

neuritis indicated the need for operative interference, and sub-tentorial decompression by the Cushny method, combined with exploration of both lobes of the cerebellum, was performed by Mr. Norman C. Lake. On incision of the dura there was no gush of cerebro-spinal fluid to indicate increased tension, and both lobes were pulsating normally; the left, although more prominent than the right, was otherwise normal. Regrettably death occurred from respiratory failure just as the operation was successfully completed.

Post-mortem Examination.

Nothing abnormal was found in the brain to account for the optic neuritis, and there was no evidence of increased intracranial pressure. A retro-pharyngeal abscess was found behind the anterior common ligament, embracing the bodies of the third and fourth cervical vertebrae and communicating by a fistula with a cavity in the centre of the fourth cervical, from which the abscess had extended into the spinal canal and had caused pressure on the adjacent spinal cord. There were tuberculous lymphatic glands in the neck.

Despite the unfortunate termination of the case, it is difficult to see what other diagnosis could have been made on the basis of the observations recorded above.

The diagnosis of cervical spinal caries made when the case was first seen was given up with some reluctance, and the suggestion tentatively advanced that two separate lesions were present, respectively intracranial and intrathecal, but this in turn was surrendered in view of the apparently overwhelming evidence in favour of cerebellar tumour.

The case, however, affords an admirable example of how closely lesions of the upper cervical cord, especially at the level of the third cervical segment, may simulate intracranial tumour; it possesses the further interest of occurring in a child aged 7 years, the youngest in Taylor and Collier's series being a girl of 15.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

A CASE OF ENCEPHALITIS LETHARGICA.

R. R., aged 18, who had never had any previous illness, nor any discharge from the ear, nor nasal catarrh, played football on October 25th. That night he had a shivering attack and headache. He stayed in bed next day (Sunday). When I saw him on October 27th he complained of headache, chiefly in the left parieto-temporal region; the temperature was 102° F. As he continued in this state and was slightly lethargic, I sent a specimen of his blood for examination, thinking he might be suffering from typhoid fever, but it was returned "definite negative." He continued in the same condition another week. As he got more heavy and drowsy, and the tongue was thickly coated, the blood was sent again for examination, with the same result. At this time, about fourteen days from the commencement of the illness, a rotheln-like rash appeared on the body and limbs, and lasted several days. There was some bronchial catarrh at both bases; the temperature varied between 101° and 103°. The pulse was 55 to 60. The pain was still very severe, affecting chiefly the left side.

About November 14th he had slight left ptosis, and dilatation of the pupil on the same side. For about a week vomiting was very troublesome. On November 16th lumbar puncture was performed; the fluid was clear and under slight pressure. Dr. Davies, M.O.H. for Bristol, kindly reported that there was no excess of polynuclear cells and no meningococci in the film, and that on cultivation meningococci and other organisms were not grown; reducing substances were present in normal amount, and the globulins were not increased. There was no retraction of the head, and Kernig's sign was not present. The temperature about this time came to normal, and except for two days remained so for the rest of the illness.

About November 20th he had a well marked right-sided convulsion lasting several minutes. He was still distinctly lethargic; he objected very much to the light. I now thought it might be a case of encephalitis lethargica, and I asked Dr. Charles, of Clifton, to see him with me in consultation. The patient was better on this day than he had been for some time. Dr. Charles agreed with the diagnosis; he also noticed slight right facial paralysis. It had not been present on the previous day; on the following

day it was worse. On November 25th there was partial paralysis of the left arm and left leg. The knee-jerks were absent. About this time he became aphasic. Early in December he developed paralysis of the soft palate, and had great difficulty in swallowing; for two days he took nothing, but this gradually passed off. For several days he had repeated attacks of spasmodic contraction of both arms, got very red in the face, and perspired over the forehead. He was now lying in a completely lethargic condition; cerebation was very slow; when asked to put out his tongue, after about four seconds the tongue would slowly come out. Both pupils were very dilated.

On December 23rd he had a general convulsion, and afterwards was completely blind. On January 1st he was very lethargic, control of sphincters was lost, and emaciation was becoming marked. He remained in this condition until January 17th, when he had repeated attacks of spasmodic contractions of both upper extremities, the legs not being affected. He died the same evening after nearly three months' illness. The trained nurse who looked after him aptly described it as a "living death." As far as treatment was concerned I tried hexamine but it seemed to have no effect; so very little seemed possible beyond nursing and feeding. A stained specimen of the blood appeared normal. The discs were a little pale but otherwise normal; the urine was normal. No post-mortem examination was obtained.

Bristol.

MAURICE C. BARBER, M.B., Ch.B.

PNEUMONIC HAEMORRHAGIC EFFUSION INTO PLEURA.

THE case described here is sufficiently rare to make it worth recording.

A single woman, aged 32, had been attended by me early in March, 1919, for a mild attack of influenza followed by slight icterus. From this she recovered completely. On April 26th I was sent for urgently; she had had a rigor, and the temperature was 104°. She was very ill; the pulse was 108. Respirations were normal, and no physical signs could be detected. That night the temperature dropped to 100.6°. For the next three days it was irregular, gradually rising to 103.4° on April 29th. The pulse was never very rapid and did not rise beyond 106. On this day the respirations were 26. During this time marked dullness became manifest over the lower portion of the right lung with general signs of consolidation. On April 30th she appeared so ill that I got Dr. Carey Coombs to see her with me. An exploratory needle was passed into the dull area, but the syringe filled quickly and easily with pure blood. Dr. Scott Williamson, pathologist, who examined this, reported that it was pure blood containing pneumococci, and expressed the opinion that probably the lung was infected with the pneumococcus and had been penetrated by the needle. The temperature now became hectic, never rising above 102.8° in the evening; respiration ranged from 28 to 32 and the pulse from 116 to 136. As there were no signs of the lung clearing up, on April 12th an exploratory needle was again used, and a few drops of blood stained serum drawn off.

Her general condition continued to deteriorate, and on April 17th I drew off 1 drachm of thin pus. On April 18th Dr. Coombs again saw the patient with me, and, tapping more towards the axilla, 15 oz. of serum beginning to get purulent were drawn off. The next day Mr. Lansdown resected a rib, and removed, in addition to a quantity of thin purulent serum, large masses of old blood clot. From this time onwards she made an uninterrupted recovery, and now the right lung expands fairly well.

It is clear that there was pneumococcal infection, and that the lower lobe of the right lung was infected. This infection was apparently so virulent that extensive haemorrhage into the pleura took place, and it must have been some of this blood which was first drawn off. The failure to obtain more than a few drops of fluid on the two next occasions was probably due to the needle pushing the blood clot in front of it, and never entering the main effusion. The theory that the blood originally drawn off was from the pleural cavity and not the lung is strongly supported, though perhaps not absolutely proved, by the large masses of clot removed from the pleural cavity at the operation.

Wington.

HUBERT C. BRISTOWE, M.D. Lond.

SUPPURATIVE ARTHRITIS AND PERITONITIS AFTER ACUTE BRONCHOPNEUMONIA.

DURING a recent epidemic of measles I saw a girl aged 5 years with a typical attack, but with more severe catarrhal symptoms than usual. She subsequently developed bronchopneumonia, which resolved in about a fortnight.

She did not improve, and complained of pain in the left hip. There was limitation of abduction and rotation of the left thigh, the knee was flexed, and a large abscess developed over the hip-joint. I opened and cleaned out the abscess, and applied extension with a Thomas hip splint. The abscess drained well and healed quickly. The temperature, however, became irregular, and she was extremely ill, complaining chiefly of pain in the abdomen, which in a week became tense, swollen, rigid, and shiny. The temperature fell to normal and the pulse rate increased. Free fluid was recognized in the peritoneal cavity. While making preparations for a laparotomy, pus to the extent of three pints burst through the umbilicus. She made an uninterrupted recovery, and is to-day quite healthy and strong, but with half an inch shortening of the left leg.

The case is of interest in so far as the question arises, What was the origin of the arthritis and peritonitis? They may both have been tuberculous, but in neither situation were tubercle bacilli found in the pus. The rarity of purulent effusion in tuberculous peritonitis is somewhat against it being tuberculous. She had no signs of tuberculosis of the lungs, nor were there any tubercle bacilli in the sputum. In the pus from both parts pneumococci were found, and the sequelae must have been a pneumococcal arthritis and a pneumococcal peritonitis.

The latter may have been caused by a spread of infection from the lungs through the subdiaphragmatic lymph channels, but it is more probable that both conditions were of haemic origin, and secondary to the bronchopneumonia.

Wrexham.

A. LLOYD DAVIES, M.B.

Reports of Societies.

EARLY RECOGNITION OF SYPHILIS.

At a meeting of the Royal Medico-Chirurgical Society of Glasgow, held on March 19th, the PRESIDENT, Mr. A. Ernest Maylard, being in the chair, Dr. W. H. BROWN made a "plea for the early recognition of syphilis," and cited cases from the army in which the diagnosis of syphilis was not made nor effective treatment begun until eight or ten weeks from the date of the man's reporting with a venereal sore, by which time the secondary eruption had appeared. Such faulty or delayed diagnosis increased the risk of the man's spreading the disease, prolonged his treatment, and diminished his chance of complete cure. Statistics showed that the longer the delay in treatment the worse the prognosis. Thus early primary cases with negative Wassermann reaction showed after full treatment 100 per cent. of negative reactions; late primary cases, with Wassermann becoming positive, showed after treatment 75 to 85 per cent. with negative Wassermann; while secondary cases showed after treatment only 60 per cent. with negative Wassermann. The fact that the central nervous system was early affected in syphilis increased the danger of delay. As to diagnosis, every venereal sore should be regarded as possibly syphilitic until it had been proved not to be, and the possibility of syphilis should not be excluded until the patient had been under observation for two, and preferably three, months, and at the end of that time given a negative Wassermann reaction. Dr. Brown then enumerated the points to which attention must be paid for the recognition of a primary syphilitic sore. It must be remembered that a double infection might occur at the same time, and on the same or different sites, by Ducrey's bacillus and *S. pallida*. Consequently what was clinically a soft sore might, after a short incubation period, assume the characters of a syphilitic chancre after the necessary incubation period of three or four weeks; or a chancre might follow a soft sore, but on a different spot.

In some cases judgement must be suspended till the aid of laboratory methods—dark-ground examination of serum from sore for *S. pallida*—had clinched the matter; there should always be close co-operation between the clinician and the bacteriologist. A large series of coloured drawings and photographs was shown in illustration of the appearances described.

Clinical Cases.

Dr. WILLIAM RANKINE reported two cases of ruptured jejunum.

1. A man, aged 19, who had fallen from a scaffold, landing on his abdomen, presented no external abrasion, but was collapsed and in great pain, with a very rigid abdomen. Operation a few hours later revealed an almost completely transverse tear of the jejunum, which was sutured. Patient was dismissed well on the twenty-second day.

2. A man who, having fallen down the hold of a ship and struck some beams in falling, presented a fracture of the crest of the ilium and blood in the urine. At operation, seven hours later, two tears were found in the upper part of the jejunum, which were sutured. Patient was seriously ill for four days but ultimately made an excellent recovery.

Dr. Rankine reported also a case of diaphragmatic hernia operated on through the pleural cavity.

The patient, a boy aged 8, had his abdomen run over by the wheel of a motor bread van, was in great pain and presented some bruising and a rigid abdomen. An exploratory incision above the umbilicus showed that the spleen and greater part of stomach had been displaced into the left pleural cavity through a large tear in the diaphragm. The abdominal wound was closed and an osteoplastic flap, including portions of two ribs in the axillary and posterior regions of the left thorax, was turned up to give free access to the pleural cavity. Through this the organs were replaced without difficulty and the tear in the diaphragm sutured.

The patient was dismissed well after twenty-five days, and when seen at the meeting (five and a half years later) showed no abnormality of the chest or lungs.

Dr. G. HERBERT CLARK reported "An undescribed condition of infancy and its treatment." The condition had been identified in two children, one of whom was now normal and the other slowly becoming so. The outstanding symptoms were idiocy, depression, fibrillary twitchings in the muscles, jerking movements of the limbs, convulsions, and inability to balance.

The first patient had been apparently normal till the age of 4 months, when the fits and startings began. When first seen, in 1910, at the age of 15 months, he had a well formed and plump body, a large head, with open anterior fontanelle, an abnormal staring and apparently unseeing condition of the eyes, and presented all the symptoms mentioned above. Examination of the electrical reactions gave inconclusive results. Neither carpo-pedal spasms, Trousseau's nor Chvostek phenomena were ever present. As the symptoms seemed to resemble those produced in animals by removal of the parathyroids, the effect was tried of feeding with thyroid gland tablets containing parathyroid as an impurity. On a dose of $\frac{1}{2}$ grain twice daily the child improved rapidly, was free from fits and twitchings after three weeks, and was now absolutely normal. The tablets were continued for six months, and then gradually stopped.

The second child was a girl, who had been fairly normal till about a year old, and then began to have twitchings, startings, and convulsions, with apparent indifference to surroundings and growing depression. When first seen, in September, 1919, she was aged 2½ years, well formed, plump, with satisfactory dentition, but the anterior fontanelle not quite closed. The symptoms were similar to those in the other case. On October 16th the child was ordered parathyroid tablets, $\frac{1}{2}$ grain thrice daily; fits, startings, and twitchings at once began to diminish, and quite ceased by October 24th. The child improved in alertness, took notice of her surroundings, played with toys, and could sit up and even stand. On October 27th parathyroid treatment was discontinued, and the fits, which had been absent for five days, at once recurred with violence. By the end of the week the child was rapidly falling back into the state on admission. To ascertain the effect of thyroid gland, this was given for a week in small doses ($\frac{1}{4}$ grain t.i.d.) so as to exclude any effect of possibly present parathyroid, but without benefit. On November 10th parathyroid was resumed, and by the end of a week most marked improvement had taken place. This was maintained, and when seen on March 9th the child was running about, playing and trying to talk. The condition described was illustrated by numerous photographs of both children taken before, during, and after treatment.

A CONFERENCE on the prevention of diseases of the teeth will be held at Manchester on May 13th-15th. Particulars may be obtained by sending a 1d. stamp to the Food Education Society, Danes Inn House, 265, Strand, W.C.2.

medical science. On the retirement of Clark in 1866, Dr. G. M. Humphry was appointed Professor of Anatomy, and in 1872 Dr. G. E. Paget succeeded Bond as Regius Professor of Physic. It is to these two men (afterwards Sir George Humphry and Sir George Paget) that we chiefly owe the present prosperity of the Medical School, and our next article will deal with their work and influence.

HONOURS.

A SPECIAL Supplement to the *London Gazette*, dated March 30th, contains the following promotions in and appointments to the civil division of the Order of the British Empire for services in connexion with the war:

K.B.E.

Isaac Bayley Balfour, LL.D., M.D., D.Sc., F.R.S., Professor of Botany, University of Edinburgh, Regius Keeper of Royal Botanic Gardens, Edinburgh.

Major James William Beeman Hodsdon, C.B.E., M.D., F.R.C.S., Member of Medical Advisory Board, Ministry of National Service.

Brevet Lieut.-Colonel David Wallace, C.M.G., C.B.E., M.B., F.R.C.S., Organizer and Consulting and Operating Surgeon, Dalmeny House Auxiliary Hospital; Red Cross Commissioner and Military Inspection Officer to Auxiliary Hospitals.

Brevet Colonel Arthur Lisle Ambrose Webb, C.B., C.M.G., Director-General of Medical Services, Ministry of Pensions.

C.B.E.

Francis Charles Abbott, M.S., F.R.C.S., Commandant and Surgeon in Charge, Red Gables Auxiliary Hospital, Bletchingley. Robert Craig Ackland, M.R.C.S., L.R.C.P., Medical Officer, Red Cross Hospital for Facial Injuries, Brook Street, London.

Lieut.-Colonel Sir James Barr, LL.D., M.D., F.R.C.P., F.R.S.E., County Director of Auxiliary Hospitals and Voluntary Aid Detachments in West Lancashire. Robert Cunyngham Brown, O.B.E., M.D., Deputy Director-General of Medical Services, Ministry of Pensions.

William Murray Cairns, M.D., C.M., Medical Officer in Charge, Myrtle Auxiliary Hospital, Liverpool. Richard Caton, LL.D., F.R.C.P., M.D., Chairman, Nursing Service Committee, Liverpool Branch, British Red Cross Society. Colonel William Coates, C.B., V.D., D.L., M.R.C.S., L.R.C.P., Chairman, East Lancashire Branch, British Red Cross Society. John Edwards Cresswell, M.B.E., M.B., B.C., excellent work as Principal Medical Officer, Government Hospital, Suez.

Frederick William Edridge-Green, M.D., F.R.C.S., Member of Medical Board, Ministry of National Service. Evan Laming Evans, M.D., F.R.C.S.

Thomas Ashton Goodfellow, M.D., Medical Officer of Larnhurst (Didsbury) Military Hospital, and of Didsbury Lodge Auxiliary Military Hospital. Alfred Milne Gossage, M.D., F.R.C.P., Senior Medical Assessor, Soldiers Pension Awards Branch, Ministry of Pensions. Alexander Granville, C.M.G., M.R.C.S., L.R.C.P., Commissioner for Egypt, Palestine and Syria, British Red Cross Society. Walter Spencer Anderson Griffith, M.D., F.R.C.S., F.R.C.P., Chairman of Council, H.R.H. Princess Beatrice's Hospital War Supply Depot, St. Marylebone. Charles Nixon Groves, M.D., B.Ch., Civilian Medical Officer in Charge of the Darell Military Hospital.

John Howell, M.B., F.R.C.S., Consultant Surgeon, Cheltenham Auxiliary Hospitals, Honorary Secretary, Medical Committee, Cheltenham. Edmund Henry Howlett, F.R.C.S., professional medical services at the Royal Naval and St. John V.A.D. Hospitals, Hull.

Robert William Johnstone, O.B.E., M.D., F.R.C.S., Commissioner of Medical Services, Ministry of National Service. David Rocy Jones, M.B., C.M., Deputy County Director of Auxiliary Hospitals, Monmouthshire.

James Rutherford Kerr, Ch.M., Medical Officer in Charge of the Pilkington Special Orthopaedic Hospital, St. Helens.

William Laird, L.R.C.P., L.R.C.S., Director of Glasgow Orthopaedic Annexe.

Edmund Distin Maddick, O.B.E., F.R.C.S.E., The Scala Theatre. John Howard Mummary, M.R.C.S., L.D.S., Dental Surgeon, Maxillo Facial Hospital, Kennington.

George Palmerston Newbolt, M.B., F.R.C.S., Operating Surgeon, Myrtle Auxiliary Hospital, Croxteth Hall and Royal Southern Hospital, Liverpool.

Richard Alfred O'Brien, M.D., Director, Wellcome Physiological Research Laboratories.

John Fletcher Porter, M.B., J.P., a Director of Medical Services, Ministry of Pensions.

Howell Rees, M.R.C.S., L.R.C.P., J.P. George Augustus Roberts, F.R.C.S., Medical Officer and Surgeon to Winchester Red Cross Hospitals. James Robinson, L.R.C.P., L.R.C.S., J.P., Chairman, Executive Committee, Welsh National Hospital. Frank Mortimer Rowland, M.D., B.Ch., Assistant County Director and Honorary Treasurer, Staffordshire Branch, British Red Cross Society; Medical Officer, Freeford Hall Auxiliary Hospital.

Major Arthur de Winton Snowden, M.D., B.C., Senior Physician, British Red Cross Hospital, Netley. George Alexander Sutherland, M.D., F.R.C.P., valuable services to the Air Ministry.

William Washbourn, L.R.C.P., M.R.C.S., Medical Officer in Charge, Colchester Auxiliary Hospital. Dawson Williams, M.D., F.R.C.P., D.Sc., Editor, BRITISH MEDICAL JOURNAL, valuable services to the Royal Army Medical Corps throughout the war.

O.B.E.

Edward William Adams, M.D., Medical Officer, Ministry of Health. Herbert William Allam, M.R.C.S., L.R.C.P., Medical Officer, Red Cross Hospital, The Cedars, Wells, Somerset. Frederick Leigh Angier, M.R.C.S., L.R.C.P., Senior Medical Officer to the Wigan Division, British Red Cross Society. The Rev. John William Arthur, M.D., Leader, Church of Scotland Mission, British East Africa. William Ashford, M.R.C.S., L.R.C.P., Commandant and Medical Officer, Topsham Auxiliary Hospital.

Llewelyn Arnold Baiss, M.R.C.S., L.R.C.P., Commandant and Medical Officer in Charge, Cluny Auxiliary Hospital, Swanage. Alfred Ernest Barclay, M.D., Assistant County Director, Kersal and Broughton Division, British Red Cross Society, Organizer of four hospitals. Edgar G. Barnes, M.D., County Director, Auxiliary Hospitals and Voluntary Aid Detachments, Jersey. Leonard Stewart Barnes, M.R.C.S., L.R.C.P., Medical Officer, Knebworth Auxiliary Hospital. William Richard Bates, L.R.C.P., L.R.C.S., Medical Officer, Hkley Convalescent Home. David Leslie Beath, M.R.C.S., L.R.C.P., Medical Officer, St. John's Voluntary Aid Hospital, Newton Park and Kingswood, Bath. Alexander Clarke Begg, M.D., Ch.B., Medical Officer, Brynmill Red Cross Hospital, Swansea. Frank Belben, M.B., Medical Services, Christchurch Auxiliary Hospital, Hampshire. Major Harry Poole Berry, M.B., M.R.C.S., T.D., Medical Officer, Red Cross Hospital, Grantham. Henry Bott, V.D., L.R.C.P., M.R.C.S., Senior Medical Officer, Syon House Auxiliary Hospital; Vice-Chairman, Middlesex Voluntary Aid Organization. Francis Carr Bottomley, M.D., Medical Officer, Bodorgan Road Auxiliary Hospital; Organizer of Hospital Transport, Bournemouth. Henry Briggs, D.Sc., M.B., F.R.C.S., Technical Adviser on the Medical Stores Committee, War Office. Major Frank Brightman, M.R.C.S., Assistant County Director, Thanet Division; Medical Officer, Fairfield V.A.D. Hospital, Broadstairs. Herbert Henry Brown, M.D., F.R.C.S., Medical Officer, Broadwater Hospital, Ipswich, Maryland Hospital, Sproughton, and East Suffolk and Ipswich Hospital. Henry William Langley Browne, M.D., F.R.C.S., LL.D., J.P., Medical Officer, West Bromwich Auxiliary Hospital. Lieut.-Colonel Harry Munyard Brownfield, Medical Services, Clayton Court Auxiliary Hospital, East Liss, Petersfield, Hampshire. James Marr Brydone, M.B., B.C., Resident Medical Officer, Michie Hospital, Queen's Gate, London. William James Storey Bythell, M.D., Honorary Medical Officer, East Lancashire Disabled Sailors' and Soldiers' Homes, Manchester.

William Calwell, M.D., M.Ch., Medical Officer, Craigavon Neurasthenic Hospital, Belfast. George Arthur Cardew, M.R.C.S., V.D., Medical Officer in Charge, St. John Auxiliary Hospital, Cheltenham; Chairman Cheltenham Medical Committee. Eustace George Carter, L.R.C.P., M.R.C.S., Medical Officer, Gledhow and Roundhay V.A.D. Hospitals. Walter Chapman, M.B., B.Ch., Commandant and Medical Officer, Totnes Auxiliary Hospital. Louis de Bylandt Christian, M.B., C.M., Senior Medical Officer in Charge, Auxiliary Military Hospital, Percy House Schools, Isleworth. Thomas Archer Colt, L.R.C.P., M.R.C.S., Medical Officer and Commandant, Brankmere Auxiliary Hospital, Southsea. John Galwey Cooke, M.B., B.Ch., Principal Surgeon, City and County Infirmary, Londonderry. Harold Merriman Cooper, M.B., Senior Medical Officer, Hanworth Park Auxiliary Hospital, Middlesex. Charles Cotton, F.R.C.P., M.R.C.S., Assistant County Director, Canterbury Division British Red Cross and Order of St. John; Deputy Commissioner, St. John Ambulance Brigade for Kent. Francis Ward Crossman, M.B., B.S., Medical Officer in Charge, Cleve Hill Auxiliary Hospital. Edward Cuffey, M.B., M.Ch., Principal Medical Officer, British Hospital, Port Said. Frederick Curtis, F.R.C.S., L.R.C.P., Surgeon in Charge Redhill War Hospital, Merstham Auxiliary Hospital, and Redhill Curative post.

Arthur Vernon Davies, M.B.E., M.B., Assistant County Director, Order of St. John of Jerusalem, East Lancashire. James David Davies, M.R.C.S., L.R.C.P., Medical Officer, Hazelwood Auxiliary Hospital and Quarr Abbey Hospital, Ryde, I. of W. Charles Chatterton Deane, M.D., J.P., County Director, Red Cross and Order of St. John, co. Armagh. Clarence Reginald Dearden, L.R.C.P., Medical Officer, Red Cross Hospital, Stanwell Road, Penarth, Glamorganshire. Robinson Simpson Dickson, M.D., C.M., Senior Medical Officer, Auxiliary Military Hospital, "Tottenham," Palmers Green. John Frederick Gordon Dill, M.D., Medical Officer to several Red Cross Hospitals in Brighton and Hove. Lionel Graham Dodds, M.D., Ophthalmic Surgeon, Buenos Aires. Miss Mary Janet Dodds, L.R.C.P., L.R.C.S., in charge of Scottish Churches Huts, Dregthorn Camp. Edward James Domville, L.R.C.P., M.R.C.S., J.P., services in connexion with the Royal Devon and Exeter Hospital. George James Dudley, M.R.C.S., L.R.C.P., Commandant and afterwards Medical Officer, Studley Court Auxiliary Hospital, Stourbridge. Percy Edwards, M.R.C.S., L.R.C.P., Member of Advisory Medical Board, Ministry of National Service.

William Walter Fenton, M.D., Medical Officer, Red Cross Hospital, Wincanton, Somersetshire. Herbert Henry Folker, M.R.C.S., L.R.C.P., Deputy Commissioner of Medical Services, Ministry of National Service. Alfred George Francis, M.B., F.R.C.S., valuable services on Recruiting and Pensions Board,

East Central Region. Harvey Francis, M.D., Medical Officer in Charge, Arnot Hill Hospital, Nottinghamshire. George Ernest Fryer, M.R.C.S., L.R.C.P., Medical Officer, Wibbersley Hospital, Flixton, Lancashire. Willoughby Furner, M.D., F.R.C.S., Medical Officer and Administrator, Auxiliary Hospital, Third Avenue, Hove.

Alexander Rudolf Galloway, M.B., C.M., Specialist Member of Medical Boards in Scotland, Ministry of National Service. Samuel James Gilfillan, M.B., Medical Superintendent, London County Asylum, Colney Hatch. Alexander Stewart Gordon, M.D., late Naval Surgeon and Agent, Rosyth, Admiralty. George Robert Gordon, M.D., B.Ch., Medical Officer, Britannia and Hartley College Hospitals, Whalley Range. Edwin Collier Green, M.R.C.S., L.R.C.P., Assistant County Director, South Derbyshire Branch, and Honorary Secretary, Derby Borough Division, British Red Cross Society; Head of War Hospital Supply Dépôt, Derby. Alfred John Gregory, M.D., B.S., valuable medical services to the troops. George Arthur Grierson, M.B., C.M., in medical charge of officers' wards and medical wards, Military Hospital, Grimsby.

Robert Mills Hall, M.B., C.M., Senior Medical Officer in Charge, Enfield Auxiliary Hospital. Cecil Morgan Hendriks, M.B., Medical Officer, Bioester Auxiliary Hospital, Oxfordshire. Cecil Mackenzie Hower, F.R.C.S., Medical Officer, Claveley Hall and Willington Hall Auxiliary Hospitals, Tarporley, Cheshire. Edward Septimus Earnshaw Hower, F.R.C.S., Medical Officer, Clifton War Hospital, Stratford-on-Avon. Alex Hill, M.D., Principal, University College, Southampton. Joseph Squier Hinnell, M.D., Medical Officer and Honorary Oculist, Suffolk Hospital, Ampton Hall, and West Suffolk General Hospital, Bury St. Edmunds. Alfred Hooper, M.D., Civilian Medical Officer at Aircraft Acceptance Park, Coventry. George Henry James Hooper, M.D., M.R.C.S., Commandant and Medical Officer in Charge, Benfleet Hall Auxiliary Hospital, Surrey.

Gwilym Prosser James, M.R.C.S., Medical Officer, Kelvin Red Cross Hospital, Penarth. Lieut.-Colonel Richard Lane Joynt, M.D., F.R.C.S., Consultant for Orthopaedic Workshops in Ireland, and other Red Cross services.

Harold Kerr, M.D., Medical Officer of Health, Newcastle-on-Tyne. John Charles King, M.R.C.S., Medical Officer, Red Cross Hospital, Barry Dock.

Charles Ewbank Lansdown, M.D., Medical Officer in Charge, Newcourt Auxiliary Hospital, Cheltenham. Lieut.-Colonel Gerald Rowley Leighton, M.D., Veterinary Medical Inspector, Scottish Board of Health; Food Inspection Officer, Scottish Command. John Black Lendrum, M.D., C.M., Medical Officer, Woodfield Hospital, Oldham. Lewis Francis Leslie, M.R.C.S., L.R.C.P., Medical Officer, Abbey Manor Auxiliary Hospital, Evesham. Llewelyn Lewis, M.D., J.P., Medical Officer, Gnoil Park and "The Laurels" Red Cross Hospitals, Neath. Francis Seymour Lloyd, M.D., Medical Officer, Wardoun Auxiliary Hospital. Samuel Durham Lodge, M.R.C.S., L.R.C.P., Deputy Commissioner of Medical Services in Leeds and Bradford, Ministry of National Service. Percy Roycroft Lowe, M.B., B.C., late Officer in Command on Princess Christian Ambulance Train. Horace Lake Lewis, M.B., C.M., Surgeon in Charge, Camberley Military Hospital. Arnold Lyndon, M.D., Medical Officer and Organizer, Grayshott Auxiliary Hospital, Hindhead, Surrey.

Miss Anne Louise McIlroy, M.D., D.Sc., Scottish Women's Hospital. Major Nathaniel Samuel Manning, F.R.C.S., L.R.C.P., Deputy Commissioner of Medical Services, Ministry of National Service. Howard Marshall, M.B., B.C., Medical Officer in Charge, Cirencester Auxiliary Hospital. Alfred Mason, M.O., M.R.C.S., Assistant County Director, British Red Cross; Medical Officer, St. Anselm's V.A.D. Hospital, Walmer. William John Collings Merry, M.D., B.Ch., Senior Surgeon, Red Cross Auxiliary Hospital, Eastbourne. Alfred Miles, M.R.C.S., Medical Officer at Dinas Powis Hospital. James Millar, M.D., C.M., Medical Officer in Charge, Bowden Hospital, Nottingham. Major Robert Arthur Milligan, M.D., M.R.C.S., J.P., Operative Surgeon, Barry Road Primary Military Hospital, Northampton. George Millsom, L.R.C.P., M.R.C.S., Medical Officer of Health, Metropolitan Borough of Southwark. Isaac Gibson Modlin, M.D., B.S., Commandant and Medical Officer, 4th Durham V.A.D. Hospital, Jeffrey Hall, Sunderland. Miss Florence Muriel Morris, M.B.E., M.D., Commandant and Medical Officer, Paignton Voluntary Aid Hospital. Major John Murray, M.B., M.S., Medical Officer, Highland Moors and Rock Spa Auxiliary Hospitals; and other Red Cross services.

Frederick Lucius Nicholls, L.R.C.S., Medical Officer, Fulbourn Auxiliary Hospital, Cambridgeshire. Major Frederick Pitcairn Nunneley, M.D., Medical Officer, Lady Dudley's Red Cross Hospital for Convalescent Officers, Brighton.

William James O'Donovan, M.D., M.R.C.P., Chief Medical Adviser on Prevention of T.N.T. Poisoning, Ministry of Munitions. Eustace John Parke Olive, M.D., F.R.C.S., Medical Officer, Holmdene Auxiliary Hospital, Leamington. William Wallace Ord, M.D., Medical Officer, Salisbury Infirmary, and Wilton and Longford Castle Auxiliary Hospitals, Wiltshire. John Orr, M.B., Assistant County Director, Eccles Division, British Red Cross Society; Honorary Medical Officer, Elmbank and Eccles and Patricroft Red Cross Hospitals, Cheshire.

William Panckridge Panckridge, M.B., Medical Officer, Adhurst St. Mary Auxiliary Hospital, Petersfield, Hampshire. Benjamin Lewis Paton, M.D., Medical Officer, Ravenhill Auxiliary Hospital, Staffordshire. Nevill Coghill Penrose, M.B., Ch.B., Medical Officer, Banbury Auxiliary Hospital. Edward Verdon Perry, M.R.C.S., L.R.C.P., J.P., Medical

Officer, Cawston Manor, Reepham, and Felthorpe V.A.D. Hospitals, Norfolk. Lionel James Picton, M.B., Medical Officer, St. John Hospital, Somerford Park, Congleton, and Witton House Auxiliary Hospital, Northwich. Geoffrey Hammett France, M.D., C.M., Medical Officer, Red Cross Hospital, Ashcombe House, Weston-super-Mare. Robert Chambers Priestley, M.B., Principal Medical Officer and Medical Superintendent, Auxiliary Hospital, High Wycombe.

Robert William Quennell, M.R.C.S., L.R.C.P., Senior Medical Officer, Coombe Lodge Auxiliary Hospital, Great Warley.

Daniel Richmond, M.D., F.R.C.S., Medical Officer and Operating Surgeon, St. John Ambulance Hospital, Rochdale. Joseph William Rob, M.D., Medical Officer, North Surrey Auxiliary Hospitals. Captain James Jenkins Robb, M.D., Deputy Commissioner of Medical Services in the West Midlands Region, Ministry of National Service. Frederick Field Robinson, L.D.S., Senior Dental Surgeon, British Red Cross Society, Paris Branch. Robert Leslie Romer, M.R.C.S., Medical Officer, Wall Hall Auxiliary Hospital, Stanmore, Middlesex.

George Scarr, M.B., L.R.C.S., J.P., Medical Officer, St. John Ambulance Hospital, Radcliffe, Lancashire. Charles Robert Scott, M.B., C.M., Medical Officer and Commandant, "Teasdale House" Auxiliary Hospital, Marcham Road, Abingdon, Berkshire. Edmond Wallace Selby, M.D., Medical Officer, Arnold's Hospital, Doncaster. William Vernon Shaw, M.D., B.Ch., Medical Officer, Ministry of Health. Thomas William Shore, M.D., Member of Central Medical War Committee, Ministry of National Service. Major James Bertie Simpson, M.D., T.D., D.L., valuable medical war service. James Donald Sinclair, M.R.C.S., L.R.C.P., Medical Officer, 6th Durham Voluntary Aid Hospital, Woodside, Darlington. Charles William Smeeton, M.R.C.S., L.R.C.P., Commandant and Medical Officer, Hovingham Hall Auxiliary Hospital, North Yorkshire. Henry Watson Smith, M.D., Director of the Lebanon Hospital for Mental Diseases, Asfuriyeh, Syria. James Beveridge Spence, M.D., M.Ch., Resident Physician and Superintendent, Staffordshire County Asylum. William Waters Stainthorpe, M.D., J.P., Medical Officer of Health, Cleveland Rural and Urban Districts. Major John Sterry, M.R.C.S., L.R.C.P., Assistant County Director, Sevenoaks Division; Medical Officer St. John's V.A.D. Hospital, Sevenoaks.

James Maxton Thom, M.B., C.M., J.P., Member of War Executive, Scottish Branch, British Red Cross Society. William Thomas, M.R.C.S., L.R.C.P., J.P., Medical Officer, Auxiliary Hospital, Rhyl. William Edmund Thomas, M.R.C.S., L.R.C.P., Medical Officer, Red Cross Hospital, Bridgend, Glamorganshire. Norman Frederic Ticehurst, M.B., F.R.C.S., Medical Officer, Normanhurst Auxiliary Hospital, Battle, Sussex. Walter Reginald Tuckett, M.R.C.S., Medical Officer, Charnwood Auxiliary Hospital, Nantpanton, near Loughborough, Leicestershire. Philip Dymoch Turner, M.D., M.R.C.S., Medical Officer, The Castle Auxiliary Hospital, Ryde, Isle of Wight.

Captain John Valerie, M.R.C.S., L.R.C.P., Senior Medical Officer, Hampton Court Auxiliary Hospital. Robert McLeod Veitch, M.D., Deputy Commissioner of Medical Services, Ministry of National Service. Charles Visger, M.R.C.S., Medical Officer, Red Cross Hospital, Oaklands, Clevedon.

George Bartram Wainwright, M.B., Medical Services, Winchester Auxiliary Hospital. Captain John William Walker, M.R.C.S., L.R.C.P., Surgeon, Wentworth House Auxiliary Hospital, Wakefield. John Wallace, M.B.E., M.B., C.M., Medical Officer in Charge and Commandant, Red Cross Hospital, Ashcombe House, Weston-super-Mare. Henry Blanchard Walters, M.R.C.S., L.R.C.P., Commandant and Medical Officer, Chudleigh Auxiliary Hospital, Devonshire. George Trustram Watson, F.R.C.S., M.B., B.C., Assistant County Director, Tunbridge Wells Division, British Red Cross and Order of St. John; Medical Officer, Bredbury V.A.D. Hospital, Tunbridge Wells. Andrew Westwood, M.B., C.M., Medical Officer, Pavilion Hospital, Old Trafford, Manchester. John Arthur Temple White, M.R.C.S., L.R.C.P., Medical Officer, Hillsborough Hospital, Harlow. John Flasby Lawrence Whittingdale, M.B., Medical Officer, Sherborne Auxiliary Hospitals, Dorset. Miss Hilda Kate Whittingham, M.B., B.S., Laboratory Assistant in Hygiene, Royal Army Medical College. Colonel Thomas James Hackett Wilkins, L.R.C.S., L.R.C.P., Deputy Commissioner of Medical Services, London Region, Ministry of National Service. James Frederick Digby Willoughby, M.R.C.S., L.R.C.P., J.P., Medical Officer in Charge, Babbage Manor and Brackenhurst Hall Auxiliary Hospitals, Southwell.

Major William Young, M.B., C.M., V.D., Chairman of the Appeal and Civil Liabilities Subcommittees, Midlothian War Pensions Committee.

(To be continued.)

G.B.E.

Dr. Arthur Everett Shipley, F.R.S., Master of Christ's College, and lately Vice-Chancellor of the University of Cambridge, who was a member of the Central Medical War Committee, is appointed a Knight Grand Cross (G.B.E.).

O.B.E. (Military Division).

Captain F. J. Collings, C.A.M.C., has been appointed O.B.E. for valuable services rendered in connexion with military operations in Siberia.

loss to the community. He is survived by his widow and his only son, Dr. John W. Morton, to whom the medical profession of Glasgow extends its deepest sympathy.

On Sunday, March 28th, Dr. JOHN M. CLARK, of the medical staff of the Pilkington Orthopaedic Hospital, St. Helens, Lancashire, succumbed to an attack of pneumonia consequent on influenza. For the past fifteen months since his discharge from the army Dr. Clark has given unremitting service to the hospital, and his death is deeply deplored by colleagues and patients. After a distinguished course of medical study in Glasgow University Dr. Clark acted as house-surgeon in Dr. Paterson's wards in Glasgow Royal Infirmary. In 1916 he joined the R.A.M.C., and for almost two years he shared with cheerfulness and devotion the trying life of our troops in German East Africa. To the work of the Pilkington Hospital, with its special aims and methods, Dr. Clark brought earnestness of purpose and outlook, and high professional ability. As chief of staff under Dr. Kerr, the officer in charge, he will be remembered for his unsparing work, his strong kindly personality, and his whole-hearted interest in the efficiency of the hospital and the welfare of the men.

Dr. EVAN WILLIAMS, the oldest medical practitioner in Anglesey, died at Llangefni in his 80th year. He was born at Bryngwran and had lived in Llangefni throughout almost the whole of his long professional life. After studying medicine in Dublin and London, he obtained the M.R.C.S. diploma in 1866 and the L.R.C.P.I. and L.M. in the following year. Dr. Evan Williams was for many years district medical officer and medical officer of health. In 1895 he was made a justice of the peace and attended regularly at the local magistrate's court. He took a keen interest in public health matters, educational work, and parochial business. He served on the county council, was a manager of several schools, and a churchwarden. Dr. Evan Williams was a past-president of the North Wales Branch of the British Medical Association and was always a most loyal colleague and zealous member of the Association. As chairman of the Anglesey Panel Committee he further showed his active interest in all that appertained to his profession. He was a hard worker, genial and courteous to all who met him, and possessed a deep sense of duty not only as a professional man but as a citizen. He leaves a son and daughter and numerous grandchildren to mourn his loss.

We regret to record the death, which took place on March 29th, of Dr. DUNCAN FRANCIS HUNTER of Wallasey, Cheshire. He was educated at Trinity College, Dublin, and graduated M.B., B.Ch., B.A. in June, 1908, proceeding M.D. in the same year. He volunteered for Army service in November, 1915, and served in France with a Territorial division, until invalided in October, 1917. He never truly regained his health after this illness; nevertheless, on his discharge from the army, with the rank of captain, in May, 1919, he returned to private practice in Wallasey, and continued his professional work to the date of his death. He was devotedly attached to the profession of his choice, and with his varied experience and talents of no mean order he would, no doubt, have achieved a conspicuous and honoured position therein. His early death can without doubt be traced to his anxiety to serve his country. He was the only child of Mr. and Mrs. H. W. Hunter, of Lyndhurst Road, Wallasey, both of whom survive him.

DEPUTY SURGEON-GENERAL CHARLES ALEXANDER INNES, R.A.M.C.(ret.), died at Charmouth, Dorset, on March 17th, aged 88. He was born at Bruges, and was educated at King's College, Aberdeen, where he took a bursary, and graduated M.D. in 1855, at the age of 21; also he took the L.R.C.S.Edin. in the same year. He entered the army as assistant surgeon in March, 1855, and became brigade surgeon in 1881, retiring with an honorary step in that year. He served in the 52nd Foot in the Crimea, where he took part in the siege of Sebastopol, and in the expedition to Kertch, receiving the medal with a clasp, and the Turkish medal, and returning to England in charge of the

first batch of patients admitted to the Royal Victoria Hospital, Netley; and in the Indian Mutiny, when he was present at the siege, assault, and capture of Delhi; and received the medal with a clasp. His regiment, the 52nd (Oxfordshire), furnished the storming party at the Kashmir Gate. Subsequently he served in the 16th Dragoons, now the 16th Lancers, and after retiring from the army filled the post of medical officer of the prisons at Hull, Coldbath Fields, and Pentonville, successively, for fifteen years. His father, Lieutenant Alexander Innes, 42nd (Black Watch), and his uncle, Lieutenant Hector Innes, 92nd (Gordon Highlanders), served at Quatre Bras and Waterloo.

THE death occurred on March 3rd of Lieut.-Colonel JOHN PERCIVAL HUNT, R.A.M.C. (retired), in his 75th year. After studying at the University of Glasgow and St. Thomas's Hospital he obtained the L.R.C.P.Edin. and L.R.C.S.I. diplomas in 1864. In 1872 he obtained the M.D. degree of the University of Glasgow and the fellowship of the Royal College of Surgeons in Ireland. Colonel Hunt served in the Sudan in 1885-86, receiving the bronze medal and star. In 1884 he was called to the bar as a member of Lincoln's Inn.

MAJOR GEORGE BLACKER ELLIOTT, R.A.M.C., died at Brixham on March 22nd, aged 55. He was the youngest son of the late William Armstrong Elliott, F.R.C.S.I., of Dublin, and was educated in the schools of the Royal College of Surgeons in Ireland in Dublin, and at King's College, London, taking the diplomas of L.R.C.S.I. in 1885, and L.A.H. in 1887. After filling the posts of demonstrator of anatomy in the school of the Royal College of Surgeons in Ireland and of resident surgeon in various Dublin hospitals, he went into practice at Brixham, Devon, where he was medical officer of Brixham Cottage Hospital, medical officer of health to the Brixham Urban District Council, and Admiralty surgeon and agent. He took a temporary commission in the R.A.M.C. as lieutenant on July 5th, 1915, became captain after a year's service, and acting major on March 20th, 1918.

Universities and Colleges.

UNIVERSITY OF LONDON.

M.S. DEGREE: NEW BRANCHES.

THE Master of Surgery degree, which may be taken two years after taking the degrees of M.B. and B.S., has hitherto been conferred in two branches—general surgery and dental surgery. Under new regulations it may now be taken in ophthalmology, or in laryngology otology and rhinology. Candidates in the new branches must produce certificates of having spent at least two years in the study and practice of ophthalmology or laryngology otology and rhinology as the case may be, at a teaching school or schools approved by the university. In certain circumstances the M.S. degree may be taken one year after taking the M.B., B.S. degrees. The M.D. degree is now granted in six branches—medicine, pathology, mental diseases and psychology, midwifery and diseases of women, state medicine, and tropical medicine. Full particulars of all conditions can be obtained on application to the Academic Registrar, University of London, South Kensington, S.W.7.

UNIVERSITY OF LIVERPOOL.

Liverpool School of Tropical Medicine.

THE diploma in tropical medicine has been awarded to the following:

W. J. W. Anderson, C. E. Cobb, Enid M. M. Cobb, D. D. Fernandes, P. T. J. O'Farrell, E. A. Renner, J. C. Vaughan.

UNIVERSITY OF DURHAM.

At the Convocation held on March 27th the following degrees were conferred:

M.D.—*Essay*: F. J. Nattrass, H. Reah. *For Practitioners of Fifteen Years' Standing*: C. Edwards, D. Fyfe, J. Livingston, R. G. Murray.

D.H.Y.—W. H. Rowell.

M.B.—T. H. R. Anderson, P. C. Arnold, N. R. Beattie, J. F. C. Braine, R. C. Brown, J. Hetherington, G. Hurrell, C. D. Newman, A. Patterson.

B.S.—T. H. R. Anderson, P. C. Arnold, N. R. Beattie, J. F. C. Braine, R. C. Brown, J. Hetherington, J. D. Johnson, C. D. Newman.

B.H.R. AND D.P.H.—S. Scott, A. H. Towers.

UNIVERSITY OF DUBLIN.
TRINITY COLLEGE.

The following candidates have been approved at the examinations indicated:

FINAL M.B., PART I.—*Materia Medica and Therapeutics, Medical Jurisprudence and Hygiene, Pathology*: *E. S. Horgan, *E. R. Murray, *L. Herzenberg, H. C. C. Deane, Edith F. Wilcock, P. M. J. Bobbett, Constance McIlrath, L. V. Clifford, D. V. Latham, M. R. Coolican, T. W. Panter, Rita Dillon-Leetch. *Materia Medica and Therapeutics, Medical Jurisprudence and Hygiene*: A. H. N. Todd, Vera G. M. Menary; *Pathology*—Doris Holland. *Pathology—completing examination*: F. Y. Pratt, R. H. J. M. Corbet, J. D. Leahy, R. W. Power, R. S. Chapman, A. J. Beckett, J. M. Semple.

PART II.—*Medicine*: P. Jabkovitz, B. Moshal, G. H. Davis, H. A. Lavelle, A. J. L. Snijman, S. L. Feldman, W. B. J. Pemberton, J. B. Maguire, W. T. Micks, A. Blagoff, A. I. Steyn, F. Healy, D. McElwee, S. R. Hill, J. M. B. de Wet, H. V. Exner, R. E. Murphy, J. P. Sheppard, Elsie A. Burns, J. P. de Villiers. *Surgery*: S. L. Feldman, W. de V. Scholtz, G. H. Davis, W. B. Fox, Olive Baile, F. W. Robertson, Eileen H. Dowse, J. Hirschmann, Janie M. Cummins, W. F. McConnell, J. M. B. de Wet, J. F. Sheppard, D. McElwee, Essie S. Smyth, J. R. Waugh. *Midwifery*: *H. A. Lavelle, *B. Moshal, *A. J. L. Snijman, *G. H. Davis, F. Z. Van der Merwe, M. Nurock, J. F. Wicht, H. V. Exner, J. C. Coetzee, E. W. S. Deale, F. V. Small, C. J. L. Brook, J. M. B. de Wet, W. J. A. Russell, Moira M. Brown, Doris L. Graham, Elsie A. Burns, I. Levy.

D.P.H., PART I (*Bacteriology, Chemistry, Physics, and Meteorology*).—C. C. Boyle, C. J. McCarthy, P. Rock, J. Lyons, T. D. Power, M. J. Graham, P. A. Dormer, C. H. Comerford, J. F. Gaha, C. E. Pengelly, A. H. Price, E. L. Sturdee, W. J. Walker, Mary C. Sheppard.

PART II (*Sanitary Engineering, Sanitary Inspection and Report, Hygiene, Epidemiology, Vital Statistics, Public Health Law*).—T. D. Power, C. J. McCarthy, E. L. Sturdee, J. Lyons, W. B. Walker, N. P. Jewell, G. F. I. Harkness, P. A. Dormer, C. C. Boyle, W. H. Sutcliffe, G. O. F. Alley.

* Passed on high marks.

The Services.

R.A.M.C. PAY IN INDIA.

THE Secretary of State for India announces the introduction of the following scale of grade pay for Regular, Special Reserve, and Territorial officers of the Royal Army Medical Corps in India, with effect from July 1st, 1919:

	Rs. per Mensem.
Lieutenants	550
Captain, on promotion	650
Captain, after five years' total service	700
Captain, after seven years' total service	750
Captain, after ten years' total service	850
Major, on promotion	950
Major, after three years as such	1,050
Lieutenant-Colonel	1,350
Lieutenant-Colonel, after three years as such	1,500

Charge allowances as laid down in Army Regulations, India, are admissible in addition to the above rates of pay. Army of Occupation bonus is not admissible concurrently with these rates, but in cases where the old rates with the bonus are more favourable they may be retained until the general abolition of the bonus or until promotion, whichever is earlier. Children's allowance, when admissible under Indian regulations, may be drawn with the new rates of pay up to December 31st, 1919.

These rates of pay will not carry exchange compensation allowance. They are provisional, and will be subject to revision when permanent rates of pay for the Medical Services in India are fixed.

GENERAL IRONSIDE in an appendix to his fourth dispatch makes special reference to Colonel G. St. C. Thom, C.B., C.M.G., A.M.S., for direction of the medical care of the forces at Archangel.

Medical News.

A PRELIMINARY committee has been formed to give to Sir George Thane, who recently resigned the chair of anatomy at University College, London, after forty-two years' service, some mark of the appreciation felt for him by his old pupils and colleagues. The intention is to ask Sir George Thane to sit for his portrait. Sir Rickman J. Godlee is honorary treasurer of the fund; subscriptions should be made payable to the Hon. Treasurer, Thane Testimonial Fund, and sent to him at University College Hospital Medical School, University Street, London, W.C.1.

THE annual meeting of the Canadian Medical Association will be held in Vancouver, British Columbia, from June 22nd to June 25th. The Canadian Public Health Association, the Canadian Association for the Prevention of Tuberculosis, the Canadian Committee on Mental Hygiene, the National Committee for Combating Venereal Diseases, and the British Columbia Hospitals Association will meet at the same place at the same time.

CAPTAIN CHARLES R. B. EYRE, R.A.M.C., has been appointed assistant surgeon to the British Ophthalmic Hospital, Jerusalem. The work of the hospital is increasingly heavy, and the administration is urging the Order of St. John to extend its activities in combating the ravages of eye disease in the Holy Land.

A DINNER will be held in London on June 10th for medical officers, sisters, and V.A.D. nurses of the hospital and other officers who were members of the mess of St. George's Hospital, Malta, 1915-17. Lieut.-Colonel A. de C. Scanlan, C.M.G., will take the chair. Those wishing to attend are asked to write as soon as possible to Miss D. C. Hare, M.D., 1, Bickenhall Mansions, W.1, or Dr. Neill Hobhouse, 146, Harley Street, W.1, enclosing remittance. Tickets (price 10s.) cannot be obtained later than May 20th.

LIEUT.-COLONEL O. E. BULWER MARSH, M.R.C.S., L.R.C.P., R.A.M.C.T. (ret.), Consulting Surgeon to the Royal Gwent Hospital, Newport (Mon.), has been placed on the Commission of the Peace for the county of Monmouth. Lieut.-Colonel Marsh has been president of the South Wales and Monmouthshire Branch, and chairman of the Monmouthshire Division of the British Medical Association.

THE Lady Priestley Memorial Lecture of the National Health Society will be given by Sir George Newman, K.C.B., M.D., F.R.C.P., on Thursday, April 22nd, at the house of the Royal Society of Medicine. The title of the lecture is "Preventive medicine: the importance of an educated public opinion." Sir James Crichton-Browne will be in the chair and the Princess Christian will present certificates to the society's students immediately before the lecture.

A MISSION from France and Great Britain is about to visit America to study its system of medical education and examination. The British members are Sir Humphry Rolleston, K.C.B., M.D., and Dr. Norman Walker of Edinburgh, Chairman of the Examination Committee of the General Medical Council.

At a meeting of the Académie de Médecine on March 2nd the President, M. Laveran, paid a tribute to the memory of Sir William Osler, who was an associate member of the Académie. Incidentally, M. Laveran recalled that Osler was one of the first to verify in America his discovery in Algeria of the haematozoon of malaria. A sympathetic notice of Sir William Osler was contributed to the *Wiener klinische Wochenschrift* of February 26th by Professor K. F. Wenckebach, director of the first university clinic in Vienna.

AMERICA, responsible for the term "post-graduate," which it now repudiates, has provided a new term—"premedical." We learn from *Science* that the north-western division of the Western Society of Naturalists, meeting on January 2nd, at Portland, Oregon, held a discussion on premedical education in chemistry, in biology, for a surgeon, and as a university course.

ON and after April 15th the address of the Wellcome Bureau of Scientific Research will be 25-27, Endsleigh Gardens, London, N.W.1.

THE Chester Royal Infirmary will receive £5,000 under the will of the late Mr. George Farbour of Chester.

THE new German university which was inaugurated in January, 1919, at Cologne, has now more than 2,000 students and forty professors. An academy of practical medicine had been in existence at Cologne since 1904.

IN February seven cases of rabies were notified in Holland, all of them in the province of Overijssel.

PROFESSOR ERICH MEYER of Strasbourg has recently proposed that medical students in their first year should be required to study nursing and dietetics.

DURING a considerable part of the war it became a habit with German airmen visiting the south-east of England to drop bombs upon Ramsgate, both coming and going. The effect of this was disastrous on the town, which probably suffered more than any British watering-place. It may be hoped that now peace conditions are restored this pleasant and healthy sea-coast town will soon recapture its former prosperity. The leading hotel of Ramsgate—the Granville—situated high on the east cliff, has now reopened to the public after five years; during the war it was used by the military authorities as a hospital for Canadians, and later for British troops. The Granville Hotel is noteworthy for its bathing equipment, including Turkish and Russian baths, an installation for treatment by radiant light and heat, high-frequency and sinusoidal currents, iodine and other baths. This part of the hotel has been reconstructed lately under medical supervision.

DR. J. B. CLELAND has been appointed to the newly created Chair of Pathology in the Adelaide University, South Australia. Professor Cleland, who is a son of the late Dr. W. L. Cleland of Adelaide, studied first in the university of that city, and then went to the University of Sydney, where he graduated in medicine with honours in 1903. After spending a couple of years in cancer research at the London Hospital he was appointed pathologist and bacteriologist to the West Australian Government. Afterwards he did research work in Sydney, and in 1913 was put in charge of the microbiological work of the Health Department of New South Wales. His research work has been chiefly with regard to prophylactic vaccines and bacteriological diagnosis. In conjunction with Dr. Alfred W. Campbell he contributed a paper on encephalomyelitis to our columns in 1919. It dealt with an epidemic which occurred in the late summer of the years 1917 and 1918 in certain parts of New South Wales, Queensland, and Victoria. The conclusion was that the epidemic, though related to acute poliomyelitis and lethargic encephalitis, was distinct from both.

Letters, Notes, and Answers.

ORIGINAL ARTICLES and LETTERS forwarded for publication are understood to be offered to the BRITISH MEDICAL JOURNAL alone unless the contrary be stated.

CORRESPONDENTS who wish notice to be taken of their communications should authenticate them with their names—of course not necessarily for publication.

AUTHORS desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL are requested to communicate with the Office, 429, Strand, W.C.2, on receipt of proof.

In order to avoid delay, it is particularly requested that ALL letters on the editorial business of the JOURNAL be addressed to the Editor at the Office of the JOURNAL.

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1. EDITOR of the BRITISH MEDICAL JOURNAL, *Aitology, Westrand, London*; telephone, 2631, Gerrard.
2. FINANCIAL SECRETARY AND BUSINESS MANAGER (Advertisements, etc.), *Articulate, Westrand, London*; telephone, 2630, Gerrard.
3. MEDICAL SECRETARY, *Mediscera, Westrand, London*; telephone, 2634, Gerrard. The address of the Irish Office of the British Medical Association is 16, South Frederick Street, Dublin (telegrams: *Bacillus, Dublin*; telephone, 4737, Dublin), and of the Scottish Office, 6, Rutland Square, Edinburgh (telegrams: *Associate, Edinburgh*; telephone, 4361, Central).

QUERIES AND ANSWERS.

INCOME TAX.

"H. G. M." inquires whether the special "service" rate of income tax applies to the emoluments of appointments as "civil practitioner in medical charge of troops," or those under the Ministry of National Service.

* * It has to be remembered that the emoluments must be for service of a military or naval character. This would seem to exclude the second of the two cases mentioned. So far as the first is concerned, the answer would appear to depend partly on the amount of work involved; *prima facie* we should regard it as within the scope of the claim. (See Current Note in the SUPPLEMENT of March 27th, p. 87.)

ANAESTHESIA IN EPILEPTICS.

DR. H. M. COHEN (Anaesthetist, St. Mary's Hospital, Manchester) writes: It is occasionally stated that during the administration of anaesthetics in epileptic patients a well marked seizure takes place. Recently I administered ether in three such patients without noting any unusual phenomena. As a matter of fact, I do not recall having ever seen a seizure during anaesthesia. As this is of more than mere academic interest it should prove useful to have some reliable data on the subject, and I should be glad to learn what the experience of others has been in this direction; and if a seizure has actually been noted, what was the anaesthetic used, and the nature and duration of the operation.

LETTERS, NOTES, ETC.

NIGHT BLINDNESS IN SCURVY.

CAPTAIN C. J. H. AITKEN, M.D., R.A.M.C., writes: In a report of the discussion on the early signs of scurvy at a meeting of the Section of Medicine of the Royal Society of Medicine in the BRITISH MEDICAL JOURNAL of March 6th, 1920, p. 329, it is stated that "special attention was drawn to the symptom of night blindness, as this was the symptom which finally decided the diagnosis." Some years back a cabin boy was sent to me by his captain with a note saying that the boy was unable to get about in the dark. I decided, after examination, that the case was one of nyctalopia. The problem was—

What could I do? The next day I visited the captain on his ship and he asked me to examine one of the seamen who had teeth trouble. I found the gums red, swollen, and bleeding. Inquiry elicited the fact that the sailing ship had been much delayed in its voyage because of bad weather and the fresh food had given out. Previous to my visit, which had taken place the day after the arrival of the ship in port, the men had had no fresh food for some weeks. I had the crew paraded and I found that most of them were feeling ill, though none of them presented signs that I associated with scurvy. The case of nyctalopia and the case of bleeding gums made me decide the ship's crew were suffering from scurvy. On fresh vegetables and lemons the crew were all feeling well in a very short time. The man with bleeding gums was the only one of the lot that took some time to get better. The nyctalopia passed away very quickly.

THE APOTHECARY POET'S HOUSE.

JOHN KEATS, who died ninety-nine years ago, at the age of 25, studied medicine at the united hospitals of Guy's and St. Thomas's, and passed the Apothecaries' Hall in the summer of 1816. Thus it is proper to claim him as a member of our profession, though there is nothing to show that the splendour of his poetry owed anything to his medical studies. The house near Hampstead Heath in which he dwelt during the most active part of his literary career is now, we learn, about to be thrown into the market. A representative committee has, however, been formed for the purpose of saving this literary shrine from destruction and for securing it for the benefit of the public for ever. The house, now known as Lawn Bank, is in Keats Grove; the garden is believed to be that

melodious plot
Of beechen green, and shadows numberless,

in which the poet composed his matchless lines to a nightingale. To acquire the freehold, restore and repair the building, and adapt it as a Keats memorial house, and so maintain it, £10,000 is needed. Lists of those who contribute will be preserved in the building. The Honorary Treasurer of the Keats Memorial House Fund (Sir Sidney Colvin, the biographer of Keats) will gratefully receive contributions addressed to him at the Hampstead Town Hall, Haverstock Hill, N.W.3.

MOTOR ACCESSORIES.

MESSRS BROWN BROTHERS (Great Eastern Street, London, E.C.) have recently submitted for trial samples of motor accessories including a neat little fixture for sparking plugs, called the Duco plug tester. If one is attached to each plug it is possible to test the firing in one or more cylinders by merely pressing the insulated plungers. With their use the trouble of disinterring screwdrivers is avoided, as well as possible shocks.

The Duco rubber sponges also submitted are stated to be British-made of practically pure rubber. They last longer than ordinary sponges and are equally effective in drying off moisture. They are very effective, therefore, in the washing of motor cars; and their greater cost as compared with ordinary sponges is compensated by their durability.

"Radiator Neverleak" is a remarkable American preparation, also sold by Messrs. Brown Brothers. When added to the water in a leaky radiator it is said effectually to stop the leaks. Although the claim to effect a permanent repair is perhaps exaggerated, there is no doubt that temporary sealing up is effected, without any damage to the cooling system. By its use unnecessary labour, and possible trouble, are avoided until it is convenient to have the radiator dismantled and permanently repaired.

VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 33, 36, 37, 38, 39, and 40 of our advertisement columns, and advertisements as to partnerships, assistantships, and locum tenencies at pages 34 and 35.

THE following appointments of certifying factory surgeons are vacant: Melksham (Wilts), Youghreave (Derby).

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