

closure of the skin wound with deep sutures, so as to leave no "sucking wound."

The next important point is the after-treatment. When dressing on the next and following days the wound will be bulging; this is due to a mixture of pus and iodoform and paraffin being pushed out of the pleural cavity by the expanding lung under the skin. Daily I introduce the needle of an exploring syringe between the edges of the wound—this is quite painless—and extract all the fluid I can. This process usually takes ten to fourteen days, depending on the re-expansion of the lung. Daily bacteriological report of this fluid shows that the number of organisms in a field steadily diminishes. A certain amount of this mixture of pus and iodoform and paraffin will ooze out also into the dressings.

The two most important points in technique, then, are—

1. Introduction of the whole hand into the pleural cavity to separate adhesions and remove all fibrin. The lung must be made to re-expand.

2. Daily evacuation by an exploring syringe of the pus and paraffin as it is pushed out under the skin by the re-expanding lung.

I have now sutured 9 cases. The ages of the patients were 55, 53, 44, 30, 27, 25, 18, 4, and 2½. All were pneumococcal except two; one was staphylococcal as well as pneumococcal, and one which was my only failure; this was a tuberculous case—a man, aged 44, with two big abscesses pointing under the skin, one behind and one in front. He was very debilitated and ill. As it was one of my early cases I did not sufficiently explore the chest with my hand; had I done so I should have found, as I did *post mortem*, that the lung was tied in a knot at the root. I sewed the incision up, and the patient died in twenty-four hours. After seeing the condition of his chest I am quite sure the result would have been the same had I drained with a drainage tube or sewn up.

Of the other eight cases, all made good and rapid recoveries. The temperature fell at once, and the pulse and respirations came down more gradually.

The duration of the disease in these cases varied from two to six weeks, after the resolution of the primary pneumonia.

A further suggestion has occurred to me, but I have not lately had an empyema to try it on. It is this: Whether it would not be a good plan to insert into the pleura a soft piece of folded rubber—that is, a passage tube—in order gradually to let out the iodoform and paraffin, and to do away with the daily needling of the collection under the skin. This piece of folded rubber will not allow air to enter the pleura, and will yet slowly allow the escape of pleural contents.

REFERENCE.

¹ BRITISH MEDICAL JOURNAL, 1918, i, D. 718.

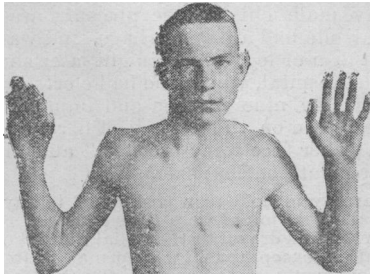
Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

A CASE OF FACIAL TROPHONEUROSIS WITH DEFORMITY OF THE HAND.

As progressive facial hemiatrophy is a rare condition, the notes of the following case observed during the examination of recruits will be of interest.

A boy, aged 17, presented the following structural abnormalities, which are seen in the photograph.



Bones.—There was atrophy of all the bones of the right side of the skull, including the cartilaginous portion of the external ear. The metacarpal and phalangeal bones of the thumb and right index finger were atrophied and deformed.

Muscles.—Wasting was noted on the right side in the muscles of the face and of the thenar eminence, and to a lesser degree in the muscles of the neck; the right sterno-mastoid, however, was well formed. The right upper limb was poorly developed although he was right-handed.

Nerves.—Epicritic and protopathic sensations were everywhere normal; in no muscle was there palsy.

Other points of interest were that the right carotid and radial pulses were perceptibly weaker than those of the left side, and that the skin of the affected side was of a more delicate texture.

The boy is a junior member of a family of fifteen, and I have excluded as far as possible the question of natal trauma with resultant torticollis and facial asymmetry.

Wrexham.

I. H. LLOYD, M.B., B.S.Lond.

FOREIGN BODY IN BRONCHUS.

THE case reported in the JOURNAL of May 1st, p. 602, by Mr. W. C. Cammock, in which a toy air balloon was present in the left bronchus, recalls a similar one with which I had to deal about three years ago.

A boy, aged 11, when playing in the street, inhaled a small rubber balloon with wooden mouthpiece which caused immediate and complete respiratory obstruction. This was relieved by tracheotomy performed by a doctor near whose house the boy was at the time. He was then taken to the Liverpool Royal Infirmary, and when I saw him there soon after his arrival he was suffering considerably from shock, and surgical emphysema, originating no doubt from the tracheotomy wound, was present over the neck and a great part of the trunk. The boy's condition at the time did not justify any attempt to find and remove the foreign body which was probably then in the larynx. On the following day the rubber balloon without the wooden mouthpiece was coughed out, and the boy could breathe and phonate clearly on closing the tracheotomy opening. The surgical emphysema disappeared and his general condition improved, so that six days after the accident I considered it safe to endeavour to remove the mouthpiece which was presumed to be lying in some part of the bronchial tree, although there were no physical signs in the chest giving any clear indication of its position. Inferior bronchoscopy at once revealed its presence in the right main bronchus, from which it was removed without difficulty. The absence of physical signs of obstruction of the bronchus was due no doubt to the fact that air had passed freely through the lumen of the foreign body as well as between its walls and those of the bronchus in which it lay quite loosely.

THOMAS GUTHRIE, M.B., F.R.C.S.,

Honorary Laryngologist, Royal Infirmary, Liverpool.

Liverpool.

CARBOHYDRATE EXCESS AND BERI-BERI.

CONSIDERABLE interest attaches to the fresh light thrown upon the pathogeny of rickets and beri-beri by Professor Mellanby in his opening remarks at the Section for the Study of Disease in Children of the Royal Society of Medicine on February 27th, 1920. While admitting that administration of the suitable vitamins in rickets and beri-beri will effect a cure, he holds it not improbable that the two diseases are brought about by some other elements in the diet, probably a carbohydrate excess, together with some considerable protein deficiency. Such facts are in agreement with results of observations I made some years ago upon the former diets of beri-beri patients, in which, generally speaking, in addition to the lack of the particular antineuritic vitamin, carbohydrate was found to bulk largely in the diet, with insufficient intake of protein derived principally from polished rice and dried fish.

The epidemiological distribution of beri-beri still, however, to some extent remains unsolved, in its special incidence upon sea-coast places, in which immigrants specially suffer, whilst residents partaking of an identical diet almost invariably escape. In regard to occupation I found a large number of those engaged in sedentary trades, such as the Chinese tailors in Singapore, specially prone to the disease.

Whilst I hesitate to introduce a further causative factor in beri-beri, it may well be that a degree of acidosis is the ultimate determining agent in the production of neuritic symptoms, a condition now known to be liable to arise in new arrivals to the hot moist climate of the seaboard towns of the Straits Settlements, being aggravated by the already mentioned dietary deficiencies and excesses, against which the Straits-born inhabitants have become more or less immune through prolonged residence.

The connexion between neuritis and acidosis may be further traced in the neuritis complicating diabetes and diphtheria, in which acidosis is usually a feature in cases which develop neuritis. There is some direct evidence in the results of Brandon, Cooper, and others in favour of the view that the offending element in the diet in polyneuritis avium is a carbohydrate excess.

Pellagra is now definitely known to result not from lack of a vitamine but from a diet of low biological value, such as maize.

Whether or not the function of the vitamine is to preside over metabolism through the stimulation of one or more hormones is yet undetermined, but such a view would appear feasible in the light of recent observations on the pathogeny of beri-beri and the kindred "deficiency" disease of rickets.

K. SIMPSON, M.D., M.R.C.P., D.P.H.,
late Medical Officer, Colonial Service.

Reports of Societies.

RADIUM THERAPY.

At a meeting of the Sheffield Medico-Chirurgical Society, held on April 15th, Dr. RUPERT HALLAM read a paper on the therapeutic uses of radium. After a brief description of the chemical and physical properties of the metal, he explained the methods employed in estimating the quantity of radio-activity in the various applicators used in medicine and surgery. The strength of each applicator supplied by the Sheffield Radium Institute is described in terms of radium metal, and he suggested that it would be of great advantage for the comparison of doses and results if this unit of dose were universally adopted. Although the Sheffield radium, which was purchased in 1915, was primarily intended for the treatment of inoperable malignant disease, it had also been used extensively for the treatment of certain skin diseases. In his experience the results obtained in the treatment of rodent ulcer, providing the ulcer did not involve the bone or conjunctiva, were good. He had latterly employed carbon dioxide snow in conjunction with the radium, and anticipated a higher percentage of non-recurrences. Thirty-three cases of cavernous naevi treated during the year 1919 had all responded exceedingly well, and he maintained that this method superseded all others. A large number of cases of malignant disease had been treated during the last four years by the surgeons of the four voluntary hospitals in Sheffield; cases of sarcoma apparently responded most favourably to the application of radium, and four such cases which had been free from recurrence for periods varying from one to four years were shown. The results of the treatment of carcinoma of the cervix had been disappointing. In no case of carcinoma of the mouth could improvement be said to have occurred. In conclusion, Dr. Hallam maintained that apparent cure of inoperable malignant disease by radium was exceedingly rare, but that it often relieved pain, lessened discharge, and gave patients hope.

At the close of the paper several members related their personal experience of the treatment of malignant disease with radium. Dr. MILES PHILLIPS had found it of little value in carcinoma of the cervix. He expressed the opinion that equally good results were obtained by cauterising the growth, and he related a case in which this method had been employed and the growth remained quiescent for four years. Dr. WILKINSON described several cases of sarcoma of the tonsil which had responded well to the treatment and were apparently free from disease. Mr. ARCHIBALD CUFF had employed it with satisfactory results in two cases of menorrhagia.

PSYCHOLOGICAL ANALYSIS.

At a meeting of the Manchester Medical Society, held on March 3rd, 1920, Professor R. B. WILD, the President, being in the chair, Professor T. H. PEAR read a paper on psychological analysis, which he defined (following Bernard Hart) as "any method whereby the nature and relationship of the causes responsible for the patient's (mental) condition are determined, and the condition is removed by the rearrangement and readjustment of these causes." The

term was said to be wider than psycho-analysis; the latter should be reserved to describe that method which owed its inception to Sigmund Freud. The purpose of the speaker was to describe the nature and uses of psychological analysis (of which psycho-analysis was one variety) in the diagnosis and treatment of what were known as the "functional nervous disorders." Of these disabilities there were two kinds, often but not always distinguished sharply from each other: (1) Conversion hysteria, (2) the anxiety neuroses. These two types of disorder might be symptomatic of different kinds of mentality in a patient, and the cure might necessitate different methods of treatment. Professor Pear said that, though psychological analysis was only one method in psycho-therapy, it was sometimes the only method which would ultimately be successful, because it was the only "radical" method. The different psychological processes involved in the methods known as suggestion, persuasion, and analysis were discussed and compared, and reference was made to the view taken by Bernard Hart of the differences between these disorders. It was pointed out that the meaning attached to the word "suggestion" was usually extremely vague, and that, though suggestion probably entered into treatment both by persuasion and analysis, it could be distinguished from them. The definitions of suggestion and persuasion given by Hart in the *Proceedings of the Royal Society of Medicine*, vol. xii (Section of Psychiatry, pp. 13-34) were further discussed. In conclusion, Professor Pear pointed out that the adoption of all methods of psycho-therapy, and in particular of the analytic method, required a knowledge of the technique and of the psychological processes underlying them. He emphasized the necessity of training medical students in the future to understand and to discriminate between the uses of the various methods.

Professor E. S. REYNOLDS, Dr. D. E. CORE, Dr. S. HERBERT, Dr. A. V. STOCKS, and Dr. S. R. WILSON took part in the subsequent discussion.

MIXED FUNCTIONAL AND ORGANIC PALSY.

At a meeting, held on February 27th, of the Section of Medicine of the Royal Academy of Medicine in Ireland, the president, Dr. G. PEACOCKE, being in the chair, Dr. DRUMMOND showed a case of senile urticaria pigmentosa of fifteen years' duration in a man of 68. Dr. O'KELLY, who had examined sections of the skin, reported the presence of mast cells in large numbers; this was considered by Brock, Unna, and Gilchrist to be pathognomonic. This patient suffered also from auricular fibrillation, and had been treated by Dr. NESBITT, who showed slides of tracings taken to demonstrate the condition.

Dr. MAXWELL showed a patient of 58 suffering from pituitary tumour, who complained of difficulty in reading. There was a history of two years' headache and dizziness. She was found to be suffering from bitemporal hemianopsia; the turbinated bones on the right side were very oedematous.

Dr. PURSER stated that he had seen the case. There was bad headache, but not severe enough to make one suspect intracranial growth. Amenorrhoeic signs were of no value as the patient was past the menopause; fat was slightly increased and there was some loss of hair. The tumour of the pituitary was well shown by x-ray photograph. He asked for views as to operative treatment.

Dr. SPEARS showed a case of paralysis of the left arm and leg in a woman of 28. In February, 1919, she was delivered of a healthy male child. The placenta was torn; after its removal she had a haemorrhage, and was unable to move her left arm or leg. A fortnight later she was sent to Monkstown Hospital, where she had electrical and massage treatment for nine months and improved greatly. She had severe pain on the left side of her head and face; the left side of her face was "crooked," and all food dropped out of her mouth on that side.

On examination the arm was held in a position of tetany, except that the interphalangeal joints were flexed instead of extended, and that the wrist was drawn to the radial instead of to the ulnar side. Sensation, except touch, was normal. After slight massage some movements of the arm were produced. Similar conditions were present in the leg. *Reflexes*: Left knee-jerk exaggerated, right sluggish, ankle clonus marked in left foot. Babinski? Abdominal reflexes absent.

Wasting of calf muscles of left leg; painless periarticular swelling of both knee-joints. Eyes normal; Wassermann test

quite understand the rationale of Dr. Johnson's procedure. If he does not find the *Sp. pallida* he gives two injections of 0.45 gram of novarsenobenzol at a month's interval, the first followed by two blood tests a week and fortnight after injection, and the second by a blood test a week after the injection. If all these blood tests are negative I gather that he concludes the patient is not suffering from syphilis. Such evidence cannot be accepted as conclusive. If the clinical appearance and history are atypical and the dark-ground illumination and Wassermann reaction both negative, I should prefer to omit all but local treatment until the occurrence of definite clinical or pathological evidence of syphilitic infection.

It is very rare to fail to find *Sp. pallida* in a recent sore (even if local antiseptics have been applied by the patient before consultation) if the sore is treated with hypertonic saline solution for a couple of days.

A negative Wassermann reaction is also extremely common, even with well-marked and typical sores in which large numbers of *Sp. pallida* are present; indeed, I place no diagnostic value whatever on a negative Wassermann with a sore which has not been present for over a month. I conclude, therefore, that clinical observation and pathological examinations are of equal importance under different circumstances.—I am, etc.,

London, W., May 18th,

H. WANSEY BAYLY.

AORTITIS AND AORTIC REGURGITATION.

SIR,—Dr. Theodore Fisher's letter in the JOURNAL of May 15th, p. 688, calls for a reply, if only to thank him for the courteous manner in which he has written. I think I may also say that his two letters show that we are in complete agreement on the main issue—namely, the extreme importance of the cardio-vascular lesions of syphilis.

I should, perhaps, in my letter in the JOURNAL of May 8th, have given definite reference to recent American writings upon the question under discussion. Warthin (*American Journal of the Medical Sciences*, 1916, vol. clii) describes the presence of spirochaetes in the aortic tissues and in the myocardium. His work has been quoted by several writers in the *Medical Clinics of North America* (Dr. Thomas McCrae, vol. i, No. 2, and Dr. Charles Louis Mix, vol. i, No. 5).

In the last five cases of cardio-vascular syphilis on which we obtained a *post-mortem* examination a myocarditis was in three instances considered to be present on naked-eye appearance. We have not as yet undertaken the demonstration of the presence of spirochaetes in these cases.—I am, etc.,

Belfast, May 17th.

JOHN E. MACILWAINE.

Obituary.

WE regret to record the death of Dr. WILSON EAGER, which took place at his residence in Woodbridge, Suffolk, on May 11th, 1920. He was born on May 10th, 1845, and was the son of Dr. Richard Eager, a surgeon in Guildford, Surrey. Like his elder brother, Dr. Reginald Eager, he was educated at Guy's Hospital, and eventually made his life-work the study of mental disease and the cure of the insane. Dr. Wilson Eager, having taken the M.R.C.S., L.R.C.P., and L.S.A. diplomas in 1871, became clinical assistant at Bethlem Hospital; thence he went as assistant medical officer to the Prestwich Asylum. In 1876 he was appointed resident physician and superintendent of the Suffolk County Asylum, Melton (now St. Audry's Hospital), a position from which he retired in 1897 after twenty-one years' successful service. Dr. Eager was responsible for greatly improving the lighting, heating, and structural arrangements of this institution, which during the latter part of the eighteenth century had been the Woodbridge workhouse. Besides being an able administrator Dr. Eager was of an inventive frame of mind; he introduced into the institution many ingenious appliances for institutional nursing and equipment. Dr. Eager took a warm interest in the social life of the institution; he was fond of music, and by his own personal efforts secured the provision of an excellent organ for the chapel. On leaving the County Asylum Dr. Eager joined his brother in partnership at a private asylum near Bristol, but after ten years he decided to retire, and went to live in Woodbridge, where he had many friends. He leaves a

son, Dr. Richard Eager, O.B.E., who is deputy medical superintendent of the Devon Mental Hospital, and a married daughter, who lived with him for many years. His wife predeceased him by twelve years.

Medico-Legal.

AN ABORTIONIST'S SENTENCE.

IN the JOURNAL of April 24th, p. 589, a short account was given of the trial at the Central Criminal Court before Mr. Justice Shearman, of Devi Dayal Sasun, L.R.C.P. and S.Edin., L.R.F.P.S.Glasg., of Brady Street, Bethnal Green, for the murder of a young single woman. The prosecution alleged that the woman died as the result of an illegal operation performed by the prisoner. The jury acquitted Sasun of the charge of murder but found him guilty of manslaughter, and he was sentenced to ten years' penal servitude. In the Court of Criminal Appeal on May 17th, before the Lord Chief Justice, Mr. Justice Avory, and Mr. Justice Roche, Sasun applied for leave to appeal against his conviction and sentence, and also for leave to call further evidence. The Lord Chief Justice in giving judgement, as reported in *The Times*, said that the court was seized of the case, and neither the comments nor the additional evidence of a doctor could assist it. The case against the appellant was that he had performed an operation with intent to procure abortion, and that the woman died of shock from the operation. Regarding the contention that the operation was not proved to be the cause of death, his lordship observed that the woman undoubtedly visited Sasun on the day before she was found dead. There was considerable mystery about what happened in the surgery and after she had left it, but there was evidence that the woman had died in the surgery, and that she had been carried by the appellant to an archway and left there. The main case for the appellant was that he had not done an operation on the woman. Dr. Spilsbury's evidence for the prosecution established that the woman's death was due to the insertion of an instrument used upon her, and that she had died within two or three minutes from shock following the operation. Death very rarely ensued in that way, but Dr. Spilsbury said he had known other cases. Apart from such cause there was no indication of a cause of death. In a bag found on the body of the woman there was a bottle of chloral, and in her stomach 7½ grains of chloral were found; but it was clear from the medical evidence that chloral was not the cause of death. Three obstetric physicians had been called for the defence, but all that they could say was that in the course of their normal and legitimate experience in cases in which all care had been taken they had not had a similar case. In dismissing the application his Lordship said that all the facts had been fully presented to the jury, who on a proper direction by the judge found that Sasun had committed manslaughter, and had killed the woman by performing an illegal operation upon her. The jury might well have found a verdict of murder, but had taken a more merciful course. Having regard to the fact that the appellant was found to be a professional abortionist, the sentence was not too severe.

Universities and Colleges.

UNIVERSITY OF LONDON.

OFFER OF A SITE.

PRESENTATION DAY at the University of London this year was made memorable by the simultaneous publication of an offer by the Government of a large site in Bloomsbury made through the Chancellor, Lord Rosebery. The site comprises 11½ acres, and lies immediately to the north-west of the British Museum; it extends from the west side of Russell Square to the back of Gower Street, and from the British Museum to the south side of Gordon Square. The site is at present covered by houses, but the leases of many of them expire before 1924, of others in 1928, and of most of the remainder in 1939. The ground is offered as a site for the head quarters of the University, and for colleges and institutions connected with it, including King's College, whose premises in the Strand are now inadequate for its needs. The Government has reluctantly decided that while it is prepared to make such provision as will secure the University from loss in respect of maintenance charges on the new University head quarters, the state of the national finances does not justify it in providing the cost of the buildings themselves from public funds. It believes that the University may look with confidence to the generosity and public spirit which has always marked the citizens of London.

The presentation ceremony took place in the Albert Hall on May 19th. The Principal Officer, Sir Cooper Perry, said that the resources of the University were strained to the utmost. The admissions amounted to 6,295 as compared with 3,852 in 1913-14, and the total number of candidates for all examinations to 18,352 as against 11,920 in 1913-14.

In the evening a graduation dinner took place in the Guildhall, when the Vice-Chancellor of the University, Dr. S. Russell Wells, presided. After dinner the Lord Chancellor said he rejoiced to be able to pay a tribute in his presence to Lord Haldane for the part he had taken in building up the army which won the war. The Minister of Education (Mr. Fisher) claimed that the present Government had shown no lack of interest in educational improvements. The war had made the country alive to the value of education, and the universities of

the country were fuller than ever before. To the University of London the war had given a great opportunity, for the German universities were under a cloud, the Dominions were anxious to take advantage of the seats of learning in this country, America was ready to send thousands of students, and the allied countries were more alive than ever before to the resources of English learning and the elasticity of English genius. The Government, he said, had no desire to force on the Senate the gift of the site, but hoped that the citizens of London would realize that the opportunity thus offered to them would make the University of London the central seat of the higher learning and research of the whole empire. The site was part of a larger area which might by degrees be acquired as university needs developed.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

AN ordinary Council was held on May 13th.

Issue of Diplomas.—Diplomas of membership were granted to seventy candidates found qualified at the recent examinations. Diplomas in Public Health were granted jointly with the Royal College of Physicians to nine candidates. Diplomas in Tropical Medicine and Hygiene were granted to thirteen candidates.

Anatomical Nomenclature.—A report from the Court of Examiners expressing agreement with the Anatomical Society of Great Britain and Ireland in recommending that the old nomenclature should not be departed from in anatomical textbooks or by medical men in general, was adopted by the Council.

Diplomas in Psychological Medicine and in Ophthalmic Medicine and Surgery.—The Council agreed to the regulations for diplomas in Psychological Medicine (D.P.M., R.C.P. and S.Eng.), and in ophthalmic medicine and surgery (D.O.M.S., R.C.P. and S.Eng.), details of which were given in the report of the meeting of the Royal College of Physicians on April 29th (BRITISH MEDICAL JOURNAL, May 8th, p. 658).

Examinations for these diplomas will commence on June 28th and July 26th respectively. Full particulars can be obtained from the secretary, Examination Hall, 8, Queen Square, Bloomsbury, W.C.1.

ROYAL COLLEGE OF SURGEONS OF EDINBURGH.

THE following, after examination, have been admitted Fellows:

J. S. Arkle, C. V. Baigent, H. Banks, M. R. Boe, A. L. Buchanan, C. H. Corbett, P. C. Datta, J. N. P. Ferguson, F. C. Greig, E. W. Hall, A. D. Haydon, A. E. Herman, W. H. Johnston, G. J. Joubert, C. N. Laver, A. P. Lawrence, C. R. Merrillees, R. K. Merson, R. P. Nash, J. M. Pringle, F. H. Robbins, H. F. Seynour, F. M. Spencer, R. Stevenson, C. B. Tudehope, C. A. Verge, R. G. Walker, A. Walbrugh, N. J. Watt, H. Williamson, G. S. Woodman.

The Bathgate Memorial Prize, consisting of bronze medal and set of books, has, after a competitive examination in materia medica, been awarded to John Herbert Appleyard.

The Ivison Macadam Memorial Prize in chemistry, consisting of bronze medal and set of books, has, after competitive examination, been awarded to Leonard Alexander Watson.

ROYAL FACULTY OF PHYSICIANS AND SURGEONS, GLASGOW.

THE following have been admitted Fellows: James Devon, Alexander Morton, Edward J. Primrose.

CONJOINT BOARD IN SCOTLAND.

THE following candidates have been admitted diplomates in Public Health:

M. E. Willcock, S. Honeyman, G. King, I. C. Mackay, R. J. Tait, Margaret A. Alexander, T. M. Anderson, P. C. Livingston, J. W. K. Bruce, H. F. W. Adams, E. F. Fisher, Jessie A. MacLaren, T. P. Herriot, A. Bremner, A. G. Carment.

The Services.

HONOURS.

MENTIONED IN DISPATCHES.

A SPECIAL Supplement to the *London Gazette*, dated May 18th, includes the following in a list of names brought to the notice of the Secretary of State for War for valuable services rendered in connexion with the military operations in the area indicated during the period April 1st, 1917, to May 31st, 1918.

North-West Frontier of India: Colonels W. E. Hardy, I.M.S., and A. E. Tate, A.M.S. (R.P.); Major W. T. McCowen, I.M.S., and Muhammad Raza Khan, 1st Class Sub-Assistant Surgeon, I.M.D.

East Persia: Assistant Surgeon W. J. Marshall and Sub-Assistant Surgeon Lambodar Misra, I.M.D.

South Persia: Lieut.-Colonel (temporary Colonel) H. Burden, C.I.E., I.M.S.; Captain (temporary Lieut.-Colonel) H. R. B. Gibson, I.M.S., and Jemadar Mumtaz Ali, I.M.D.

The following are included in a list of officers and others mentioned by General Sir G. F. Milne for continuous distinguished and devoted service during the evacuation of the Caucasus: Temporary Colonel A. G. Phear, A.M.S. Tem-

porary Captains: G. G. Bruce, (acting Major) A. Dick, J. Elder, (acting Major) J. D. Gunn, and G. B. Wild, of the R.A.M.C. Captains: R. Chevassut, F. B. Jago, G. E. Tilsley, and W. A. Weatherhead, of the R.A.M.C. (S.R.); Captain (acting Major) G. Y. Thomson, I.M.S., and Assistant Surgeon De Noronha, of the I.M.D.

Surgeon Commander D. W. Hewitt, C.M.G., R.N., S.M.O., in charge of medical arrangements on Dwina River, has been mentioned for services in a dispatch, dated January 1st, 1920, from Rear Admiral J. F. E. Green, late senior naval officer, White Sea.

Captain (acting Major) J. M. Weddell, R.A.M.C., has been mentioned for valuable services in connexion with the military operations in Kurdistan and Persia.

Medical News.

MR. ARTHUR EVANS, surgeon to the Westminster Hospital, will open a discussion on alcohol and alcoholism in relation to venereal disease, at a meeting of the Society for the Study of Inebriety, 11, Chandos Street, W., on Tuesday, July 13th, at 4 p.m.

The Section of the Study of Disease in Children of the Royal Society of Medicine will hold a meeting at Manchester on June 18th and 19th. The time of the meeting will be chiefly given up to visits to hospitals and medical, surgical, and pathological demonstrations, but papers will be read on Friday afternoon, June 18th. On Saturday visits will be paid to the Children's Hospital, Pendlebury, the Swinton Schools for Crippled Children, the Sandlebridge Colony for the Feeble-minded, the Soss Moss Schools for Epileptic Children, and the Schools for the Deaf, Old Trafford.

THE National Council for Combating Venereal Diseases will hold its fifth annual meeting on June 7th, at the Royal Society of Medicine, 1, Wimpole Street, W.1, at 5 p.m. The meeting will be addressed by the Right. Hon. Viscount Astor, Parliamentary Secretary to the Ministry of Health.

THE King of the Belgians has awarded the Médaille du Roi Albert to Dr. A. C. Magian of Manchester, who had previously received the Médaille de la Reconnaissance Française in silver and the Associate's medal of the Order of St. John of Jerusalem, for services rendered to the Allies during the war. Last year the Belgian community in Manchester gave him a testimonial, and he has received a presentation from medical colleagues associated with the Manchester French Hospital, of which he is founder and honorary director.

A COURSE of twelve practical demonstrations on the management and feeding of infants and young children will be given by Dr. Eric Pritchard at the St. Marylebone Dispensary, 77, Welbeck Street, W.1, on Tuesdays and Thursdays at 10.30 a.m. and 3 p.m. respectively, commencing on June 1st. The fee for the course is 2 guineas.

AT the annual general meeting of the Society for Relief of Widows and Orphans of Medical Men, when Sir Alfred Pearce Gould was in the chair, Sir Malcolm Morris and Dr. Needham were elected vice-presidents, and eight new directors were chosen to fill vacancies in the court. Since the last report nineteen new members have been elected and fifteen have been lost by death or resignation. The society consists at present of 1 honorary, 160 life, and 135 ordinary members. The total number of members has remained practically stationary during the past twenty-five years. The invested capital has increased from £95,700 in 1895 to £144,250 in 1920, owing mainly to a large legacy received from the late Mr. Brickwell. The annual grants have increased from £3,280 to £4,937. The total income in 1920 was £4,927 and the working expenses £285. At the present time the widow of any member who has an income of £100 a year or under receives a grant of, on the average, £50 a year, and each orphan £43 a year up to the age of 16. Grants, however, can be paid from special funds to orphans over the age of 16 and to widows. Membership of the society is open to any registered medical practitioner who, at the time of his election, is resident within a radius of twenty miles of Charing Cross; the annual subscription for a member under 40 years of age at the time of his election is 2 guineas.

THE Chinese Red Cross Society, founded in 1904, has now 26,000 members and 30 district committees.

THE Mexican Board of Health has decided to place in quarantine all ships coming from Havana, where there is an epidemic of meningitis.