

the 4 cases which were tested. The lungs presented abnormal signs in 6 cases, but none of these could be labelled phthisis; cough was not complained of. The blood pressure was found to be high in some cases—for instance, 140 mm.—and low in others, and the same may be said of the pulse pressure. Retinitis was not present in any case. Some of the children were pale but others had rosy cheeks. In most cases albuminuria was the only abnormality.

Renal Efficiency Tests.

The urea concentration test was carried out on 7 patients; this test, described by MacLean,⁵ consists of giving urea by mouth and estimating its concentration in the urine one and two hours later.

In every case the renal efficiency was normal, both when albumin was present and when it was absent. The following tables give the results in detail:

| Patient. | Date. | Time. | Amount of Urine. | Albu- min. | Urea percent- age. |
|--|------------------|------------|------------------|---------------|--------------------------|
| V. W., aged 8. In bed. 10 grams urea given in 2 oz. water at 10 a.m. | 1920. Oct. 13 | 10 a.m. | c.cm. — | 0 | 1.1 |
| | " | 11 a.m. | 113 | 0 | 2.5 |
| | " | 12 noon | 78 | 0 | 3.1 |
| Same patient up; bed at 5 p.m. Same dose of urea at 4 p.m. | Oct. 22 | 4 p.m. | — | + | 1.0 |
| | " | 5 p.m. | 31 | ++ | 2.8 |
| | " | 6 p.m. | 40 | + | 3.6 |
| B. L., aged 9. 10 grams urea given at 2 p.m. Patient up and about. | Oct. 14 | Morning | — | 0 | 2.9 |
| | " | 2 p.m. | — | ± | 1.75 |
| | " | 3 p.m. | 51 | ± | 3.0 |
| | " | 4 p.m. | 40 | + | 4.5 |
| D. R., aged 6. 7.5 grams urea at 10 a.m. Patient up and about. | Oct. 25 | 10 a.m. | — | ± | 0.3 |
| | " | 11 a.m. | 173 | 0 | 0.8 |
| | " | 12 noon | 53 | 0 | 2.25 |
| E. L., aged 9. 10 grams urea at 10.15 a.m. Patient up and about. | Oct. 23 | 10.15 a.m. | — | + | 1.2 |
| | " | 12.15 p.m. | — | + | 2.35 |
| P. L., aged 13. 10 grams urea at 11 a.m. Patient up and about. | Oct. 27 | Morning | — | 0 | 1.1 |
| | " | 11 a.m. | — | + | 2.3 |
| | " | 12 noon | 46 | + | 2.8 |
| | " | 1 p.m. | 33 | 0 | 3.8 |
| H. H., aged 11. 10 grams urea at 3.5 p.m. Patient up and about. | Oct. 15 | 3.5 p.m. | — | + | 1.6 |
| | " | 4.5 p.m. | 16 | ± | 1.95 |
| | " | 5.5 p.m. | 62 | 0 | 2.65 |
| D. B., aged 15½. 5 grams urea at 9.45 a.m. Patient up and about. | Nov. 3 | Morning | — | 0 | 3.35 |
| | " | 9.45 a.m. | — | + | 0.6 |
| | " | 10.45 a.m. | 65 | 0 | 1.2 |
| | " | 11.45 a.m. | 24 | ± | 2.85 |
| M. H., aged 6. 5 grams urea at 10 a.m. Patient up and about. | Oct. 13 | 10 a.m. | — | + | 0.7 |
| | " | 11 a.m. | 51 | ++ | 1.5 |
| | " | 12 noon | 33 | ++ | 2.0 |

The following results in a case of chronic nephritis are given for comparison with the above. It will be seen that the kidneys are unable to concentrate urea to more than 1.1 per cent.

| Patient. | Date. | Time. | Amount of Urine. | Albu- min. | Urea percent- age. |
|---|------------------|------------|------------------|---------------|--------------------------|
| D. R., aged 5½. In bed. 7.5 grams urea at 11.30 a.m. and 12.50 p.m. | 1920. Oct. 14 | 11.30 a.m. | c.cm. — | 0.05 % | 1.0 |
| | " | 12.30 p.m. | 85 | ++ | 1.1 |
| | " | 1.30 p.m. | 85 | ++ | 0.75 |
| | Oct. 25 | 12.50 p.m. | — | ++ | 0.8 |
| | " | 1.50 p.m. | 71 | ++ | 0.7 |
| | " | 2.50 p.m. | 64 | ++ | 0.7 |

The blood urea test was not performed.

Diagnosis.

In children, as in adults, albuminuria is only one sign of nephritis. Intermittent albuminuria is scarcely likely to be mistaken for acute nephritis, for the amount of urine passed in the former is not diminished; it contains few, if any, casts and no blood, and there is no oedema; moreover, albumin is absent from the specimen passed on rising in the morning. The same features differentiate it from the hydraemic type of chronic nephritis (chronic parenchymatous nephritis). From the azotaemic type (chronic interstitial nephritis) it is distinguished by the fact that the amount of urine is increased and its specific gravity is low in the latter; also the cardio-vascular system may show changes and retinitis may be present. The urea concentration test gives normal values—that is, above 1.5 per cent. in the second hour—in intermittent albuminuria, whereas the figure is low in interstitial nephritis. It is said that during convalescence from acute nephritis albuminuria may be intermittent or orthostatic in type. Langdon Brown says that intermittent albuminuria may be differentiated from chronic nephritis by the fact that the administration of calcium lactate will check the former; this drug was tried in two cases, but had no effect. The albuminuria which occurs after violent exercise need not be discussed here.

Prognosis.

The prognosis seems to be largely a matter of personal opinion. Thus Taylor observes that bank clerks with orthostatic albuminuria are more often on sick leave than those without. Langstein sums up by saying, "There is a certain degree of inferiority in individuals affected with orthostatic albuminuria . . . as is illustrated by the fact that they are frequently a prey to tuberculosis." On the other hand, Clement Dukes,⁶ whose observations cover a long period, does not consider the outlook at all gloomy.

Conclusions.

1. Intermittent albuminuria is a common condition amongst children.

2. It is not a form of kidney disease.

3. It is called by so many different names, and there are so many theories about it that it is probably not a specific morbid entity, but a symptom of several diseases.

I am indebted to Dr. Boome for permission to publish the figures from Vauxhall Street School, and to the Headmaster, Mr. J. J. Thompson, for allowing me to test his boys and for the personal assistance he rendered in collecting the specimens.

REFERENCES.

- ¹ BRITISH MEDICAL JOURNAL, 1899, vol. i, p. 460. ² Ibid., 1904, vol. i, p. 831. ³ *Thérapeutique Clinique Infantile*, Bosc, 1912. ⁴ *Diseases of Children*, Pfaunder and Schiössinann. ⁵ *Lancet*, 1920, vol. i, p. 1305. ⁶ BRITISH MEDICAL JOURNAL, 1905, vol. ii, p. 848.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

AN UNUSUALLY VIRULENT VARIETY OF MICROSPORON.

A boy, aged 13, had ringworm patches on the scalp, face and neck in July, 1917. Mycelium was found in scales, and the microsporon collar on hairs. A younger brother soon acquired the disease in multiple patches. Cultures were readily obtained of the same organism in both.

Macroscopic: On wort agar at summer room temperature it forms a round pinkish colony elevated towards the centre where there is a dimple from which numerous fine ridges radiate outwards like the gills of a mushroom. In about a week the surface shows numerous spiky projections which gradually develop white tufted summits like sheaves of corn.

On potato the culture is snow-white and furry without ridges or red colour. On neutral malt extract gelatine growth is as on potato with liquefaction in fourteen days. Though growth is coarser on wort agar, the same elements are found on all three.

Microscopic: Mycelium distinct, branching and septate, colourless; in a seventy hours' culture the larger hyphae (2 to 3 μ) often show pyriform swelling at the septa; in older cultures some hyphae show multiple septation into oidium-like elements (pseudoconidia). The snow-white surface of culture consists of fertile aerial hyphae, many of them fasciculated into spiky projections, which branch near the tip to bear conidia. The conidiophores carry numerous colourless rounded conidia, 2 to 3 μ in diameter, unicellular, solitary, terminal, with a facet of articulation when detached. In hanging drop these readily

sprout. Chlamydospores are uncommon, usually arising by septation at the swellings on the hyphae. Septate spindles are infrequent, little divided or only bicellular, usually rough, 6 to 8 \times 15 to 30 μ in size, and often constricted at the septa.

No pectinate hyphae or conspicuously whip-like branchlets were seen. In these respects, in the absence of red colour on potato and in earlier liquefaction of gelatine, it differs from a typical microsporion. I attach more importance to the pyriform swellings on the mycelium than to any or all of these; and it is on this character, together with its special pathogenicity, that I rely for referring the organism to microsporion. There have been observed in the equine microsporion the smooth culture (endoconidial form) and the chalky culture (oospora or streptothrix form), and in most microsporions the well known downy culture (acladium form) and the septate spindle (macrosporion form). My description is that of a furry culture in which the branching conidiophore cannot belong to any of these, but may be referred to a depauperate verticillium type—for example, *V. nanum*.

Under pathogenic conditions the ringworms produce only mycelium and oidium-like elements (pseudoconidia). The latter are formed by multiple septation of the already sparsely septated mycelium, and serve for dissemination of the disease and for infection of others. In cultures there are always, as well as these, one or several of the conidial forms mentioned above. These conidia, suitable for dissemination by wind or animals, carry on the saprophytic life. Sporadic cases, especially after injury or a scratch, are suggestive, and we assume that sporotrichosis usually arises in this way.

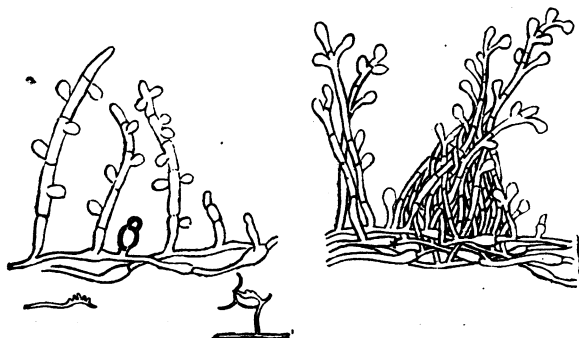
Fig. 1.—*M. audouini*.

Fig. 2.—New variety.

Fig. 1 shows *M. audouini*; Fig. 2 the new variety, with the projecting spike considerably shortened.

West Ealing.

ROBERT CRAIK.

RETENTION OF URINE DUE TO HAEMATOCOLPOS AND HAEMATOMETRA IN A CHILD.

I WAS asked to see a girl, aged 11, who was unable to pass urine. I found that the bladder was the size of an eight months pregnancy. She was removed to a private hospital near, and ether was administered. The vagina was found to be occluded by a thick leathery hymen. A catheter was passed and the hymen incised crucially; a large quantity of retained menstrual material evacuated under considerable tension. Recovery was uninterrupted. The mother was instructed as to the necessity for keeping the vagina patent.

This appears to be a rare cause of retention of urine in a child; naturally the absence of menstruation had given no cause for anxiety.

Malvern, Natal.

J. K. HAWORTH, M.S.Durh.

HERPES AND VARICELLA.

ON March 26th a solicitor, aged 78, consulted me for what he considered an attack of gouty eczema. I found him with a profuse herpetic eruption along the left anterior crural nerve. There was at that date one decapitated pustule on the forehead, but that I discounted because he had been using silver nitrate as a caustic for two adjacent moles. During the next few days, however, he developed successive crops, on scalp, trunk, and limbs, of what was to all appearances a typical varicella eruption. We have in the neighbourhood a certain number of cases of varicella at the present time.

Hove.

D

DONALD HALL.

Reports of Societies.

HYPERTONIC SALINES IN THE TREATMENT OF CHOLERA.

At a meeting of the Section of Tropical Diseases and Parasitology of the Royal Society of Medicine on May 2nd Sir LEONARD ROGERS gave a further account of results, obtained in India, of the hypertonic saline treatment of cholera. What he had to say on this occasion was almost entirely statistical. After a reference to his earlier papers on the subject (BRITISH MEDICAL JOURNAL, September 24th, 1910, page 835), he said that he proposed to bring forward more particularly that evening the evidence relating to the last five years covered by his records (1915-19), during which the treatment had been modified by the addition of alkalis. His communication will best be summarized by reproducing the table which he gave at the close:

| Period. | Method of Treatment. | Mortality. | Recovery. |
|-----------|--|------------|-----------|
| 1895-1905 | Rectal and subcutaneous salines... | 59.0% | 41.0% |
| 1906 | Normal salines intravenously ... | 60.9% | 39.1% |
| 1907 | Rectal and subcutaneous salines... | 59.5% | 40.5% |
| 1908-09 | Hypertonic salines intravenously | 32.6% | 67.4% |
| 1909-14 | Hypertonics plus permanganates | 25.9% | 74.1% |
| 1915-19 | Hypertonics plus permanganates and alkalis | 20.8% | 79.2% |

The patients dealt with in this last period (1915-19) numbered 1,429, of whom 298 died. A point on which he laid particular stress was the reduction of mortality from uraemia as the result of the use of alkalis.

Out of 592 cases treated without alkalis in 1911-14, the total deaths were 152, and the uraemia deaths 66, a proportion of uraemia deaths to cases of 11.1 per cent.; of 584 cases treated with alkalis in 1915-17, the total number of deaths was 115, and of uraemia deaths 19, or 3.25 per cent., showing a reduction of mortality from uraemia of 70.7 per cent.

Sir Leonard Rogers pointed out how many factors had to be reckoned with in making comparisons and arriving at prognostic indications. The figures must not be taken haphazard without regard, for example, to seasonal variation. Cholera mortality in India was highest at the end and beginning of the year, and lowest in the rainy season; thus in cases treated before the hypertonic saline method was introduced the mortality might be somewhere about 72 per cent. in December and 48 per cent. in July. The same seasonal curve of mortality held good in the cases treated by the hypertonic saline method, although, of course, the mortality as a whole was reduced. The same fact emerged from a study of the mortality in relation to age. The effect of the new treatment as given in the last four years covered by his records was greatly to reduce the mortality in the middle-age periods—for example between ten years and fifty years—though among the very young and the very old the mortality was still comparatively high. It was also necessary to take into account the stage of the disease at the time of the patient's admission. Sir Leonard Rogers showed tables correlating all these factors, as well as tables illustrating the corpuscular changes in the blood in cholera in relation to the effect of the injections, and, yet again, the records of rectal and axillary temperatures. Not until the rectal temperature was down to 98° F., or the axillary temperature to about 96°, did the mortality begin to be marked, but immediately below these levels it became very marked indeed. In another table he showed the number of saline injections per case and the mortality.

In 1912, when the cases showed the highest mortality in any year from 1912 to 1919 (31.7 per cent.), 71 per cent. of the patients had only one injection or no injection at all. Then the plan of increasing the number of injections was followed, and in the next year, when 42 per cent. had two injections, and 26 per cent. had three or four injections, the mortality fell to 24 per cent.; while in 1917, when the mortality was lowest in this group of years (14.6 per cent.), the cases which had three or four injections were 63.3 per cent. of the whole.

United Kingdom. He held the offices of secretary, vice-president, and president of the Ophthalmological Sections of the annual meetings of the British Medical Association in 1890 (Birmingham), 1894 (Bristol), and 1903 (Swansea) respectively.

Mr. Juler was a keen horseman, a keen motorist in the early days of motoring, and a keen golfer. Nothing delighted him more than to take a party of friends down with him either to Sandwich or to Richmond to enjoy a day's golf, or to assemble his friends around him at Cavendish Square. He was of an essentially hospitable nature, like the old doctor in the poem, "An upright man, who mixes pills, and likes to see his friends about him."

His increasing deafness had of recent years caused him to withdraw a good deal from association with any public work, but he continued to see patients in private until the end of the war, when he finally retired from practice.

PETER TYTLER, M.D. ABERD.

Consulting Surgeon to Ancoats Hospital, Manchester.

THE medical profession of Manchester has recently lost one of its oldest and most respected surgeons, Dr. Peter Tytler, consulting surgeon to the Ancoats Hospital. Dr. Tytler was born in 1850 at Milltown of Corsindae, Midmar, Aberdeenshire, where his father, William Tytler, was farmer. He was educated at the Midmar parish school and at the Grammar School, Aberdeen. He attended the arts classes in 1866 and 1868, and then studied medicine at the Aberdeen University; later he spent two summer sessions at the Edinburgh University. He graduated M.B., C.M., with highest honours, at the Aberdeen University in 1872, and took the M.D. in 1875. He also studied in Paris. He held the post of assistant medical officer at the Royal Asylum, Aberdeen, where one of his colleagues on the staff was Dr. William MacGregor (in later life Sir William MacGregor, Governor of New Guinea and of Newfoundland). Dr. Tytler was appointed house-surgeon to the Clinical Hospital (now Northern Hospital), Manchester, in 1873. Later he commenced general practice in Cheetham Hill, Manchester. He was elected honorary surgeon to the Ancoats Hospital, Manchester, in 1876, and held the post for forty years, being senior surgeon for many years. In 1916, on retiring from the active staff, he was appointed consulting surgeon. Thus he gave a very large proportion of his time and energies during the long period of forty years in purely honorary service to the Ancoats Hospital.

As a surgeon he often obtained very successful results. Early in his career he was much interested in trephining operations, and so long ago as 1852 published successful cases of compound depressed fracture of the skull treated by elevation and reimplantation of fragments. He also recorded a successful case of ruptured interstitial tubal pregnancy treated by suture of the fissure, and described a method of treating empyema by antiseptic plugging. One of his most successful operations (recorded in the BRITISH MEDICAL JOURNAL, February 7th, 1903) was in a case of marked compression myelitis, caused by spinal hydatid cysts. He removed fourteen hydatid cysts from the vertebral canal. Excellent results followed. Another of his cases, which was much discussed at the time in the district where he practised, was one of Caesarean section performed on a Jewish woman who had just died. With no instruments beyond those in his pocket case, he removed a living child from the uterus of the dead woman. The child lived to adult age.

Dr. Tytler continued his general practice, in addition to his heavy surgical hospital work, up to the end of his professional career. He had an extensive practice, which included a large number of Jews and foreign residents. He was beloved by all classes, British and foreign, and he was gratified to know that, during a serious illness some years ago, his recovery was prayed for by Catholics, Jews, and Protestants alike.

Dr. Tytler was a cheerful, kindly, warm-hearted Scotsman; fair-minded, sympathetic, and considerate; particularly good-tempered with patients and colleagues, and deservedly popular with both. He was a well built, tall, active man, and had a great love for his birthplace in Aberdeenshire, which he usually visited once a year. He worked very hard and took a keen interest in his profession during his forty-four years of active practice. But he remained up to the last young in heart, cheerful, and

optimistic; he was a fine example of the type of energetic intelligent men sent into the profession from the University of Aberdeen fifty years ago. He married in 1889 Emily, eldest daughter of John Neeld of Lichfield. In 1916 he retired from active practice, but took a keen interest in medical literature up to the end of life. Death occurred suddenly on April 9th from cerebral haemorrhage. He was buried on April 12th at the Southern Cemetery, Manchester.

THE death occurred on April 24th of Dr. CHARLES AUGUSTUS GREAVES, of Derby. He was born in April, 1842, the son of the late Dr. Augustus G. Greaves, and received his early education at the Derby Grammar School. He subsequently studied at St. Thomas's Hospital, where he was Cheselden gold medallist in 1863. He took the diplomas of M.R.C.S. and L.S.A. in 1863, and graduated M.B.Lond., with honours in medicine, midwifery, and forensic medicine, in 1865, and LL.B. in 1866. He had held the offices of house-surgeon and resident accoucheur at St. Thomas's Hospital, medical officer at the Derby Union Infirmary and H.M. prison at Derby, and also to the Derby Diocesan Training College. He was consulting physician to the Derbyshire Hospital for Children and the Derbyshire Royal Infirmary, an ex-president of the Midland Branch of the British Medical Association, and a member of the British Association for the Advancement of Science. He is survived by his widow, two sons and one daughter.

THE death is announced of M. HENRI DURET, one of the pioneers in France of the application of cerebral localization to surgery. He had attained the position of surgeon to the hospitals in Paris some thirty years ago, when he accepted a chair in Lille, where he spent most of his life. During the recent war he organized and directed several Red Cross hospitals, remaining at his post during the German occupation.

Universities and Colleges.

UNIVERSITY OF GLASGOW.

THE following degrees were conferred on April 26th:

M.D.—J. C. Young.
M.B., CH.B.—T. O. Howie, *I. Leishman, Annie M. Alexander, Marjorie M. Anderson, A. Barr, Rosa Bass, Elizabeth M. V. H. B. Bird, Elizabeth E. Brown, M. Brown, Ellen B. Cowan, D. R. F. Davidson, P. A. Faichney, Elizabeth J. Findlay, C. M. Forbes, Agnes M. Gibson, F. D. Gillespie, Mary A. Grant, Brunnhilde M. Grieve, W. M. Hamilton, G. Harvey, Nora G. Henry, Marion P. Hogg, P. Hutchison, T. H. Irvine, W. Jopp, W. L. Kennedy, W. M. Kennedy, Jane S. Knight, A. L. M. Adam, Moira E. N. MacAlpine, J. Macdonald, J. Macfarlane, W. M. Macfarlane, S. W. McGhee, D. L. Macintyre, K. Mackenzie, D. M. Macmillan, J. C. M'Naught, Laura M. D. Mill, A. M. C. Miller, J. M. L. Mitchell, N. M. E. Montgomery, G. W. Murray, J. S. M. L. Ord, D. Reid, J. Reid, A. M. Robertson, I. C. Robertson, K. M. Rodger, Kathleen E. H. Rutherford, J. Y. Scott, H. E. Seiler, J. Shanks, J. Shulman, A. W. Sinclair, L. Sive, Elizabeth H. M. Simmon, Christina S. Stoddart, W. R. F. Templeton, G. Tudhope, R. J. Watson, Lillian J. T. White, R. H. Williamson, G. S. Wilson, P. A. Wilson, Elizabeth Young.

* With commendation.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

AN ordinary quarterly Comitia of the Royal College of Physicians of London was held on April 28th, when Sir Norman Moore, Bt., presided. The following were elected to the Fellowship on the nomination of the Council:

Charles Oliver Hawthorne, M.D. Glasg., Arthur John Cleveland, O.B.E., M.D. Lond., Charles Herbert Melland, M.D. Lond., Joseph George Emanuel, M.D. Lond., Frank Harwood Jacob, M.D. Lond., Alfred Edward Barnes, M.B. Lond., John Prescott Hedley, M.B. Camb., James Aubrey Torrens, M.D. Lond., Alfred Joseph Clark, M.C., M.D. Camb., Anthony Feiling, M.D. Camb., Robert Hunter Steen, M.D. Lond., Charles McMoran Wilson, M.D. Lond., George Edgar Septimus Ward, M.D. Lond., John Beresford Leathes, M.B. Lon., F.R.S.

The following candidates having passed the required examinations were admitted to the Membership:

James Browning Alexander, M.D. Glasg., George Ashton, M.D. Manc., Percy Stanley Blaker, John Alexander Murray Bight, M.D. Liverp., Loswel Israel Braude Braunn, M.B. Lond., Ernest Alfred Broughton, M.B. Toronto, George S. aon Buchanan, M.D. Lond., Ruth Eden Conway, M.B. Manc., Arthur Joseph Eagle on, M.B. Lond., Ernest George French, M.D. Edin., Charles Brehmer Heald, M.D. Camb., Godfrey Taunton Hebert, M.D. Oxon., Arthur Hillyard Holmes, M.D. Manc., Alice Marion Hutcheson, M.D. Edin., Henry Wallace Jones, M.B. Liverp., John Wycliffe Linnell, M.D. amb., Charles Cyril O'Kelly, Donald Hugh Pater-on, M.B. Edin., Miles Kenneth Robertson, M.B. Camb., James Alfred Shorten, M.B., R.U.I., James Calvert Spence, M.B. Durh., Ernest Basil Verney, M.B. Camb., Cecil Charles Worster-Drought, M.D. Camb.

Licences to practise physic were granted to the following 103 candidates who, having conformed to the by-laws and regulations, had passed the required examinations:

*Dulcie S. Adkins, S. E. Amos, L. H. Appleby, G. Armi e, F. Back, E. T. Bailey, F. G. L. Barnes, G. M. F. Barnett, S. H. Barnett, D. E. Bedford, K. M. Bharucha, F. A. Bryning, *Mary Burfield, S. B. Chambers, P. Couacaud, F. C. Cozens, H. A. Crowther, C. K. Cullen, C. B. Dattie, F. E. C. Devegney, I. G. de Zilva, C. F. T. East, *K. St. V. Edwards, G. W. Elkington, R. W. Fairfax, S. Farris, *Katherine M. L. Gamgee, A. J. Gardham, *Janet K. Gatty, W. Göthe, J. B. Gregor, S. Grossman, A. B. Hacking, W. B. Hargreaves, *Eleanor Harse, W. E. Hayes, S. S. Hewitt, J. W. Hirst, R. W. P. Hosford, *Margaret O. Howell, B. L. Jeaffreson, W. D. Jenkins, D. E. Jones, J. T. Jones, M. Kamil, G. W. Karunaratna, *Mary E. Kennedy, M. Korn, J. H. Le Brasseur, R. Lee-Michell, *Bessie Levin C. G. Lewis, E. O. Lewis, W. B. A. Lewis, E. T. Lloyd, J. R. Lund, C. H. Maclain, *Dorothy McNair, *Henrietta A. C. Main, Sytze E. J. Miedema, *Sybil G. Mocatta, J. C. R. Morgan, B. S. Nisse, G. Noott, M. M. Ostrowick, R. J. Parry, E. F. Peck, F. A. Phillips, *Marjorie Pierce, *Cassie E. Pratt, W. S. Ratnave, H. L. Rayner, A. McK. Reid, J. Reith, *Edith M. Rooke, F. M. Rossiter, C. I. Schiff, C. G. Schoneboom, *Margaret Scott-Moncrieff, G. S. Sinnatamby, H. L. Slaughter, *Elfrida E. A. Spencer, H. E. Suter, K. Tagoe, H. B. Taylor, H. W. Taylor, C. P. Thomas, E. W. C. Thomas, B. W. Thompson, F. H. W. Tozer, J. P. Traylen, Frances I. G. Tweedie, W. G. D. H. Urwick, *Mary G. Vaughan, H. S. Ward, *Mildred Warde, Joan M. R. Warwick, J. F. Weakley, R. A. Webb, *Agnes E. Westwood, H. L. Willey, D. C. Williams, *Constance M. Willis.

* Under the Medical Act, 1876.

Diplomas in Tropical Medicine and Hygiene were granted jointly with the Royal College of Surgeons to the following twenty-one candidates:

J. O. Beven, F. X. Costello, A. Crawford, J. P. de la, W. M. Howells, Annie M. Mackay, C. T. Maitland, Mary Martin, M. Morrison, P. Parthasarathy, R. A. W. Procter, B. K. Ray, H. E. S. Richards, Mona M. Ross, C. L. Sahni, D. S. Scott, J. Ségal, L. Sen, P. N. Seth, R. G. Simpson, H. Smith.

Sir Norman Moore was re-elected a representative of the College on the General Medical Council.

Sir Wilmot Herringham was re-elected a representative of the College on the Senate of the University of London.

The Registrar gave notice that at the next College meeting he will move an addendum to the Regulation attached to By-law 217 (which prescribes the times of the several parts of the membership examination), as follows:

" Provided that when the number of candidates exceeds twenty, the President and Censors may fix such additional times for the clinical and oral examinations as may be required for the proper conduct of the examination."

Some formal reports were then received and the President declared the Comitia closed.

The Services.

R.A.M.C. FUND AND R.A.M.C. OFFICERS' BENEVOLENT FUND.

THE annual general meeting of the Royal Army Medical Corps Fund will be held in the Library of the Royal Army Medical College, Grosvenor Road, S.W., at 2.30 p.m., on Monday, June 13th, 1921. The Director-General will preside. It is hoped that all subscribers who can spare the time will be present, and will freely express their views on any point connected with the fund.

The annual general meeting of the Royal Army Medical Corps Officers' Benevolent Society will take place immediately afterwards.

Any officers desiring information regarding these funds are requested to communicate beforehand with the Secretary, Lieut.-Colonel E. M. Wilson, 76, Claverton Street, S.W.1 (Tel. Victoria 2722), so that there may be no delay in dealing with any questions asked.

TITLES OF RETIRED OFFICERS.

IN mentioning recently the death of Deputy Surgeon-General Oliver Codrington, who retired in 1886, he was referred to as R.A.M.C. (ret.). It was stated that he became brigade surgeon in August, 1885, and retired with a step of honorary rank in March, 1886. A correspondent, who signs himself "K." asks whether the R.A.M.C. existed as long ago as 1886, and whether in the current *Army List* any R.A.M.C. officer can be found with such rank as deputy surgeon-general.

The Royal Army Medical Corps, of course, did not exist under that name in 1886. The medical service of the army was then and for long had been entitled the Army Medical Department (the A.M.D.). It became the Army Medical Staff in 1891, and the Royal Army Medical Corps in 1898 by the Royal Warrant of June 23rd, 1898. Our correspondent's point is, we presume, that it is incorrect to speak of any retired medical officer holding a medical or a compound title as an officer of the R.A.M.C. Strictly speaking, he is right in this argument; such retired officers should be called retired officers of the A.M.D., or of the Medical Staff, as the case may be. But we think it is customary to speak of all retired medical officers as retired officers of the R.A.M.C., even though they retired before that corps title was given.

The monthly *Army List* does not give the names of retired officers. In the *Quarterly Army List* for January, 1921, the War Office official list, the name of O. Codrington is given among those of "Brigade Surgeons (with honorary rank of Deputy-Surgeon-General)." This list gives no retired deputy-surgeon-generals of the British Army, but gives the names of six under the I.M.S. The same list gives, for both services, the names of a number of brigade-surgeons, brigade-surgeon-lieut.-colonels, surgeon-lieut.-colonels and surgeon-majors, all titles which equally have long been obsolete as far as serving officers are concerned.

The titles deputy-surgeon-general and surgeon-general were superseded nearly thirty years ago by the titles of surgeon-colonel and surgeon-major-general and by those of colonel and major-general in 1898 and 1918 respectively. The title of surgeon-general was revived for twenty years, 1898-1918,

DEATHS IN THE SERVICES.

LIEUT.-COLONEL CHARLES GEORGE DRUMMOND MOSSE, R.A.M.C. (ret.), died at Weymouth on February 25th, aged 63. He was born at Kingston, Jamaica, on August 22nd, 1857, the son of the late Deputy Surgeon-General Charles B. Mosse, C.B., C.M.G., who entered the army in 1853 and died in 1912. He was educated in the medical school of the R.C.S.I., and took the L.R.C.S.I. in 1879, the L.K.Q.C.P. in 1880, and the F.R.C.S.I. in 1888. Entering the army as surgeon on February 5th, 1881, he became lieutenant-colonel after twenty years' service, and retired on October 17th, 1908. He served in West Africa, in India, where he was physician to the Maharajah of Dhar, at St. Helena, and in Jamaica, where he rendered valuable services during the great earthquake in 1907. After retirement he was employed as senior medical officer of the Guernsey and Alderney District, and subsequently by the War Office and the Ministry of Pensions until July, 1920, when his health completely broke down. He served with the Sherborough expedition on the West Coast of Africa in 1883, when he was mentioned in dispatches, and during the South African war, 1899-1902, was senior medical officer at St. Helena, receiving the Queen's medals. He is survived by his widow, the eldest daughter of the late Lieut.-Colonel John Peter Boileau, and three daughters and one son.

Lieut.-Colonel Albert Kirwan, R.A.M.C. (ret.), died at Hampstead on April 9th, aged 79. He was educated in Dublin, and took the L.R.C.S.I. in 1867 and the L.K.Q.C.P. in 1868; subsequently he took the F.R.C.S. Edin. in 1887 and the D.P.H. of the London Colleges in 1889. Entering the army as assistant surgeon on March 31st, 1863, he attained the rank of lieutenant-colonel after twenty years' service, and retired on October 26th, 1896. After his retirement he was employed at Leicester.

Surgeon-Lieut.-Colonel James Barker, R.A.M.C. (ret.), died in London on April 10th, aged 81. He was educated in Dublin, took the L.R.C.S.I. in 1859 and the L.K.Q.C.P. in 1860; he entered the army as assistant surgeon on September 30th, 1863, attained the rank of surgeon-major on April 28th, 1876, and retired on October 10th, 1888, afterwards receiving the title of surgeon-lieutenant-colonel when the compound titles were given in 1892. In the regimental days he served in the 1st Foot, the Royal Scots or Royal Regiment, and in the 41st Foot, the Welsh Regiment.

Captain Allan Noel Minns, D.S.O., M.C., R.A.M.C., died at Theford, Norfolk, on March 6th, from the effect of injuries received in a motor accident on March 3rd. He was born in March, 1891, the son of Dr. A. G. Minns of Theford; educated at Guy's, and took the L.M.S.S.A. in 1914. He took a temporary commission as lieutenant in the R.A.M.C. on September 26th, 1914, and was promoted to captain after a year's service. He took a permanent commission as lieutenant (temporary captain) in the R.A.M.C. on January 1st, 1917, and became captain on March 26th, 1918. He had been on active service abroad through the greater part of the war, including the campaign in Mesopotamia; was thrice mentioned in dispatches; in the *London Gazette* of October 29th, 1915, October 19th, 1916, and August 27th, 1918; and received the Military Cross on October 29th, 1915, and the D.S.O. on June 3rd, 1916.

Captain Robert Long Gamlen, Indian Medical Service (retired), died of blood poisoning at Dawlish on February 18th, aged 39. He was born on March 2nd, 1881, the third son of the late Mr. Leonard Blagden Gamlen, J.P., of Crediton. He graduated B.A. Camb. with second class honours in the Natural Science Tripos, and then went to St. Thomas's Hospital. He took the M.R.C.S. and L.R.C.P. in 1906, and graduated M.B., B.C. Camb. in 1908, and M.D. in 1912; he took the D.P.H. with distinction in the same year. After filling the posts of outpatient house-surgeon and resident house-surgeon at St. Thomas's, he entered the I.M.S. on August 1st, 1908, becoming captain after three years' service. He was placed on temporary half pay, on account of ill health, on November 24th, 1913, and invalided out of the service on August 28th, 1914. In the following year he rejoined for service, and served in the Pavilion Hospital for Indian soldiers at Brighton. He had previously served on the North-East Frontier of India in the Aber campaign of 1912, receiving the frontier medal with a clasp.

The Sultan of Egypt has conferred the decoration of the Order of the Nile (Fourth Class) upon Captains T. W. Stallybrass and P. C. Field, R.A.M.C., in recognition of valuable services rendered.

Medical News.

THE Queen will open the recently established Unit of Obstetrics and Gynaecology at the Royal Free Hospital on Wednesday next, May 11th, at 3 p.m. It is the first unit in these subjects to be established in London. The director is Dr. Louise McLroy, formerly senior assistant to the Muirhead professor of obstetrics and gynaecology in the University of Glasgow.

THE annual dinner of the Federation of Medical and Allied Societies will be held at the Café Royal on Thursday, May 26th. The chief guest will be Dr. Addison, in recognition of the services he has rendered, under circumstances of exceptional difficulty, as first Minister of Health. Sir Alfred Mond, Minister of Health, will be present, as also will members of the medical group in Parliament and other guests.

ON April 26th a presentation, which took the form of a suitcase and a cheque, was made by the staff of King Edward's Building of the General Post Office to Dr. S. B. Pennington as a mark of appreciation on his transfer from the E.C. district office, where he had been for seven years, to the Western district office.

THE Industrial Welfare Society proposes to hold a conference of medical men interested in industrial medicine on June 2nd. The purpose of the Society is to co-ordinate the individual efforts made by firms in different parts of the country to deal with the medical difficulties which stand in the way of industrial warfare. Medical men interested can obtain further information from the Director of the Society, Mr. Robert R. Hyde, 51, Palace Street, Westminster, S.W.1.

THE annual summer dinner of the Glasgow University Club, London, will be held in the Holborn Restaurant on Friday, May 27th, with Professor F. O. Bower, F.R.S., in the chair.

THE Cambridge and Paul Instrument Company, Ltd., has issued two new lists; the one of Cambridge microtomes, including the universal, rocking, and freezing microtomes. Particulars of the construction of the instruments are given. Copies can be obtained from the Company at 45, Grosvenor Place, London, S.W.1. The other catalogue describes the Cambridge recording clinical thermometers as devised for Sir G. Sims Woodhead and Dr. P. C. Varrier-Jones.

A COURSE of eight lectures is being given in the Physiological Laboratory at St. Bartholomew's Hospital, on Tuesdays, at 4.30 p.m. They are addressed to advanced students of the University of London and others interested in the subject. The course is recognized in connexion with the B.Sc. (Honours) degree in physiology. The first lecture was given by Professor W. D. Halliburton, on the cerebro-spinal fluid, on May 3rd; the lecture on May 10th will be by Professor M. S. Pembrey, on the secretion of milk; that on May 17th, by Mr. J. Barcroft, on alpinism; and that on May 24th, by Professor W. M. Bayliss, on the reaction of the blood. Other lecturers are Professors Leathes and Starling and Drs. H. H. Dale and Leonard Hill. Another course of eight advanced lectures in physiology is to be given by Professor H. E. Roaf at the London Hospital Medical College; these lectures will be given at 4.30 p.m., on May 12th and following Thursdays. The subject of the course is "Reception of Sensory Stimuli."

IN view of the passing of the Blind Persons Act, 1920, the Minister of Health has reconstituted the Advisory Committee on the Welfare of the Blind so as to afford representation to the local authorities under the Act and to voluntary agencies for the blind, and the following have been appointed members of the committee: Right Hon. G. H. Roberts, M.P., Chairman; Mr. P. M. Evans, LL.D., Vice-Chairman; Mr. Alderman F. Askew, Mr. A. M. Bernard, Miss Winifred Bramhall, Sir Coles Child, Bt., Mr. H. Davey, Mr. James Graham, Mr. Councillor J. A. Hill, Sir William Hodgson, Mr. T. Holt, Mr. A. L. Lowe, C.B.E., Mr. G. F. Mowatt, Mr. H. J. Munro, Sir Arthur Pearson, Bt., G.B.E., Mrs. Wilton Phipps, Rev. P. S. G. Propert, M.A., Mr. R. Richardson, M.P., and Mr. W. H. Tate. The committee will advise the Minister on matters relating to the care and supervision of the blind, including any question that may be specially referred to them by the Minister. Mr. F. M. Chapman, of the Ministry of Health, will act as secretary.

THE house and library of the Royal Society of Medicine will be closed for Whitsun from Saturday, May 14th, until Tuesday, May 17th, both days inclusive.

THE summer session of the West London Post-Graduate Medical College, Hammersmith, commences on Monday next, May 9th.

A COURSE of instruction for qualified practitioners will be given at St. Bartholomew's Hospital during the summer vacation. It will begin on Monday, July 18th, and end on Saturday, July 30th. Particulars may be obtained from the Dean.

THE National Council for Combating Venereal Diseases will hold a meeting at the Caxton Hall, Westminster, on Tuesday next, May 10th, at 3.30 p.m., to hear the reports of the three Commissions which recently returned from the Far East, the West Indies, and the Mediterranean. The meeting will be open to the public. Representatives will be present from the various Government departments interested in home and colonial health and industrial administration, of mercantile marine associations and shipping firms, and of commercial houses trading with the places visited by the Commissions.

WE referred last week to an unfounded rumour that the baths at Harrogate were closing on account of the coal strike. We are now informed that a rumour, equally unfounded, has been in circulation with regard to other spas of the British Spa Federation, which include Bath, Buxton, Cheltenham, Droitwich, Llandrindod, Leamington, Woodhall, and New Zealand. The fuel supply at all these spas, as at Harrogate, is sufficient to enable them to carry on for some time.

A COURSE of post-graduate lectures in mental deficiency, supplemented by a course of clinical instruction, will be given at the University of London from May 23rd to June 4th. The course is based on the requirements of the syllabus for the University of London Diploma in Psychological Medicine. The fee for the course is 6 guineas. Full particulars can be obtained on application to Miss Evelyn Fox at the University of London, South Kensington, S.W.7.

OWING to the coal strike, the meeting of the Röntgen Society, announced in our last issue as about to be held on May 6th and 7th, has been postponed.

A MEDICAL journal, written in Spanish, entitled *Revista Médica de Hamburgo*, edited by Professors Brauer and Nocht, has recently been founded for bringing Spain and Spanish America into closer relation with Germany.

DR. J. MITCHELL WATT, assistant in the department of materia medica in the University of Edinburgh, has been appointed to the chair of pharmacology at University College, Johannesburg.

Letters, Notes, and Answers.

As, owing to printing difficulties, the JOURNAL must be sent to press earlier than hitherto, it is essential that communications intended for the current issue should be received by the first post on Tuesday, and lengthy documents on Monday.

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

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

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

THE postal address of the BRITISH MEDICAL ASSOCIATION and BRITISH MEDICAL JOURNAL is 429, Strand, London, W.C.2. The telegraphic addresses are:

1. EDITOR of the BRITISH MEDICAL JOURNAL, *Aitology*, Westrand, London; telephone, 2630, Gerrard.

2. FINANCIAL SECRETARY AND BUSINESS MANAGER (Advertisements, etc.), *Articulate*, Westrand, London; telephone, 2630, Gerrard.

3. MEDICAL SECRETARY, *Medisecra*, Westrand, London; telephone, 2630, Gerrard. The address of the Irish Office of the British Medical Association is 16, South Frederick Street, Dublin (telegrams: *Bacillus*, Dublin; telephone, 4737, Dublin), and of the Scottish Office, 6, Rutland Square, Edinburgh (telegrams: *Associate*, Edinburgh; telephone, 4361, Central).

QUERIES AND ANSWERS.

"ASPIRIN" would be glad if any members can inform him if they have come across any case presenting the "aspirin habit." His patient, a married lady 51 years of age, suffers from severe pains in the upper half of her chest and back; they recur every four or five hours, but are relieved by 5 to 10 grains of aspirin. She has been complaining for a year, and, as nothing definite can be made out, it has been suggested that taking aspirin may be simply a habit, especially as, on waking out of a sleep, she presents symptoms resembling those seen in a patient who gets hypodermic injections of morphine regularly.