

suffered from attacks of pain and nausea for seven years, with vomiting when the pain was severe. Her digestion had always been weak; there was great headache, and she had been getting thinner for the last year; there was tenderness to pressure in the caecal region.

I found the stomach dropped, much as in the case of Fig. 6. Gastric peristalsis was very active, the bismuth emulsion passing through the pylorus rapidly and entering the duodenum; there was considerable dilatation of the duodenum, and a good deal of obstruction to the passage from the duodenum to the jejunum (see Fig. 9). I have no doubt the obstruction becomes absolute whenever the patient is at her worst.

The subsequent course of the bismuth meal showed no delay or obstruction at any other point, but the large intestine was dropped so that the caecum, the sigmoid flexure, and the rectum were all in the pelvis together with the great curvature of the stomach and a dropped loop of the transverse colon.

Duodenal obstruction is frequently associated with obstruction at the lower end of the ileum or in the large intestine. Many of the patients exhibit dropping, not only of the stomach, but also of the large intestine. There is frequently great delay in the passage of faeces through the large intestine, and in some cases there is considerable delay in the last portion of the ileum. However, the duodenal obstruction is often the most marked abnormality, and may be the only one which calls for active treatment. In such cases the operation of gastro-jejunostomy relieves all symptoms, and this operation may be expected to do more than place the duodenum at rest by cutting it out of the circuit. As Mr. Lane has pointed out, the jejunum, when attached artificially to the stomach, is supported in such a way that it cannot drop and cause kinking at the duodeno-jejunal junction.

Much controversy still rages round the diagnosis and treatment of inflammatory diseases of the duodenum. I hope that the observations I have described, based as they are on fact, will be of real value.

#### REFERENCES.

<sup>1</sup> *Surgery, Gynaecology, and Obstetrics*, March, 1911. <sup>2</sup> *BRITISH MEDICAL JOURNAL*, April 22nd, 1911. <sup>3</sup> W. Arbuthnot Lane, Kinks in Chronic Intestinal Stasis, *Ibid.*

## Memoranda:

### MEDICAL, SURGICAL, OBSTETRICAL.

#### THE EFFECT OF SALVARSAN ON TREPONEMA PALLIDUM.

WITH reference to my two notes on the infective granule in certain protozoal infections, which you were good enough to publish in the JOURNAL for April 1st and April 15th respectively, I think it is of interest to record that I have now, thanks to the courtesy of Major F. F. Carroll and Captain McK. Saunders, of the Egyptian Medical Service, had an opportunity of examining by the dark-field method a preparation put up by Captain R. G. Archibald from a case of syphilis. It consisted of serous fluid obtained by scraping the surface of a buccal mucous tubercle which had previously shown the presence of *T. pallidum* in fair numbers. The hanging-drop was prepared without any addition of salt or citrate solution four hours after the patient had received a dose of 0.3 gram of salvarsan subcutaneously.

Captain Archibald and I found at first many motile, highly refractile granules, recalling very strongly those found in fowl spirochaetosis. There were also motionless and empty "periplasts" or cell membranes. After some search a *T. pallidum* was discovered actively engaged in granule-shedding, apparently in a manner identical with that displayed by *Sp. granulosa penetrans*.

Doubtless this phenomenon is evidence of a protective action on the part of the spirochaete. It is endeavouring to preserve itself from total extinction by expelling bodies which are undoubtedly resistant and which may possibly be of the nature of spores. It is evident that such action on the part of the spirochaete must have a distinct bearing on the treatment of the disease it produces. I notice that the Yakimoffs,<sup>1</sup> who have been testing the value of

<sup>1</sup> W. L. and N. K. Yakimoff, Nouvelle communication relative au traitement de la maladie du Sommeil et de la tick-fever par le "606" (*Bull. Soc. Path. Exot.*, March 8th, 1911).

salvarsan in the case of rats and mice infected with *Sp. duttoni*, find that it is advisable rapidly to follow the first dose by a second. Now, as Leishman has found granule formation in the case of the spirochaetes of African tick fever ingested by *O. moubata*, it is almost certain that these are granule-shedders at the natural crises, and also under the influence of such a drug as salvarsan. It seems to me, then, not only possible, but probable, that this second dose recommended by the Yakimoffs acts by killing the granules which are being shed as a result of an inefficient first administration. In this way there is no storing up of resistant forms in the internal organs, and relapses are thereby prevented. If this is true of African tick fever, why not also of syphilis in the light of what I have stated? It should be easy to put the matter to the test, and if the observation is confirmed we should be a step forward in the use of the valuable drug which the genius of Ehrlich has added to our therapeutic armament.

ANDREW BALFOUR, M.D.,  
Director, Wellcome Research Laboratories,  
Gordon College, Khartoum.

#### SUPPRESSION OF URINE.

I HAVE been attending for the last ten weeks a patient, aged 72, suffering from senile dementia. During that time, on at least five occasions, she passed no urine for periods of five, six, or seven days. When the urine was passed it was highly concentrated, very dark brown in colour, but contained no albumen. She ultimately died in a condition of coma, but, beyond some twitching of muscles, had no distinct convulsions. I have always understood that suppression of urine was fatal in a much shorter time.

Hastings.

E. R. MANSELL.

#### GUNSHOT INJURY INVOLVING RIGHT ELBOW JOINT.

At sea, in H.M.S. *Cornwall*, on October 25th, 1910, a gunnery instructor, while taking a class in aiming practice, got his right arm in front of the gun, and was struck by a Morris tube bullet. He ran to the sick bay, where I was at the time.

There was profuse arterial haemorrhage from the wound, which was situated in the fold of the elbow, just internal to the border of the bicipital fascia. The edges of the wound were scorched. There was no wound of exit. The haemorrhage, though considerable, was easily controlled by pressure. On probing, the bullet track was found to pass backwards and inwards towards the point of juncture of the internal condyle and the humeral shaft. Sensation and movement in the hand and forearm were perfect. The pulse at the wrist was found absent, and the hand cold.

The forearm was covered with wool and bandaged to the elbow. The wound was dressed with gauze and a large pad of wool, and the elbow well flexed by a figure-of-eight bandage, and the patient put to bed.

In an x-ray plate the bullet could be seen broken up on the internal condyle, but further detail could not be made out owing to the position of the arm.

The wound was dressed on November 1st and found quite healed, excepting a small pustule of suppuration at the surface. There was a great deal of swelling about the elbow and surface discolouration. The bullet track led down to a large hard swelling to the inner side and slightly above the joint, apparently a haematoma. The pulse at the wrist could only just be felt. Treatment was now very gentle massage twice daily; a carbolic fomentation 1 in 40 was put on for fear the superficial suppuration might infect the haematoma below. The forearm could not be straightened at the elbow by about 15 degrees.

By November 7th all fear of suppuration had gone and the swelling had so much subsided that it was possible to make a more minute examination; with the x-ray screen it could be clearly seen that the bullet had struck and broken up upon the internal condyle. The lower end of the right humerus was considerably broader than the left and crepitus was obtained, there being evidently a fracture of the internal condyle. The forearm was at once put up in the fully flexed position with figure-of-eight bandage and strapping. This caused extreme pain, but after a few

hours in this position of extreme flexion and supination the arm was quite comfortable, more so than it had been any time since the accident. After five days the arm was taken down, massaged and passive movement employed, the site of fracture being steadied by grasping with the other hand.

A good x-ray plate was obtained in which the line of fracture was clearly seen running from the olecranon depression through the shaft above the internal condyle and down into the joint. There seemed to be no tendency now to displacement, and the arm was put up at right angles with pad figure-of-eight bandage and a sling.

From this date the patient went on excellently. The arm was taken down and massaged and moved each day, and extension rapidly improved. On November 16th the patient was discharged to light duty with arm in sling. On November 20th the sling was discontinued, extension then being almost perfect. On December 20th there was full extension, the arm was functionally perfect, and there was no deformity. The radial pulse was still a great deal smaller than on the other side.

The case is of some interest—first, as showing the great benefit of the fully flexed position in correcting deformity, even although the arm was not fully flexed until thirteen days after the injury. Secondly, the loss of pulse at the wrist. I do not think the brachial artery was directly injured, but that probably it was occluded by pressure from the haematoma due to a wound of some branch of the anastomotica magna artery.

A. W. B. LIVESAY, F.R.C.S.E.,

H.M.S. Cornwall, Devonport.

Staff Surgeon, R.N.

#### ERYTHEMA NODOSUM.

I WAS much interested to see in a recent issue of the BRITISH MEDICAL JOURNAL<sup>1</sup> an account by Dr. Joynt of a number of cases of erythema nodosum following measles.

In our practice at Aylesbury Dr. Horace Rose and myself have had four cases of erythema nodosum, three of which occurred in one week. Strangely enough, we have also had an epidemic of measles; but none of our patients, to our knowledge, had had an attack of or were recovering from measles before developing the erythema. One, however, was peeling as if from scarlet fever, of which we have also had several cases, and he had a history of a rash with sickness and sore throat previously.

The first case was a boy of 15 employed at a printing works, the second a schoolgirl aged 11, the third a boy of 14 also employed at the printing works, and the fourth a schoolgirl aged 9.

All the cases were severe and the patches were very large, in one case appearing on the arms also. In each case the fastigium of temperature was 101°. All were put on large doses of salicylates and made good recoveries.

If erythema nodosum is one of the manifestations of acute rheumatism in children, there seems also a good deal of evidence of its infectious nature.

JAS. C. CRAIG, M.A., M.B., Ch.B. Edin.,

Aylesbury, Bucks.

D.P.H. Lond.

#### Report<sup>2</sup>

ON  
MEDICAL AND SURGICAL PRACTICE IN THE  
HOSPITALS AND ASYLUMS OF THE  
BRITISH EMPIRE.

#### PRETORIA HOSPITAL.

POSTERIOR BASIC MENINGITIS, WITH TRISMUS AS A  
PROMINENT SYMPTOM: RECOVERY.

(By J. F. JEFFERIES, L.R.C.P., L.R.C.S. Edin., L.F.P. and S. Glasg., Resident Physician.)

The patient in the following case, a child aged 1 year 7 months, was admitted to the hospital on December 12th, 1910, with a history to the effect that about a fortnight previously she had fallen on the head. This produced no symptom calling for attention, but about a week after she had an attack of vomiting and diarrhoea. The former only lasted a day, the latter persisted for a week.

*Condition on Admission.*—The jaws were firmly locked, and could not be opened—not even under moderate anaesthesia by chloroform. The angles of the mouth were drawn down, producing a typical "risus sardonicus."

*Progress.*—The child was fed by teaspoonfuls of fluid, which she sucked in between her teeth. She was extremely irritable and restless, and could not tolerate being touched. Well-marked facial paralysis was present on the left side. These symptoms remained unabated until December 18th, when convulsions began, the number and frequency of which can be seen in the following list:

On December 18th	...	...	One convolution.
"	19th	...	One "
"	20th	...	Two convulsions.
"	21st	...	Three "
"	22nd	...	Two "
"	23rd	...	Two "
"	24th	...	Three "
"	25th	...	Five "
"	26th	...	Four "
"	27th	...	Three "
"	28th	...	Two "
"	29th	...	One "
"	31st	...	Two "

From December 18th onwards the head became more and more retracted. The trismus was very marked for about three weeks, and gave rise to great difficulty in feeding. The muscles of the jaw then gradually relaxed, and the jaws could eventually be separated. With the disappearance of the convulsions and improvement in the general condition of the child the head retraction gradually passed off. Throughout the illness Kernig's sign was present on both sides. The pupils were unaffected, equal in size, and reacted well to light. At no time was there any definite paralytic squint. The hearing was very acute.

*Result.*—The little patient was much emaciated by her prolonged and serious illness, but rapidly put on flesh as time progressed, and left hospital on February 4th quite well in body and mind. Her temperature on admission was 99° F. in the morning and 100° F. in the evening. This lasted only three days, when it became subnormal, and remained so during the remaining period of the illness. The pulse was accelerated during the stage of activity of the symptoms.

#### REMARKS.

The previous and family histories were unimportant. The special interests in this case were: (1) The presence of trismus as the first and persistent symptom; (2) recovery.

On admission, as I have said, the jaws could not possibly be separated, and facial paralysis was present on the left side. Six days after, convulsions commenced, so we thought we were dealing with a case of "cephal-tetanus" or head tetanus of Rose, in which trismus is associated with facial paralysis and spasms of the muscles of the body. There was, however, no injury in the region of distribution of the fifth cranial nerve.

Trismus from dental irritation was also out of question, as there was no evidence of such—moreover, the subsequent course of the case proved otherwise.

Trismus as a symptom of posterior basic meningitis is exceedingly rare. On looking up works on medicine I cannot find a single reference to it as a distinct symptom lasting throughout the course of the disease.

Osler says, "There may be trismus or grating of the teeth"; while Batten, in Allbutt and Rolleston's *System of Medicine* (page 178), speaking of tonic spasms occurring in the disease, says, "Exacerbations of this spasm are not uncommon, the jaw and thorax muscles sharing in the contractions," but no mention is made of early and persistent trismus.

Regarding recovery from posterior basic meningitis, Batten says 50 per cent. survive; of this about 15 per cent. recover completely, and the rest are left with hydrocephalus, blindness, or mental defect, varying in degree from increased irritability to absolute idiocy.

The treatment consisted of inunctions of ung. hydrarg. into the groins, axilla, and neck throughout the illness. While the convulsions were on potassium bromide and chloral were given internally, and hypodermic injections of nitro-glycerine and ice to the head and spine. When these ceased, potassium iodide gr. iiij was administered every three hours. Warm baths were also given every three hours, and under these marked relaxation of the muscles of the back of the neck occurred.

I have to thank Dr. Savage, Honorary Visiting Physician to the hospital, under whose care this case was, for his kindness in permitting me to publish it.

Vevey, Switzerland. He was educated at the High School of Edinburgh, and afterwards at the University of Edinburgh, where he graduated M.B., C.M. in 1874. Afterwards he studied in Paris and London. He was a Resident Physician in the Royal Maternity Hospital in Edinburgh, and House-Surgeon in the Dumfries and Galloway Infirmary. Later he was private assistant to Sir Halliday Croome. He settled in Edinburgh, and soon built up a considerable family practice, and was held in high esteem and even affection by a large clientele. Four years ago he lost his elder son, a young man of great promise, of endearing personality, who had taken the highest honours in his medical course and was just about to graduate, and to whose future career Dr. Mackay was looking forward with great hope. This blow may be said to have taken the spring of life from him, and he was never the same man again. He left Edinburgh in October of last year for Arcachon, in search of health. Later he went to Pau and to Vevey. For a number of years he was Physician to the Fountainbridge Dispensary in Edinburgh, and he also held several other appointments in the same city. His recreation was golf, to which he was devoted. He is survived by his wife and one son.

YET another Crimean veteran has passed away in the person of Surgeon THOMAS LIGERTWOOD, C.B., M.D., Royal Army Medical Corps, late Physician and Surgeon to the Royal Hospital, Chelsea, who died at Chelsea at the age of 81. He was educated at Aberdeen, and took the degree of M.B. in 1851. Entering the Army Medical Service in the same year as an Assistant Surgeon, he was made Surgeon, October 20th, 1856; was placed on half pay, January 13th, 1869; and retired from the service, June 3rd, 1904. He was appointed Deputy Surgeon to Chelsea Hospital, January 13th, 1869, and Surgeon with the rank of Colonel, June 3rd, 1896. He served in the Crimea in 1854-6, and was present at the affair at Bulganac, the battles of the Alma (for which he was mentioned in dispatches) and Inkermann (where he was slightly wounded), the capture of Balaklava, the sortie of October 26th, 1854, and the assault on the Redan in June, 1855. He was granted a medal with three clasps, and the Turkish medal, and appointed a Knight of the Legion of Honour. Dr. Ligertwood was for many years medical officer in charge of the infirmary of the Royal Hospital, Chelsea, and showed a keen interest in the work of that institution.

## Universities and Colleges.

UNIVERSITY OF OXFORD.  
THE following degree has been conferred:  
D.M.—F. J. Sadler.

UNIVERSITY OF CAMBRIDGE.  
THE following degrees have been conferred:  
M.D.—Christopher Tyrol.  
M.B.—A. Abrahams, H. L. Attwater, H. Chapple.  
B.C.—A. Abrahams, H. L. Attwater.

UNIVERSITY OF LONDON.  
*Appointment of Examiners.*  
THE following are among those appointed staff examiners for the academic year 1911-1912: *Forensic Medicine and Hygiene*: William A. Brend, M.B., B.Sc., and Henry Franklin Parsons, M.D., D.P.H. *Medicine*: Professor Alfred Henry Carter, M.D., M.Sc., F.R.C.P., Sidney Philip Phillips, M.D., F.R.C.P., G. Newton Pitt, M.D., M.A., F.R.C.P., and Humphry Davy Rolleston, M.A., M.D., B.C., F.R.C.P. *Mental Diseases and Psychology*: Robert Jones, M.D., B.S., and William McDougal, M.B., B.Ch., M.A., M.Sc. *Obstetric Medicine*: Henry Russell Andrews, M.D., B.S., M.R.C.P., and George H. Drummond Robinson, M.D., F.R.C.P., M.R.C.S., D.P.H. *Pathology*: Professor Albert S. Grunbaum, M.D., M.A., F.R.C.P., D.P.H., and Professor Richard Tanner Hewlett, M.D., F.R.C.P., M.R.C.S., D.P.H. *Pharmacology*: James Calvert, M.D., B.A., B.Sc., F.R.C.P., M.R.C.S., and Professor Ralph Stockman, M.D. *Physiology*: Joseph Barcroft, B.Sc., M.A., F.R.S., and John Sydney Edkins, M.A., Sc.D. *M.B. State Medicine*: John William Henry Eyre, M.D., M.S., D.P.H., and Henry Franklin Parsons, M.D., D.P.H. *Surgery*: Albert Carless, M.S., M.B., F.R.C.S., Raymond Johnson, M.B., B.S., F.R.C.S., Henry Betham Robinson, M.D., M.S., F.R.C.S., and William Thorne, M.D., B.S., B.Sc., F.R.C.S. *Tropical Medicine*: Charles Wilberforce Daniels, M.B., M.R.C.P., M.R.C.S., and Andrew Duncan, M.D., B.S., B.Sc., F.R.C.S.

Also appointed in respect of the First and Second (Part I) examinations for the M.B. are:—*Chemistry*: John Addyman Gardner, M.A., F.I.C., and James Ernest Marsh, M.A., F.R.S. *Physics*: George William Clarkson Kaye, D.Sc., B.A., and Professor Frederick Womack, M.B., B.Sc. *General Biology*: Frank E. Beddard, M.A., F.R.S., and Malins A. Smith, M.A.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.  
AN extraordinary Comitia was held at the College on Thursday, May 11th, the President, Sir Thomas Barlow, in the chair.

*Fellowship.*  
The ten gentlemen elected at the Comitia on April 27th were admitted Fellows of the College.

### Communications.

The following communications were received:

1. From the Editor of the *Journal of the Royal Army Medical Corps*, asking permission to photograph a portrait of Dr. Richard Brookesby, in the possession of the College. Permission was granted.

2. From the Registrar-General, inviting criticism upon a revised copy of his *Suggestions to Medical Practitioners Regarding Certificates of Causes of Death*. This was referred to a sub-committee, consisting of the Registrar and Dr. Rolleston, for consideration and report to the College.

*Representative on the Senate of the University of London.*  
The resignation of Sir William Allchin, Representative of the College upon the Senate of the University of London, was accepted with regret, and a cordial vote of thanks was passed to him for his disinterested labours during his tenure of the office.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.  
AN ordinary council was held on May 11th, 1911, Mr. H. T. Butlin, President, in the chair.

### The Walker Prize.

Dr. E. F. Bashford, Superintendent of the London Imperial Cancer Research Fund, to whom was awarded the Walker Prize of £100 for the best work done during the past five years in advancing the knowledge of the pathology and therapeutics of cancer, was introduced to the council, and the President handed to him the prize, together with a document declaratory of the award.

*Diploma of Membership.*  
Diplomas were issued to eighty-four candidates found qualified at the recent examination.

*Vacancies on the Court of Examiners.*  
Two vacancies, occasioned by the resignation of Mr. C. T. Dent and Sir Frederic Eve, will be filled up at the meeting of the council on June 8th. Fellows wishing to become candidates should apply in writing to the secretary on or before Monday, May 29th.

ROYAL COLLEGE OF PHYSICIANS IN IRELAND.  
THE Fellows of the Royal College of Physicians in Ireland have just passed, after prolonged discussion, a revised scheme for the examination for membership of the college. The most important feature in the new scheme is the facility now extended to candidates for specialization in various branches of medicine.

ROYAL COLLEGE OF SURGEONS IN IRELAND.  
THE two examining boards of the college became constituted as follows on the conclusion of the election on May 2nd.

Court "A" (for the preliminary examination, conjoint diplomas, and licence in Surgery). *Anatomy*: D. P. Fitzgerald, A. Campbell Geddes, and G. Jameson Johnston. *Surgery*: C. Arthur K. Ball, Robert J. Harvey, J. B. Moore, and Seton Pringle. *Physiology and Histology*: J. A. Scott. *Pathology and Bacteriology*: Arthur Hamilton White. *Midwifery and Gynaecology*: Frederic W. Kidd. *Biology*: John J. Burgess. *Ophthalmology*: Arthur H. Benson and Herbert H. B. Cunningham. *Chemistry*: Robert J. Montgomery. *Sanitary Law and Vital Statistics*: Edward F. Stephenson. *Engineering and Architecture*: James H. Fergusson. *Languages*: William Kennedy. *Mathematics, Physics, Dictation, and English Essay*: J. R. Colter.

Court "B" (for the Fellowship and the licences in Midwifery and Dental Surgery).—*Anatomy*: A. Campbell Geddes and G. Jameson Johnston. *Surgery*: C. Arthur K. Ball, Leveson G. Gunn, J. B. Moore, and S. Pringle. *Physiology and Histology*: E. L'Estrange Ledwich and J. Alfred Scott. *Pathology and Bacteriology*: Robert J. Rowlette and Arthur Hamilton White. *Midwifery and Gynaecology*: Frederic W. Kidd. *Chemistry and Physics*: Edwin Lapper and Robert J. Montgomery. *Dental Surgery and Pathology*: George M. P. Murray and William G. Story. *Mechanical Dentistry*: Daniel L. Rogers and Edward Sheridan.

APOTHECARIES' HALL OF IRELAND.  
THE following candidates have been approved at the examination indicated:

FINAL L.A.H.—Le G. M. Denslow, H. Hutchinson, R. O'Connor, J. B. O'Donoghue, H. B. Rosair.

## CONJOINT BOARD IN ENGLAND.

AT a meeting of Comitia of the Royal College of Physicians on April 27th, and of the Council of the Royal College of Surgeons on May 11th, diplomas of L.R.C.P. and M.R.C.S. were respectively conferred by the colleges upon the undermentioned candidates:

H. G. Alexander, C. V. Anderson, F. J. Anderson, H. P. Ashe, C. C. Beatty, E. C. Beddows, I. B. Bernstein, J. C. Barncha, J. L. Birley, A. M. Bodkin, G. N. Brandon, W. Broughton-Alcock, C. J. Butler, N. S. Carruthers, A. H. Crawford, K. J. A. Davis, J. A. Dalmene, H. T. Depree, H. de Silva, G. J. F. Elphick, J. C. Ellis, H. A. Evans, H. J. B. Fry, J. Gavronsky, E. L. P. Gould, W. G. Grant, H. S. G. Hajj, E. W. Hall, B. Hannah, C. I. Harmar, C. H. Hart, A. W. Havard, R. G. Hill, J. F. Hoare, I. R. Budleston, G. R. Hughes, L. C. D. Irvine, A. H. James, H. L. James, N. C. Kapur, W. E. Latham, W. E. Levinson, J. C. R. Lind, M. Lindsey, N. F. Lock, A. J. McNair, W. G. Marsden, W. G. Masefield, M. M. Melrose, H. A. Moody, C. G. H. Morse, J. G. Moseley, J. B. Patel, H. F. Percival, H. Platts, J. Pryce-Davis, I. A. Razzak, T. S. Rippon, S. Ritson, W. D. Ross, R. A. Rowlands, F. Sanders, H. E. Skargill, T. S. Sharpley, H. R. Sheard, W. Smith, E. N. Snowden, H. L. H. Steele, C. H. Steinbach, J. F. Taylor, F. S. Tinker, J. W. Trevan, D. O. Twining, R. T. Vivian, M. E. T. D. Vlasto, \*J. O. D. Wade, W. W. Wagstaffe, C. B. Wainwright, H. B. Walker, H. P. Warner, A. F. Waterhouse, E. P. W. Wedd, H. White, A. T. Williams.

\* M.R.C.S. diploma only granted.

## The Services.

## RED CROSS CITY OF LONDON BRANCH.

ON May 13th four complete female voluntary aid detachments raised from the women staff of the Prudential Assurance Company had a field day at Bromley, where they were most hospitably entertained to lunch and tea by the chairman, Mr. Dewey, who placed his large grounds at their disposal.

The morning was occupied in forming up and posting the officers and nurses to their respective detachments and by drill and instruction under their commandant. After lunch a comprehensive scheme of practical work drawn up by the A.M.O., Colonel Broome Giles, V.D., and the County Director, Colonel Harrison, C.V.O., was most intelligently carried out, namely: Two large buildings were cleared and converted into hospital wards, with beds, linen, etc.; wounded were collected, treated, and conveyed to this temporary clearing house and appropriately treated.

As these detachments have been taught from the commencement from the R.A.M.C. Manual by R.A.M.C. officers and nurses of the City of London Territorial Association they were familiar with military equipment. All held the first aid certificate granted by St. John's, and have recently passed the examination of the Red Cross Branch of the City of London after a course of instruction in nursing, sanitation, and cooking, and will receive the City of London certificate.

The managers of the Prudential Assurance Company, we are informed, give four special holidays to these detachments for the purpose of practical field training.

## INDIAN MEDICAL SERVICE.

AN examination for not fewer than twelve commissions in the Indian Medical Service will be held in London on July 24th next and the five following days. Particulars as to pay, promotion, etc., in the service and the necessary forms for application to compete can be obtained from the Military Secretary, India Office, London, S.W.

## Medical News.

AT the West Ham and Eastern General Hospital on May 10th Miss Ough, who has recently resigned her appointment as Matron of the hospital, was presented with a purse containing a cheque for over fifty guineas, subscribed for by the staff, the committee, and other friends, as a memento of her fifteen years' work thereat.

THE annual general meeting of members of the Edinburgh Royal Infirmary Residents' Club will take place in the Caledonian Station Hotel, Edinburgh, on Friday, June 16th, at 7 p.m. The seventeenth annual dinner will follow at 7.30, when Sir Watson Cheyne, Bart., C.B., president of the club, will occupy the chair. A memento of his term of office will be presented at the dinner to Colonel Warburton from residents who have served under him. Members intending to be present must send their names to the Secretary, at 10, Alva Street, on or before June 13th.

A COUNCIL meeting of the Association of Medical Officers of Health was held at the Holborn Restaurant on May 12th, Dr. Rashell Davison, President, in the chair. The treasurer reported a balance in hand of £28, excluding outstanding subscriptions. It was decided to remind members that since an arrangement had been arrived at with the editor of *The Medical Officer*, whereby members were afforded

the privilege of obtaining this journal at a reduced subscription, together with a quarterly supplement devoted to the interests of part-time medical officers of health, it became necessary that the small annual subscription of 5s. a year should be paid as promptly as possible. Dr. A. Butler Harris was appointed editor of the quarterly supplement. The secretary reported that the membership stood at 253. The consideration of the letter from the Council of the British Medical Association with reference to Minute 234, Annual Representative Meeting, Belfast, 1909, was postponed until the next monthly meeting of the council on June 2nd.

THE tournament of the Medical Golfing Society will be held this year on Thursday, June 15th, at Canons Park, Edgware, by kind invitation of the Edgware Golf Club. Play will be as follows: Eighteen holes match play v. Bogey under handicap. Class I. Handicaps 12 and under. Class II. Handicaps over 12. The "Henry Morris" Challenge cup and the Medical Golfing Society's gold medal will be awarded for the best return under handicap. A first and second prize and a prize for the best last nine holes will be given in each class. In addition, the medical members of Edgware Golf Club are kindly presenting a prize for the best first nine holes. There will also be a cup presented by Mr. Canny Ryall for the best gross score. Any one on the *Medical* or the *Dental Register* can join by payment of the annual subscription, 5s., which includes entrance to the tournament. Entries should be sent on or before Monday, June 12th, to L. Eliot Creasy, Honorary Secretary and Treasurer, the Medical Golfing Society, 36, Weymouth Street, London, W.

AN exhibition and sale of work made by the scholars in the Heritage Craft Schools for Crippled Boys and Girls at Chailey was held this week at South Lodge, Rutland Gate, by permission of Lord and Lady Llangattock. It was announced that the special appeal issued by H.R.H. Princess Louise, Duchess of Argyll on behalf of funds for the new buildings had met with a generous response. The honorary secretary also stated that the next development at Chailey would be a residential trade school for the girls, where those unfit for ordinary workroom life in London would remain under the excellent conditions at the Heritage, and lead an independent life without risk to their health. In connexion with the special appeal, a meeting in aid of the medical side of the work will be held in the Jehangier Hall, University of London, South Kensington, S.W., on Friday, May 26th, at 3.30 p.m. Sir Thomas Barlow will be in the chair, and will be supported by Sir Frederick Treves, Sir Lauder Brunton, Sir Alfred Pearce Gould, Mr. Jonathan Hutchinson, Mr. Openshaw, Mr. Mayo Robson, Mr. A. H. Tubby, and many other eminent members of the medical profession. Academic or official costume will be worn.

AT a meeting in support of the Ealing College for Training Teachers of the Deaf, which comprehends both a training college for teachers and school for deaf children, recently held at Grosvenor House by kind permission of the Duke and Duchess of Westminster, the Earl of Bessborough was in the chair, and amongst the speakers were the Right Hon. Henry Chaplin, Sir Frederick Milner, M.P., Mr. Macleod Yearsley, Mr. B. St. John Ackers, the Rev. A. S. Thompson (honorary secretary) and Dr. G. E. Shuttleworth. Mr. Chaplin commented on the useful work done by this society in training teachers for the education of the large number of children who were deaf but not defective, and who were capable, by the oral method, of learning to speak to their fellows, and take part in the ordinary business of the world. He thought that the excessive parsimony of the Board of Education as regards grants made for the training of such teachers was most discreditable, especially when it was considered how much was squandered in the equipment of teachers for the ordinary elementary school. There was actually a superfluity of the latter class of teachers, while for the deaf there was an insufficient number to meet the demands for instruction. He thought the Ealing Institution had a good case for a grant, and he should be only too glad if he could help them to obtain it. Mr. Macleod Yearsley followed with an interesting account of the modes of education which had been found effectual with the deaf, deprecating the attempts recently made to depreciate the value of oral teaching. He laid stress on the need of physiological as well as pedagogical education in the successful training of the deaf, and advocated the necessity of beginning such training during infancy. The report submitted showed much useful work done in the school at Ealing as well as in the training college, but the balance sheet presented a regrettable excess of expenditure over receipts, partly due to the expense of sanitary improvements undertaken at the Ealing establishment.