

are due to the accidental burning of the explosives and not due to detonation. When these explosives burn quietly it is found that a large proportion of nitrous fumes are produced.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

THE ELECTRICAL TREATMENT OF INTESTINAL STASIS.

I HAVE read with much interest the papers and subsequent discussion on auto-intoxication. That stasis in the bowels is responsible for much misery cannot be doubted, nor is it confined to the "idle rich," as Dr. Arthur Brock would have us believe. On the contrary, the trouble is very common in women who have to earn their own living by occupations which do not permit them to obtain sufficient fresh air and exercise. Some of these unfortunates suffer so long in silence that they are beyond any form of purely medical aid, even when first seen. For such, short-circuiting, or even colectomy, offers the only hope of relief.

In many, if not the majority, of cases, however, operation is unnecessary. It is, I think, commonly agreed that lack of tone in the system generally, and in the intestinal and abdominal musculature in particular, is the initial cause of the trouble. Abdominal belts and paraffin are merely props; massage and exercises will cure cases in their early stages; but for bad cases, which are yet not the worst, electricity is essential. Many forms may be used, but the rhythmically interrupted sinusoidal and static-induced currents appear to give the best results, and these results are fairly rapidly produced.

Improvement in the constipation sets in within a fortnight, and *pari passu* with this there is a gain in appetite, energy, and weight. The tongue cleans, and headaches disappear. There is no class of case in which electrical treatment may be prescribed with greater confidence; and it may be laid down that any case in which the diagnosis of stasis is established by a bismuth meal, and which is not at all improved by six weeks' electrical stimulation, properly carried out daily, can be cured only by operation. If colitis is present as well, with tenderness, a preliminary course of x rays and high-frequency may be necessary.

The cures, when made, are genuine cures, in that the previously lacking nervous and muscular tone has been restored; but relapse may occur after some months if the original depressing conditions are not removed.

The mere fact that ordinary medical measures, even combined with massage, have failed to cure a patient, does not, in my opinion, justify a recommendation to operate. Skilful electrical treatment, carried out by a qualified medical man in person, will cure quite 50 per cent. of such obstinate cases, and nearly all the milder ones. It will do so without pain, without risk, and—what is to many a most important matter—without interfering with the earning of daily bread.

Darlington.

FRANCIS HERNAMAN-JOHNSON, M.D.

HYDATID OF THE OMENTUM.

R. B., a Brahmin woman, aged 30, came into hospital in June, 1913, with a history of the abdomen having enlarged gradually for two or three years. She had considerable pain in the abdomen, which was greatly enlarged, and on palpation about twenty movable rounded swellings could be felt. They were tense, and felt cystic; some were very hard. They reached from the costal margin to the groins, and varied in size from a hazel nut to a large orange. The enlarged spleen was also felt. On vaginal examination the uterus appeared normal; one cystic movable swelling, about the size of an orange, could be found in the right fornix.

I showed the case to two doctors of large experience, and neither had seen a similar case before.

The patient clamoured for operation owing to the discomfort of the enormous abdomen, but I could not operate for three weeks, as the abdomen was covered with psoriasis. Meanwhile it continued to enlarge.

When the skin condition had improved I operated, assisted by Dr. Holland. On opening the abdomen we found it filled with cystic swellings of all sizes up to a fetal head; they were attached to the omentum—some very loosely, others wrapped up in it. They proved to be hydatid cysts, not daughter cysts enclosed in a capsule, but numerous cysts, all separate in the omentum, and many contained daughter cysts, while some only held fluid. Some were easily shelled out of their omental covering, others had to be very carefully separated, and necessitated many ligatures as the omentum was very vascular. After we had removed forty-two cysts we thought it best to leave the remaining dozen or so behind, as they were deeply embedded in omentum and would have taken some time to remove, and the patient, whose pulse had been poor from the start, did not appear to be able to stand any more. As it was, her condition was very critical for two or three hours after she was taken off the table, and for the next three days the pulse was about 160. She gradually improved. Three weeks after the operation she was again anaesthetized, for a swelling the size of an orange had formed in the epigastrium; this was opened and some 4 oz. of pus evacuated; this was evidently one of the cysts that had been left behind. Soon after another cyst near it also enlarged, and I tapped it and drew off clear hydatid fluid. The patient left the hospital fairly well, but returned two months or so later. There was a sinus and some of the cysts had again increased in size. She left before the sinus healed.

Shortly after this case another Brahmin came in with irregular masses in the abdomen and in great pain. She was very exhausted, but as she could not live on as she was I operated, and found, as I expected, that it was another case of hydatids of the omentum. This case was much more advanced than the first; many cysts had broken down, many contained pus, and the whole made up an adherent matted mass impossible to remove. The patient lived twenty-four hours—then collapsed suddenly.

By a rather curious coincidence I this year excised the eye in two Pathans; both cases proved to be hydatid of the orbit, the first I had seen.

E. GERTRUDE STUART, M.B.Lond.

Zenana Mission Hospital, Quetta, India.

DEATH DURING ETHER ANAESTHESIA: STATUS LYMPHATICUS.

M. B., female, aged 34, was admitted to the Montreal General Hospital on November 12th, 1913, for bilateral talipes valgus. She had been a premature infant (eighth month), and had been artificially fed. At the age of 18 months she had had acute anterior poliomyelitis. In September, 1913, she underwent the operation of tonsillectomy under general anaesthesia.

At the time of her admission she appeared a well-nourished child, and presented no signs of rickets. Examination of the heart and lungs was negative. The anterior and posterior cervical glands were palpable. There was no apparent enlargement of the spleen. The urine was normal. On November 15th, 1913, she was given ether by the open method for a tendon-grafting operation. The course of the anaesthesia was uneventful until about an hour after its commencement, when the operation was nearly completed. Breathing then became somewhat gasping in character, and within a minute ceased. Artificial respiration was immediately commenced. Oxygen, camphor, and strychnine were administered, but without success. Respiration was never re-established.

At the autopsy the following conditions were found: The thyroid gland was normal. The thymus gland was greatly enlarged, especially on the left side. There was slight enlargement of the heart. The bronchial lymph glands were hypertrophied and showed areas of caseation. A caseous gland was present in the posterior mediastinum in close contact with the branch of the left pulmonary vein from the lower lobe. The spleen was enlarged. Peyer's patches and the solitary follicles in the large intestine were enlarged and very prominent. There was hypertrophy of the mesenteric glands. The pancreas, liver, kidneys, adrenals, and brain were normal.

W. B. HOWELL, M.D. McGill,
Anaesthetist to the Montreal General Hospital.

CONGENITAL DEFORMITY OF FEMUR.

DR. CONOR MAGUIRE may be interested to hear that while I was pathologist at the West Riding Asylum, Wakefield, in 1908 I saw one case of congenital deformity of the femur which was very similar to that he describes in the *JOURNAL* of February 21st. The patient was an inmate of the asylum, and died at the age of 79 of senile dementia.

The left leg was much shortened, due apparently to absence of the femur, the knee-joint being at the hip and the foot only reaching the level of the knee in the normal limb. The foot was everted but otherwise normal; I am uncertain as to whether the fibula was rudimentary or normal.

The man had been a hawker, and used to get about by kneeling on the normal leg and walking with the short one, and managed very well, I believe. At the *post-mortem* examination the kidneys were found to be lobulated, but no other congenital abnormalities were found.

I write from notes taken at the time, and two photographs taken after death, which, although showing the condition very well, are scarcely good enough to reproduce. I regret that no x-ray photograph was taken of the limb, though I am inclined to think the condition would be very similar to that in Dr. Maguire's case.

Buxton.

FLORENCE THEOBALDS, M.D. Edin.

Reports

ON

MEDICAL AND SURGICAL PRACTICE IN
HOSPITALS AND ASYLUMS.

JOHANNESBURG HOSPITAL.

REMOVAL OF A SECOND STONE FROM AN ONLY KIDNEY.

(By H. TEMPLE MURSELL, M.B., M.C., F.R.C.S.E., Extra
Honorary Surgeon to the Hospital.)

IN July, 1911, a male European patient, aged 41, was admitted under my care. Three years previously he had pain in the sacro-lumbar region. Six weeks later pain was limited to the right renal region, and he passed "bits like limestone and black fluff with it" in his urine. There was no obvious blood. He remained well for four months. Similar attacks had occurred at intervals of some months since. After the pain, which was a true renal colic, he passed fragments of calculus.

On admission his urine was loaded with pus, and had apparently been so ever since his last attack ten days previously. He stated that before that he had never noticed his water thick. The right kidney was enlarged and tender. There was some indefinite left renal pain. The urine was acid, and 45 oz. were passed in twenty-four hours. X-ray examination showed two small bean-sized calculi in the left kidney, and one fairly large cortico-pelvic calculus in the right kidney. The indigo-carmin test showed light green urine after thirty-five minutes. The cystoscope proved that from the right side unstained purulent urine was passing, and from the left side a light green urine.

First Operation.

On July 11th, 1911, the right kidney was exposed through an oblique lumbar incision. A pus sac was found at the lower pole of the kidney, and an oxalate stone the size and shape of a large flat hazel nut, weighing 40 grains when dried, was removed. The kidney space was drained.

On July 14th the patient was doing well, and he passed 40 oz. of urine by the urethra in addition to free urinary leakage from the right loin. By July 20th there was no leakage.

On August 15th there was still some pus in the urine. The patient felt perfectly well, and was up and about. X-rays showed no shadow on the right side, but two shadows were demonstrable in the left renal region. The patient refused to allow any operative measure on the left side, although warned of the inevitable destruction of the left kidney if he delayed operation too long. He left hospital and returned to work shortly afterwards.

Second Operation.

In August, 1912, the patient was readmitted to hospital under the care of my colleague, Dr. George Murray, as I was absent in England. The left kidney was found to be completely destroyed in a condition of pyonephrosis, and was excised.

The patient remained well till May, 1913, when he began to pass fragments of calculus the size of coarse moist brown sugar granules, and there was some pus in the urine. X-rays showed a definite shadow in the right kidney region, apparently at the junction of parenchyma and pelvis. The patient again refused operation.

In October, 1913, he had temporary mitral blockage and anuria, but still declined operation.

Third Operation.

On December 17th, 1913, he was again admitted to hospital. X-rays showed a definite shadow as before.

On December 19th the right kidney was exposed by oblique lumbar incision. A calculus the size and shape of a broad almond, weighing 28 grains when dried, was found in a calyx in the lower part of the upper pole, and removed. This calculus was soft and friable, being mainly phosphatic.

On December 22nd 14 oz. of urine were passed by the urethra. The urine was blood-stained and alkaline. Urotropin and acid sodium phosphate were given twice daily.

On January 27th, 1914, the patient was up and about, feeling perfectly well. He passed 50 to 60 oz. of urine in the twenty-four hours, acid in reaction, clear, and free from albumin, and specific gravity 1010.

So far as one could judge he was doing well on about one-third of his proper renal tissue. He had no urinary symptoms of any kind, and showed no indication of renal inadequacy.

LONDON HOSPITAL.

A CASE OF CALCULOUS ANURIA.

(By HUGH LETT, M.B., F.R.C.S., Surgeon to the London
Hospital with Charge of Out-patients.)

A. W., a large stout man aged 40, was sent on June 18th, 1913, by Dr. Tughan. For the previous three weeks he had had frequent attacks of pain in the left side of the abdomen and left lumbar region; for three days the pain had been much more severe. It was almost continuous, and radiated downwards from the left renal angle to the left groin and testicle. It was so severe that it made him cry out and sweat; he vomited frequently. At the beginning of the attack micturition was frequent; at first only small quantities of blood-stained urine were passed, later it was passed in larger quantities, until 6 a.m. on June 18th, when complete suppression set in. The patient was admitted late on June 18th. Owing to his size, abdominal examination was difficult, but there was tenderness and resistance to palpation in the left lumbar region; there was no dullness above the pubes. The left testicle was tender. He was evidently in great pain, his tongue was thickly coated with white fur, the temperature was 100.4°, and the pulse 90.

Previous History.

The patient had suffered from attacks of renal colic for a number of years, and had been operated upon successfully six years previously in Charing Cross Hospital by Mr. Waterhouse, who removed an impacted calculus from the left ureter by the iliac route. Since this operation he had had several attacks of renal colic on the right and left sides alternately, and had passed several small calculi. The last attack of pain on the right side had occurred twelve months ago.

On June 19th he was still in great pain, and had passed no urine since his admission. Skiagrams of the kidneys, ureters, and bladder showed two small calculi in the pelvic portion of the right ureter, and also a small calculus in the upper end of the left ureter.

Operation.

The operation was undertaken at 3 p.m. on June 19th, on the fourth day of the attack of renal colic, when there had been complete suppression of urine for thirty-three hours.

into French and English. He was also very much interested in printing, and in 1895 founded the Amateur Printers' Association, of which he became honorary secretary. Dr. Maxwell's death was due to bronchitis following influenza. The memorial service at St. John's Church, Woolwich, was attended by a large number of persons, and included representatives of institutions in which Dr. Maxwell was interested.

DR. ROSWELL PARK, whose name is well known from his association with the institution for cancer research at Buffalo, died suddenly at his house in that place on February 15th, in his sixty-second year. He was born in 1852, and after graduating B.A. in 1872 and M.A. in 1875 at Racine College, Wisconsin, studied medicine at North-Western University, where he took his doctor's degree in 1876. After filling the appointment of demonstrator of anatomy at the Women's Medical College of Chicago, he became adjunct professor of anatomy and later professor of the same subject at his own Alma Mater. He was then lecturer on surgery in Rush Medical College, Chicago, and in 1883 was appointed professor of surgery in the University of Buffalo. He was also surgeon to the Buffalo General Hospital. He was one of the surgeons who were called to attend Professor McKinley when he was shot in 1901. Dr. Roswell Park was associate editor of the *Annals of Surgery*, and the author of several books, including two works on modern surgery, a history of medicine, and a volume of essays.

MAJOR EDWARD DORSET FARMAR-BRINGHURST, F.R.C.S., R.A.M.C. (ret.), eldest son of the late Lieutenant-Colonel W. M. Farmar, of Dorset Lodge, Bournemouth, died at St. George's Hospital, London, on January 30th, after an operation. He was a student at St. George's Hospital and at Edinburgh, and took the diplomas of L.R.C.P. Edin. in 1877 and F.R.C.S. Edin. in 1880. In 1877 he went to Australia as medical officer to a party of seven, amongst whom was the late Sir John Coode, who had been consulted by the Government of Victoria as to the possibility of cutting a canal from Melbourne to Sandridge at the head of Hobson's Bay, to carry off the floods of Yarra Yarra River. Major Bringham went to the Ballarat Gold Diggings, and inspected the Penal Prison at Coburg built on the star principle, and later the party went on to Tasmania and New Zealand. Afterwards he served in India, and in 1882, when attached to the Royal Artillery at Woolwich, volunteered for active service in Egypt in the Arabi rebellion; after the bombardment of Alexandria in July, he was attached to the cavalry brigade at Ismailia. He received the medal and Khedivial star. In 1883 he went to South Africa, and in 1888 was in charge of a field hospital in Zululand; he was present at the operations against Dinizulu, and saw the last shot fired in connexion with the closing scene of the Zulu rebellion. In 1889 he went to India from Ireland, and served in the Madras Presidency at Secunderabad; at Bangalore, and at Poonamallee, near Madras, a large invaliding dépôt to which all invalids from the entire Presidency are drafted, and a most responsible post. In 1891 he was transferred to Upper Burma in medical charge of Bhamo on the Chinese Frontier. He was afterwards in charge of Shwebo, and received the thanks of Brigadier-General G. B. Wolseley, C.B., for his care of the sick and wounded from the Wuntho Column, after the operations against the Swaban of Wuntho. In 1895 he was on the Malabar Coast of India, and organized the medical arrangements for British troops sent from Wellington to the Neilgherries against the Moplahs in the Malapuram district. He returned to England in 1896, and was stationed in the North-Eastern District with head quarters at York, as Company Officer, No. 8 Company, Medical Staff Corps, distributed over fifteen stations extending from Berwick-on-Tweed to Leicester. He retired in 1898. He was elected a Fellow of the Royal Geographical Society in 1899.

THE school authorities of Montclair, New Jersey, have issued orders prohibiting the teaching of sex hygiene in the public schools. The teachers are also forbidden to lend or to offer to lend books on this subject to their pupils.

The Services.

ROYAL ARMY MEDICAL CORPS. EXAMINATION FOR COMMISSIONS.

AS announced in the advertisement columns, an examination for not less than twelve commissions in the Royal Army Medical Corps will be held on July 29th. Applications to compete should be forwarded to the Secretary, War Office, by July 20th.

Universities and Colleges.

UNIVERSITY OF SHEFFIELD.

THE Council, at its meeting on March 2nd, made the following appointments: (1) Mr. L. Southern, B.A. Camb., B.Sc. Lond., to the post of Assistant Lecturer and Demonstrator in Physics, in succession to Dr. R. T. Beatty, resigned. (2) Mr. A. Pringle Jameson, B.Sc. Aberd., to the post of Assistant Lecturer and Demonstrator in Zoology, in succession to Mr. T. J. Evans, resigned.

UNIVERSITY OF BIRMINGHAM.

THE number of registered students in the university amounted to 1,013 during last session, and the following table gives details of their distribution, and compares the numbers with those of the two previous years:

	1912-13.	1911-12.	1910-11.
Faculty of Science	220	234	239
Faculty of Arts	279	294	281
Faculty of Commerce	36	28	28
Faculty of Medicine	79	93	85
Total matriculated	614	619	633
Unmatriculated	399	383	364
Total	1,013	1,032	1,017

ROYAL COLLEGE OF PHYSICIANS, EDINBURGH.

The Dr. Jessie MacGregor Prize for Medical Science.

APPLICATIONS are now invited from medical women who are either graduates of Edinburgh University or holders of the triple qualification diploma for the above prize, which is of the value of £75. The prize, which is offered triennially, will be awarded to the candidate who presents the best record of original work in the science of medicine, published or unpublished, during the last three years. Applications should reach the Convener of Trustees, Royal College of Physicians, Edinburgh, not later than May 1st, 1914. The award will be made in July.

Medical News.

AT the recent examination for sanitary inspectors under the Public Health, London, Act, 1891, held by the Sanitary Inspectors' Examination Board, seventeen passed, of whom eleven were women.

THE Schorstein Memorial Lecture will be delivered by Dr. Henry Head, F.R.S., in the anatomical theatre of the London Hospital Medical College on March 19th and 26th, at 4.15 p.m., the subject selected being the clinical aspects of syphilis of the nervous system. The attendance of members of the profession is cordially invited.

SIR EDWARD SCHÄFER, Professor of Physiology in the University of Edinburgh, will give the foundation lecture at the twenty-first anniversary meeting of the University College Union Society at the College, Gower Street, on Thursday, March 19th. The lecture will deal with certain desirable adjuncts to a university education.

MR. WILDORF ASTOR, M.P., will preside at a meeting of the Royal Sanitary Institute at 90, Buckingham Palace Road, on Tuesday next, at 7.30, when a discussion on social conditions in relation to public health will be opened by Dr. Hilda Clark, who will deal with tuberculosis, and Dr. F. E. Fremantle, who will deal with the housing question.

A COURSE of clinics is being held at the Royal Hospital for Diseases of the Chest Medical School, City Road, E.C., during the month of March. The clinics are conducted in the various departments—cardiac, laryngological, x ray, dental, and the prevention of consumption. Further particulars can be obtained on application to the Dean at the hospital.

At a meeting of the Manchester Fellows of the Royal College of Surgeons, held on February 25th, it was resolved that it is advisable that a member of the Manchester Medical School should be a candidate for the next ensuing vacancy on the council of the college; and Professor W. Thorburn, Senior Surgeon to the Royal Infirmary, was asked and agreed to be nominated.

THE line of the total eclipse of the sun in August next crosses Norway, and tourists by the R.M.S.P. ocean yachting steamer *Arcadian* will have an opportunity of witnessing the eclipse, for on August 21st, the date of the eclipse, the vessel will be in the vicinity of the Alsten and Torghatten Isles, which are on the line of the central eclipse.

A CONFERENCE on the subject of measures which might be taken for the prevention or mitigation of summer diarrhoea among infants in the districts surrounding the institution will be held at the Queen's Hospital for Children, Hackney Road, Bethnal Green, on Wednesday next. The chair will be taken by the Earl of Shaftesbury at 8.30 p.m.

THE next Oxford Ophthalmological Congress will assemble at Keble College on the evening of Wednesday, July 8th, and will meet on the two following days. A discussion on the Workmen's Compensation Act in injuries of the eye will be opened by Mr. William Robinson, F.R.C.S., of Sunderland. Members willing to show cases or specimens, or to give demonstrations, are requested to communicate with the Honorary Secretary, Mr. Sydney Stephenson, 33, Welbeck Street, London, W.

The second congress of the French Association of School Doctors will be held this year at Lyons on July 30th and 31st and August 1st. The questions proposed for discussion are: The teaching of hygiene in primary schools in France and in foreign countries; the teaching of sex hygiene in schools; the organization of the medical service in *lycées* and secondary schools; baths in schools. All communications relative to the congress should be in the hands of Dr. Weigert, 3, Cours Morand, Lyons, on or before July 5th.

A THREE months' course of lectures and demonstrations in hospital administration for the Diploma in Public Health will be given on Mondays and Thursdays at 5 p.m., beginning on Monday, April 6th, at the North-Western Hospital, Hampstead, N.W., by Dr. J. MacCombie, medical superintendent, and at the Grove Hospital, Tooting, by Dr. J. E. Beggs, medical superintendent. The fee for the course is £5 3s. Further particulars can be obtained on application to the Clerk to the Metropolitan Asylums Board, Embankment, E.C.

THE Radium Institute of Philadelphia was incorporated on February 10th under the laws of the State of Delaware to "build, maintain, and operate hospitals and institutions for the treatment of cancer and other diseases." The capital stock is £50,000, and it is said that arrangements have been made for the supply of all the radium that will be required when the institute is opened. A site has been found and building will be begun within the next few weeks.

THE Finsbury and Islington Medical Societies are giving a dance at Princes Galleries, Piccadilly, W., on Wednesday, March 25th, at which all medical men and their friends will be welcome. Tickets—price 7s. 6d., including a buffet supper—may be obtained from any of the members of the societies, or from the Honorary Dance Secretaries, Dr. J. N. Glaister, 96, Upper Street, Islington, N.; Dr. J. E. Jackson, 15, Huntingdon Street, Barnsbury, N.; or Dr. W. F. Roc, 12, Northampton Square, E.C.

It has been arranged to hold a course of instruction in venereal diseases for post-graduates and students at the London Lock Hospital, commencing in April and lasting for three months. It is intended to hold three such courses every year; each course will consist of clinics on four days a week, twelve lectures, and practical demonstrations in the various methods of treatment. The fee for the three months' course is 3 guineas. Further particulars can be obtained from Mr. J. E. R. McDonagh, F.R.C.S., at the hospital, 91, Dean Street, Soho. Members can arrange to obtain instruction in pathological work from the pathologist.

AT the annual dinner of the West London Medico-Chirurgical Society on February 19th, the special feature of the evening was the presentation of the society's triennial gold medal to Professor Arthur Keith. The other official guests included the respective presidents of the Royal Society of Medicine, of the Medical Society of London, of the Harveian and of the Chelsea Clinical Societies, together with Mr. Betteridge, secretary of the West London Hospital, at which the society's meetings are

held, and Dr. Mott. In proposing the toast of the West London Medico-Chirurgical Society, the President, Dr. F. S. Palmer, spoke feelingly of the late Mr. Keetley, to whose support the society during the earlier years of its existence was greatly indebted. In responding, Colonel T. M. Hendley dwelt on the great advantages the society offers to those occupied in general practice in West London. The evening ended with a toast to the Chairman, which was proposed by Dr. F. de Havilland Hall, and duly acknowledged.

THE following fifteen candidates have been selected by the Council of the Royal Society to be recommended for election into the society: Edgar J. Allen, Director of the Plymouth Laboratory of the Royal Marine Biological Association and editor of the *Journal* of that association; Richard Assheton; Geoffrey T. Bennett, Lecturer in Mathematics, Emmanuel College, Cambridge; Rowland H. Biffen, M.A., Professor of Agricultural Botany, Cambridge; Arthur E. Boycott, M.D.Oxon., Professor of Pathology in the University of Manchester; Clive Cuthbertson; Henry H. Dale, M.D.Camb., Director of the Wellcome Physiological Research Laboratory, London; Arthur Stanley Eddington, Plumian Professor of Astronomy at Cambridge; Edmund J. Garwood, M.A.Cantab., Professor of Geology, University of London (University College); Thomas Henry Havelock, M.A., D.Sc., Lecturer in Applied Mathematics, Armstrong College, University of Durham; Thomas Martin Lowry, D.Sc.Lond., Lecturer in Physiological Chemistry and Electro-Chemistry, City and Guilds London College; D. Noel Paton, M.D., Regius Professor of Physiology, University of Glasgow; Siegfried Ruhemann, M.A., University Lecturer in Organic Chemistry, Cambridge; Samuel Walter J. Smith; and Thomas Edward Stanton.

THE Halifax Division of the British Medical Association and the Halifax and District Medical Society combine their organizations in the arrangements for the annual medical dinner, which took place this year on February 19th. This was the first public dinner in the reconstructed and modernized White Swan Hotel, the renovation of which meets a long-felt want in the town. The attendance was excellent, over seventy being present. Among the guests were Professor Wardrop Griffith (Leeds University), Dr. Oldfield (Leeds), Dr. Basil Hughes (Bradford), the three special lecturers for the current session of the Halifax and District Medical Society; Dr. Cairns (President of the Huddersfield Medical Society), Dr. Sykes (President of the Bradford Medical Society), and Mr. J. F. Hirst (President of the Royal Halifax Infirmary Board) were also present. In addition to the usual loyal toast only two others were given. "Our Guests" was proposed by Dr. Councillor Branson and responded to by Professor Wardrop Griffith. The health of "The Chairman" (Dr. Hughes, President of the Halifax and District Medical Society) was proposed by Dr. Drury (Chairman of the Halifax Division of the British Medical Association). A most enjoyable programme of music followed. Mr. G. F. Barnett, of Liverpool, a tenor of exceptional quality, and Mrs. Drury (who accompanied throughout) contributed songs and duets. Mr. A. Dixon enlivened the proceedings with inimitable humorous songs and recitals.

A GREAT deal of prominence has been given during the last few days to the change which certain of the composite insurance offices have made with regard to insurance in respect of motor cars. The Medical Insurance Agency has given careful attention to motor car insurance, and for some years has been able to recommend forms of policy which cover points to which prominence is now given. Certain improvements were made at the beginning of the year, including insurance against personal accidents to the insured and the extension of medical expenses benefit to include passengers. Further, it was arranged to make no extra charge while the car was on the Continent, and to extend the legal defence clause. The agency has recommended, though not exclusively, the "Doctor's Policy" comprising all the ordinary benefits, including those mentioned above, and in addition compensation during repair. Motor car owners who have previously held this policy have now the choice of continuing as before under the operation of the clause by which a rebate of 25 per cent. was allowed if no claim had been made during the operation of the policy, or of taking out a new policy including the additional benefits in which the no-claim rebate would be reduced to 10 per cent. In consequence of the action taken by the composite companies the rates under the doctor's policy have been reduced to meet the competition. Further particulars can be obtained from the Secretary of the Medical Insurance Agency, Mr. Guy Elliston, 429, Strand, W.C. The agency is in a position to effect insurances on advantageous terms with any office.