destruction in the system has been increased, so that the patient can take for a short or a long period (without glycosuria occurring) an amount of carbohydrate in the diet which would have been attended with glycosuria before the treatment.

If the glycosuria returns only after a long period, the week's treatment with the egg and cream diet may then be repeated. If the glycosuria returns in a few days after the first week's treatment with the egg and cream diet, then a satisfactory course is to advise this diet for one or two days every week-end, and to allow an ordinary solid diabetic diet, containing only a small quantity of bread and carbohydrate, during the other five or six days of the week.

A useful practical course, in these cases, is to advise that the urine should be tested every Friday; if it is found to contain sugar, then the egg and cream diet should be taken on the Sunday or Saturday, or on both days. If the Friday's urine is free from sugar, then the egg and cream diet is unnecessary on the Sunday.

This line of treatment is of great service in many cases, but unfortunately not in all. In some cases it fails, like every other treatment. In other cases, after being successful for a long period, it finally fails. It cannot, of course, be regarded as a cure for diabetes, but it is often a very useful method of checking the glycosuria at least temporarily, and of enabling us to keep it under control for a long period.

The grounds for the satisfactory action are the same as those I have described for the casein and cream diet. The treatment is unsuitable in cases with marked "acidosis," or with certain complications, such as phthisis and marked wasting, or cardiac failure.

Most patients can take the egg and cream diet for seven days quite satisfactorily. Some state that they feel remarkably well on it; others feel rather weak; only rarely do the patients complain of slight sickness, and in such cases the diet should be changed to the egg and milk diet or the vegetable diet previously mentioned.

REFERENCES.
[1] BRITISH MEDICAL JOURNAL, February 3rd, 1917. [2] *Practitioner*, January, 1918.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

NEPHRITIS: ABDOMINAL HAEMORRHAGE: DEATH.

I HAVE had lately under my care a case which, though investigated *post mortem*, remains a puzzle.

I was called to attend a spare woman who gave a history of overwork during the war in the absence of her husband on service, with the suggestion that the town in which she had been living had not agreed with her health. She had a slight rise of temperature, and complained of pain and difficulty of movement in her legs and back. There was no paralysis; the temperature was slightly raised and the pulse rather rapid. Examination disclosed no cause for the condition; there were no catarrhal conditions. Provisionally I diagnosed influenza, and for a day or two she seemed to improve. The pains in the limbs disappeared, but the pain in the lumbar region of the back persisted and seemed severe. After the menses, which were present at my first visit, had ceased, I obtained some urine, and found it to contain blood and albumin. She remained some three weeks in this condition, with small rises of temperature—sometimes better and free from backache, at other times much the same. My partner, Dr. Dick, saw her, but could find no cause for the disease. She was sent into the Cottage Hospital, where in the night she had a "collapse," from which she recovered with stimulants. The bowels had acted, but the severe pain was referred to the right hypochondriac and epigastric regions. She remained in a low state for forty-eight hours, but during the night had another attack of pain, with collapse, and died.

My colleague, Dr. Gordon Ward, made a *post-mortem* examination. The peritoneal cavity was filled with blood and blood clots, for which no source could be discovered after careful examination. The heart was hypertrophied, and the walls of the left ventricle much thickened. At the right edge of the liver was a much tumefied area, rather smaller than the palm of the hand—red, soft and friable, like a blood clot. There was blood behind the peritoneum near the right kidney, and petechial spots on the mesentery. There was also blood tracking up behind the peritoneum and into the thorax. A portion of the affected liver and a portion of kidney were sent to the Clinical Research Association, who reported:

> There is a good deal of leucocyte infiltration beneath the peritoneal surface of the liver extending some distance along the fibrous septa. There is also considerable fatty degeneration. There is no pyogenic membrane adjacent to the clot, but there are a good many polynuclear leucocytes and a little pus at one or two points in it. We think there must have been an abscess. The kidney shows some thickening of the capsule, and a slight increase of fibrous tissue in places. There is much swelling and disintegration of the renal epithelium, however, so that in addition to a slight chronic nephritis there are acute degenerative changes.

Granting that this was a case of acute nephritis grafted on a chronic condition, and that such condition may cause a haemorrhagic diathesis by causing or failing to excrete a toxin, it must, I feel sure, be rare to find death due to such extensive haemorrhage with so few symptoms of kidney insufficiency.

Sevenoaks. JAMES E. BLOMFIELD, M.D.

A CASE OF ACUTE YELLOW ATROPHY OF LIVER.

PRIVATE J. R. was admitted to the Military Hospital, Devonport, on December 26th, 1919. Four days before, without previous symptoms or any acute beginning, he noticed that his skin was becoming yellow, and that his urine was dark. He had had no previous serious illness. He served in France in 1918, but had not been anywhere else abroad.

On admission to hospital he was jaundiced, and had slight nausea, but no vomiting; the tongue was coated with white fur; the bowels were regular, the stools were solid and of a light slate colour. The temperature was normal; the pulse 64, regular, and of good volume. Nothing abnormal was found by palpation, percussion, or auscultation.

On December 30th the jaundice was intense, and he was very drowsy in the afternoon. The pupils were dilated. On the night of the same day he became very excited and violent, shouting, singing, and swearing. The pulse remained slow and of good volume, and the temperature normal. On the morning of December 31st he was semi-comatose; the pulse was rapid and feeble, and the pupils widely dilated; the temperature remained normal. A catheter specimen of urine was examined for leucin and tyrosin, which were not found. In the afternoon the coma increased, the temperature rose rapidly to 105° F., and the pulse was hardly perceptible. Cheyne-Stokes breathing supervened, and death occurred at 2.30 p.m.

Post-mortem Examination.—The liver weighed only 29 oz.; the capsule was wrinkled and loose, the substance of liver was limp and flabby, and bright yellow, with a few red patches. The heart showed numerous haemorrhages beneath the visceral pericardium. There were numerous haemorrhages also in the substance of both lungs. The aorta was bile-stained. The kidneys were soft and swollen, bile-stained, and showed many small haemorrhages. The spleen was apparently normal. The brain was not examined owing to objection of relatives.

E. C. WHITEHEAD, M.B., Major R.A.M.C.,
Officer in Charge, Medical Division, Military Hospital, Devonport.
Plymouth.

NOTE ON A TUBERCULOUS COW.

RECENTLY the inspector called my attention to a cow which had been slaughtered in my district. The animal was a cross-bred one, apparently about 10 years of age, and had reached this particular slaughterhouse, by the present exceptional conditions of grading and sale, whereby the butcher is the only man connected with the transaction who has no "say" in the choice of the animals he has to pay for.

The carcass was that of a third grade animal weighing alive about 10 cwt., and could not be said to be emaciated, and even could be described as decent beef in these times, when all animals are sent to the market in an underfed

condition. The heart, the kidneys, the neck, the throat, the head and brain showed no signs of disease whatever. With these exceptions, however, the whole of the internal part of the carcass was affected throughout. In both lungs were nodules of the size of wren's eggs, the stomach was affected externally, and the pleura, diaphragm and spleen were in a bad condition. As a matter of course I had to condemn the whole carcass, and it was sent to the knackers, who gave a written undertaking to have it treated in such a way as to prevent its being used for human food.

The cow had evidently been milked up to within about a couple of months before being slaughtered; for some considerable time, therefore, there must have been a considerable quantity of highly infected tuberculous milk sold from it, and the question of better veterinary inspection of herds is once again brought to mind, for this cow could not have failed to be susceptible to the tuberculin test.

[Dr. Scales's description of the condition of the viscera is confirmed by two photographs he enclosed for inspection.]

J. E. SCALES,
M.O.H. Radstock U.D.C.

Reports of Societies.

HEAT HYPERPYREXIA.

At the meeting of the Medical Society of London on March 8th, Mr. WARREN LOW, C.B., in the chair, a discussion on heat hyperpyrexia was opened by Dr. W. H. WILLCOX and Dr. LEONARD HILL, with the two papers printed elsewhere in this issue.

Dr. A. FEILING said that in his own experience in Mesopotamia, which almost synchronized with that of Dr. Willcox, he had found it comparatively rare for previously healthy men to be affected with heat hyperpyrexia. It was generally found that immediately before the onset the patient had had malaria or had been out of sorts as a result of constipation or some minor disorder. It was necessary for the medical officer to be on his guard, for some of these cases were very apt to mislead him. One morning in July, 1917, an officer in his own mess had a temperature of 100° F. He was advised to go into hospital straight away, but said he would keep his room for that day. Seen again at lunch, he appeared quite well, though he said that he would perhaps go into hospital in the cool of the evening, but at 4 p.m. he was found unconscious with a temperature of 110°, and died four hours later. This officer had been billeted under conditions as good as it was possible to get there at that time. Convalescence was extremely protracted in these cases. Many of the patients he had under treatment were not fit to travel at all for fully a month afterwards, as irregular pyrexia continued for a week or ten days or more, and required most careful watching. Such patients hardly ever sweated. The suppression of the sweat lasted for a week or longer, and the temperature went up to 104° to 106° on the least provocation. Since coming home, several patients had consulted him for what they described as the results of heat-stroke contracted in Mesopotamia. The principal symptom was intractable headache. As a prophylactic measure against heat-stroke, free currents of air were the one factor most essential. He had not had much success with venesection as a means of controlling convulsions. The spraying of the body with cold water and the use of electric fans was undoubtedly a desirable method of treatment, but in his experience it did not produce sweating at all. He did not regard the suppression of sweating as the cause of hyperpyrexia, but as the result.

Dr. E. KINGSCOTE said that in the Turkish bath the temperature might be up to 140° or more, and though the means of cooling down were close at hand, it was quite common for persistent headache to follow a Turkish bath and to continue for twenty-four hours. Any discomfort was more often relieved by a hot shower than by a cold douche.

Dr. CAMPBELL WILLIAMS said that the after-history of heat-stroke patients was important. He had had experience of two patients who had suffered heat-stroke in India and had both subsequently become inmates of asylums.

Mr. V. Z. COPE suggested that possibly the fact that the British ate more meat than the Arabs and Indians might account for the higher incidence of heat-stroke among them. He thought the absence of sweating one of the chief symptoms rather than one of the causes. Once while operating he found that the patient went off into a violent form of heat-stroke directly after the administration of the anaesthetic was begun; the anaesthetic was stopped at once, but the heat-stroke appeared to exaggerate and prolong the effect of what had already been given.

Sir W. HALE-WHITE described a sweat measurement test made upon himself. He took a hot bath at 108° F., remaining in it for fourteen minutes, which was as long as he could endure, then dried himself and lay down, and in fifteen minutes his temperature was 99° (it had risen in the bath to over 103°), and the sweat excreted was exactly eighty times what it was before he got into the bath. The cause of the pyrexia in these cases was undoubtedly a breakdown of the heat-regulating mechanism.

Dr. MANSON BAHR referred to the difficulty of making a diagnosis between heat-stroke and pernicious malaria, the cause of confusion being the paucity or even the absence of parasites in the peripheral blood during the first thirty-six hours after the onset of malaria. In the Jordan valley, where the conditions were somewhat similar to Mesopotamia, it seemed that persons were able to harbour the malarial parasite for some days or weeks without any symptoms whatever; then in a spell of heat there was a crop of cases which simulated heat-stroke in their clinical aspect.

Dr. WILLCOX, in replying to the discussion, agreed as to the predisposing factor of previous disease, the effect of heat in actual damage to nerve cells and brain, and the difficulty of differentiation from malaria. In his own cases, if the temperature did not go down quickly, the patient was at once given quinine by intramuscular injection.

Dr. LEONARD HILL said that the interesting point in the discussion was whether the absence of sweating was a symptom or a precursor. The fact seemed to be that the sweating mechanism was not built to stand the extraordinary strain put upon it.

SURGERY OF THE CHEST.

AT a meeting of the Medical Society of London held on February 23rd, the President, Mr. V. WARREN LOW, being in the chair, Sir CHARTERS SYMONDS read a paper on the surgical treatment of the later stages of gunshot injuries of the chest and of empyema. He said that as the result of war injuries there remained a considerable number of open pleural cavities requiring surgical treatment; these had followed either the drainage of a septic haemothorax or an open wound. The same was true of some of the empyemata which had not infrequently occurred after the pneumonia complicating influenza. He gave an account of the results of some recent attempts to close these old suppurating pleural cavities.

The main object of the investigation was to inquire how far the lung could be released by removal of the adventitious layer covering it—that is, by decortication. The number of patients submitted to operation was 19, and 24 operations had been performed, counting only those made after the primary drainage. In 14 one operation was sufficient to secure practical recovery; two required a further operation for removal of the second rib; one had three operations, all comparatively small; the remaining two were still under treatment, one had had two operations, and the other a single one; both promised recovery. Of the 19, one had had four operations and another six before coming under treatment. Of the cases dealt with, seven had been the result of ordinary empyema, one was a sterile haemothorax, six were examples of septic haemothorax operated upon soon after the wound, and the remaining five had open wounds of the chest.

Operations on Old Suppurating Pleural Cavities.

The operations consisted of resection of the ribs—in some to obtain access only, in others to bring about collapse of the chest wall as well; of decortication of the lung and removal of the thickened pleura from the thoracic wall; lastly, of the transplantation of flaps of muscle into the cavity. In most of the operations an attempt was made to detach the adventitious layer covering in and binding down the lung; in others the pleura was simply scored. Access was obtained by removal of the

deliberately under-estimating expenses in India. If those interested will refer the question to anyone with experience of the present cost of living in India they will find that 20 per cent. may fairly be added to "I.M.S. Retired's" estimate without exaggerating the case.

The comparative table given in the letter showing rates of pay of Indian Army, Supply and Transport, and I.M.S. is clear and decisive. I think that still more light can be thrown on the position of the I.M.S. officer by amplifying in the same way the comparison between the Education and Forest services and the I.M.S., and in the table I give the present rates of pay of these three services in each year of service from one to twenty years.

Comparative Rates of Pay (Monthly), Indian Education, Forest, and Medical Services.

Year of Service.	Education Service.	Forest Service.	I.M.S.
	Rupees.	Rupees.	Rupees.
1st	550	450	550
2nd	600	500	550
3rd	650	550	550
4th	700	600	700
5th	750	650	700
6th	800	700	750
7th	850	750	750
8th	900	800	800
9th	1,000	850	800
10th	1,050	1,000	800
11th	1,100	1,050	900
12th	1,150	1,100	900
13th	1,200	1,150	1,000
14th	1,250	1,200	1,000
15th	1,250	1,250	1,000
16th	1,300	1,300	1,150
17th	1,350	1,350	1,150
18th	1,400	1,400	1,150
19th	1,450	1,450	1,150
20th	1,500	1,500	1,150
	20,800	19,600	17,500
Total pay received in 20 years' service	249,600	235,200	210,000

The totals of each column prove that after twenty years' service the I.M.S. officer, who has had the longest and most expensive education, has received Rs. 39,600 less than the Education officer, and Rs. 25,200 less than the Forest officer.

The system of increase by annual increments is the most equitable, and might be applied with advantage to the I.M.S.—I am, etc.,

March 3rd. INTERESTED.

CO-OPERATION BETWEEN HOSPITALS.

SIR,—The hospitals of the country require organizing properly. That may be a defect inherent in a voluntary individualistic system. Each is inclined to go its own way, and would probably resent any interference from others. Each hospital board has its own pet charity to administer to its own self-righteous way. The road to Heaven is paved with donations and annual subscriptions. At present there is reliance upon the Red Cross to stave off the nationalization of hospitals. It means an orgy of begging. It is possible that a great deal more can be done by co-operation between hospitals, both as to getting the money and, the importance of which is hardly realized, increasing their efficiency.

We have a Hospitals Association, but it is as if this country were governed only by the national Parliament, and there were no county, borough, or parish councils. There is a great need of decentralization. In Lancashire and Cheshire there are about 12 teaching hospitals, about 13 special and teaching hospitals, about 18 hospitals with between 100 and 200 beds, about 6 hospitals with between 50 and 100 beds, about 21 with under 50 beds.

Now, there is practically no co-operation between these hospitals. How much might be accomplished by co-operation between these hospitals, between their boards of management, and also between their medical and surgical staffs! The teaching hospitals are the great centres of efficiency, new ideas, and new knowledge. We need some means by which these may be rapidly brought to all the other hospitals in their sphere of influence. There is a lack of connecting links or liaison officers. If there was a provincial council of representatives from the boards of management of the hospitals in Lancashire and Cheshire, it might deal with such questions as the raising of funds, private wards, payment of medical staffs, equipment, training and payment of nurses, and almoners or some other system to decide what patients should make part payments towards their treatment and keep, and what patients were fit subjects for free treatment.

Then there should be a council composed of representatives of the medical staffs, to consider new methods of treatment, for what cases they should receive remuneration, and how to make their hospitals as efficient as possible. It is possible that the liaison officers might be got from the consulting medical officers or that the assistant surgeons and physicians of the teaching hospitals might be attached as consultants to the other classes of hospitals. Co-operation of this kind would make post-graduate teaching easier, because the great need now is to bring the post-graduate to the doors of the busy general practitioners. Anyhow something on these lines has got to be done, and if it were well done 'twere well 'twere done quickly.—I am, etc.,

Wigan, March 8th. FERDINAND REES, M.D.

PROPOSAL FOR A MEMORIAL TO SIR VICTOR HORSLEY.

SIR,—I am now not in the habit of seeing the JOURNAL, and it was therefore but yesterday that I became aware of a proposal for a memorial to my husband, Sir Victor Horsley, from the medical profession. I am very grateful for the thought which prompted the suggestion, and I cannot, of course, dictate to others as to their action in response to it. Yet I should be lacking in my duty to him if I failed to express on his behalf the strong feeling which I know would be his.

That there is no spontaneous or general desire in the profession is obvious, for my husband's death in Mesopotamia took place in 1916; nearly four years have passed since then. Without the support of such a strong general feeling such memorials seem to me not worthy of the effort to bring them into being; they lack conviction and sincerity and the underlying meaning which gives them all their value.

The times to-day are very hard for all of us, very hard for the medical profession, and above all for those scientific members of it who would be called upon to contribute, and who, from the multiplicity of such claims at this moment, must suffer serious inroads upon the altogether inadequate returns which the public and the State mete out to them in acknowledgement of their self-sacrifice in the cause of science.

I know, therefore, that it would give my husband no pleasure, but acute pain, if in any way through him the difficulties of the members of his profession were added to by one iota. I beg, Sir, to be allowed on his behalf to urge very earnestly that the work he did be suffered to remain his real and only public memorial.—I am, etc.,

London, W., March 14th. ELDRED HORSLEY.

SCOTTISH BOARD OF HEALTH.

THE Consultative Councils set up under the Scottish Board of Health Act have appointed the following Chairmen and Vice-Chairmen:

Medical and Allied Services.—Chairman: Sir Donald MacAlister, K.C.B., M.D. Vice-Chairman: Dr. Norman Walker.

National Health Insurance.—Chairman: Mr. William Thomson. Vice-Chairman: Mr. Thomas J. Addly.

Local Health Administration and General Health Questions.—Chairman: Sir Thomas Munro, K.B.E.

Highlands and Islands.—Chairman: Her Grace the Duchess of Atholl, D.B.E.

THE Ministry of Health has issued a standard specification for timber cottages. It can be obtained from the Stationery Office or through any bookseller, price 3d. net. The specification is to be adapted to local conditions by the architect, but every scheme for the construction of cottages in timber which has not yet gone to tender, or is not on the point of going to tender, must comply with this specification.

Sydney in 1883 to assist in the foundation and planning of the medical school. In conjunction with Sir Alfred Roberts he threw himself heart and soul into the founding of the medical side of the university to make it worthy of the great nation which he foresaw would require its services. The result of his labours is a medical curriculum of the first order. On the retirement of Dr. Ashburton Thompson he threw his energies into the Public Health Department, and founded the offices and laboratories of the Board of Health there. His interest in public health matters continued, and he took a leading part in promoting the existing public health legislation of New South Wales. He also took part in the foundation of the Australian Institute of Tropical Medicine. He was Professor of Physiology in the University of Sydney, Dean of the Faculty of Medicine, and Fellow of the Senate since 1883; he was also chairman of the board of directors of the Royal Prince Alfred Hospital. He took great interest in the Industrial Blind Institution, of which he was president, in addition to being president of the Civil Ambulance Brigade, and the British Immigration League of Australia and other institutions. He organized the British Royal Society expedition to Funafuti, which bored coral reef, and proved the correctness of Darwin's theory of reef formation. He received the honour of knighthood in 1894.

Dr. ALEXANDER FERGUSON, professor of pathology in the School of Medicine, Cairo, since 1905, died on February 21st, after a long illness. He graduated M.B., C.M.Glasg. in 1892, and was afterwards for several years assistant to the Professor of Pathology in Glasgow, assistant pathologist to the Western Infirmary, and pathologist to the Hospital for Sick Children. In 1902 he graduated M.D. with honours, and received the Bellahouston gold medal for his thesis. During the war he was consulting bacteriologist to the troops in Egypt, with the rank of Major R.A.M.C. He took a particular interest in the pathological museum of Cairo, of which he published a descriptive catalogue in 1910.

The Services.

AFGHANISTAN DISPATCH.

IN his dispatch of November 1st, 1919, giving an account of the recent operations against Afghanistan, General Sir C. C. Monro makes several references to the Medical Services. The number of Regular R.A.M.C. and I.M.S. officers available in India was short of his requirements for complete mobilization:

> The source of recruitment of these categories in India is small, and it had been found impossible to make good the deficiency from home. I was fortunate, however, in obtaining the services of 107 officers and 1,280 other ranks of the R.A.M.C. who happened to be in India *en route* from Mesopotamia to the United Kingdom.

The number of mobilized medical units employed during the campaign included 29 field ambulances, 12 casualty clearing stations, 15 sanitary sections, and 16,000 beds in general hospitals, with convalescent camp accommodation for 4,200. There were 11 ambulance trains, and a hundred specially fitted railway ambulance coaches for use with the ordinary passenger service. The Commander-in-Chief records that the two outstanding features of the campaign from the medical point of view were, first, an outbreak of cholera of unusual severity; and, secondly, the abnormal climatic conditions under which the troops were called upon to operate. The epidemic of cholera "for a time gave rise to grave anxiety; it was successfully stamped out by June 20th, an achievement for which the Medical Service deserves the greatest credit." Shortly after the outbreak of hostilities a heat wave of remarkable severity occurred over the whole of the Punjab and North-West Frontier Province, the daily temperature at Peshawar in May, June, and July being 5° to 7° F. above the daily average of the past twenty years. In spite of these trying conditions the incidence of sickness is described as not excessive. The daily admission rate was British 4.98, and Indian 2.97, in the period from May 5th to August 9th. This is compared with admission rates in Mesopotamia, which in 1917 were 5.04 and 2.11 respectively, and in 1918 3.48 and 2.27. The total forces, British and Indian, employed at this time seems to have numbered about 190,000. At a later period the strength of the force employed on the other side of the Indus amounted to 340,000 men. Notwithstanding the severe hardships imposed upon the troops, the Commander-in-Chief from personal inspection assures the Government of India that everything possible was done with the means at his disposal to alleviate the discomfort of the troops, and he records his high appreciation of the work of the administrative services and departments which contributed so largely to that end.

HONOURS.

K.B.E.

THE knighthood of the Order of the British Empire has been conferred on temporary and honorary Major Auguste Charles Valadier, C.M.G., Special List, in recognition of valuable services rendered in connexion with military operations in France and Flanders. Major Valadier contributed jointly a note on advances in the surgery of the jaw and face to the BRITISH MEDICAL JOURNAL of July 7th, 1917.

Universities and Colleges.

UNIVERSITY OF CAMBRIDGE.

AT a congregation held on March 12th the following medical degrees were conferred:

M.D.—R. R. Armitage, C. R. A. Thacker, H. A. Douglas.
M.B., B.CH.—F. D. Marsh, F. H. Young.

UNIVERSITY OF LONDON.

A MEETING of the Senate was held on February 25th.

A letter was read from Lord Stamfordham intimating the King's approval of the suggestion that in future at dinners and other functions of the University of London His Majesty's health should be proposed as "Our Most Illustrious Doctor, His Majesty the King." The King when Prince of Wales accepted the honorary degree of Doctor of Laws of the University in 1903.

The following were recognized as teachers of the University in the subjects and at the medical schools indicated:—St. George's Hospital: Mr. Donald W. Roy (Midwifery and Diseases of Women). University College Hospital: Mr. T. W. P. Lawrence (Pathology). St. Mary's Hospital: Dr. W. S. Denham (Chemistry), Dr. A. H. Gosse (Clinical Medicine), Mr. K. A. Lees (Aural Surgery and Laryngology). Royal London Ophthalmic Hospital: Dr. G. M. Holmes (Ophthalmology-Medical).

The title of professor in the subjects indicated has been conferred upon the following teachers of the university:—St. Thomas's Hospital Medical School: Dr. Hugh MacLean (Biochemistry), Dr. J. Mellanby (Physiology). Middlesex Hospital Medical School: Dr. T. Yeates (Anatomy). London School of Tropical Medicine: Mr. A. W. Alcock (Medical Zoology).

It was reported that Dr. T. Lewis, to whom the Mickle Fellowship (value £200) was awarded for 1920, had intimated his intention of presenting half the money to the Graham Research Fund and half to the Cardiographic Laboratory at the University College Hospital Medical School. The chairman of the Graham Legacy Committee had communicated the thanks of that committee to Dr. Lewis.

In accordance with a request from the council of the Central Association for the Care of the Mentally Defective it was resolved to organize a course of lectures on mental deficiency for medical officers to local authorities and institutions and medical men engaged in work for defectives.

Presentation day will be held in the Royal Albert Hall on Wednesday, May 19th.

The University Medal in Branch IV (Midwifery and Diseases of Women) of the M.D. examination, July, 1919, has been awarded to M. H. Oldershaw, B.S., of University College Hospital.

UNIVERSITY OF ABERDEEN.

MR. WILLIAM G. CRAIB has been appointed Regius Professor of Botany in the room of the late Professor Trail. Professor Craib, who is M.A. Aberdeen, was for a time temporary superintendent of the Botanic Gardens in Calcutta, and was afterwards assistant at the Royal Gardens, Kew. He was appointed lecturer on forest botany and Indian forest trees at Edinburgh five years ago.

UNIVERSITY OF DUBLIN.

Honorary Degrees.

THE Senate on March 13th decided to confer a number of honorary degrees. Among them are the M.D. on Sir Archibald Garrod, K.C.M.G., M.D., F.R.S., Regius Professor of Medicine in the University of Oxford; the LL.D. on Sir Donald MacAlister, K.C.B., M.D., President of the General Medical Council, and Principal of the University of Glasgow; and the D.Sc. on Professor W. H. Bragg, F.R.S., whose investigations into radio-active elements have made his name so well known.

ROYAL COLLEGE OF SURGEONS OF EDINBURGH.

THE diploma L.R.C.S.Edin. has been granted to S. K. Mukhopadhaya.

ROYAL COLLEGES OF PHYSICIANS AND SURGEONS, IRELAND.

THE following candidates have passed the Conjoint examination for the diploma in Public Health:

Mabel C. Clark, W. E. Cooke, W. P. Cooney, C. E. H. Gater, J. A. Hamilton, W. P. Kelly, T. J. Lydon, J. F. Lyons, B. Murphy, W. O'Brien, G. W. Pope.

Medical News.

THE Prince of Wales, before his departure for Australia, signified his willingness to support the Oxford memorial to Sir William Osler, and sent a donation.

THE date for the receipt of signatures to the Automobile Association's petition to the Prime Minister on the cost of motor fuel has been extended to March 24th.

A DISCUSSION on the prevention and extermination of rats will be opened by Mr. T. J. Kenny, M.R.C.V.S., at a meeting of the Royal Sanitary Institute to be held in the Town Hall, St. Helens, on Friday, March 26th, at 7 p.m.

THE number of deaths from influenza in the ninety-six great towns of England and Wales during the weeks ending February 7th to March 13th inclusive have been 98, 109, 161, 178, 196, and 230. The number of deaths in London during the same period were 20, 25, 37, 38, 54, and 57.

THE Umberto I prize for the best orthopaedic work or invention is open to members of the medical profession in any country. Persons desiring to compete for the prize, which is of the value of 3,500 lire, should apply to the president of the Istituto Ortopedico Rizzoli, Bologna, Italy, who will supply full particulars. The competition will close on the last day of this year.

THE first reunion dinner of officers and nursing staff of No. 53 General Hospital (B.E.F.) will take place on March 25th, at the Hotel Great Central, at 7.30 for 7.45 p.m. Officers who have not already done so, and who wish to be present, should at once communicate with Lieut.-Colonel E. M. Callender, C.B.E., 73, Sussex Gardens, London, W.2; nurses with Miss M. S. Riddell, Principal Matron, T.F.N.S., 80, Pall Mall, S.W.1.

DR. NATHAN RAW, C.M.G., M.D., M.P., has been invited by the Minister of Health to assist him in the selection and organization of permanent village settlements for the treatment and training of persons suffering from tuberculosis. The Ministry proposes to provide nine settlements in Great Britain for tuberculous ex-soldiers and others.

THE Minister of Health has appointed an inter-departmental committee to consider the determination of a standard composition for condensed milk and other questions connected therewith. All communications on the subject should be addressed to the secretary, Mr. C. J. Bayley, Ministry of Health, Whitehall, S.W.1.

THE programme of the Child-Study Society, London, for the current year includes a lecture on March 25th, on adolescence and the continuation schools, by Mrs. Sloan Chesser, M.D., with Dr. F. C. Shrubsall in the chair; and a lecture on April 29th, on biting insects and children (illustrated with lantern slides), by Dr. A. E. Shipley, F.R.S., with the Hon. Sir John Cockburn, K.C.M.G., M.D., in the chair. The lectures are given at 6 p.m., at the Royal Sanitary Institute, 90, Buckingham Palace Road, S.W.1.

THE Ministry of Pensions for some time past has supplied soldiers and pensioners who have suffered amputation of the leg with a provisional limb to supplement the permanent mechanical limbs that have been, and are being, supplied. The value of the provisional limb lies in its acting as a kind of "slipper" and as a reserve in case of accident to the mechanical limb. If a pensioner has not received a second mechanical limb he is entitled to apply to his local War Pensions Committee for a provisional limb, and arrangements to obtain one will be made with the nearest limb fitting hospital which works in connexion with a Red Cross provisional limbs dépôt established in its neighbourhood.

THE fourteenth French Medical Congress will he held in Brussels under the patronage of the King and Queen of Belgium from May 19th to 22nd. Three subjects have been selected for discussion: (1) Syphilis of the cardiovascular system, introduced by MM. Bayet (Brussels), Etienne and Spillmann (Nancy), Vaquez et Laubry (Paris). (2) Lipoid pathology, introduced by MM. Chauffard, Guy Laroche and Grigaut (Paris), Linossier (Vichy), Zunz (Brussels). (3) The value of artificial pneumothorax in treatment, introduced by MM. Burnand (Leysin), Derscheid and Geeraerd (Brussels), Dumarest (Hauteville), Küss (Angicourt). The congress is organized by the Association des Médecins de Langue Française; others desiring to attend the congress will pay a subscription of 40 francs (Belgian). The secretary of the congress, from whom further particulars can be obtained, is Professor René Verhoogen, 22, Rue Joseph II, Brussels. The treasurer is Dr. Godart-Danhieux, rue Montoyer, 9a, Brussels.

THE committee of the Lancaster Gate Medical Society decided, on March 1st, that the society in future should be known as the Psycho-Neurological Society, and that its object be "the study of psychological and neurological medicine." The officers for the year are: President, Dr. David Forsyth; Vice-President, Dr. W. A. Brend; Honorary Secretary, Dr. C. Worster-Drought; Honorary Treasurer, Dr. P. Bousfield. At a meeting on February 22nd Dr. Henry Head read the paper published in our issue this week, and a discussion followed. On March 15th Dr. R. Travers Smith raised a discussion on the simulation of valvular disease of the heart, and subsequent speakers deplored the fact that the psychological basis of cases of disordered action of the heart was so frequently overlooked.

THE National Association for the Prevention of Tuberculosis has issued an appeal for subscriptions to a fund to enable it to maintain and extend its educational work. Among the methods it employs is the organization of exhibitions at which are shown diagrams, models, and pictures illustrating the cause and prevention of tuberculosis. Lectures, illustrated with lantern slides and cinematograph films, are arranged, and caravans tour the country; in this way the association's organizers have visited every county and many county boroughs in England since peace was declared. The association is at present supplementing its main work, which is educational, by organizing a farm colony for discharged tuberculous soldiers and sailors. As evidence of the need for educational work it is pointed out that there was an increase throughout the country in the death rate from tuberculosis during the war; in 1917 deaths from tuberculosis in England and Wales numbered 55,934, and it is computed that the number suffering from the disease must amount to half a million. The increase is attributed not only to the hardships of living under war conditions, but to the impossibility of putting a sufficient preventive force into the field. The King is president of the association, the Chairman of Council is Sir Arthur Stanley, and the vice-chairman Sir Robert W. Philip of Edinburgh. The offices of the association are at 20, Hanover Square, London, W.1.

THE annual meeting of the Mental After-Care Association was held on March 10th at the Clothworkers' Hall, E.C., under the presidency of the Master of the Company, Mr. Walter Mews, who emphasized the importance of the task of finding suitable work for poor persons convalescent or recovered after treatment in institutions for the insane. The report, read by Dr. Percy Smith, showed a considerable increase in the number of persons assisted during the year; 1,074 had been guests for longer or shorter periods in the Association's Cottage Homes, where efforts were made to provide those capable of employment with situations within their scope under sympathetic employers; in many cases it was necessary to extend, sometimes for years, kindly supervision and advice with a view of preventing relapse. Unfortunately the balance-sheet showed some falling off in subscriptions, but the Guilds of Help had increased its contributions, so that the total amount raised in 1919 was £2,188 as compared with £2,276 in the preceding year. The working expenses had necessarily been affected by the general rise in prices, so that there was urgent need for increased support. Official recognition of the effective work of the association had been accorded both by the Board of Control and the London County Council Asylums Committee, with a prospect of monetary grants from special funds they administered. In moving the adoption of the report, Sir Marriott Cooke, K.B.E., vice-chairman of the Board of Control, testified, from official experience, to the excellent work accomplished by the association in the rehabilitation of discharged patients. Sir George Makins, G.C.M.G., President Royal College of Surgeons of England, in seconding, spoke of the desirability of judicious after-care in convalescence after physical disease, and emphasized its absolute necessity in the case of those who had suffered from mental disorders. Other speakers were Sir G. Wyatt Truscott, Bt., Sir Charles Wakefield, Bt., Sir George Savage, Sir R. Armstrong-Jones, and Mr. C. Gabain. Special reference was made to the invaluable and tactful work of the secretary, Miss E. D. Vickers, who is always glad to supply information as to the association from its offices, Church House, Dean's Yard, Westminster, S.W.1.