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# INDEX TO VOLUME I FOR 1918.

READERS in search of a particular subject will find it useful to bear in mind that the references are in several cases distributed under two or more separate but nearly synonymous headings—such, for instance, as Brain and Cerebral; Heart and Cardiac; Liver and Hepatic; Renal and Kidney; Cancer and Carcinoma, Epithelioma, Malignant Disease, New Growth, Sarcoma, etc.; Child and Infant; Bronchocele, Goitre, and Thyroid; Diabetes, Glycosuria and Sugar; Light, Roentgen, Radium, X Rays; Status Lymphaticus and Thymus; Eye, Ophthalmia and Vision; Bicycle and Cycle; Motor and Automobile; Association, Institution, and Society; Paris, France; Berlin, Prussia, Germany; Vienna, Austria, etc. Subjects dealt with under various main headings in the JOURNAL have been set out in alphabetical order under their respective headings—for example, "Correspondence," "Leading Articles," "Reviews," etc. Original Articles are indicated by the letter (O).

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practical medicine and the only remedy for quackery." "A mere practical man is a quack" was one of his aphorisms, yet there never was a man so misconstrued as Marshall Hall was by his contemporaries. The blame is not to be saddled altogether on them, for he had an unconscious art of rousing antagonism, jealousy, and mistrust. We can hardly wonder that John Hilton preferred to think of nerve trunks than of spinal centres as the functional elements which presided over the muscular system of the body. Neither he nor the line of surgeons which followed him perceived that Marshall Hall had given a new basis for the diagnosis of all disordered actions of muscles, and a sure principle in which a rational means of treatment could be based for the recovery of deformed and disabled limbs. Nay, I would go further. The full bearings of Marshall Hall's discoveries, and particularly the significance of the further investigations made by those who have so brilliantly explored the field which he had opened, have not yet been fully utilized by modern orthopaedic surgeons. Marshall Hall made it impossible for us to think any longer in the terms of single muscles, bones, and joints. All of them in the living state are combined into a functional whole by the spinal cord and its system of reflex arcs.

## Memoranda:

### MEDICAL, SURGICAL, OBSTETRICAL.

#### STERILIZATION OF THE THROAT AFTER DIPHTHERIA AND IN CARRIER CASES.

The detention of diphtheria carriers and of convalescents who continue to harbour the bacillus is irksome to those isolated, and must in the aggregate involve a considerable expenditure of money both in civil and military practice. In the BRITISH MEDICAL JOURNAL of March 11th, 1916 (p. 374), Dr. W. S. Thacker reported on the effect of painting the tonsils and nasopharynx with strong solutions of silver nitrate, his work being restricted, I gather, to carriers. He used a 50 per cent. solution, and two applications procured sterility in every case. A 90 per cent. solution was employed for the staff, and one painting then sufficed, the throat being cocainized beforehand. Used in these strengths the solution has been known to cause severe spasm of the glottis, when it has happened to reach the rima.

At the beginning of August, 1917, we began to use silver nitrate on patients in the Plaistow Hospital positive to the culture test after an acute attack of diphtheria, when otherwise nearly fit to go home. As most of our patients are children, we decided to try the effect of weaker solutions. The first painting was done with a 1 in 8 (12.5 per cent.) solution. Where this did not secure sterility a second painting was done with a 1 in 4 (25 per cent. solution). In four cases this proved insufficient and further painting was needed. These were all children with enlarged tonsils and adenoids. Three of them struggled, so that the solution could not be effectively used. In these cases the throat was thereafter painted under ethyl chloride as a general anaesthetic.

Throat cultures were taken on the third and fifth days after the application. The first culture was positive in three cases only. These were children with large irregular tonsils and masses of adenoids. In fact, it was only in cases of this type that there was any trouble in obtaining sterility, a consequence, no doubt, of difficulty in reaching every depression and irregularity. The cases treated yielded on culture the three types of Klebs-Loeffler bacilli, alone or mixed. Our results do not show that any one of these types is more persistent than the other.

#### Procedure.

The child was rolled in a blanket so that it could not get its arms free, and laid across the bed with its head in the operator's lap. This position prevented any excess of the solution running down the throat. A strip of cotton-wool wound round long sinus forceps was used for the application with 30 to 40 minims of the solution. The tongue was depressed and the tonsils and posterior pharyngeal wall swabbed somewhat firmly with the silver nitrate. It was found advisable to keep the patient without food for two to three hours beforehand. The only

case in which laryngeal spasm occurred was a girl who had had a meal shortly before the throat was painted. Of the first forty cases treated twenty-eight were sterilized by one application, eight cases by two paintings, and the remaining four cases needed further treatment as described above.

*Conclusions.*—Of cases with positive cultures after an acute attack of diphtheria 70 per cent. were rendered sterile by one application of a 12.5 solution of silver nitrate. A further 20 per cent. were sterilized by a second painting with a 25 per cent. solution. The remaining 10 per cent. were more resistant but could nevertheless be sterilized with silver nitrate in solutions not stronger than 25 per cent. with a little patience.

On the whole Dr. Thacker's method of sterilization marks a greatly needed advance on the preventive side, and it is to be hoped that its adoption in other contagious diseases than diphtheria will prove useful. In practice its efficacy plainly depends on the thoroughness with which the silver nitrate solution is applied over the entire surface of the mucous membrane.

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#### VINCENT'S ANGINA.

HAVING recently taken swabs from numerous cases of Vincent's angina, and having read various short articles on the prevalence of the condition both amongst our overseas troops and amongst the home service units, we are surprised to find no mention of the condition of the gums in this infection. In several cases the throat has cleared up in eight to ten days, while the organisms have easily been demonstrable in pus around the teeth; and, vice versa, in more than one case the patient has come up for a sore throat (? Vincent's angina), and we have found the organism in peridental pus in great quantity whenever a swab from the tonsil has been indeterminate.

There seems to be no doubt that it is of the highest importance to look for pyorrhoea or other dental trouble in every case of sore throat, as a diagnosis may often be made in cases where nothing is obtained in direct tonsillar smears.

Moreover, no patient who has been under treatment for Vincent's angina should be discharged until it is shown that swabs from around the teeth are negative. We have swabbed several cases of pyorrhoea and several normal throats, and although fusiform bacilli and spirillar forms are occasionally seen, we are satisfied that Vincent's angina can be readily diagnosed from direct smears of the gums and throat, and that no other condition ordinarily met with presents the same microscopic picture.

A. J. EAGLETON,  
Captain R.A.M.C.(T.C.).  
J. D. MERCER,  
Captain R.A.M.C.(T.C.).  
F. E. HUDSON,  
Captain add. R.A.M.C.  
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Military Hospital, Sutton Veny.

#### WOUND INFECTION.

EVEN at the risk of the accusation of repetition I consider it my duty, in present circumstances, to draw further attention to the excellent results which may be obtained in desperate compound comminuted fractures and other grave septic wounds by the prompt administration of ether, application of a tourniquet, deliberate exposure, and obliteration of pockets and sinuses by large incisions, complete removal of foreign bodies (including devitalized infected fragments of bone), thorough tunnel gravity drainage, efficient haemostasis, frequent irrigation with hot peroxide lotion (60 to 120 c.c.m. to litre), followed immediately by hot carbolic lotion (15 c.c.m. to litre), hot mercuric perchloride (1 in 2,000) fomentations (wrung dry before application), and absolute rest on a suitable splint until the wound is healed, with extension when necessary. To this should be added, whenever possible, permanent outdoor treatment, which is infinitely preferable to any indoor "primrose sunlight" illusion, and a liberal allowance of wine, stout, or beer with meals.

As far as my personal experience is concerned I have yet to find the equal of the above combination of surgical principles with what, in my opinion, are the best of all

antiseptics, so long as the latter are not used in a strength to destroy friend and foe alike; and their action is considerably enhanced by heat (fomentation) to the part and complete rest to the limb.

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#### DISLOCATION OF BOTH HIPS WITHOUT FRACTURE OF PELVIS.

J. G., a miner, aged 42, when in a stooping position was knocked down by a fall of stone. When examined it was found that his left leg was flexed, adducted, and internally rotated, and the right leg flexed, abducted, and externally rotated. Both dislocations were easily reduced under an anaesthetic. Stimson in his book says that thirty cases have been reported. Usually the dislocation is not the same on both sides.

Durham,

ARTHUR PAIN, M.R.C.S., L.R.C.P.

### Reports of Societies.

#### ELECTRO-PHYSIOLOGICAL PHENOMENA.

A MEETING of the Electro-Therapeutical Section of the Royal Society of Medicine was held on December 21st, 1917, when Mr. A. E. BAINES read a paper on *The Interpretation of Certain Electro-Physiological Phenomena*. Replying to Professor Bayliss's criticism<sup>1</sup> of a book partly written by him, he explained that certain statements said to embrace the chief errors underlying the thesis were made by Dr. Bowman of Manchester and not by him. Other essential points in the criticism were that the currents led off from various points of the body by metallic electrodes were due to the inequality of the electrodes and to difference in the activity of the skin glands; that nerve leaks were merely places at which the skin was moist; and that the di-electric bearing his name did not appear to be different from some kinds of medicinal paraffin.

In refutation Mr. Baines stated that in taking a hand-to-hand galvanometric deflection the sign of current was always changed when the hands were crossed, showing that difference of polarity was in the hands and not in the electrode; that unless both hands were used the contact of skin and metal did not exhibit electrical action, and that as the thumbs were electrically, as well as anatomically, in opposition to the fingers of the same hand no current would pass if the electrodes were placed between the first and second and third and fourth fingers of the same hand, but that a current passed when the thumb made contact and established a potential difference by reason of its higher and opposite electrification. He also referred to the experiments of Dr. C. N. Longridge, published in the BRITISH MEDICAL JOURNAL of May 20th, 1916, and instanced the fact that whereas in neurasthenia, where the hands were moist and the deflection small and of uncertain sign, there was always a large and rapid excursion of the light from a dry hot skin in local pyrexia. Upon the question of paraffin, he claimed that the use of a rock oil was clearly indicated by an electro-pathological study of local pyrexia. Clerk-Maxwell and Sir Oliver Lodge had told them, he said, that light is an electro-magnetic disturbance of the ether and optics a branch of electricity. Progressing from the red to the violet end of the spectrum, there must be a rapid increase in the potential of light, and a discharge of electricity of ever-increasing intensity. In the early days of experimentation with a mineral oil of correct viscosity there had been many failures, and he had found that when exposed to direct sunlight or ultra-violet rays there was a distinct falling off in its therapeutic value. His process was designed to remedy that defect, and since the oil had been standardized there had been no failures that could not be ascribed to faulty diagnosis. If objection were taken to the process on the ground that it was secret, he said that the paraffin prescribed by the medical profession for constipation had always been refined by secret processes.

### Reviews.

#### ON WRITING WITH THE LEFT HAND.

THE author of this treatise<sup>1</sup> aims at providing a practical method of left-hand writing for the use of the mutilated, the subjects of cramp or paralysis, and the left-handed. The work is of interest at this moment when so many men, as a result of the war, have lost the right hand. Professor D'URSO enters at some length upon a discussion of the *rationale* of the process of handwriting, especially as regards the direction of the writing with reference to the position of the body and of the pen. He gives some ingenious diagrams, which he maintains are based upon sound physiological and geometrical grounds. A scheme for the right hand having been constructed, he proceeds to show what must of necessity be the scheme for left-hand writing, if the one limb be regarded as the counterpart of the other. He shows also that the direction of the writing with reference to the axis of the body is varied according to the obliquity of the letters. The practical outcome of the discourse is as follows.

In learning to write with the left hand the pupil should commence by writing the various letters on a blackboard with chalk, standing. He should commence with letters 8 cm. in height, then form letters of 4 cm. and finally those of 2 cm. The larger letters will be written from the shoulder and elbow, the wrist and fingers being almost immobile. He should then proceed to write on paper, the paper being placed on a horizontal table. He should commence with letters 4 mm. in height, and then follow with letters of 2 mm. At first a pencil should be used, and, after some proficiency is obtained, a pen. The exercises are no other than those that are to be found in any English child's copybook. The "hand" adopted is *la scrittura corsiva*, or running hand, the letters of which are inclined at an angle of 45 degrees. Little attempt should be made to distinguish the heavy down stroke from the lighter up stroke. The paper should be smooth and ruled in faint lines. At first the pupil may trace over already pencilled letters. The pupil should not go over his writing twice nor retouch letters after they are made. The paper should be fixed in position by means of a paper weight. The light should fall from the right-hand side. The nib used must be fine and flexible, and with a median point. The pen-holder should be slender and light. The writing should be as light as possible. It is a common error to grip the pen too firmly, and to press too heavily on the paper. The pen should be lifted from the paper as seldom as possible. The writing must never be hurried, nor persisted in for longer than one hour at a time.

The pen is held in the left hand precisely as it is held in the right—that is, between the index finger and the thumb. The pen should rest upon the base of the index and be in a line with the forearm. It will be noticed that while the finer movements of the pen are controlled in the right hand by the index finger, in the left they are rather influenced by the thumb.

The most important feature in the author's method is position. The writer must sit square to the table, bolt upright, with his chest to the table's edge. He must resist the inevitable tendency to lean to the right. The whole of the forearm should rest on the table, the elbow being at the edge of the table. The paper should be so turned that the lines to be written are vertical, as viewed by the writer, and not horizontal; that is to say, the lines should be at right angles to the edge of the table; the top of the page will therefore be on the right-hand side of the pupil and the bottom on his left. The left-handed man, in fact, should write vertically from above downwards, and not horizontally from left to right, as is the practice when the right hand is used. The pen is held at right angles to the lines. The paper, it is needless to say, is flat on the table, but the writing is at right angles to the edge of the table and not parallel with it. Any one who attempts left-hand writing will experience at once the convenience of writing vertically.

FREDERICK TREVES.

<sup>1</sup> *La Scrittura con la sinistra. Metodo ad uso dei mutilati, dei malati di crampo, dei paralizzati, dei mancini, ecc.* By Professor Nicola D'URSO. Rome, 1917. La Federazione Nazionale. (Lire 1.50.)

Newland, J. S. Pardy, D.S.O., J. M. Y. Stewart, V.D., C. E. Wassell, J. R. Webb.  
Honorary Lieut.-Colonel E. W. Hayward.  
Major (temporary Lieut.-Colonel) H. V. P. Conrick, D.S.O.  
Majors: S. V. Applevard, D.S.O., A. S. D. Barton, F. L. Bignell, L. W. Bond, D.S.O., H. P. Brownell, D.S.O., D. D. Cade, C. L. Chapman, W. B. Craig, D.S.O., W. M. A. Fletcher, A. C. Fraser, R. I. Furber, D.S.O., W. A. Hailes, D.S.O., E. L. Hutchinson, D.S.O., W. W. S. Johnston, D.S.O., M.C., H. B. Lee, D.S.O., M.C., R. M. McMaster, D.S.O., R. B. North, J. J. Power, G. S. Robinson, M.C., C. J. Tozer, H. J. Williams.  
Captains: H. F. Dunstan, G. S. Elliott (killed), F. W. Fay, L. J. Hunter, J. T. Jones, M.C., I. B. Jose, A. Juett, C. F. Robinson, J. R. Tillett (died of wounds), E. D. Watson, A.A.D.C.

Quartermaster and honorary Major T. F. Hall.  
Quartermaster and honorary Captain J. I. Anderson.

## CANADIAN FORCES.

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Major (temporary Colonel): A. E. Snell, D.S.O., C.A.M.C.

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Majors (acting Lieut.-Colonels): P. G. Bell, J. J. Fraser.

Majors: D. J. Cochrane, G. S. Mothersill, S. Paulin.

Captains: L. E. Clark, W. J. E. Mingie.

Lieutenant W. McL. Moore (Canadian Red Cross).

Quartermaster and honorary Captain J. E. Tulloch.

## NEW ZEALAND FORCE.

## Staff.

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## Medical Corps.

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Lieut.-Colonels: D. N. W. Murray, D.S.O., J. H. Neil.

Majors: F. G. Cameron, K. MacCormick, D.S.O., R. H. Walton.

Captains: H. M. Goldstein, M.C., I. N. Spedding.

## SOUTH AFRICA.

## Medical Corps.

Lieut.-Colonel A. B. Ward, commanding South African General Hospital.

Quartermaster and honorary Lieutenant W. Richardson.

## BRITISH WEST INDIES REGIMENT.

Temporary Surgeon Captain W. S. Mitchell.

## INDIAN ARMY.

## Indian Medical Service.

Lieut.-Colonel A. N. Fleming, Major J. J. Urwin.

The list also contains a number of names of N.C.O.'s and men of the R.A.M.C., A.A.M.C., C.A.M.C., N.Z.M.C., S.A.M.C., and members of the various nursing services.

THE name of temporary Captain Frederick Edward Saxby Willis, R.A.M.C., attached Seaforth Highlanders, was accidentally omitted from the list of recipients of the Military Cross published in our issue of December 22nd, 1917, p. 839.

## NEW YEAR HONOURS.

THE following New Year Honours have been conferred upon medical men, in addition to those specifically awarded for services in the field and in connexion with the war, published at pp. 30-32. On behalf of the medical profession we offer congratulations to all those of our number whose distinguished services have thus been recognized:

## G.C.V.O.

Sir Bertrand Dawson, K.C.V.O., C.B., M.D., Physician in Ordinary to H.M. The King, Physician London Hospital.

## K.C.V.O.

Lieut.-Colonel Hugh Mallinson Rigby, R.A.M.C., F.R.C.S., Surgeon to H.M. The King's Household and to H.M. Queen Alexandra's Household, Surgeon London Hospital.

## M.V.O.

Staff Surgeon Louis Greig, R.N., M.B., Ch.B.

## K.C.B.

Sir George Newman, M.D., Principal Medical Officer to the Board of Education.

## KNIGHTHOOD.

Dr. Barclay J. Baron, Consulting Physician for Diseases of the Throat and Nose, Bristol General Hospital; ex-President of the Bath and Bristol Branch of the British Medical Association.

Dr. Thomas J. Horder, Assistant Physician St. Bartholomew's Hospital.

Dr. John Phillips, Emeritus Professor of Obstetric Medicine, King's College; Consulting Obstetric Physician, King's College Hospital.

Mr. Harold J. Stiles, M.B., C.M., F.R.C.S.Edin., Surgeon Royal Edinburgh Hospital for Sick Children.

## KAISAR-I-HIND GOLD MEDAL.

Dr. Ernest Neve, Surgeon Mission Hospital, Srinagar, Kashmir.

## Scotland.

## THE PROPOSED MINISTRY OF HEALTH.

THE Royal College of Physicians of Edinburgh has issued a statement dealing with the question of the establishment of a Ministry of Health. Under the privileges conferred by its charter it is the duty of the College to consider "any matters affecting the general interests of the medical profession and the public." The College has accordingly considered this question, and has accepted the general proposition that it would be to the advantage of the public health were the various existing health agencies co-ordinated and brought under the supervision, control, and initiative of a board of health, constituted on the lines suggested in the statement, and presided over by a Minister of State. The only aspect of the question which leads to a divergence of view is as to the desirability of proceeding with a scheme of such magnitude at this strenuous and anxious time in the nation's history, when the medical forces of the country are large disorganized. In the circumstances the prevailing opinion of the College is that the establishment of a Ministry of Health ought to be postponed until after the war.

## Statement by the Royal College of Physicians of Edinburgh.

The Royal College of Physicians of Edinburgh was erected by Royal Charter granted by His Majesty King Charles the Second, 29th November, 1681, and incorporated anew by Royal Charter granted by Her Majesty Queen Victoria, 16th August, 1861. The Royal College has been, and continues to be, largely concerned with matters affecting the health of the nation. It has taken considerable part in developing medical science and practice. It is therefore particularly interested in all proposals which have for their aim the erection of a State Department of Health. The Fellows of the College have given careful consideration to the subject. The statement which follows is the outcome of deliberations which had regard to the great questions of health and the urgent need of their recognition and effective handling by the State. The standpoint of the College is frankly medical, not political or departmental.

The administration of health measures has in the past been developed in connexion with a number of Government Departments, such as the Local Government Board, Home Office, Board of Education, Insurance Commission. Each of the several departments has worked within the limits of certain Acts of the Legislature dealing with definite subjects and conferring definite powers. The health of the community has received benefit from the work of the departments; but the operations of the departments have not attained that comprehensive measure of success which the extent and gravity of the health problem demand.

As regards health questions, the sphere of the several departments is limited, and, with increasing legislation, the overlapping which inevitably follows from their separation becomes steadily aggravated. A fundamental weakness lies in the fact that in none of the departments concerned is the control vested in a minister appointed primarily to deal with health problems.

From this division of interest and responsibility departmental difficulties are apt to arise; policy in regard to matters pertaining to health tends to become subject to considerations of departmental jurisdiction; and the essential interest of health questions is liable to be obscured. Under the restrictions of the present system it has been impossible to evolve concerted means for dealing with the complex and ever widening problems of national health. Not until these restrictions are removed will it be possible to attain effective and adequate machinery.

What is required is the creation of a ministry which shall concern itself with health matters pure and simple, and to whose jurisdiction shall be transferred from other departments the operations of all existing enactments in so far as they deal with health. This opens up another aspect of the question, namely, the immense extent of the issues involved. Existing Acts deal only with sections and fragments of the subject. A multitude of conditions affecting health are not included in the purview of the Acts, and have hitherto been left untouched.

The Minister of Health must handle the whole problem. He must be concerned not only with questions already dealt with by the Legislature, such as infectious diseases, infant welfare,

DR. FIEUX, *professeur agrégé* in the medical faculty of the University of Bordeaux, lost his life on December 9th as the result of an accident among the mountains near Grenoble, where he was in charge of a military hospital. He held the rank of *médecin-major*, 1<sup>re</sup> classe, and his courage, devotion to the wounded, and operative skill won for him the Cross of the Legion of Honour. He was 49 years of age, and took his degree at Bordeaux in 1896. He was on the staff of the Bordeaux Maternity, and had a great reputation as an obstetrician and gynaecologist; he had also earned distinction as a biologist. He was one of the pioneers in the serum diagnosis of pregnancy.

DR. FRANKLIN P. MALL, professor of anatomy in Johns Hopkins University, Baltimore, who died on November 17th, 1917, was born in Iowa in 1862, and graduated M.D. Michigan in 1883. He was appointed instructor in pathology at Johns Hopkins University in 1888. From 1889 to 1892 he was professor of vertebrate anatomy in Clark University, Worcester, Massachusetts; he next held the chair of anatomy in the University of Chicago, but in 1893 returned to Johns Hopkins as professor of the same subject. In 1915 he was appointed director of embryology in the Carnegie Institution at Washington. He was president of the Association of American Anatomists from 1905 to 1907.

## Universities and Colleges.

### UNIVERSITY OF EDINBURGH.

THE Senatus reported to the University Court on December 17th, 1917, that they had approved a recommendation of the Faculty of Medicine that a course on tuberculosis shall be obligatory in the medical curriculum as from October 1st, 1918, and that the course shall consist of lectures and practical instruction, open to final year students of the University. Principal Sir Alfred Ewing presided at a medical graduation ceremonial on December 19th. The candidates for degrees were presented by Professor Littlejohn, Dean of the Faculty of Medicine. Sir Alfred Ewing in the course of his address announced that 67 medical students had returned to their studies from service in the army, and 46 from service in the navy. The students of medicine attending the University now numbered 849, against 783 at the corresponding date last year; and of these 849 students 564 were men and 285 were women.

The following degrees were conferred:

M.D.—F. T. Bowerbank,\* W. T. James, P. W. Lam, C. Robertson, W. F. J. Whitley.\*

\* Commended for thesis.

M.B., Ch.B.—G. Balsillie, A. O. I. Brownlee, D. Cook, A. C. C. Craig, Kshirendra Mohan Dey, J. W. C. Fairweather, D. T. P. Gay, R. N. Gibson, J. G. Gilruth, J. T. Godfrey, Elizabeth Harper, J. H. Kerr, V. St. C. Lucas, A. S. M'Kern, S. D. Nurse, W. G. F. Owen-Morris, J. E. Purves, E. G. Pyott, A. Robertson, Mary J. Rutherford, R. L. Stewart, J. A. Sirling, F. B. Sutherland, E. T. N. Taylor, P. F. V. Walsh, D. M. Young, J. W. van Zyl.

### UNIVERSITY OF ABERDEEN.

THE following degrees were conferred on December 18th, 1917:

M.B., Ch.B.—J. B. Mutch, D. J. V. Pereira, H. Roger.

### UNIVERSITY OF ST. ANDREWS.

THE following candidates have been approved at the examination indicated:

M.B., Ch.B.—Kathleen I. David, W. A. Fraser, Dora M. Walker.

### UNIVERSITY OF DUBLIN.

THE following candidates have been approved at the examination indicated:

FINAL M.B.—*Part II. Medical Jurisprudence and Hygiene; Materia Medica and Therapeutics; Pathology*: J. G. Holmes,\* R. Resnekov,\* J. G. de Kock,\* J. C. J. Callanan,\* H. B. Van der Merwe,\* A. H. Thompson, J. F. Sheppard, V. G. Walker, C. D. Brink, Mary C. Sheppard, T. J. R. Warren, R. W. Shaw, C. J. Quinlan, A. Blagoff, C. H. Keller (Medical Jurisprudence and Hygiene, Materia Medica and Therapeutics).

\* Passed on high marks.

FINAL M.B., B.Chr., B.A.O.—*Part II. Medicine*: Mcts G. Jackson, S. A. Clark, F. W. P. Sullivan, W. Sweetnam, J. R. Brennan, C. P. Chambers, T. S. McDonald, J. B. Taylor. *Surgery*: H. L. Parker,\* T. S. McDonald, J. M. Hill, W. V. Pellissier, P. A. Dormer, Margaret Wolfe, L. J. Nugent, D. S. Prentice,\* Olive G. Blackham, T. E. Hill. *Midwifery and Gynaecology*: T. S. McDonald, W. P. Elford, E. J. Lyndon, F. J. Dymoke, J. E. Jameson, W. V. Pellissier, E. E. Rollins, F. W. Godfrey, E. S. E. Mack, L. J. Nugent, K. Greer, C. H. Keller.

High marks. \* To be examined in Pathology.

D.P.H.—*Part I. Bacteriology, Pathology, Chemistry, Physics, and Meteorology*: R. B. Jackson.

*Part II. Sanitary Engineering; Vital Statistics and Public Health; Hygiene and Epidemiology*: R. B. Jackson, T. Kirkwood.

ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH.  
AT the annual meeting of the College Professor William Russell was elected president, Dr. Freeland Barbour vice-president, Dr. Norman Walker treasurer, Dr. H. Dingwall-Fordyce secretary, and Dr. H. Graham curator of the Research Laboratory.

## Medical News.

A BROTHERHOOD of comrades-in-arms has been formed among the Austrian military doctors.

WITH the object of promoting the study of tropical medicine in Nicaragua a medical association of the Atlantic seaboard of that republic has been founded at Bluefields.

THE American Ambassador in Rome was authorized some time ago to draw on the Red Cross for any amount up to £50,000 to be applied to relief work in Italy. On November 11th a further sum of £50,000 was appropriated to meet emergency expenses arising from the recent reverses of the Italian army.

KING GEORGE'S Fund for Sailors now amounts to £263,000, and the Council has made a distribution of £55,000 to various marine benevolent institutions, including £5,000 to the Grand Fleet fund for the relief of immediate distress among men of the Royal Navy, their widows and dependants.

THE schedule to the Poison and Pharmacy Acts, 1908, has recently been amended by the transfer of the following substances from Part 2 to Part 1: "Diethyl-barbituric acid, and other alkyl, aryl, or metallic derivatives of barbituric acid, whether described as veronal, propional, medinal, or by any other trade name, mark, or designation; and all poisonous urethanes and urecides."

THE book on *The Organization and Methods of the Military Orthopaedic Hospital*, Shepherd's Bush, can be obtained (price 2s.; post free 2s. 3d.) on application to the officer in charge of the hospital, Ducane Road, Shepherd's Bush, London, W.12. It is not supplied direct from the printers.

THE Committee of the French Surgical Association has decided that the annual congress, which has been in abeyance since the beginning of the war, shall be held in 1918, at a date to be fixed later. The meeting will be exclusively devoted to questions of war surgery. Communications should be addressed to the General Secretary, Dr. J. L. Faure, 10, rue de Seine, Paris.

THE Japanese Ambassador in Rome has handed to the Prime Minister of Italy the sum of £62,258 to be applied for the benefit of wounded soldiers and refugees from the invaded provinces. The money was collected by a Japanese society of which the head is Prince Tokingawa, President of the Chamber of Peers, and among the promoters of the movement was the Japanese Prime Minister.

THE authorities in Berlin have decreed that on the door-plates of doctors called up by the army particulars shall be given as to the address and consultation hours of their substitutes. The army doctor who is still able to attend to some of his civilian practice must state on which days he may be consulted. These regulations have been necessitated by the many complaints of time lost in applications for urgent medical attendance from medical men found to be absent on war work.

THE Board of Education announces that the Science Museum, South Kensington, was reopened to the public on January 1st. The museum has been closed to the public for nearly two years; it has, however, been open without interruption for students. The greater part of the museum will be open free on every week day from 10 a.m. to 5 p.m. and on Sundays from 2.30 p.m. to 5 p.m. Almost simultaneously comes the announcement that the Government has decided to commandeer the British Museum for the offices of the Air Ministry, and has maintained its decision in spite of the unanimous protest of the trustees.

A MEETING of the Royal Sanitary Institute will be held on January 11th and 12th in the Town Hall, Chester, under the chairmanship of Professor A. Bostock Hill, M.D. On Friday, January 11th, at 7 p.m., Dr. Naylor Barlow (M.O.H. Wallasey) will open a discussion on the present position with regard to venereal diseases and the sufficiency of the methods now available for combating them. On Saturday, January 12th, Dr. Meredith Young (county M.O.H. Cheshire) will open a discussion on "Activated Sludge." Those wishing to take part in the discussions can obtain a copy of the papers to be read on application to the Secretary of the Institute, 90, Buckingham Palace Road, S.W.

THE  
**British Medical Journal.**

THE JOURNAL OF THE BRITISH MEDICAL ASSOCIATION.

# SUPPLEMENT

CONTAINING

PROCEEDINGS OF COUNCIL

REPORTS OF STANDING COMMITTEES

MEETINGS OF BRANCHES AND DIVISIONS

PROGRAMME OF ANNUAL MEETING

MEDICAL BILLS IN PARLIAMENT

PROCEEDINGS OF THE GENERAL MEDICAL COUNCIL

ETC.

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