. Falconer, R. B. Lal. Part II: E. H. Creed, R. B. Lal, N. B. Laughton, E. Newton.
M.CH.—L. R. Broster, E. A. Crook.

The Dr. Lee's Professor of Anatomy has awarded the Welsh Memorial Prize for drawing in relation to human anatomy to Olive Howland Lister. The Theodore Williams Scholarship in Anatomy has been awarded to T. C. Hunt, and the Theodore Williams Scholarship in Physiology to T. S. Townsend.

UNIVERSITY OF LONDON.

UNIVERSITY COLLEGE.
THE following awards in the Faculty of Medical Sciences have been made:

Bucknill Scholars, 1921: A. S. Wesson; M. Barer (additional). Medical Exhibition, 1921: Violet H. Comber. Gold Medal for Anatomy (Senior Class): Catherine Watterson. Silver Medal for Anatomy (Junior Class): R. M. Walker. Gold Medal for Physiology (Senior Class): M. Cutner. Silver Medal for Physiology (Junior Class): Nina Blackett. Silver Medal for Organic and Applied Chemistry (General Course): R. M. Walker. Silver Medal for Pharmacology (General Course): Mary Tyars.

KING'S COLLEGE.

King's College.

Worsley Scholarships.—The Council of King's College, London, has instituted a special scholarship under the Worsley Foundation for the post-graduate training of a fully qualified medical man, with a view to his proceeding or returning to India as a medical missionary. The scholarship is of the value of £150, together with free medical education at some Post-Graduate Institute. The ordinary Worsley Scholarship, which is of the value of £100, paid in five annual instalments of £20 each, together with free medical education at King's College and King's College Hospital, is also offered. The scholarship was founded for the education of medical missionaries proceeding to India, and a scholar must on election onered. The scholarship was founded for the education of medical missionaries proceeding to India, and a scholar must on election obtain security for the purpose of ensuring that he will proceed as a missionary when his education is completed.

Applications for either scholarship, accompanied by testimonials, should be sent to the Dean of King's College, Strand, W.C.2, not later than August 31st, 1922.

LONDON HOSPITAL MEDICAL COLLEGE.

The following prizes and certificates gained by students of the London Hospital during 1921-22 were recently distributed by Mr. T. H. Openshaw, C.B., C.M.G., senior surgeon to the hospital:

Mr. T. H. Openshaw, C.B., C.M.G., senior surgeon to the hospital:

"Price" Scholarship in Science (£100), F. W. Ta Bois. "Price"
University Scholarship in Anatomy, and Physiology (£52 10s.), G. L.
Thompson. Entrance Science Scholarship (£50), H. Evans. Prize in
Clinical Medicine (£20), W. R. Brain. Prize in Clinical Surgery (£20),
L. B. Leibster; honorary certificate, Miss L. P. Gibbon. Prize in Clinical
Obstetrics and Gynaecology (£20), Miss M. C. N. Hadley; honorary certificates, Miss D. Cook, Miss K. Tresilian, R.M. Morris. Andrew Clark Prize
in Clinical Medicine and Pathology (£26), W. R. Brain; honorary certificates, Miss D. Gibson, Miss C. M. Ottley, Miss M. C. N. Hadley. Lettheby
Prizes: (a) Organic Chemistry (£15), F. E. Kingston; honorary certificates,
F. W. Ta Bois, Miss C. M. Hext; (b) Chemical Pathology (£0), F. B.
Byrom. Buxton Prize in Anatomy and Physiology (£31 10s.), G. King;
honorary certificate, H. G. Wyatt. Dressers' Prizes (£5): (a) Elementary
Clinical Surgery, Miss D. E. Buckmaster and Miss M. C. N. Hadley (aeq.,
prize divided), P. H. O'Donovan, J. T. Ingram; honorary certificates, S.
Vatcher, J. T. Burrell, L. Mushin; (b) Minor Surgery, J. T. Fathi, G. L.
Thompson, R. G. Strouts; honorary certificates, Miss C. M. Hext, W.
Evans, C. E. Nicholas, F. W. Ta Bois. H. Evans. Anderson Prizes in
Elementary Clinical Medicine (£5), S. A. Grant, R. K. Wilson (B. D.
Hendy, L. P. Marshall, and B. H. Wooderson aeq., prize divided);
honorary certificates, Miss C. M. Ottley, L. C. J. Edwards, N. M. Goodman,
R. E. Wilson, J. T. Burrell, Miss D. Mason, A. R. Lister, J. T. Ingram,
R. T. Brain, W. A. Lister, J. R. A. Madgwick, G. L. Thompson Arnold
Thompson Prize in Diseases of Children (£5), Miss K. E. Tresilian; honorary certificates, Miss D. E. Buckmaster, K. W. Todd. Practical Anatomy
Prizes: (a) (£6), R. D. Summer; (b) (£4), E. C. Hudson; honorary certificates, Miss D. E. Buckmaster, K. W. Todd. Practical Anatomy
Prizes: (a) (£6), R. D. Summer; (b) (£74), E. C. Hudson; honorary certificates, Miss D. E.

UNIVERSITY OF MANCHESTER.

THE following candidates have been approved at the examinations indicated:

FINAL M.B. AND CH.B.—P. D. Abbatt, S. Adler, R. Anderton, J. H. Appleton, K. V. Bailey, J. B. Bennett, Doris H. Bentham, E. W. Gough, †H. M. Coope, †Margaret Derbyshire, Dorothy M. L. Dyson, †Beatrice L. Ellison, H. T. Fay, J. H. Fletcher, E. S. Frischmann, A. Ingham, A. A. Pomfret, †Hida Pratt, A. Rosenstone, *F. H. Scotson, H. Southworth, J. H. Struthers, C. B. V. Walker, Margaret Wild. Obstetres: Katrleen M. Eastwood, P. Fildes, R. Handley, Doris M. Hardman, Mary Kent, C. B. Kirkbride. Surgery; Kathleen M. Eastwood, J. Yates. Forensic Medicine: G. B. Lord, Greta Lowe.

THIRD M.B. AND CH.B.—Pharmacology and Therapeutics: R. S. Adam, J. H. Anderson, J. K. Barr, Margaret A. Bromhall, W. C. V. Brothwood, C. V. Brown, Stella H. Brown, T. A. Brown, § Sisie Catiow, § T. E. D. Chadwick, W. Chadwick, Jenny D. Craig, J. A. Crowther, T. E. Davies, S. Devine, R. Ellis, J. D. Faiquhat, C. R. Fielding, Miriam Florentin, A. G. Forbes, I. H. Freedlander, J. W. Graham, P. Gregory, Dorothy Guest, J. Haslam, G. H. Hayle, A. H. Heyworth, E. Holmes, W. L. Horton, J. N. Hudson, Elizabeth G. Humbie, P. G. Johnson, Phyllis I. Kaufmann, D. Kemp, Barbara M. Knight, G. F. Langford, Annie T. Leigh, E. M. Liddle, § Hilda M. Linford, F. R. Lockbart, A. M. MacGill, C. T. Marshall, W. Mottershead, Alice M. Orrell, H. Penman, S. Pope, L. J. Prosser, Olive A. Ransome, A. R. Addey-Redfern, T. W. Rothwell, Eileen Sheehan, J. Shlosberg, § J. Sims, H. T. Simmons, G. S. Smith, Lois Stent, R. F. Stubbs, J. Troup, H. M. Turner, J. Viljoen, C. L. Walker, R. Walshaw, S. E. Ward, S. Whalley, H. Whittle, C. Wilcocks, R. M. Williams, G. Williamson, S. P. Wilson, K. K. Wood, P. B. Wood, F. Yates, J. M. Yoffey, N. A. T. Young, Pathology: C. N. Aldred, W. B. Bacon, A. Barlow, C. E. W. Bowman, W. Broadhurst, J. F. Bromley, A. Brown, A. J. E. Cave, A. Coleman, Bessie E. Cook, G. Crompton, Mary S. Davies, C. Eccleston, N. L. Edwards, R. W. Fairbrother, W. E. Fildes, W. A. J. Fleming, E. J. Foulds, E. St. G. Gilmour, Anne H. Glancy, A. Glenn, Marjorie A. Grant, M. E. Heywood, #Evelyn M. Holmes, W. G. Howson, K. H. Jackson, A. M. Jones, Bertha Kahn, L. W. Kay, A. C. Kelly, V. F. Lambert, H. M. Levy, W. B. McKelvie, L. Morris, Marjorie M. O'Dea, R. W. Parker, M. Parkes, T. Pierson, D. Ramage, W. M. Roberts, Marjorie Robinson, Kate B. Scott, Agnes Seaston, G. E. Sharp, Margaret Simcock, Dorothy Simmons, H. C. Smith, W. Smith, W. G. Southern, Marjorie Thompson, Sarah Walker, E. Whiteside, Jane M. Wilde, #L. J. Witts, E. J. Warburton, Marjorie Youatt.

UNIVERSITY OF LIVERPOOL.

THE following candidates have been approved at the examinations indicated:

THE following candidates nave been approved at the examinations dicated:

M.D.—S. S. Shri Kent.

M.D.—S. S. Shri Kent.

M.B. AND CH.B.—*H. Cohen, †M. J. Cohen, ‡P. R. Hawe. Part III: Ethel Ashton, E. W. Ashworth, Endors V. Beatty, R. H. Blair, A. Catheart, Mildred M. Clegg, R. W. Cockshut, C. Cookson, Gladys W. Darlington, J. V. Hall, T. K. Hughes, W. D. Jeans, A. R. Jones, Irene E. Kenworthy, Eleanor Lancelot, N. H. H. Longton, B. L. McFarland, F. Q. McKeown, Annie Mather, Muriel Pickering-Jones, J. K. Reid, D. Riding, C. F. H. Sergeant, Mary D. H. Sheridan, J. E. T. Shirlaw, Enid F. Stowell, J. E. Sykes, A. K. P. Tobin, C. H. Walsh, Dorothy A. Williams, Grace H. Wood. Part I: V. C. Cornwall, L. Davies, R. Y. Dawbarn, Kathleen Edgecombe, C. K. D. Edwards, D. P. Finn, E. J. Foley, N. D. Fraser, S. C. Goldstone, W. F. Jones, T. S. King, D. Kippax, G. T. Krajewski, W. J. Laird, Lilian W. Massey, J. I. Noble. Part II: §B. Abelman, A. R. D. Adams, J. Berkson, R. W. Brookheld, T. L. Bulmer, M. Byala, I. Casdan, §M. Cohen, R. G. Cooke, [R. Cotter, I. H. Davies, Hilda M. Davie, F. Earlam, C. K. D. Edwards, D. P. Finn, D. Flenley, F. S. Fowweather, Susar Gluck, A. B. Griffiths, J. R. Griffiths, J. Hallam, C. W. Healey, S. Hesselberg, Enid M. Hughes, §Elizabeth Hunt, L. E. Johnson, F. H. Jones, T. J. Kirkpatrick, D. A. Levin, Eileen M. Lloyd, Marion R. Lunt, [D. Macfarlane, Mary M. McMillan, J. McWilliams, [C. H. Owen, §D. U. Owen, Eleanor M. P. Pearson, W. E. Pennington, J. D. O'M. Poole, E. L. Roberts, J. Roberts, R. A. Roberts, Kathleen M. Robertson-Dunn, J. R. A. Tallack, Dorothy A. Taylor, Elizabeth M. Theron, H. A. Thomas, J. G. Thomas, R. W. Thomas, A. Tumarkin, H. Walker, A. E. Wall, E. J. Whymark, H. P. Widdup, [A. G. Wilkinson, E. B. Wilkinson, J. Williams, Mary G. T. Williams.

*First-class honours with distinction in Surgery and Obstetrics.

First-class honours with distinction in Surgery and Obstetrics.
First-class honours with distinction in Medicine and Surgery,
Second-class honours with distinction in Obstetrics.
Distinction in Public Health.
Distinction in Forensic Medicine and Toxicology.

D.P.H.—Evelyn F. Bebbington, Louise Denil, J. Flanagan, W. M. Frazer, S. C. Gracias, G. R. James, Annie A. Muir, Edith M. Seward, S. S. Shri Kent, Marion Thomson, J. C. Twomey, C. J. Young.

UNIVERSITY OF EDINBURGH.
THE following candidates have been approved at the examinations

THE following candidates have been approved at the examinations indicated:

Final M.B., Ch.B.—S. M. Alexander, Margaret Allice, J. W. Anderson, W. L. Balfour, Davie Anne D. Bannerman, F. D. M. Beaton, Margery E. Bennet, J. H. van den Berg, Elizabeth S. Blair, Victoria E. Brander, Jean T. W. Bucknell, P.E. Bulmer, Jane G. H. Burnet, C. W. Burns, J. C. Caird, Isobel J. Callender, I. G. Cameron, Esther J. Campbell, Farace Campbell, Helen T. Campbell, Mary C. Campbell, Elizabeth B. Clark, F. W. P. Cluver, G. G. Cochrane, T. A. Cochrane, J. W. P. Collier, Jean M. T. Connochie, J. C. B. Creig, E. J. Crawford, F. G. Creaser, Margaret M. Creaser, Lilian M. Croskery, B. M. Dick, Gladys H. Dodds, C. E. Dorsch, Jessie A. P. Dower, Jessie Eeles, E. L. Ewan, L. Feldman, T. Ferguson, Helen L. M. Fisher, J. E. Fletcher, *C. H. Fouche, Beatrice C. Galsworthy, Hilda R. Gibbs, E. S. Gordon, Alice J. Gray, Margaret A. Green, H. Greenberg, J. B. Gyle, J. S. Harris, J. A. Hart, Hilda R. Hay, Janet M. Henderson, J. M.A. Henderson, Enid M. Hern, J. S. Hovell, Sheila Hunter, W. M. Hyslop, R. G. Inkster, G. W. Ireland, H. Jamieson, E. M. Jenkins, Nora A. Jones, Elizabeth R. Kemp, Catherine G. Ketchin, A. J. Kilgour, Isabel F. King, N. Kretzmar, E. G. Lawrie, W. R. Levie, S. Lipetz, J. H. Loots, A. J. Lubbe, M. G. L. Lucas, S. L. Lucas, K. Lumsden, Betty Macdonald, *D. T. Macdonald, D. Macdonald, *J. R. M'Donald, A. M'Farlane, R. E. C. M'Intosh, D. P. Macdonald, K. A. Macrae, *A. M. Marr, J. Martin, T. M.W. Millar, J. C. Moir, Janette C. Morrison, A. H. Mowat, Jessie E. M. Munro, R. Munro, J. K. Munray, Dorothea M. Norwell, Jessie R. H. O'Sullivan, Dorothy M. Patrick, H. Penu, Dorothy G. E. Potter, C. M. Rautenbach, F. W. Rawlings, W. M. Robb, Isabel M. Roberton, J. D. Robertson, Robina A. M'F. Scott, D. M. Scrimgeour, Marjorie K. Semple, S. Sieff, T. Skene, A. G. Smith, Marjorie V. B. Smith, Eva Stewart, H. G. Stockley, Jessie W. Strang, May D. Stranger, I. D. Stronach, P. W. Tait, Rulh M. A. Tait, Isabel'a Taylor, Florence L. Telfer,

J. Thomson, Muriel J. Thomson, Annie R. Turnbull, Kathleen M. Turner, J. Waiggowsky, Georgina Waters, Annie E. Webster, Christian M. B. Welsh, Winifred Wight, Doris S. Williams, H. H. Wright, A. D. MacC. Young.

*Passed with distinction.

UNIVERSITY OF ST. ANDREWS.

SUMMER GRADUATION.

THE summer graduation ceremonial took place on July 7th, when the Principal, Professor J. C. Irvine, presided.

He summer graduation ceremonial took place on July 7th, when the Principal, Professor J. C. Irvine, presided.

Honorary Degrees.

The honorary degree of Doctor of Laws was conferred on Dr. C. R. Marshall, Professor of Materia Medica in the University of Aberdeen, and on Sir Harold Stiles, Regius Professor of Clinical Surgery in the University of Edinburgh.

In presenting Professor Marshall the following statement was made: After a distinguished undergraduate career in the Universities of Manchester and Cambridge and the tenure of an assistant-ship to the Downing Chair of Medicine, Cambridge, Professor Marshall came to St. Andrews in 1899 as Professor of Material Medica, an appointment which terminated in 1919 with his transference to the Regius Chair in Aberdeen. As Dean of the Faculty of Medicine he had given ample proof of his abilities, his energy, his grasp of affairs, and his keen interest in the Medical School.

Of Professor Sir Harold Stiles it was said: The eminence of Sir Harold Stiles, Regius Professor of Clinical Surgery in the University of Edinburgh, as a surgeon—as student, practitioner, and teacher of his art—needed no recital to give it warranty. Inspired with an enthusiasm for surgery by the example of two remarkable men, his grandfather and father in Lincolnshire, the latter of whom was a doctor of medicine of St. Andrews, he had been associated since his student days with the great Edinburgh school of surgeons, to whose high standing and long tradition he had added not a little fame. Since the first recognition of his skill by the awards of the Lister and the Walker prizes in his various offices as surgeon of the Sick Children's and the Chalmers Hospital, as charged in the war with the supervision of orthopaedic treatment in the Scottish military hospitals, and in the Regius Chair of Clinical Surgery in his University, he had been for twenty years a brilliant leader in the world of surgery, and had found time, amid the heavy demands of private practice, to advance by notable research the know

Ordinary Degrees.

M.D.—J. Kinnear, W. G. Robertson, Amelia MacD. Thoms.

M.B., Ch.B.—F. E. Anderson, J. C. Anderson, G. G. Buchanan, Katherine M. Campbell, D. C. Clark, G. R. M. Cordiner, W. M. Cumming, Frances Heron-Watson, L. Jacobs, W. L. Kinnear, N. M'Leod, Isobel M. Mansie, Margaret C. Muir, Bhagwant Singh Nat, Alan Pride, Agnes H. T. Shepherd, Edith M. D. Smith, W. L. Fullia

D.P.H.—Georgina S. Craig, Janet H. Hodge, A. C. Meek, G. R. Ross.

ROYAL FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW. THE following have, after examination, been admitted as Fellows: A. N. Basu, J. Lipsey, N. B. Morris, C. Read.

UNIVERSITY OF DUBLIN.

TRINITY COLLEGE. AT the summer commencements in Trinity term, held on July 4th, the following medical degrees were conferred:

he following medical degrees were conferred:
M.D.-R. D. FitzGerald, G. S. M'Conkey, H. Mitchell; Sir William Taylor, Regius Professor of Surgery (stip. cond.)
M.CH. (honoris causa. -Dr. G. E. Armstrong, C.M.G., Professor of Surgery in McGill University, Montreal.
M.CH.-E. D'Arcy McCrea.
M.B., B.CH., B.A.O.-Minnie Alper, A. G. Bewley, M. Bewley, G. Blackall, G. R. Burns, J. V. Carroll, Beryl F. E. Cockle, I. Cornick, J. R. Craig, A. E. Drotske, N. McI. Falkiner, J. C. Gillespie, H. Hall, J. Harte, J. Lait, M. P. Louw, J. E. McCormick, J. C. J. McEntee, D. L. H. Moore, G. S. Moran, R. N. Perrott, May E. Powell. S. G. Rainsford, J. G. Russell, S. G. Russell, M. Sayers, R. Seale, A. H. N. Todd, M. M. Viljoen, S. G. Wedon.

THE COUNCIL OF THE ROYAL COLLEGE OF SURGEONS. AT a meeting of the Fellows of the Royal College of Surgeons of England on July 6th for the election of three Fellows into the Council, in the vacancies occasioned by the retirement of Sir Charles A. Ballance, K.C.M.G., C.B., M.V.O., Sir William Thorburn, K.B.E., C.B., C.M.G., and Mr. W. McAdam Eccles, 816 Fellows voted, out of whom 809 forwarded their voting papers by post, seven voting in person. The result was:

Ci., III. III.						Votes.	Plumpers.		
Sir W. THORBURN	•••	•••	•••	•••	•••	· 502	•••	57	
	•••	•••	•••	•••	•••	436	•••	10	
ROBERT PUGH ROWLA			•••	•••	•••	280	•••	39	
Mr. W. McAdam I		8	•••	•••	•••	272	•••	17	
Mr. Victor Bonney		•••	•••	•••	•••	228	•••	15	

The President declared Sir W. Thorburn and Sir Charles Ballance duly re-elected, and Mr. R. P. Rowlands, O.B.E., duly elected into the Connect. elected into the Council.

Obituary.

MAJOR-GENERAL W. F. STEVENSON, C.B., M.CH. Major-General William Flack Stevenson, C.B., Medical Staff (retired), died at Bournemouth on July 7th, aged 78. He was born in Dublin on May 29th, 1844, the son of John Stevenson, of Strawberry Hill, Dalkey, County Dublin, and educated at Trinity College, Dublin, where he graduated B.A., M.B., and M.Ch. in 1865. He entered the army as assistant surgeon on March 31st, 1866, and served in the Royal Artillery in the old regimental days; he attained the Royal Arthery in the old regimental days; he attained the rank of surgeon-colonel on July 9th, 1896, and retired on August 1st, 1905. He was granted the temporary rank of surgeon-general while serving in South Africa in 1899-1900, and again when employed at the Royal Army Medical College in 1903, and was confirmed in that rank, on the retired list, on July 16th, 1913. He was assistant professor of military medicine at the Royal Army Medical School, Netley, in 1890-92, and professor of clinical and military surgery in 1892-95. He served in the South African war in 1899-1901, as principal. medical officer of the lines of communication, and afterwards as principal medical officer at Lord Roberts's headquarters. He took part in operations in the Orange Free State, including the actions at Paardeburg in February, 1900, at Poplar Grove and at Driefontein; and in the Transvaal, including actions near Johannesburg and Pretoria, and at Belfast. He was mentioned in dispatches in the London Gazette of February 8th, 1901, and received the Queen's medal with five clasps, and the C.B. On retirement he was appointed honorary surgeon to the King. He was subsequently employed at home in the recent war. In 1897 he was selected to attend the International Medical Congress at Moscow, as representative of the British Army.

In 1897, soon after quitting his chair at Netley, he published a book, Wounds in War, the Mechanism of their Production and their Treatment, which was at that time and for many years afterwards the chief authority on the subject. A second edition appeared in 1904, and in it he was able to embody the results of his experience in South Africa. A third edition was issued in 1910. General Stevenson is survived by his widow and two daughters. His only son, who entered the I.M.S. in 1896, died of heatstroke in Lucknow in 1900. General Stevenson was a highly accomplished surgeon, and a widely read man, possessed of great charm of manner. qualities combined to give him influence both during his two

terms at Netley and afterwards.

EBENEZER DUNCAN, M.D.,

Consulting Physician, Victoria Infirmary, Glasgow. WIDESPREAD regret is felt in medical circles in Glasgow and the West of Scotland that Dr. Eben. Duncan has passed away. He has been a member of the medical profession for fifty-five years, having graduated with honours at Glasgow University at the early age of 21. Throughout his professional

career he occupied a prominent place in the life of the city. Essentially he was a publicist, and wherever medicine was in touch with civic or social questions he was actively interested. He was a good speaker, clear and forcible, and spoke always with the strength of conviction. When the British Medical Association met in Glasgow in 1888 he was one of the honorary secretaries of the Public Health Section, under the chairmanship of Sir Henry Littlejohn, and the few who remember that meeting will regret his absence from the

coming one.
Dr. Duncan was for a time an extramural lecturer on medical jurisprudence, was a president of the Sanitary Association of Scotland, of the Philosophical Society of Glasgow, and of the Royal Faculty of Physicians and Surgeons. He was physician to the Victoria Infirmary, and an examiner in several medical subjects at the University and for the Scotlick Canight Board. In the war he was and for the Scottish Conjoint Board. In the war he was a member of the Scottish Medical Emergency Committee, and took part in its meetings with his customary vigour. Between two and three years ago, notwithstanding his age, he made a strong fight for election as Direct Representative for Scotland on the General Medical Council, and though defeated he secured a large measure of support. For his years he was a remarkably young-looking man until not long ago, when he had to submit to a serious operation. He spent a long and useful life in the service of his fellow men, and now he has entered into his rest, leaving behind him a respected name and a high

Glasgow.

members of the staff not able to go to the funeral to pay their last respects to one who had been so closely associated

with them for so many years.

"He leaves no children, but a widow, to whom the deepest sympathy of the whole staff of this hospital is extended. Personally I feel that by his death I am only one of many who has lost a great friend."

Dr. R. Wilson Bruce, of Glasgow, died on July 8th in his seventy-eighth year. He was educated at Anderson College and the University of Glasgow, and took the diploma of L.R.F.P.S. Glasgow in 1872. He was well known in the north-western district of the city, and was for many years visiting surgeon of the Eastpark Home for Infirm Children. He also took great interest in medical mission work and was at one time surgeon to the Medical Mission Dispensary.

A. N. DAVIS, L.R.C.P. and S.,

reputation for ability, energy, and integrity in all he under-

took. His wife died several years ago, but he has left a family of three daughters and five sons, of whom three are members of his own profession, two in Canada and one in

Medical Superintendent, Devon Mental Hospital.

THE sudden death of Dr. A. N. Davis, medical superintendent of the Devon Mental Hospital, Exminster, on June 29th, was a great shock to the staff of the hospital and to his friends. His death was the more tragic inasmuch as on the following day, when his resignation would have taken place, he was to have been presented with a handsome silver salver as a farewell gift from the staff of the hospital. It had been noticed for some time that his health was not good, but he had never completely recovered from an injury to the hip sustained by a fall some twelve months ago. He had been unable, in consequence of the injury, to do full duty, and last Christmas had intimated his intention of resigning. He was induced to continue in office, but eventually the committee decided, with great reluctance, to accept his resignation as from June 30th, 1922

Arthur Nathaniel Davis was born on June 14th, 1857, and took the diplomas L.R.C.P. and L.R.C.S.Edin. in 1880. He had seen over forty-two years' service in mental hospitals, beginning with Bethnall House Asylum, London, and passing to the Portsmouth Borough Asylum. In 1883 he married the daughter of the late General George Warren, and accepted a colonial appointment in Antigua. The climate, however, did not suit his health, and after a year he returned to this country and became the medical officer of the institution at Forston, which was in those days an annexe to the Dorset County Asylum. Afterwards he was for seven years medical 1898 was appointed medical superintendent of the Devon Mental Hospital at Exminster, a post he occupied for twenty-four years.

Dr. Richard Eager, his successor at the Devon Mental Hospital, to whom we are indebted for these particulars,

"During his tenure of office he gained the entire confidence of the county councillors of Devon as an organizer and administrator, and his opinion on these matters has often been sought outside the county. When the war came he found himself faced with poculiar difficulties, inasmuch as his senior and second assistant medical officers were immediately mobilized. In spite of this he not only successfully carried on the administration of this large hospital, but also managed to take an active part in recruiting work for the services, and was given the rank of Major in the R.A.M.C. These energies, it is feared, taxed his powers, for in the winter of 1915 he had a serious illness. From this, however, he seemed to make a satisfactory recovery, and he resumed his duties as medical superintendent with his usual vigour. At the termination of the war he devoted great energy to provide this village with a recreation hall, and it is largely due to his activities that 'Exminster Victory Hall' now exists. His name figures on one of the foundation stones of this building, and will be a lasting memento to his long and happy connexion with the hospital and village.

"When he made up his mind to retire he decided to live at

Exmouth, bought a house there, and spent much of his time in that town, visiting the hospital when necessary. His last visit was paid on the day of his death, when he appeared to be in his usual health and spirits. He motored to Exmouth in the evening. After he had gone to bed he was seized with pain, collapsed, and died almost immediately. The staff of this hospital, of which he was head for so long, held him in highest esteem, and his loss is felt by all. Dr. Davis was an all round sportsman of no small ability. He was an excellent shot, and his name has been well known for many years in the county of Devon as a first-class cricketer. Since his inability to take an active part in the game he has regularly attended the Mental Hospital matches and encouraged the younger members of the team. He extended his sporting instincts into the field of his work, and as an administrator was always anxious to overlook offenders and forgive rather

than punish.
"The funeral took place at Littleham Cemetery, near Exmouth, on the afternoon of July 4th, and was largely attended by members of the committee and staff of this hospital. A memorial service was also held in the hospital chapel at the same hour to enable the patients and those

The Serbices.

THE Territorial Decoration has been conferred upon Major S. Grant Ogilvy, 10th Bn., Royal Scots (ret.), late Major, R.A.M.C. Surgeon Commander Alexander C. W. Newport, M.V.O., R.N., H.M.S. Renown, has been created a Commander of the Royal Victorian Order, and Surgeon Lieutenant Commander Henry E. Yeo White, R.N., H.M.S. Renown, has been appointed a Member of the Fourth Class of the same Order.

DEATHS IN THE SERVICES.

Deputy Surgeon-General James Henry Jeffcoat, R.A.M.C. (ref.), died at Surbiton on July 5th, aged 85. He was born at Leamington and was educated at St. Mary's Hospital; and after taking the M.R.C.S. and L.S.A. in 1858 he entered the army as assistant surgeon on August 5th of that year. He became brigade surgeon in 1884, and retired, with a step of honorary rank, in 1885. In his early days he served in the 9th Foot, the Norfolk Regiment. He went through the Afghan war of 1878-80 with the Kuram Field Force, and at the capture of the Peiwar Kotah, receiving the medal with a clasp.

Captain John Gregory Owen Moss, Indian Medical Service (retired), died at Millbank Military Hospital on July 3rd, aged 32. He was educated at Edinburgh, where he graduated M.B. and Ch.B. in 1912, taking also the special certificate in tropical medicine, and M.D. in 1917. After serving as junior assistant at the Royal London Ophthalmic Hospital, he entered the Indian Medical Service as lieutenant on January 31st, 1914, and was promoted to captain on September 1st, 1915. He had to take sick leave in January, 1919, and to retire on account of ill health in December, 1919. During the war he was surgical specialist in advanced operative surgery at the war he was surgical specialist in advanced operative surgery at Karachi Hospital.

Medical Nelvs.

IT has recently been reported that H.R.H. Princess Louise, Duchess of Argyll, had been elected Patroness of the Anti-vivisection Hospital. We are informed that the election was made without asking her leave and that she has declined to accede to the request. She is not, and never has been, a Patroness of the Antivivisection Hospital.

COLONEL SIR A. LISLE WEBB, K.B.E., C.B., C.M.G., who was seconded from the Royal Army Medical Corps in 1919 for three years to undertake the duties of Director-General of Medical Services in the Ministry of Pensions, has now been gazetted out of the army in order to devote himself permanently, as a member of the Civil Service, to the medical work of the Ministry of Pensions. Sir Lisle Webb entered the R.A.M.C. in 1899, served in the South African war, and was promoted Brevet Colonel in recognition of his services in the late war.

ACCORDING to the Journal of the American Medical Association of June 24th, the figures of the Bureau of Vital Statistics of the New York Health Department show that since prohibition became operative decline in the alcoholic death rate has assumed extraordinary proportions. In 1916 (when the licence system was in effect) there were 690 deaths from alcohol in New York City; in 1920, 127 deaths, and in 1921, 141 deaths—a decrease of 500 per cent. per annum.

BOTH Spanish Houses of Parliament have approved the ratification of the Maternity and Unemployment Conventions adopted by the first International Labour Conference held in Washington in 1919. The Maternity Convention lays down that a woman shall not be permitted to work six weeks before and six weeks after childbirth, and shall during that period be paid benefits sufficient for the healthy maintenance of herself and her child. In addition to this she is entitled to free attendance by a doctor or certified midwife.

THE Voluntary Hospitals Commission, of which Lord Onslow is chairman, has organized a national conference of representatives of Local Hospital Committees to be held in the conference room of the Ministry of Health on July 18th and 19th. to discuss, among other things, the question of hospital revenues. The Minister, Sir Alfred Mond, will probably attend.

THE last post-graduate lecture of the session arranged by Bellowship of Medicine will be given by Mr. Victor the Fellowship of Medicine will be given by Mr. Victor Bonney at the house of the Royal Society of Medicine on Wednesday, July 19th, at 5 p.m. The subject will be "Myomectomy as opposed to hysterectomy."

As some of our readers are aware, a committee has been formed for the purpose of standardizing scientific glassware. The committee is as far as possible representative of all the interests concerned—namely, the users, the manufacturers, and the institutions and Government departments connected and the institutions and Government departments connected with the glass industry or engaged in research work or the testing of glassware. Three subcommittees have been formed and a programme of work has been drawn out. When the programme has been carried out, or possibly as portions of the work are completed, the results will be published. Sir Herbert Jackson is acting temporarily as chairman of the committee and Mr. V. Stott, of the National Physical Laboratory, Teddington, Middlesex, is acting secretary.

THE June issue of the Canadian Practitioner contains a group of signed articles on the work and character of Sir William Osler. Dr. Norman Gwyn discusses the early influences affecting Osler's career; Dr. Harold Parsons and Dr. Gibb Wishart contribute notes on Osler from the standpoint of a house-physician and of a student; Dr. C. D. Parfitt writes on Osler as an incentive, and Dr. H. B. Anderson on the debt of the Academy of Medicine, Toronto, to Sir William Osler.

Ketters, Aotes, and Answers.

- As, owing to printing difficulties, the JOURNAL must be sent to press earlier than hitherto, it is essential that communications intended for the current issue should be received by the first post on Tuesday, and lengthy documents on Monday.
- ORIGINAL ARTICLES and LETTERS forwarded for publication are understood to be offered to the British Medical Journal alone unless the contrary be stated.
- CORRESPONDENTS who wish notice to be taken of their communica-tions should authenticate them with their names—of course not necessarily for publication.
- AUTHORS desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL are requested to communicate with the Office, 429. Strand, W.C.2, on receipt of proof.
- In order to avoid delay, it is particularly requested that ALL letters on the editorial business of the Jouanal be addressed to the Editor at the Office of the JOURNAL.
- Office of the JOURNAL.

 THE postal address of the British Medical Association and British Medical Journal is 429, Strand, London, W.C.2. The telegraphic addresses are:

 1. EDITOR of the British Medical Journal, Aitiology, Westrand, London; telephone, 2630, Gerrard.

 2. FINANCIAL SECRETARY AND BUSINESS MANAGER (Advertisements, etc.), Articulate, Westrand, London; telephone, 2630, Gerrard.

 3. MEDICAL SECRETARY, Medisecra, Westrand, London; telephone, 2630, Gerrard. The address of the Irish Office of the British Medical Association is 16, South Frederick Street, Dublin (telegrams: Bacillus, Dublin; telephone, 4737, Dublin), and of the Scottish Office, 6, Rutland Square, Edinburgh (telegrams: Associate, Edinburgh; telephone, 4361, Central).

QUERIES AND ANSWERS.

ARTIFICIAL EYES FOR OPHTHALMOSCOPIC STUDY.

Dr. Haran inquires if there are any forms of artificial eye suitable for the practice of retinoscopy and ophthalmoscopy.

* * There are several patterns of demonstration eyes designed for the purpose of the practice of retinoscopy. Reference to the catalogues of wholesale manufacturers of pre-war date shows that no fewer than four patterns were on sale at prices ranging from half a crown to some forty shillings. The cheaper patterns were made of cardboard, the more expensive ones of metal, fitted with iris diaphragms and removable fundus pictures. All these models had essentially the same construction. The "eye" is a box rather like a deep pill box; at one end a small opening is fitted with a high-power convex lens, at the side of the box there is marked a scale giving the "focus" of the eye according to the extent to which the inner part of the box is pushed into the outer part. The apparatus is very simple and can be made by anyone. Experience shows that these artificial eyes serve only a limited purpose in the practice of retinoscopy and ophthalmoscopy. With them the work is much too easy, so easy that it is but a poor introduction to the real work in view. Their use puts the practitioner into somewhat the false position of the man who practises his golf strokes with a captive ball: he gains an impression of his progress which is lamentably disappointed when he essays the real thing on the course.

INCOME TAX.

- "PATER" asks whether he is liable to income tax on payments coming to hand from professional work which ceased, so far as he was concerned, as from May 4th, 1921.
- * In respect of the financial year ending April 5th, 1922, he is liable on one-twelfth of the full year's assessment and is not liable at all for 1922-23, so that no income from professional work should be returned by him for assessment as for that year. "Pater" cannot be assessed for professional fees as from May 4th, 1921—that is, from the date when the source of those earnings ceased.
- J. C. R.'s" car transactions have been as follows:
 - 1914, bought 11.9 Coupé Humber for £450 (present price £.25).
 1921, sold it for £270, and bought second-hand 25-h.p. Buick for £600.
 - ** The out-of-pocket cost is £600 £270 = £330, and that is the amount to be claimed and allowed.

LETTERS, NOTES, ETC.

FOREIGN BODIES IN THE AUDITORY MEATUS.

Foreign Bodies in the Auditory Meatus.

Dr. John Johnston (Blackpool) writes: The cases recorded by Dr. Sheard and Dr. Millington recall a case in which a foreign body, a glass bead, has been in the auditory meatus for over thirty years without causing deafness. A boy then about 5 years of age was brought to me with a small glass bead in his ear which I attempted to syringe out, an operation which produced vomiting, with the result that the patient obstinately refused further treatment and went home with the bead in his ear, where it still is, syringing being declined from that day to this; the curious thing is that the patient's hearing has never been affected. affected.

THE ETIOLOGY OF CANCER.

DR. REGINALD LARKIN (London, S.E.) writes: If Dr. Chevers (p. 32) will refer to a letter by me in the *Lancet* for March 26th, 1921, he will see that I definitely lay down that rheumatism or gout, or in some types both, are predisposing and actual persistent factors in the continued growth of the embryonic cells constituting cancer; and, further, I appended treatment for the same, and have had many successful cases of cures.

MANCHESTER MEDICAL GOLFERS' ASSOCIATION.

MANCHESTER MEDICAL GOLFERS' ASSOCIATION.

THE annual competition among members of the Manchester Medical Golfers' Association was decided at Hopwood on June 28th, when the challenge cup for the best score was won by C. B. Gerrard. There was a tie for the prize given by the captain for the second best net score. The gold medal for the best gross score by a player handicapped at under 10 went to C. B. Gerrard, and the silver medal for the second division to A. A. Smalley. The following are the scores:

· G:	ross.]	l'cap.	Net.	ı G	ross.	H'cap	Net.
C. B. Gerrard	80	6 .	74	R. R. Duncan	94 .	16	78
A. A. Smalley	85	10 .	75	I. Scott	90 .	12	78
S. W. McGhee	87	12 .	75	H. Harris	96 .	. 17	. 79
A. Glen Park	81	5 .	76	J. W. Smith	90	10	80
Douglas Gray	91	17	77	B. Hawka-Genn	85	. 5	80
H. G. Cooper	8	-6	77				
m. G. Cooper	···	٠.					

VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, ortifications of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 28, 29, 32, 33, and 34 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 30 and 31.

A short summary of vacant posts notified in the advertisement columns appears in the Supplement at pages 27 and 28.

SCALE OF CHARGES FOR ADVERTISEMENTS IN THE BRITISH MEDICAL JOURNAL,

Six lines and		•••	•••	•••	•••	£ 0	я. 9	đ.
Each additio		•••	• • • •	•••	•••	0	1	6
Whole single	column	(three	columns	to page)	•••	7	10	0
Half single co	olumn	***	•••	***	•••	3	15	٥
Half page	•••	344				10	0	ā
Whole page			•••	•••	•••	20	ŏ	ŏ
ii noio pago		do limo	aan ta ina	ai-"	•		•	•

An average line contains six words.

All remittances by Post Office Orders must be made payable to the British Medical Association at the General Post Office, London. No responsibility will be accepted for any such remittance not so safeguarded.

Advertisements should be delivered, addressed to the Manager, 423. Strand, London, not later than the first post on Tuesday morning preceding publication, and, if not paid for at the time, should by accompanied by a reference.

Norg.—It is against the rules of the Post Office to receive poste restante letters addressed either in initials or numbers.