

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

A CASE OF MALIGNANT PUSTULE IN WHICH THE INCUBATION PERIOD WAS KNOWN.

The main points of interest in this case are that the patient, having contracted anthrax from a shaving brush, knew: (a) When he cut himself; (b) when the painful papule appeared at the site of the cut; (c) when the papule became a vesicle. It is also noteworthy that on admission to hospital, seven days after the onset of the disease, the patient had received no specific treatment and yet appeared to be well on the road to recovery.

A study of the literature shows that most cases of cutaneous anthrax have started as a papule; one, however, recorded by J. and C. Regan in the *American Journal of the Medical Sciences*, vol. 157, 1919, started from a cut, and here, as in the following case, thirty hours elapsed before the appearance of the papule.

A schoolmaster, aged 36, was admitted to St. Bartholomew's Hospital on January 25th, 1920, complaining of a pustule on the left side of his face which he believed to be anthrax.

History.—On January 4th he used for the first time a shaving brush which had been presented to him eighteen months before. On January 17th, at noon, he was shaving, and cut himself for the first time since using the new brush. On January 18th, at 6 p.m., the patient noticed a painful "pimple" at the site of the cut on the left side of his face; and on the morning of January 19th the "pimple" had become a "blister"; this history was confirmed by independent questioning of the patient's wife. The subsequent history was that the "blister" discharged, and that the left side of the neck became very "stiff" and swollen on the 21st. Next day he began to get better; the swelling began to go down, although glands swelled on the right side of his neck. A friend who worked amongst hides told him that he thought the condition was anthrax. On the 23rd—this being the first treatment—he applied fomentations; a thin yellow discharge exuded from the pustule. On the 24th he consulted a doctor, who advised him to go to hospital.

Condition on Admission, January 25th, 1920.

The patient did not look or feel very ill; there was a typical malignant pustule over the lower border of the left lower jaw about one-third of the way between the angle of the jaw and the symphysis menti. The cervical glands were enlarged. His temperature was 99.2°, his pulse was 104, and respirations were 24. There was no oedema of the face or neck and nothing abnormal was found elsewhere.

Treatment and Subsequent History.

On the day of admission the pustule with about one inch of skin round it was excised and the wound dressed with tincture of iodine; 50 c.cm. of Mulford anti-anthrax serum was injected into the left median basilic vein. The patient slept well, and did not complain of any pain. On the following day 30 c.cm. of Scavo's serum was injected hypodermically. The patient continued to improve, and on January 30th was discharged, having a granulating wound and a few enlarged glands in both sides of the neck. On May 1st, 1920, the wound was completely healed and the cervical glands were no longer enlarged.

Pathological Reports by Dr. Mervyn Gordon.

"The pustule shows chiefly staphylococci, but on searching the film preparation made from the swab a few Gram-positive bacilli were found, some of which closely resembled anthrax in shape."

"A culture from the scab gave a majority of *Staphylococcus aureus* and two colonies of anthrax bacillus."

"An examination of the shaving brush was made, and a Gram-positive spore-bearing bacillus indistinguishable from *B. anthracis* was cultured from it. A guinea-pig, however, which was inoculated with a broth emulsion of the hairs of the shaving brush, was apparently unaffected."

It would seem, therefore, that if the micro-organism present in the shaving brush was anthrax, its virulence was attenuated.

For permission to publish this case I am obliged to Sir D'Arcy Power, into whose wards it was admitted.

London, E.C.

H. J. MCCURRICH, M.R.C.S. L.R.C.P.

SUBCUTANEOUS INJECTIONS OF CAMPHOR.

UNDER Letters, Notes, etc., for March 13th, p. 388, the reply is given to a correspondent that heroic doses up to 30 grains of camphor have been given but are dangerous. It may be of interest to record that, in a certain large stationary hospital in France during the severe influenza epidemics, I gave, almost as a routine, intramuscular injections into the gluteal region of camphor in oil, gr. v in m xv, every four hours without untoward results in a single instance. In selected cases—for example, in cases

of influenzal pneumonia where the physical signs varied from day to day—I am convinced that the intramuscular injection of camphor in oil gr. v proved of the greatest value, and, in many cases where the toxæmia was not too intense and the heart required that little bit more of stimulation to pull the patient through the crisis, this method of treatment was the means of saving life.

In cases with definite signs of impending heart failure I have given gr. x in one injection, with marked beneficial results on the pulse both in tension and rate. Fifteen minutes to half an hour usually elapsed before the heart responded to the camphor, and the effects lasted from three and a half to four hours after injection. There is no other cardiac stimulant to my knowledge which can produce such marked and prolonged stimulation from one dose.

It is important to plunge the needle up to the hilt and inject very slowly, withdrawing very gradually at the same time, which usually avoids pain from pressure. The pain may be severe at the site of injection if this is given too quickly. Parke, Davis, and Co., and one or two other manufacturing chemists, have always had ampoules containing 1½ and 3 grains of camphor in sterile olive oil. It is easy to make one's own preparation by dissolving the camphor in ether before mixing with the sterile oil. Should the camphor not be dissolved first of all, it precipitates out when the oil cools.

Boulogne.

A. D. GORMAN, Capt. R.A.M.C.(S.R.).

SEVERE ANGIO-NEUROTIC OEDEMA.

A boy, aged 3 years and 10 months, complained, on April 25th, of pain in the left leg, which the mother noticed had become swollen.

When I saw him on the following day the limb was oedematous and painful from the toes to the lower third of the thigh. The boy was fretful and the temperature was 101° F. On April 27th the child was obviously ill—temperature 101.5°—and, in addition to the lower limb, the left forearm and hand were oedematous and also the lower part of the back. On April 28th the swelling had completely disappeared from the limbs, but the right side of the scalp was intensely oedematous, extending to the eyelids, which were completely closed. On attempting to open the lids a blood-stained fluid spurted out with some force; the conjunctiva was purplish in colour.

Next day the whole scalp was involved, and both eyes were closed and oozing sanious fluid; the swelling in the left forearm and hand had returned. During the following night there was a copious evacuation of bright blood from the rectum—about half a pint. Recovery now rapidly ensued; in two days the swelling had entirely disappeared, and the child appeared quite well.

The temperature throughout remained at 101° to 101.5° F.; the urine was scanty and loaded with urates; the tongue was dry and the condition was somewhat alarming, especially as he complained of some fullness in the throat. Had this type of oedema invaded the larynx, the condition would have become immediately dangerous.

Treatment consisted in the administration of calomel and salines, followed by calcium lactate, 10 grains every two hours. Recovery appeared to follow the use of the last-named drug in such a way as to suggest that it had an influence on the condition; and in future cases I should begin it at the outset. The possibility of laryngeal invasion was, of course, prepared for.

The child is of intensely nervous type, and reacts acutely to insect bites. Otherwise there is nothing in the history of interest, nor could any reason be suggested for the attack. Of interest was the distribution of the swelling, the fact that the right limbs and other parts were unaffected throughout suggesting a nervous origin.

Haywards Heath.

REGINALD ALDERSON, M.D., B.S.Durh.

HERPES AND VARICELLA.

In connexion with the suggested relation between these diseases the following cases merit record:

On April 10th A. L. came to Tunbridge Wells with his wife and son F. L. They stayed in small apartments, and, as the weather was wet, were pretty closely associated. On April 13th A. L., aged 49, complained to his wife of a sharp pain in the right groin and leg. Two days later a few vesicles appeared on the right buttock and were

followed by a gradually developing herpetic eruption, commencing in the inguinal region, and distributed over the inner side of the right thigh and calf. When I first saw him, on April 17th, the case was typical and it followed a normal course.

On May 1st F. L., aged 18, noticed a few small pearly spots on his forehead, and by May 3rd he was covered with hundreds of typical chicken-pox spots, distributed all over the body, accompanied by considerable fever and much constitutional disturbance. So far as can be ascertained he had not been near any case of chicken-pox.

Tunbridge Wells.

CLAUDE WILSON, M.D.

Reports of Societies.

RUPTURE OF THE UTERUS.

At a meeting, held on June 3rd, 1920, of the Section of Obstetrics and Gynaecology of the Royal Society of Medicine, Mr. J. D. MALCOLM, President, in the chair, Mr. PHILIP D. TURNER communicated an account of a case of traumatic rupture of the pedicle of a subperitoneal fibroid.

A lady, aged 47, fell 6 ft. while cycling and pitched on her left hip. The next day there were signs of intraperitoneal injury and effusion of blood; a hard calcified fibroid was to be felt rising out of the pelvis. The abdomen was opened twenty-four hours after the fall; the peritoneum was full of blood and clots, and blood was seen to be issuing from a longitudinal tear in the pedicle of the fibroid, which was calcified, pedunculated, and attached to the fundus uteri. The fibroid was removed and two small arteries which were found to be bleeding were under-run; the wound in the fundus was closed by deep stitches. Recovery was uninterrupted.

Dr. FORD ANDERSON read a short communication on a case of rupture of the uterus treated by gauze packing.

A 4-para of 33 was delivered elsewhere of a fetus of about four months, which presented by the feet; delivery was said to have been easy, although the accoucheur subsequently discovered a tear of the cervix extending outwards on the left side. He removed the placenta "with the fingers," and found intestinal coils within the uterus. Dr. Ford Anderson first saw the patient fourteen hours after delivery, when she was in a state of extreme collapse; blood was oozing from her, the uterus was relaxed, and the cervix was contracted. Examined under an anaesthetic showed a coil of (probably) large intestine in the uterus, the fundus of which was transversely torn for three or four inches. The tear of the cervix on the left side was quite independent of this. Operation was judged to be inadvisable, and under anaesthesia, in Sims's position, with raised pelvis, the prolapsed bowel was replaced, and contraction of the lax uterus being stimulated by pressure of the left hand on the fundus, the uterus was packed with sterilized gauze. Thirty hours afterwards the first packing was removed and replaced by a similar one; thirty hours later the gauze was finally removed. The patient, who was kept recumbent, also received pituitrin, morphine, saline solution per rectum, and douches of 1 to 320 lysol, as well as oxygen inhalations. From the first there were swelling and tenderness in the left iliac region, and during the first few days the temperature varied from 103° to 104°; the lochia were fetid. By the eighteenth day the cervical and uterine tears had healed and discharge had almost ceased; pyrexia and evidences of left pelvic cellulitis were still present, when, on the twenty-fifth day, the patient insisted on leaving hospital. Dr. Anderson learned that a pelvic abscess afterwards had to be opened, but that two months later she was completely well.

Convalescence would have been much speedier but for the consequences of the cervical tear. Probably the majority of medical men would hold that in such a case as this operation offered the best prospect of cure. In the present case operation was not considered possible on account of the extremely bad condition of the patient, and the procedure adopted was carried out with but little hope of success. As a result of the present case, and after reading Dr. Herbert Spencer's account in the *Obstetrical Transactions for 1900* (vol. xlii) of four such cases successfully treated by packing with iodoform gauze, the author was inclined to modify his views.

In the discussion that followed, Dr. AMAND ROUTH thought that packing should be reserved for cases ruptured into the broad ligament, or cases in which the laceration had not included the peritoneum. He congratulated Dr. Anderson on the result, but could not understand how the patient escaped peritoneal infection, after replacement of the intestines in an evidently septic case.

Dr. DRUMMOND ROBINSON said that twenty years ago he had a somewhat similar case, in which a mass of intestine protruded from the vulva; the cervix and body of the

uterus were lacerated. The intestine was pushed back and the laceration plugged with gauze; the patient recovered and subsequently had two children.

In reply Dr. FORD ANDERSON pointed out that the bowel, which had not prolapsed beyond the cervix, was replaced with all possible aseptic precautions.

He quoted a letter in which Dr. Herbert Spencer, after stating that packing was the best treatment for many cases, said that though many cases had been recorded as successfully treated by hysterectomy, many of these had been badly treated by version, etc., and should not have been ruptured at all. Dr. Spencer also wrote that "one Russian obstetrician had a long list of such cases, which were no guide to the treatment of the ordinary cases of rupture seen in a condition of profound shock."

Dr. W. FLETCHER SHAW and Dr. ARTHUR BURROWS read a paper on Wertheim's hysterectomy for advanced carcinoma of the cervix, made possible by the use of radium. [This communication was summarized in our issue of June 12th, p. 806.]

In the discussion which followed, Dr. R. A. GIBBONS stated that before the war the late Dr. Pozzi of Paris told him that he had been working on this subject for some time, and had operated on many cases which before the application of radium had been regarded as inoperable.

Dr. A. W. BOURNE related a case of spontaneous rupture of the uterus following pituitrin. The patient was a 12-para, whose previous labours had been easy.

The twelfth labour being slow, $\frac{1}{2}$ c.cm. of pituitrin was administered hypodermically when the cervix was fully dilated, and the head in the perineum. An hour later the pains became extremely violent, and the patient suddenly collapsed; the head receded and the pains ceased. When admitted to St. Mary's Hospital she was in a condition of profound shock; the abdomen was soft, the fetal parts could be easily palpated through the abdominal wall, and there was dullness in both flanks. After an intravenous injection of gum solution and a hypodermic injection of $\frac{1}{2}$ gr. of morphine, an attempt was made to deliver the patient. The head was removed by perforation and cutting through the neck, but before the rest of the child could be removed the patient again collapsed, and in spite of blood transfusion she died at 1 a.m. *Post mortem*, the child's trunk and the placenta lay free in the abdomen; there was a rent five inches long in the uterus, beginning in the lateral wall and lower segment and extending downwards and inwards to the cervix.

Dr. BOURNE considered this case noteworthy on account of the rupture occurring in the absence of any obstruction, and after a sluggish and short labour when the head was in the act of being born.

Dr. WILLIAMSON said that he had seen a case of spontaneous rupture of the uterus following the administration of pituitrin before the cervix was fully dilated. He believed and he taught that the use of pituitrin before the birth of a child was a dangerous procedure.

Dr. FLETCHER SHAW was certain that a large number of cases of rupture occurred through the administration of pituitrin; he taught his students that it must never be given before the termination of the second stage, except in haemorrhage.

Dr. EARDLEY HOLLAND stated that in his opinion pituitrin might be a source of grave danger to the mother and fetus, and alluded to the dangerous effects produced by the so-called sensitization of the uterus by the administration of pituitrin preliminary to the introduction of bougies. In two cases of this he had seen tonic contraction of the uterus. Pituitrin was often responsible for the death of fetuses; he had performed *post-mortem* examinations on at least four with tears of the tentorium cerebelli and cerebral haemorrhage brought about by a precipitate second stage of labour following injection of pituitrin. Dr. FORD ANDERSON thought that pituitrin, if used at all before the birth of a child, should be employed with all the precautions which had always been enjoined for ergot of rye.

In the first number of *The Handicapped Worker*, issued by the New York Institute for Crippled and Disabled Men, Miss Gertrude R. Stein summarizes the work which has been done in the United States for industrial cripples as distinguished from ex-soldier cripples. Organized training has been authorized by the Legislature of eleven States, in five of which the work has already been begun. In other States the provision of training and employment for the crippled is left to voluntary specialized employment agencies. Generally the aim has been to deal with the cases intensively, and it has been sought to deal thoroughly with few rather than superficially with many.

Universities and Colleges.

UNIVERSITY OF OXFORD.

DURING Commemoration it will be proposed to confer the honorary degree of D.Sc. upon Lieut.-General Sir Alfred Keogh, G.C.B., Rector of the Imperial College of Science and Technology, and upon his successor in the office of Director-General A.M.S., Lieut.-General Sir John Goodwin, K.C.B.

Captain Philip Walker and Captain Cecil Walker have offered some £2,000 to be added to the balance of the benefaction of the late Philip Francis Walker, and applied by the trustees towards the establishment and maintenance of a studentship in pathology.

The honorary degree of Doctor of Letters has been conferred upon Dr. Temistocle Zammit, C.M.G., professor of chemistry in the University of Malta and curator of the Valetta Museum, in recognition of his great services to the island of Malta by the discovery of antiquities and in the detection of the local causes of fever. Dr. Zammit is a member of the council of the Malta Branch of the British Medical Association.

UNIVERSITY OF CAMBRIDGE.

At a Congregation held on June 12th the recommendation of the General Board of Studies for a University Lectureship in Medical Radiology and Electrology was approved.

The following medical degrees were conferred:

M.D.—A. N. Hodges.
M.B., B.Ch.—J. L. Davies.
M.B.—E. Forrester-Paton, S. H. M. Johns, H. W. Scott, J. H. E. Moore.

The names of those medical men upon whom it is proposed to confer the honorary degree of LL.D. on June 29th are given in another column.

ROYAL FACULTY OF PHYSICIANS AND SURGEONS
OF GLASGOW.

THE following have after examination been admitted Fellows of Faculty:

N. S. Bruce, J. A. Conway, J. N. Cruickshank, J. Gracie, S. P. Meighan, J. H. Patterson, D. M'K. Reid, W. R. Snodgrass, I. D. Suttie, G. Young.

UNIVERSITY OF LONDON.

At a meeting of the Senate on May 13th a diploma of psychological medicine open to all registered medical practitioners was instituted. The standard will be approximately that of the University of Cambridge for the corresponding diploma.

Dr. G. Newton Pitt has been appointed representative on the Senate of the City and Guilds of London Institute.

Mr. W. Foster Cross was recognized as a teacher of anaesthetics at St. Bartholomew's Hospital, and Mr. Gwynne E. O. Williams as a teacher of surgery at University College Hospital Medical School.

Dr. V. J. Woolley was appointed a member of the Board of Examiners in Pharmacology for the second examination for medical degrees, Part II.

The following were appointed examiners for the first and second examinations for medical degrees in the session 1920-21, the chairman being indicated by an asterisk:

Chemistry: *Dr. W. B. Tuck and Mr. H. C. H. Candy, or, failing him, Dr. H. R. Le Suer, together with the external examiners, Dr. H. R. Le Suer and Professor J. M. Thomson.

General Biology: *Dr. H. W. M. Tins and Dr. F. Drabble, together with the external examiners, Mr. A. Eastwood and Mr. J. T. Cunningham.

Physics: *Mr. W. H. White and Mr. F. Womack, together with the external examiners, Mr. A. Wood and Dr. F. L. Hopwood.

Anatomy: Professor J. E. S. Frazer and Professor W. Wright, together with the external examiners, Dr. W. L. H. Duckworth and Professor G. Elliot Smith.

Pharmacology: Dr. P. Hamill and Dr. V. J. Woolley, together with the external examiners, Professor H. J. Campbell and *Dr. Bansom.

Physiology: Professor J. Mellanby and Professor F. A. Bainbridge, together with the external examiners, Professor M. S. Pembrey and Professor J. S. Macdonald.

Applications for the University Chair of Physiology, tenable at King's College for Women, Household, and Social Science Department (salary of £800 a year), must be received by the Academic Registrar by June 30th, from whom further particulars can be obtained.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

AN Ordinary Council was held on June 10th, when Sir George Makins, President, was in the chair.

Results of Examinations.

Thirty-eight candidates admitted under the special war conditions passed the examination in anatomy and physiology for the Fellowship, and thirty-six were admitted under the ordinary conditions:

A. L. Abel, H. H. Bailey, J. A. Berry, O. Brenner, R. St. L. Brockman, D. J. Browne, A. G. Bryce, W. F. Christie, E. A. Coldrey, S. H. Cookson, V. M. Coppleston, H. Corsi, R. K. Dadachanji,

R. M. Dannatt, W. M. Dickson, T. F. M. Dilworth, C. F. T. East, J. A. W. Edden, D. J. Evans, G. I. Evans, W. C. Faull, A. W. Fawcett, L. R. Fifield, W. D. Galloway, A. T. Gibb, J. W. Gilbert, P. K. Gilroy, V. B. Gokhale, E. Grey, A. R. Gunne, S. G. Harrison, F. H. Healey, S. L. Higgs, J. P. Hosford, R. W. P. Hosford, F. Hudson, J. B. Hunter, I. B. Jose, N. J. Judah, G. L. Keynes, J. LeM. Kneebone, E. A. Linell, S. D. Lodge, J. Love, W. M. H. McCullagh, A. C. Maconie, N. S. Macpherson, W. C. B. Meyer, P. J. Moir, O. G. Morgan, D. F. A. Neilson, R. L. Newell, H. G. Oliver, L. F. O'Shaughnessy, S. T. Parker, E. J. Partidge, D. H. Patey, C. V. Patrick, P. P. Pughe, F. H. Scolson, S. C. Shanks, E. S. S. Smalpage, J. F. H. Stallman, C. Sturton, C. H. Terry, C. P. Thomas, J. W. T. Thomas, A. H. C. Visick, E. Watson-Williams, H. P. W. White, H. A. B. Whitelocke, O. H. Williams, A. D. Wright, H. B. Yates.

Diplomas of Fellowship were granted to thirty-nine candidates, of whom Mr. W. E. Le Gros Clark had passed the examination in November, 1919, before attaining the required age of 25 years. The other successful candidates were:

S. Forsdike, N. F. Sinclair, J. W. Adams, G. Gushue-Taylor, B. S. Simmonds, L. N. Reece, W. H. Ogilvie, A. N. Hooper, C. S. L. Roberts, K. H. McMillan, F. A. Williamson, A. C. Perry, H. W. Wright, J. R. Griffith, W. T. Warwick, N. J. Wigram, F. C. Mason, J. B. Hume, L. G. Higgins, Muriel E. Landau, J. Joffe, J. Whittingdale, J. Gilmour, W. E. M. Wardill, M. A. W. Moor, R. M. Handfield-Jones, A. L. Buchanan, N. Cantlie, J. H. Collier, H. R. Dew, R. Fowler, J. F. Gill, J. N. J. Hartley, R. A. Kerr, T. P. Noble, C. N. Smith, T. L. L. Sandes, M. H. Whiting.

Diplomas for the Licence in Dental Surgery were granted to twenty-one candidates.

Election of Examiners.

The following appointments were made:

FOR THE FELLOWSHIP.—Anatomy: J. Ernest Frazer, W. F. Haslam, Gordon Taylor, A. Ralph Thompson. Physiology: F. A. Bainbridge, J. B. Leathes, H. W. Lyle, A. R. Short.

CONJOINT EXAMINATION.—Elementary Biology: J. P. Hill, T. W. Shore. Anatomy: David Hepburn, F. G. Parsons, Arthur Thompson. Physiology: G. A. Buckmaster, H. E. Roaf. Midwifery: J. S. Fairbairn, Cuthbert Lockyer, G. D. Robinson, G. F. Darwall Smith. Public Health—Part I: Sir Frederick Andrews. Part II: F. N. Kay Menzies. Tropical Medicine and Hygiene: G. C. Low, H. B. G. Newham.

Presentation of Diplomas to Honorary Fellows.

The President reported that the five surgeons who were elected Honorary Fellows of the College on February 12th last would attend to receive their diplomas on Thursday, July 8th, and that the diplomas would be presented to them at 7.30 p.m. on that day, after which they would be entertained to dinner in the College by the Council. The Honorary Fellows are Dr. A. Depage (Brussels), Dr. Gosset (Paris), Dr. P. Duval (Paris), Dr. Finney (Baltimore), Dr. C. Mayo (Rochester, U.S.A.).

The Services.

HONOURS.

C.B.E.

Temporary Lieut.-Colonel Ernest William White, R.A.M.C., has been appointed C.B.E. (Military Division) in substitution for the award of O.B.E. (Military Division) announced in the Supplement to the *London Gazette* of June 3rd, 1919.

Mentioned in Despatches.

The name of Captain R. C. Clifford, D.S.O., M.C., I.M.S., attached 24th Punjab, I.A., has been brought to the notice of the Secretary of State for War for gallant and distinguished conduct in the field (dated January 1st, 1919).

A fifth Supplement to the *London Gazette* of June 8th, published on June 11th, contains further lists of mentions for distinguished and gallant services and devotion to duty in the fields of operations indicated. The lists contain the following members of the medical profession:

France.—Temporary Lieut.-Colonel C. S. Myers, C.B.E., F.R.S., R.A.M.C. Captains C. S. O'Neill, O.B.E., R.A.M.C., and R. W. A. Salmon, O.B.E., R.A.M.C., T.F.

East Africa.—Lieut.-Colonel R. Milner-Smyth, O.B.E., S.A.M.C. Temporary Lieut.-Colonel J. Grinsell, O.B.E., S.A.M.C. Major (temporary Lieut.-Colonel) W. V. Field, O.B.E., S.A.M.C. Captains (acting Major) S. J. V. Furlong, O.B.E., R.A.M.C.S.R., (acting Lieut.-Colonel) J. D. Kidd, O.B.E., M.C., R.A.M.C., and H. L. Duke, O.B.E., Uganda Medical Service.

India.—Lieut.-Colonels P. St. C. More, O.B.E., I.M.S., and J. J. W. Prescott, D.S.O., O.B.E., R.A.M.C. Temporary Lieut.-Colonel Raghabendra Row, O.B.E., I.M.S. Major and Brevet Lieut.-Colonel (temporary Colonel) F. A. P. Barnado, C.I.E., C.B.E., I.M.S. Majors (temporary Lieut.-Colonel) J. K. S. Fleming, O.B.E., I.M.S., G. D. Franklin, O.B.E., I.M.S., A. T. Frost, O.B.E., R.A.M.C., D. P. Johnstone, O.B.E., R.A.M.C., T. W. Minty, O.B.E., I.M.S., R. B. Nicholson, O.B.E., M.C., I.M.S., and H. W. Pierpoint, O.B.E., I.M.S. Captains (temporary Major) A. F. Babonau, O.B.E., I.M.S., (temporary Major) F. R. Coppinger, O.B.E., R.A.M.C., W. A. Frost, O.B.E., R.A.M.C., T. B. Heaton, O.B.E., R.A.M.C.(S.R.), C. H. Smith, O.B.E., I.M.S., (temporary Major) J. R. D. Webb, O.B.E., I.M.S. Temporary Captains J. Cairns, O.B.E., R.A.M.C., and S. K. Engineer, O.B.E., I.M.S.

North Russia.—Lieut.-Colonel T. McDermott, O.B.E., R.A.M.C. Captains (acting Major) W. N. W. Kennedy, O.B.E., R.A.M.C.(T.F.), and J. Renwick, O.B.E., R.A.M.C.

Salonica.—Captain (acting Major) B. L. Davis, O.B.E., R.A.M.C.(T.F.). Temporary Captain (acting Major) F. B. Brown, O.B.E., R.A.M.C. Drs. (Miss) E. B. Holloway, O.B.E., and (Mrs.) A. M. Livingstone-Learmonth, C.B.E., M.B., attached to R.A.M.C.

Siberia.—Major F. J. Collins, O.B.E., C.A.M.C.

Amendments.—In a list of amendments to mentions in dispatches the following are correctly described, and not as printed in the *London Gazette* of the dates indicated: *France*, temporary Lieutenant E. W. Carrington, R.A.M.C. (February 17th, 1915). *Italy*, temporary Captain S. J. Darke, M.C., R.A.M.C. (May 30th, 1918). *Salonica*, Captain T. Carnwath, R.A.M.C.(T.F.) (July 21st, 1917); temporary Captain G. Hardwicke, R.A.M.C., attached 3rd (H.C.) Field Ambulance R.A.M.C.(T.F.) (January 12th, 1920).

FOREIGN DECORATIONS.

The following decorations have been conferred in recognition of valuable and distinguished services rendered during the war :

By the King of Italy.

Order of the Crown of Italy.—Commander: Dr. Alexander Granville, C.M.G., British Red Cross Commissioner, Alexandria.

By the King of the Belgians.

Order of Leopold II.—Commander: Professor G. H. F. Nuttall, M.D., F.R.S. *Médaille du Roi Albert*: Colonel George Abraham Moore, C.M.G., D.S.O.

R.A.M.C. REGULAR OFFICERS' GRATUITY.

A NEW Royal Warrant lays down that Captains of the R.A.M.C. who are given permanent commissions in the corps subsequent to May 25th, 1920, must complete eight and a half years' total commissioned service in order to qualify for the gratuity of £1,000 payable under Article 597 of the Royal Pay Warrant to officers permitted to retire.

DEATHS IN THE SERVICES.

LIEUT.-COLONEL ALFRED ERNEST ROBERTS (retired) died in Guy's Hospital on May 20th, aged 60. He was born on December 3rd, 1859, the son of the late Mr. Andrew Thom Roberts, master printer, of Hackney. He was educated at Aberdeen, where he graduated M.B. and C.M. with honours in 1884, and at the London Hospital. He took the diploma of M.R.C.S. in 1887, and the D.P.H. at Cambridge in 1898. He entered the I.M.S. as surgeon on October 1st, 1887, passing first into and out of the Army Medical School at Netley; he retired as lieutenant-colonel on April 21st, 1908. After four years' military duty he went into civil employ in the North-West, now the United Provinces, in 1891; in May, 1899, he was appointed special health officer of Simla; in April, 1904, statistical officer to the Government of India in the sanitary and medical departments; and in September, 1904, secretary to the Director-General, a post which he held till his retirement. He served on the North-West frontier of India in the Hazara campaign of 1898, receiving the frontier medal with a clasp. He was the author of a short work on *Sanitation in India* (1891), and of a monograph on *Enteric Fever in India* (1906).

Brigade Surgeon Joseph Francis Barter, Madras Medical Service (retired), died at Ealing on June 1st, aged 87. He was the son of William Barter, of Fort William, co. Cork, was born in June, 1832, took the L.R.C.S. Edin. in 1858, and entered the I.M.S. as assistant surgeon on July 27th, 1859, attaining the rank of Brigade Surgeon in 1886, and retired on April 21st, 1890.

Inspector-General George MacLean, R.N.(ret.), died at Hampstead on May 31st. He was educated at Aberdeen, where he graduated M.A. in 1859 and M.B. and C.M. in 1862. Entering the navy soon after, he attained the rank of Inspector-General of Hospitals and Fleet on April 5th, 1898. He had received the Sir Gilbert Blane medal.

Medical News.

THE annual general meeting of the Research Defence Society will be held at the house of the Medical Society of London (11, Chandos Street, Cavendish Square) on Wednesday next at 3.45 p.m. The president, Lord Lamington, will be in the chair, and Lieut.-Colonel R. McCarrison, I.M.S., whose British Medical Association Lecture is published at page 822, will give a short address on vitamins and their relation to health. The attendance of persons interested is invited.

THE Incorporated Society of Trained Masseuses will hold a conference in London on June 24th, 25th, and 26th. The proceedings will be opened by an address on "The art of healing" by Professor Arthur Keith. Sir Charles Ballance will give a lantern demonstration on the healing process in nerves; Mr. H. Chapple, F.R.C.S., will discuss massage and exercises in the puerperium; and Mr. E. B. Clayton, M.B., will give a demonstration on crawling exercises for scoliosis. Particulars can be obtained from the secretary of the society, 157, Great Portland Street, W.1.

THE draft statutory regulations of the Board of Education, dated March 19th, dealing with medical inspections and treatment in secondary schools and other institutions for higher education, have been confirmed. Their chief provisions were summarized in our issue of April 24th (p. 581).

THE annual meeting for the election of officers and council of the Royal Society of Medicine will be held on Wednesday, July 7th. The council has nominated Sir John Bland-Sutton as president, and Dr. A. M. H. Gray, C.B.E., and Mr. W. Girling Ball as honorary secretaries.

THE Society of Tropical Medicine and Hygiene was founded in 1907, with Sir Patrick Manson as president and Sir Ronald Ross as vice-president. The King has now commanded that it shall be known as the Royal Society of Tropical Medicine and Hygiene. The society is not confined to medical men, and there are many veterinary practitioners among its Fellows, who now number 660. The president is Professor W. J. Simpson. The subscription has been raised to £1 11s. 6d. All particulars can be obtained from the Secretary, 11, Chandos Street, W.1.

DR. DAWSON TURNER has been reappointed extra medical electrician (for radium cases) to the Edinburgh Royal Infirmary for a further period to October, 1922.

THE Rubber Growers' Association offers a number of prizes (the first of £1,000) for the best ideas and suggestions for extending the present uses or encouraging new uses of rubber. Particulars can be obtained from the Secretary, at 38, Eastcheap, London, E.C.3.

THE Ministry of Food and the Ministry of Health announce that on and after June 13th an extra ration of sugar for a child under 2 years of age may be obtained by forwarding to the local food office a medical certificate stating that an extra ration is necessary. Formerly extra sugar could be obtained for such children only as were attending a child welfare centre; it is now available for others, and the certificates may be signed by the medical officer of the centre or by any other duly qualified practitioner.

A VACATION post-graduate course will be held at the North-East London Post-Graduate College (Prince of Wales's General Hospital, Tottenham, N.15) from Monday, July 19th, to Saturday, July 31st, inclusive. It will comprise demonstrations on clinical methods, including laboratory methods of the examination of cases in the mornings, and in the afternoons demonstrations on groups of illustrative cases, general hospital practice in the various departments, and clinical lectures and consultations. On Saturday mornings clinical demonstrations will be given in affiliated special hospitals. The fee for the course is three guineas, or two guineas for either week. Further particulars may be obtained from the Dean at the hospital, or at 19A, Cavendish Square, W.1.

A LECTURE given by Mr. F. L. Hoffman, LL.D., Statistician to the Prudential Assurance Company of America, at a meeting of the American Medical Association, of which he is an associate fellow, has been reprinted under the title *Is Leprosy Increasing?* As the result of a statistical inquiry Dr. Hoffman concludes that in the United States at the present time there are at least 250 cases, and possibly between 400 and 500. This estimate is smaller than the previous ones, but the available evidence seems to justify the conclusion that the disease is very slowly increasing, and that new foci of leprosy are being formed, and constitute a serious menace; during the last four years nearly 250 cases have been reported. Provision has been made by Congress for the erection of a "leprosarium" in Florida, but Dr. Hoffman believes that at least three new institutions are required. It is suggested that the time is opportune for holding another leprosy conference in continuation of the international meetings held at Berlin in 1897, and in Bergen in 1909. In appendices are collated the most recent statistics of leprosy in India, Cuba, Porto Rico, Brazil, Venezuela, Hawaii, and the Panama Canal zone.

A GENERAL meeting of the Tuberculosis Society of Great Britain and Ireland will be held at Cardiff on Saturday, June 26th, when papers will be read by Dr. J. Brownlee, Dr. H. de Carle Woodcock (president), Dr. H. Ellis, and Dr. A. Sandison. There will be a dinner in the evening at which the English members attending will be guests. On the following day members will have an opportunity of visiting the Talgarth Sanatorium, Breconshire, or the Glan Ely Hospital, Cardiff, as may be more convenient. Full particulars can be obtained from Dr. F. J. C. Blackmore, 39, Woodland Terrace, Old Charlton, S.E.7.

A VIOLENT outbreak of plague has occurred at Czernovitz, and many hundred deaths have been reported.

PROFESSOR GIUSEPPE GUICCIARDI of Reggio Emilia has assumed the editorship of the well known journal of psychiatry, *Rivista Sperimentale de Freniatria*, which had been edited for nearly fifty years by the late Professor Augusto Tamburini.