

The indications seemed to point to hexamine being of value. The cause of death seemed to be the result of the rupture of one of the constrictor muscles of the pharynx, due to extreme spasm, causing subcutaneous emphysema, with resulting cellulitis and aspiration pneumonia.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

CARDIAC MASSAGE IN RESUSCITATION.

PROFESSOR GUNN'S most interesting article on "Massage of the heart and resuscitation," in your issue of January 1st, 1921, leads me to think that it will be of interest to record a case which supplements his experimental findings by some clinical observations.

An adult female, suffering from carious teeth. General anaesthesia was induced with ethyl chloride, and three teeth were extracted without difficulty. Cessation of respiration and sudden pallor immediately ensued. Ether was injected subcutaneously and artificial respiration begun. As the pallor increased, the heart was auscultated and found to have stopped. Artificial respiration was persisted in for about three minutes from the time of cessation of respiration in the hope that the cardiac inhibition would prove a temporary one, but it was of no avail. The abdomen was then opened, and cardiac massage begun. With the other hand artificial respiration was maintained by simple compression of the chest. Pituirin 1 c.cm. was given subcutaneously. Colour almost immediately returned to the face, showing the efficacy of the artificial circulation. After about five minutes' massage, feeble spontaneous heart beats were felt, and were supplemented at intervals by massage. About two minutes later several deep spontaneous respirations were made in rapid succession. This was at once followed by arrest of the heart and respiration also stopped again. Cardiac massage and artificial respiration were persisted in for forty-five minutes, during which time deep inspirations were made at intervals of about ten seconds—as in morphine poisoning. At first deep, they became shallower and more infrequent, and eventually ceased.

This case is of interest in the light of the theory which Professor Gunn has advanced. Professor Gunn suggests that certain cases of failure in resuscitation by cardiac massage and artificial respiration are due to vagus inhibition. In such a case the heart has commenced again to beat well, after massage; the paralysed central nervous system, including the respiratory and vagus centres, begins to recover; spontaneous respiration begins; then the vagus centre awakens, hyperexcitable after its paralysis, and cardiac inhibition results. From cardiac arrest due to this cause Professor Gunn states that he has been unable to resuscitate animals.

In the case described this sequence of events is closely followed. The heart was initially arrested by vagus inhibition, due to stimulation of the fifth cranial nerve. Cardiac massage and artificial respiration revived the brain. Spontaneous respirations began, immediately followed by cardiac arrest, presumably due to inhibition by the recovering vagus centre. If, as Professor Gunn recommends, atropine had been administered intravenously, it seems probable that this patient would have recovered.

Edinburgh.

NORMAN M. DOTT, M.B., Ch.B. Edin.

A CASE OF DELAYED ARSENICAL POISONING.

THE length of time (three months) which elapsed from the taking of arsenic to the fatal result, the large quantity taken, and the nature of the symptoms in the slow poisoning of the nerve tissues, all make this case of interest from a medico-legal point of view, though the taking of the drug was purely accidental, and not the slightest suspicion of attempted suicide ever arose.

Mr. X., aged 68, proprietor of a grocery establishment, who carried on also an extensive pharmacy, had been under my care for some time, suffering from enfeebled action of the heart, but not sufficient to prevent him from following his usual business. At 8 p.m. on February 23rd, 1920, he took by mistake for a preparation of magnesia, which he was in the habit of taking for indigestion, a heaped teaspoonful of arsenic mixed with hot milk; the quantity when weighed equalled 180 gr. Half an hour later he ate a hearty supper of porridge and milk. At midnight he began to vomit, had diarrhoea, and complained of a burning sensation in his stomach. The diarrhoea and straining continued with increased violence

until 3 a.m. When I arrived at 4 a.m. I found him cold, with thready rapid pulse. He was vomiting, and had watery diarrhoea with great tenesmus. Water was at once rejected; the temperature was subnormal, and the pulse 120. He complained most of cramps in his legs and intestines, and a burning feeling in the pit of the stomach, with vomiting and diarrhoea every few minutes. He was quite conscious, and wrote an account of how the accident occurred. I decided with Dr. D. C. Campbell, who had arrived also, that it would be useless to wash out the stomach now, but to relieve pain and restrain the diarrhoea and tenesmus we gave him an enema of a drachm of tincture of opium and one of starch. This relieved these symptoms and the cramps in the legs. He was given albumin water by the mouth during the rest of the night, and then milk and barley water. There was only one motion of the bowels, and this not until late in the evening. When next seen, about 10 a.m., the temperature was normal, and the pulse 100. He was very restless, and complained of fidgets in the legs but no cramps. The conjunctivae of both eyes were slightly congested. No urine was secreted; a rubber catheter was passed, but no urine was found in the bladder. He was then seen by Dr. H. McKisack, and diuretics were ordered, with mustard and linseed poultices to the loins in order to encourage the action of the kidneys and assist in the elimination of the poison. Magnesium sulphate was also given freely. This had the desired effect, and urine was freely passed. The patient was now able to be up and about, and soon was walking in his garden; eventually he even walked down to my house.

The first untoward symptom that showed itself was a feeling of pain in both arms and forearms which he compared to neuralgia, for which he was given phenacetin and aspirin, with massage. This increased to a feeling of numbness in the parts supplied by the radial nerves of both hands, so that he was unable to hold a cup or spoon firmly, but he was still able to walk. Dr. McKisack, who again saw him with me, suggested in addition to the potassium iodide which he was now taking, and the massage, that he should have a continuous current applied, and for this reason he was removed to a nursing home in Belfast on April 30th. He was then able to walk, but said his feet felt as if he were walking on wool. Very soon after he was brought there he was found to be ataxic in his gait; he was unable to stand upright if his eyes were closed, or to make an attempt to walk if his eyes were closed without falling. The knee-jerks gradually became lost and ankle clonus appeared. He became slowly but steadily worse, hypostatic pneumonia developed, and death took place on June 13th by slowly ascending paralysis. Up to the end arsenic could be found in the urine.

GEORGE ST. GEORGE, M.R.C.P.I., L.R.C.S. Edin.,
Surgeon, County Antrim Infirmary, Lisburn.

A TUMOUR OF THE NECK.

THE following case may be of interest, especially from a diagnostic point of view:

Mrs. W. was admitted to the Wakefield Hospital in March, 1920. For five years she had suffered from an enlarged tonsil (right). At intervals she had acute attacks accompanied by pain and increased difficulty in swallowing, which subsided after the discharge of pus. It was ascertained afterwards that the pus came, not from the tonsil, but from the ear. Recently the tonsil had become larger, and the swelling appeared under the lobule of the ear, and another in the submaxillary region.

On examination, there was a swelling about the size of a chestnut just below the lobule of the ear, which seemed to fluctuate. There was another similar swelling in the submaxillary region. The mouth could be opened easily, and the so-called enlarged tonsil was seen to project from between the pillars of the fauces and extend across the pharynx, leaving only a small space on the left side for the passage of food. The mucous membrane covering it was of normal colour, and palpation of it caused no discomfort.

A curvilinear incision was made behind the angle of the jaw, revealing almost immediately a solid tumour which proved to be the size of a duck's egg, and of similar shape, except where an outgrowth, softer than the rest of the tumour, passed outwards towards the lobule of the ear. The tumour was shelled out with ease, save perhaps where various seekers after pus had pursued their vigorous

investigations. On the outer pole was the attenuated submaxillary gland, and on the inner a trophic tonsil. Microscopic examination of the tumour showed the presence of fibrous tissue, cartilage, muscle, fat, and some epithelial elements. Recovery was uneventful.

Wakefield.

J. W. THOMSON.

Reports of Societies.

ADVANCING YEARS AND BALNEOTHERAPY.

SENESCENCE in general and from the balneotherapist's point of view was the subject of Dr. G. L. PARDINGTON's presidential address delivered to the Section of Balneology and Climatology of the Royal Society of Medicine on January 27th. After a concise survey of the atrophic and degenerative changes which made their appearance with advancing years, he said that for the maintenance of physiological equilibrium and the prevention of functional failure, or its anticipation and the limitation of its effects, reliance must be placed on hygiene in the widest sense, including regulation of diet, methods of living, work, rest, and exercise. It was here that balneotherapy found one of its most effective uses. Balneotherapy he defined as the application to the body surface of thermal and mechanical stimuli by means of water, air, or rays of incandescent light; the effects of such stimuli varied with the temperature, duration of application, area involved, technique, and condition of the patient. The first four of these factors were under the physician's control, and the fifth called for his careful supervision.

The temperature of the skin, Dr. Pardington continued, averaged about 90° F., which point formed the zero of thermal stimulation. It might be that the effects of stimuli within the range from 78° to 98° differed specifically as well as thermally from those beyond either extreme. The duration of any balneotherapeutic procedure should vary inversely with the intensity of the thermo-stimulation, and this applied especially to the lower ranges of temperature. A few seconds would suffice for decidedly cold or hot applications, except in local measures such as douches, where mechanical effects were superadded. The duration of moderately hot or cold applications might be measured in minutes, while the neutral bath (95°) might be employed for half an hour for a general sedative effect. Generally speaking, those cutaneous areas which had the best vascular supply yielded the best response to cold applications. Precision in details of administration influenced very largely the attainment of the desired result. The bath chamber should be well ventilated and warmed to 75°. In measures involving percussion and vibration it was important that the force of water should be adequate—some 20 or 30 lb. to the square inch. A careful estimate should be made of the condition of the patient, more especially with reference to the cardio-vascular apparatus, the blood pressure, the possible existence of anaemia, and the state of lungs, kidneys, and excretory organs. Individual predisposition as well as age had to be considered.

Dr. Pardington then discussed indications and results. The effect of a cold general application was a contraction of the peripheral vessels of the skin and a general reduction in surface temperature. The effect on the peripheral terminations of the sensory nerves resulted in a powerful stimulation of the central nervous system. The respiratory centre was very largely stimulated, and the respirations after the initial shock were temporarily quickened. The pulse was also quickened and the blood pressure raised. Afterwards the reaction occurred, and the feeling of chilliness was succeeded by warmth and exhilaration. This was the expression of physiological resistance, and its complete attainment was the object to be aimed at in all general tonic measures. It was necessary to be alive to the possibility of untoward results, such as deficient reaction, indicated by pallor, coldness of skin and extremities, faintness, and giddiness, which called for hot drink and warm clothing; and excessive reaction, shown by over-excitation of the heart, throbbing headache, and profuse sweating, which might be met by a general cold application (from 80° to 65°). Such untoward reactions might be encountered immediately, but there were other manifestations more remote, such as

excessive tissue change, indicated by loss of weight, strength, and appetite, and by dyspnoea, which was generally due to some overlooked asthmatic affection. Cold tonic measures were usually best for the disordered metabolism which was often the initial phase in the disturbed conditions observed in advancing years, but such applications must be carefully graduated. The needle bath was one of the most useful means of treatment, as it could be regulated in temperature and duration with the utmost nicety. Where there was any tendency to cardio-vascular change extremes of all kinds were to be specially avoided, and tentative procedure was called for. Phlegmatic persons tolerated very well douches under suitable pressure. The sedentary were benefited by sudoriparous measures as well as by cold tonic treatment. The painful and stiff joints due to senile changes were much benefited by heat packs followed by cold douches. Turkish and Russian baths, especially the latter, were unsuitable in advancing years, particularly in the case of those unaccustomed to them, and all the advantages of such measures could be got equally well by hot air or vapour cabinet baths, or, better still, electric light cabinet baths. Baths of indifferent temperature (95°) were of special importance in senescence, especially in conditions of nerve irritability and insomnia, provided that reaction was carefully guarded against.

Dr. Pardington said, in conclusion, that he had been brought into contact with many people well advanced in years, some of them quite old, who had impressed him by their unusual vitality. They were people who had availed themselves regularly of a balneological course of treatment. Their vigour and alertness both of body and mind might be attributed to a lifelong observance of all the physiological commandments, but he knew that in the case of some of them this was not so, and he had been forced to the conclusion that balneology explained to a large extent their high standard of health. It was the case of these valetudinarian veterans which had suggested the theme of his address.

TESTICULAR DISEASE FOLLOWING TRAUMA.

At a meeting of the Medico-Chirurgical Society of Edinburgh on January 19th, Emeritus Professor F. M. CAIRD presiding, Mr. CHARLES W. CATHCART read a paper on epididymitis and orchitis from muscular strain, followed by tuberculosis of the epididymis. The problem was twofold: First, could a severe muscular strain of the abdominal wall set up acute epididymitis and orchitis; and secondly, could this acute inflammation excite sub-acute tuberculosis of the affected parts? The following case from his own experience was typical, and was both of surgical and medico-legal interest.

A young miner, aged 21, and previously in perfect health, strained himself in attempting to lift a heavy weight. At once there was sharp pain in the lower abdomen on the left side, and very soon a "gripping" pain in the left testicle, associated later with nausea. He then noticed himself that the scrotum was swollen and reddened, and this was confirmed by his doctor a few hours later. Some days later the left testicle was found to be swollen and tender, this subsiding in a few days. But two weeks later pain returned very severely, swelling increased, and after a month an abscess was incised, which was found to be due to a tuberculous epididymis (left).

Mr. Cathcart reviewed fourteen similar cases from the literature and from private records. In some of these there was passage of blood per urethram; but in most this was absent. The effects on testicle and epididymis varied—in some a transient swelling, in others subsequent atrophy or chronic inflammation. It seemed clear that a simple muscular strain could produce such injuries, and that they were analogous to the strains and ruptures of ligaments and muscles, and to the sudden hernias, of healthy people. As to the mechanism of production of the lesion there were two theories. Hilton's view was that there was a rupture of the vas deferens; while the view of Barthélemy and others was that torsion of the vas took place, and this could account for all the symptoms, including that of urethral bleeding. The speaker on the whole favoured the "torsion" theory in the majority of such cases. In Lapointe's 34 cases of torsion of the vas deferens there was no history of trauma or effort in 6; while in 19 there was some strong sudden contraction of the abdominal muscles. The variation in the symptoms as to rapidity of

Stanley Griffiths has concluded that there is some relation between attenuation of the virulence of the tubercle bacillus and the proximity of the lesion to the surface of the body, but I think that the actual suppuration of the gland has a great deal to do with the immunity of the subject against pulmonary tuberculosis. The tonsils are regarded as one of the first lines of defence against the tubercle bacillus, and are commonly the site of tuberculous lesions, but in a large series of bacteriologically verified cases of pulmonary tuberculosis I have noticed that there is practically never any enlargement of these glands. In the few cases in which some enlargement has been noticeable it has only been slight. If other tuberculosis and school medical officers have had similar experiences they would form a strong argument against the indiscriminate removal of the tonsils.—I am, etc.,

W. H. DICKINSON,
Newcastle-upon-Tyne, Jan. 31st. Tuberculosis Medical Officer.

Universities and Colleges.

UNIVERSITY OF OXFORD.

Certificate in Practical Ophthalmology.

THE Board of the Faculty of Medicine gives notice that in and after Michaelmas term, 1921, candidates for the Final B.M. Examination will be required to submit a certificate of attendance at a course of practical instruction in ophthalmology, which included not less than twenty meetings during a period of three months, at an ophthalmic clinic recognized by the Board.

A decree was passed in Congregation on January 25th authorizing the continuance of the stipend of a woman demonstrator in the Department of Human Anatomy.

UNIVERSITY OF CAMBRIDGE.

The M.Ch. Degree.—On January 27th Mr. G. E. Wherry, on behalf of the Special Board for Medicine, brought forward a report containing proposals for raising the dignity and status of Masters of Surgery, of whom there are now only 27. He recalled the fact that until the late war this coveted degree was known by the distinctive initials "M.C.," which were then changed to "M.Ch.," in order to avoid confusion with recipients of the Military Cross. It was felt that some compensation was due to these distinguished surgeons and teachers, and the suggestion had been made that a Doctorate of Surgery should be set up. The Regius Professor of Physic, Sir Clifford Allbutt, emphasized the searching nature of the examination for the M.Ch. degree, remarking that it was exceeded in severity by the examination for no other university degree. Pending the establishment of a Doctorate, he felt that a genuine grievance might be met by revising the order of precedence in the interests of holders of the M.Ch. degree and by granting them special academic dress. At present Masters of Surgery rank in the order of presentation for degrees after Doctors in all faculties, and after Bachelors of Divinity, Masters of Arts, and Masters of Law; they wear the gown and hood of M.A.'s.

Readership in Experimental Psychology.—A Congregation held on January 28th approved the recommendation of the General Board of Studies that Dr. C. S. Myers, F.R.S., who for the past fourteen years has been University Lecturer in Experimental Psychology, should be appointed University Reader in that subject for a period of five years. With this appointment the University Lectureship lapses.

The following medical degrees have been conferred:

M.B., B.Ch.—P. Lazarus-Barlow, E. B. Verney.
M.B.—E. P. Hicks.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

An ordinary Comitia of the Royal College of Physicians was held on January 27th, with the President, Sir Norman Moore, in the chair.

The following were admitted to the membership of the College:

John Maurice Hardman Campbell, M.B.Oxon., James Henry Dible, M.B.Glasg., Maurice Gilbert Hannay, M.D.Brux., L.R.C.P., Bernard Hart, M.D.Lond., L.R.C.P., Frederick Greig Hobson, M.B.Oxon., L.R.C.P., Charlotte Alice King, M.D.Lond., Douglas McAlpine, M.B.Glasg., William Edward Robinson, M.D.Oxon., L.R.C.P., Matthew Sidney Thomson, M.B.Camb., L.R.C.P., William Wrangham, M.D.Lond., L.R.C.P.

Jointly with the Royal College of Surgeons, diplomas in (a) public health, (b) tropical medicine and hygiene, (c) psychological medicine, (d) ophthalmic medicine and surgery were granted to the successful candidates.

Dr. A. P. Beddard, Dr. A. J. Hall, Dr. J. W. Russell, Dr. F. Gowland Hopkins, were elected, on the nomination of the Council, councillors to take the place of Dr. Hamer, Dr. Voelcker, Sir Percival Horton-Smith-Hartley, and Dr. Caiger, who retired by rotation.

The President announced that he had appointed Dr. Herbert Spencer to deliver the Harveian Oration and Dr. Michael Graham the Bradshaw Lecture in 1921, and that the Council has appointed Dr. Major Greenwood to deliver the Milroy Lectures in 1922.

A report dated January 4th, 1921, from Sir Humphry Rolleston

and Dr. R. O. Moon, representatives of the College at the celebration of the Centenary of the Académie de Médecine de Paris, held December 20th–22nd, 1920, was received. A medal presented to Sir Humphry Rolleston by the Académie de Médecine was offered by him to the College. The gift was accepted, and the thanks of the College voted to him.

A report from the Representative of the College on the General Medical Council concerning the session held in November, 1920, was received and entered on the minutes.

After some formal College business the President dissolved the Comitia.

Diplomas.

Diplomas in the subjects indicated were granted in conjunction with the Royal College of Surgeons of England to the following candidates:

PUBLIC HEALTH.—P. F. Alderson, Madeleine S. Baker, T. B. Batchelor, W. W. Boyce, J. W. Caton, H. W. Catto, K. Comyn, T. A. Fuller, K. A. Gandhi, D. H. Geffen, E. St. G. S. Goodwin, D. N. Gore, A. J. B. Griffin, P. H. Henderson, Eileen M. Hewitt, E. T. Holden, P. G. Horsburgh, T. S. Keith, N. S. Kotwall, T. A. Lawder, J. T. Macnab, A. N. R. McNeill, C. T. Maitland, Mary Martin, J. S. Ranson, H. J. Simson, O. C. S. Tandy, A. Viney, A. S. Wakely, A. Woolcombe.

TROPICAL MEDICINE AND HYGIENE.—G. V. Allen, J. Anderson, S. C. Basu, C. J. Caddick, W. B. A. K. Cullen, A. Dasgupta, A. A. Denham, A. M. El-Kirdany, R. E. Flowerdew, C. H. Heppenstall, L. C. D. Hermite, F. V. Jacques, Z. Khaled, P. T. Liang, R. H. Liscombe, A. R. Mehta, A. S. Paranjpe, H. B. Parker, A. H. Patel, Evelyn B. Salter, R. Silcock, S. Somasundaram, W. R. Taylor, A. S. Westmorland, H. G. Wiltshire.

OPHTHALMIC MEDICINE AND SURGERY.—J. R. Anderson, R. S. Candlish, K. M. Labiebe, W. O. Lodge, B. H. Pesikaka, S. A. Rahim, G. Zachariah.

PSYCHOLOGICAL MEDICINE.—M. Dia, E. D. T. Hayes, O. S. Martin, H. W. Parnis.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

THE Hunterian Oration will be delivered in the theatre of the College by Sir Charters J. Symonds, K.B.E., C.B., on Monday, February 14th, at 4 p.m.

The Arris and Gale Lecture on the cause and prevention of myopia will be delivered on Wednesday, February 16th, at 5 p.m., by Dr. F. W. Edridge-Green, C.B.E., F.R.C.S.

A Hunterian Lecture on a research into the pathology and etiology of loose bodies composed of cartilage or of cartilage and bone occurring in joints will be delivered on Friday, February 11th, at 5 p.m., by Mr. A. G. Timbrell Fisher, M.C., M.B., F.R.C.S.

Two Hunterian Lectures on the surgery of the peripheral nerve injuries of warfare will be delivered by Mr. Harry Platt, M.S., F.R.C.S., on Monday, February 7th, and on Wednesday, February 9th, at 5 p.m.

CONJOINT BOARD IN SCOTLAND.

THE following candidates have been approved at the examination indicated:

FINAL EXAMINATION.—Medicine and Surgery: D. J. H. Ferdinando. *Medicine and Midwifery:* Pauline Fidor, R. E. Hopson, J. B. O'Neill. *Medicine:* H. Brown, L. H. Peries, G. ap V. Jones. *Surgery:* J. Murray. *Midwifery:* J. S. A. Rogers, J. J. McDonald. *Medical Jurisprudence and Public Health:* W. A. M'K. Gibson, J. H. Dobbin, C. T. Williams, Marguerite M. I. Swanson, P. J. D. Dyce, J. Readdie, R. E. O'Keeffe, P. E. Malloch, Marjory J. A. Ogilvie, A. G. Thom, A. R. Lambie, T. Kelarkan, D. R. Cilliers, J. A. H. Dykes, E. J. Sykes, T. F. Kelly.

The following candidates were admitted L.R.C.P.E., L.R.C.S.E., L.R.F.P. and S.G.:

R. A. Cooper, F. J. D. Cass, G. J. D. Hammond, G. J. Murray, J. Shulman, J. H. Wilson, A. Cuthbertson, M. H. Carleton, H. G. Fitz-Maurice, A. F. Caddell, P. Parthasarathy, W. G. Carew, J. Black, A. Tirumalai, P. M. Fernando, J. B. van Cuylenburg.

Obituary.

WILLIAM L. ROBERTSON, M.C., M.B., Ch.B., F.R.C.S.Ed., Surgeon, Dundee Royal Infirmary.

We much regret to announce that Mr. William L. Robertson, M.C., of Dundee, died on January 24th in his 39th year, from septic poisoning due to a needle prick, during the performance of an operation at the Royal Infirmary.

After graduating M.A. at St. Andrews University he proceeded to Edinburgh University, where he took the degrees of M.B., Ch.B. in 1905; he obtained the diploma of F.R.C.S.Edin. in 1907. After serving as resident surgeon at the Edinburgh Royal Infirmary, the Chalmers Hospital, and the Hospital for Sick Children, Edinburgh, he became honorary assistant surgeon at the Dundee Royal Infirmary, and subsequently clinical tutor at University College, Dundee. Mr. Robertson, who was a captain in the 3rd Highland Field Ambulance, went to France with that unit in 1914, and later received a staff appointment in the 51st Division. He was twice mentioned in dispatches, and was awarded the Military Cross. On being transferred to the Italian front he was appointed to No. 24 Clearing Station, and later given command of No. 70 Field Ambulance; he terminated his work on that section

as A.D.M.S. At the conclusion of the war he was appointed a surgeon at the Orthopaedic Hospital at Bangour, and on returning to practice at Dundee was appointed full surgeon to the Infirmary and to the orthopaedic annexe. In December last he was appointed lecturer in clinical surgery at St. Andrews University, and succeeded Mr. D. M. Greig as surgeon to the Victoria Hospital.

Mr. Robertson's death, after only three days' illness, came as a great shock to his many friends and to the profession in the East of Scotland. He was a man of outstanding ability, absolute honesty and of a most lovable disposition. Ever ready to help, he combined a convincing manner with a most modest estimate of himself. The loss sustained by the medical profession in Dundee cannot at present be realized.

The Services.

HONOURS.

FOREIGN DECORATIONS.

THE King of the Belgians has conferred the Croix Civique, 1st Class, upon the following medical officers for distinguished services rendered during the course of the campaign: Major (temporary Lieut.-Colonel) Philip J. Marett, R.A.M.C., Captain Robert Wilkie Smith, R.A.M.C.(T.F.), and Captain Frederick Septimus Walker, R.A.M.C.(T.F.).

The name of Captain J. A. O'Driscoll, R.A.M.C., has been brought to the notice of the Secretary of State for War for valuable and distinguished services rendered with the British Military Mission in Siberia.

DEATHS IN THE SERVICES.

COLONEL OCTAVIUS TODD, C.B.E., A.M.S. (retired), died at Southsea on October 18th, 1920, aged 68. He was born in India, educated at Aberdeen, where he graduated M.B. and C.M. in 1878, and entered the army as surgeon on March 6th, 1880, attaining the rank of lieutenant-colonel after twenty years' service, and that of colonel on April 4th, 1906; he retired on July 1st, 1909. He served in the South African war, 1900-1902, and held the temporary rank of colonel while serving as P.M.O. of a division of the field force from May 2nd, 1900. He took part in the relief of Ladysmith, the actions at Vaal Krantz, Tugela Heights, and Pieter's Hill; operations in Natal, including action at Laing's Nek; and operations in the Transvaal; was four times mentioned in dispatches, in Sir Redvers Buller's dispatches of June 19th and November 9th, 1900, and in the *London Gazette* of February 8th, 1901, and July 29th, 1902; and received the Queen's medical with five clasps and the King's medal with two clasps. During the recent war of 1914-18 he was re-employed in England, and received the C.B.E. on June 3rd, 1919.

Medical News.

THE first meeting of the newly formed Brooklyn Cardiological Society was held recently under the chairmanship of the president, Dr. William J. Cruikshank. Among the honorary members are Dr. Thomas Lewis, F.R.S., London, Sir James Mackenzie, F.R.S., Aberdeen, and Dr. W. T. Ritchie, Edinburgh.

A SPECIAL course of lectures on fevers, their clinical and epidemic features, and measures for their prevention and treatment, will be given at Charing Cross Hospital Medical School by Dr. William Hunter, C.B., on Thursdays, February 10th, 17th, and 24th and March 3rd and 10th at 4.30 p.m. The lectures are free to medical practitioners and students of medicine.

DR. F. E. WYNNE, M.O.H. for Wigan, has been appointed M.O.H. for Sheffield, in succession to Dr. Scurfield. He has devoted himself to public health work, and during the war was Divisional Sanitary Officer of the Egyptian Expeditionary Force. For a number of years he was honorary secretary and representative of the Leigh Division of the British Medical Association, and was intimately connected with the fine and successful fight the local profession put up for recognition in the matter of the staffing and working of the local hospital.

THE anniversary dinner of the Medical Society of London will be held at the Wharnccliffe Rooms, Hotel Great Central, on Tuesday, March 8th, at 7.30 o'clock.

A LECTURE on "The innervation of striped muscle fibres and Langley's receptive substance" will be given at the rooms of the Royal Society of Medicine (1, Wimpole Street, W.1) by Professor J. Boeke, of Utrecht, at 5 p.m. on Wednesday, February 16th, with Professor Bayliss in the chair. Four other Dutch lecturers will also give one lecture each in English; particulars will be announced later. Admission free, without ticket.

WE are asked to draw the attention of all medical practitioners and of hospital authorities to a woman calling herself Margaret Crawford, M.B., Ch.B. Leeds (or Margaret de Lancy Williams), whose arrest is sought on a warrant by the metropolitan police for alleged offences against the Medical Acts, 1858. It is possible that this woman will seek admission to some hospital or infirmary for the purpose of obtaining instruction in midwifery; and it is requested that any information concerning her should be communicated at once to the local police.

THE Hunterian Society annual oration will be delivered by Dr. H. H. Bashford, on "The ideal element in medicine," on Wednesday, February 16th, at 9 p.m., at the Sion College, Embankment, E.C. All members of the medical profession are invited to attend.

SIR NAPIER BURNETT, K.B.E., M.D., has been appointed a Knight of Grace in the Order of St. John of Jerusalem.

A SPECIAL course in ophthalmology, for graduates and advanced students, is being arranged to be carried on daily during May and June at the Hôtel-Dieu Hospital, Paris, under the direction of Professor F. de Lapersonne, assisted by a staff of specialists in different branches. The course will include clinical examinations, practical (operative) work, and laboratory work, and a special certificate will be issued by the Faculty of Medicine at the end of the course. The number taking the course will be limited to forty, the fee is 150 francs (approximately £3 at present), and intending members should write as soon as possible to the Secretary of the Faculty of Medicine, Paris.

A GENERAL meeting of the Medical Officers of Schools Association will be held at 11, Chandos Street, Cavendish Square, W.1, on Tuesday, February 15th, at 4.45 p.m., when a paper will be read by Dr. E. H. T. Nash on "School punishments."

DR. WILLIAM BENTLEY PURCHASE, M.C., has been appointed deputy coroner for the Eastern District of London.

THE second annual 19th Casualty Clearing Station dinner will be held on February 19th at the Refectory Restaurant, Golders Green, London, N.W. Those wishing to be present are asked to communicate with the Rev. E. C. Doddrell, 6, Alexandra House, Regent's Park Road, Finchley, N.3. The price of tickets is 15s.

THE second International Congress of Eugenics will be held in New York City from September 22nd to 28th. The Honorary President is Dr. Alexander Graham Bell, and the President Mr. H. F. Osborn. The Secretary-General is Dr. C. C. Little, American Museum of Natural History, New York City.

AS a result of the Peace Commemoration Appeal, St. Bartholomew's Hospital has received upwards of £132,000. The Governors have passed a resolution of thanks to Mr. A. F. Shepherd, who originated and organized the appeal.

A MEETING of members of the medical profession to discuss the advance of medical education in China will be held on Monday, February 21st, at 5.30 p.m., in the Barnes Hall, Royal Society of Medicine, 1, Wimpole Street, W.1. Among those who will be present are the Right Hon. Sir Clifford Allbutt, Sir Donald MacAlister, Sir Alfred Pearce Gould, and Sir Francis Champneys.

AT the meeting of the Royal Anthropological Institute, at 50, Great Russell Street, W.C.1, on Tuesday, February 8th, at 8.15 p.m., a lecture (with lantern illustrations) on tailed men will be given by Professor Arthur Keith, F.R.S.

DR. C. CHAPMAN GIBBES, on his appointment as consulting physician to the National Hospital for Diseases of the Heart, after twenty-three years' service as physician, has been presented by his colleagues on the staff with a silver salver, in token of their appreciation of his work. The out-patients also presented him with a silver salver.

THE municipality of Bucharest has changed the name of one of its streets in honour of Dr. J. Clunet, the French physician, who for several years took an active part in combating epidemic disease in Rumania.

PROFESSOR LUIGI CONCETTI, editor of the *Rivista di Clinica Pediatrica*, and a well known authority on children's diseases, has recently died. His successor in the chair of children's diseases in the University of Rome is Dr. T. Lozzatti.

THE *American Journal of Obstetrics and Diseases of Children*, which discontinued publication in February, 1920, has been succeeded by the *American Journal of Obstetrics and Gynaecology*, the first number of which appeared in November.