

some cases it produces an effect contrary to that which is intended. This, by the way, is no disparagement to the therapeutic virtue of music, as exactly the same thing might be said of opium. Professor Tarchanow attributes the frequent failure of music to its being used at the wrong time or in unsuitable cases. He expresses the conviction that a time will come when music, "in the hands of scientifically-trained physicians," will be acknowledged to be an agent of great power for the relief of suffering. "How can it be otherwise," he exclaims, "when a series of cases has proved that music is the most powerful regulator of men's moods and feelings, which dominate many sides of the psychical and physical life of the organism?" A profane critic might suggest that musicians as a class do not exemplify that perfect "regulation" of their emotions which might be expected; but this is perhaps only the result of the tolerance begotten of overuse. On the general question, it may be said that the sedative effect of music on patients in whom the instrument of mind is "like sweet bells jangled out of tune and harsh" is universally admitted, and the clinical experiments of the St. Cecilia Guild, which have been reported by Canon Harford in the *BRITISH MEDICAL JOURNAL* from time to time, show that it has a distinctly beneficial effect in certain cases of insomnia. It also, doubtless, may ease pain, not by any analgesic effect on the nerve centres, but by distraction of the sufferer's attention. Here, we conceive, is the true field for music as a therapeutic agency, and it seems to us highly improbable that it ever can do more. Orpheus made trees and mountains dance to his lute, and the Pied Piper's music proved an excellent derivative for the rats of Hamelin, but we greatly doubt whether Canon Harford will ever charm away a tumour or purge a tuberculous lung of bacilli. Within the limits which have been indicated, however, music may be a most useful handmaiden to medicine, and in this age of "nerves" it might possibly be made to play an important part in the prevention of the many diseases which are fostered, if not actually engendered, by depression and fatigue. We hope, therefore, that Canon Harford and his colleagues may be encouraged to persevere in their efforts to press the most spiritual of the fine arts into the service of suffering humanity.

SCOTLAND.

END OF THE WINTER SESSION AT GLASGOW.

THE winter session of Glasgow University was brought to a close on April 29th, with the graduation ceremony. There was a list of 97 graduands, 11 in science, 50 in arts, and the remainder in law and divinity. There were only 3 in medicine, July being the recognised medical graduation term. Among the honorary graduands were Professor Dewar, F.R.S., of the Royal Institution, and Professor Kölliker: the latter, however, receiving his LL.D. degree *in absentia*. The closing address was delivered by the Principal, the Very Rev. John Caird, who discoursed on the importance of the study of history.

RESIGNATION OF PROFESSOR ALEXANDER OGSTON.

At the last meeting of the Board of Directors of the Royal Infirmary, the deputation from medical men anent the resignation of Professor Ogston was received. Before inviting remarks from the deputation, the Chairman of the Board (Mr. Littlejohn) read the letter of resignation which Dr. Ogston had sent to him. The reasons given for the resignation were that: "My University duties and private work, especially at certain seasons, occupy a larger portion of my time than formerly, while the work of my department of the infirmary has increased to a degree that renders it beyond my power to do it justice." The several members of the deputation spoke as to the loss that the institution would sustain were the resignation of Dr. Ogston accepted, and urged the advisability of retaining his services. The chairman

agreed with all the remarks of the deputation, but stated that they were face to face with this: that owing to the above-mentioned reasons, Dr. Ogston had been obliged to resign; that it was obvious the directors of the infirmary could not suggest anything regarding the private work or the University duties of Professor Ogston, and that with regard to the infirmary duties, unless there could be some way found by the managers, in the course of time, of relieving an old and valued servant of such things as might be safely left in other hands, it was not possible to deal with them. He had to tell the deputation frankly that as far as they had been able to go in giving Dr. Ogston assistance, they had gone. He pointed out also that they were working the institution under old regulations, and that if the directors sent up to the managers of the infirmary new regulations, as was proposed, they would be framed in such a way as to give all the relief and assistance that could be safely entrusted to the medical officers, always subject to such provisos as should secure that the patients should receive the skilled assistance which they expected to receive, and which they were entitled to demand. He could say no more than that when the regulations came to be considered they, as directors, were anxious to take the most generous view of their position. After the deputation had withdrawn, the Board adopted the following resolution unanimously: "The directors of Aberdeen Royal Infirmary fully recognising the eminent skill and high reputation of Professor Alexander Ogston and the great value of his services to the hospital have received with deep regret his resignation as senior surgeon. The directors sympathise most heartily in the efforts being made to induce Dr. Ogston to reconsider his decision to retire from infirmary duty, and they will be much gratified to find that these efforts prove successful." Thereafter the directors requested their chairman to inform Dr. Ogston that they were willing, if he so desired, to grant him leave of absence for six months, and to allow his resignation to lie on the table in the hope that before the period had expired he may see his way to withdraw it. There is a widespread feeling that Professor Ogston will be induced to withdraw his resignation and to continue a member of the infirmary staff.

IRELAND.

ROYAL COLLEGE OF SURGEONS.

MR. F. A. NIXON was on Monday last elected a member of Council in room of Mr. Wm. Stoker, resigned. The meeting for the election of Examiners for the ensuing year will take place on Friday, May 20th, at 4 P.M. The annual meeting of the College will take place on Saturday, June 4th, at 3 P.M.: and on Monday, June 6th, the election of President, Vice-President, Council, and Secretary of the Council will be held at 1 P.M.

DISPENSARY DOCTORS.

DR. GREENE, of Wexford, writes to a Dublin paper in approval of the importance of having a larger medical representation in the House of Commons in order to push forward measures for the emancipation of the dispensary serf. He is willing to subscribe towards defraying the expenses of such representatives, but he has serious misgivings as to even half of the medical officers doing likewise. Another correspondent urges that the medical officers should interview all candidates for Parliamentary honours, and get assurances from them that they are willing to support an amendment of the law. We think this is very important. The organisation of the dispensary officers is strong enough to make itself felt in each county. There is nothing that candidates and Governments pay more respect to than the squeeze of an election. On this question the dispensary doctors are now justified in using the weapon which they have in their hands.