

be conducted to the nucleus ambiguus, which also contributes to the vagus motor fibres for the heart. This would explain the association of dysphagia, and regurgitation of food through the nose (paralysis of the palatopharyngeal), with cardiac disturbance—an association commonly met with in post-diphtherial paralysis.

I saw an interesting example of the association of these nerve paths in a case of paroxysmal tachycardia. The patient, in the early stages, was sometimes able to cut short the attack by the act of swallowing—a reflex action in which the nucleus ambiguus would be predominantly concerned.

Turning to the problem presented by tetanus, we find two points in which there is a contrast with the conditions previously discussed. In the first place, the effect of this toxin upon the motor cells, if indeed its effect be upon those cells, is the reverse of paralysis; it produces increased excitability with increased output. This phenomenon is more readily interpreted as due to interference with the inhibition normally imposed upon external stimuli reaching the motor cells from the sensory side; so that the paralysis probably occurs somewhere in the reflex arc, between the synaptic endings of the afferent nerves round the cells of their terminal nuclei and the dendrites of the motor cells.

Secondly, it would seem that the toxin does not ascend along the fibrillae; for if that were the case the muscles of the reflex arc, along which it travelled, would, it might be expected, be the first affected. Presumably, then, it makes its way beneath the sheath, and on reaching the spinal medulla may be supposed to ascend beneath the membranes. When it is remembered that the motor nucleus of the trigeminal nerve derives most of its sensory stimuli from the terminal nucleus of the trigeminal afferent fibres, alongside which it lies; and that the tractus spinalis comes to the surface in the postero-lateral area of the inferior part of the medulla oblongata, in the region known as the tuberculum cinereum of Rolando; and that a toxin ascending beneath the meninges might be conducted up that tract, reason can be seen for what is otherwise difficult to understand—namely, why trismus should be the earliest, and in mild cases the only, manifestation of a toxæmia which, when sufficiently prolonged, affects the whole motor mechanism.

REFERENCE.

¹ Report on Encephalitis Lethargica, Local Government Board, New Series No. 121.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

A CASE OF SUDDEN MONOCULAR DILATATION OF THE PUPIL.

THE notes on the following case afford a striking example of how a purview of all the facts in connexion with a case, both relevant and apparently irrelevant, may help towards establishing a diagnosis, and how a quite justifiable absence of knowledge of an apparently irrelevant factor may cause failure to make a diagnosis.

A medical practitioner recently sent me a lady who had suddenly developed complete dilatation of the left pupil, accompanied by supraorbital neuralgia, some apparent slight paresis of the upper lid, and some nasal catarrh.

The condition came on after a cold motor drive. It had caused the practitioner some alarm, and he, in my opinion quite rightly, regarded it as a case for investigation. The possibilities were many and various, and the condition might well have been the precursor of serious nerve lesion.

When I saw her every trace of abnormality had disappeared; the eye was normal in appearance and function, the musculature of the eye, extrinsic as well as intrinsic, acted normally; the nasal mucous membrane was healthy and normal. I was convinced that some mydriatic had got into the eye, but there was no history of any "drops" of any kind having been used. I was not satisfied, and after an examination I elicited the fact that she had a sprained knee, that she had consulted another medical practitioner about this in another town, and that she had been given a liniment to rub the knee. She did

not know what the liniment was, but said that it contained "ammonia." The practitioner who sent her to me was not aware of this condition of the knee.

She told me that she had the prescription at home, and I asked her to go home and to telephone to me if it contained the word "belladonna." She rang me up in half an hour. The prescription contained belladonna, and the case was now clear. Unquestionably she had conveyed some of the liniment into her eye.

The case was not one in which I consider that I am entitled to credit, nor the practitioner who sent her to me to discredit; but I learnt a lesson and I pass it on as possibly being of value to others.

The accompanying supraorbital neuralgia, which had evidently not been severe, may have been due to the action of light (it was bright weather) on the relatively unprotected retina, and I have no doubt that the drooping of the eyelid was due to the unconscious lowering of the lid to shut off excessive light. I met the lady a few days later; there had been no further trouble.

PETER MACDONALD, M.D.,
Senior Honorary Ophthalmic Surgeon,
York County Hospital.

THE FORMOL-GEL REACTION IN SYPHILIS.

It has been said that "the performance of the Wassermann test involves one of the most complicated methods that have been applied to diagnosis in medicine,"¹ and many laboratory workers must have hoped that some day a simpler and more direct method of diagnosing syphilis would be found.

The *formol-gel reaction* recently discovered by Gaté and Papacostas² gives promise of reducing the diagnosis of syphilis to a degree of simplicity altogether unexpected. The method is as follows:

One cubic centimetre of the serum to be tested is placed in a test tube, two drops of formalin (40 per cent. formaldehyde) are added and the tube is shaken to mix the contents. After standing at room temperature for twenty-four to thirty hours the tubes are examined and the results read. A positive serum is found to have coagulated into a firm jelly, while a negative serum remains fluid. Gaté and Papacostas found that, in a series of over 400 serums examined, the results corresponded with Wassermann results in 85 per cent. of cases.

I have had opportunity so far of testing only a small number of serums by this method, and the results are given in the following table.

	Formol-gel.		Wassermann.	Condition of Serum.
	Fresh Serum.	Heated Serum.		
1		+	++	Jellied.
2		±	±	Semi-liquid.
3	++		++	Firm jelly; tube can be inverted.
4	—		—	Liquid.
5	—		—	Liquid.
6	—		—	Liquid.
7	±		±	Liquid.
8		—	—	Semi-liquid.
9		—	—	Liquid.
10		—	—	Liquid.
11		—	—	Liquid.
12	++	++	++	Firm jelly; tube can be inverted.
13	—	—	—	Liquid.
14	—	—	—	Liquid.
15	—	—	—	Liquid.
16	—	—	—	Liquid.
17	++	++	++	Firm jelly; tube can be inverted.
18	—	++	++	Firm jelly; tube can be inverted.
19	—	—	—	Liquid.
20	—	—	—	Liquid.
21	—	—	—	Liquid.
22	—	—	—	Liquid.
23	—	—	—	Liquid.

The following notes have been made during the tests:

1. The test tubes employed should be of the same internal diameter, so that the results may be strictly comparable.
2. A diameter of half an inch has been found the most suitable for use with 1 c.cm. of serum.
3. The amount of serum for a tube of this diameter should not be less than 1 c.cm. If less than this amount is used the result is obscured by capillary attraction.
4. In the case of a strongly positive serum there is definite coagulation into a firm jelly, which remains unbroken when the tube is completely inverted or even roughly handled—for example, thrown upon a table.

¹ Med. Res. Com. Spec. Report, Series No. 21.

² C. R. Soc. Biologie, November 20th, 1920.

5. A negative serum remains quite liquid, and "runs" when the tube is tilted.

6. In serums intermediate between strong positive and negative the reaction is less definite, but, generally speaking, the degree of coagulation appears to correspond to the degree of positiveness or otherwise.

7. Coagulation, when present, tends to become more marked the longer the tubes are allowed to stand—for example, a tube that was read as + after thirty hours became a + after standing for nine days; this fact might be made use of in determining the finer grades of positive and negative.

It would be premature to form any definite conclusions on such a small series of tests, but the results obtained are sufficiently striking to show the potentialities of the method, and to give rise to the hope that this rival of the Wassermann test may lead to a simple and reliable method of diagnosing syphilis.

J. MACKENZIE, M.A., M.B., Ch.B., D.P.H.,
District Laboratory, Shorncliffe. Major R.A.M.C.

Reports of Societies.

THE LARYNGOLOGICAL SUMMER MEETING.

THE Section of Laryngology of the Royal Society of Medicine held a highly successful summer meeting at the House of the Royal Society of Medicine on Thursday, June 2nd, and Friday, June 3rd, 1921. The President, Dr. JOHNSON HORNE, was in the chair, and there was a very satisfactory attendance, a large number of the Scottish and provincial members of the Section being present, undeterred by the difficulties of travel at the present time, in addition to a number of distinguished foreign and colonial visitors.

The meeting was opened on Thursday afternoon by the PRESIDENT, and Mr. MARK HOVELL thereafter read a paper on the indications for and against complete tonsillectomy as a routine operation, which was followed by an interesting discussion. Mr. Mark Hovell held that enucleation of the tonsils for enlargement was unjustifiable, and, although he was supported by Professor BURGER of Amsterdam, who considered that tonsillotomy in children was better than tonsillectomy because it did not require anaesthesia, yet the other speakers were practically unanimous in favour of tonsillectomy as against tonsillotomy. Mr. ROSE, although he disagreed with the idea of leaving tonsillar tissue behind, thought the scarring after the complete operation was a great disadvantage, especially to singers; Mr. FAULDER, on the other hand, considered that singers were worse off with septic tonsils than with scars. Sir WILLIAM MILLIGAN, who thought the allegation as to scarring exaggerated, was of opinion that the complete operation was absolutely necessary, and Mr. STUART LOW agreed that if the tonsil was diseased it ought to be removed. Mr. HOLT DIGGLE stated that he had found that many tonsils which could not be diagnosed as such clinically were in fact tuberculous. Mr. O'MALLEY considered that the fear of haemorrhage ought not to weigh against the operation of tonsillectomy, as he had found that the number of cases published of haemorrhage was greater in the period when tonsillotomy was practised than in the tonsillectomy period of the last eleven or twelve years. Mr. HERBERT TILLEY said that he had passed through all the stages and he now enucleated tonsils by dissection only.

Mr. WALTER HOWARTH described the operation he practised on the frontal sinus. In the discussion which followed on the relative value of the external and the intranasal operations on the frontal sinus the merits of Mr. Howarth's contribution were acknowledged. Sir STCLAIR THOMSON, in a paper on the usual site of origin of intrinsic cancer of the larynx, said that his experience of fifty laryngo-fissures now led him to believe, contrary to his former opinion, that the usual site was the anterior and middle thirds of the vocal cords. The paper was illustrated by drawings and specimens shown on the epidiascope.

In the morning session next day the papers were mainly of technical interest. Dr. LOGAN TURNER opened with a paper on paralysis of the vocal cords in cases of malignant tumours of the mamma, and Sir WILLIAM MILLIGAN followed with an exposition of his methods of practising diathermy in inoperable pharyngeal and epiglaryngeal malignancy. Dr. IRWIN MOORE's paper on eversion of the sacculus laryngis, the so-called prolapse of the

ventricle, started an animated discussion, which, however, did not obscure his thesis that the so-called prolapse was in reality an eversion of the caecal appendix called the sacculus.

Mr. HOBDAV then read an interesting contribution on the results of over 2,000 cases of vocal cord paralysis in horses treated by the stripping of Morgagni's ventricle. Mr. Hobday practised this operation for the relief of roaring and whistling horses, and he suggested that it might be useful in the treatment of bilateral paralysis in man for which at present tracheotomy was all that could be done. In the discussion that followed, however, it was remarked that the conditions in man which gave rise to bilateral paralysis were usually of such a serious and advanced nature that it was doubtful if Mr. Hobday's operation could be satisfactorily performed, while Mr. VLASTO pointed out additional difficulties in technique to which the slight anatomical differences gave rise. Mr. TILLEY probably expressed the opinion of the meeting when he said that there were certain comparatively rare conditions in which the operation might well be tried.

The last paper in the morning session was by Mr. SYME, on bronchoscopy in the treatment of asthma; in a series of 23 cases he had had in 12 alleviation of the symptoms after the application of a 10 per cent. solution of silver nitrate to the bronchi by the aid of the bronchoscope. A subsequent speaker stated that the passing of the bronchoscope into each lung without any application had been of benefit in asthma, but in his reply Mr. Syme stated that he had done so, and had also used other applications, without the benefit which silver nitrate had given.

In the afternoon a number of demonstrations were given by Dr. MORTON on some recent developments in x-ray treatment for laryngeal cases; by Dr. MULALLY on the technique of blood transfusion; and by Mr. LAYTON, who demonstrated some specimens from the Onodi collection. The afternoon session was followed by the ordinary clinical meeting of the Section of Laryngology, when Dr. DOUGLAS GUTHRIE showed a specimen of a collar stud which in the oesophagus of an infant had caused osteomyelitis and death. Dr. CUBLEY demonstrated new tracheotomy instruments; Sir STCLAIR THOMSON showed a number of cases of tuberculosis of the larynx in which good results had followed treatment with the galvano-cautery; and Dr. FREDERICK SPICER showed a case of laryngocele after operation, which he had previously shown last year and which gave rise to considerable discussion. Other cases were shown by Mr. JEFFERSON FAULDER, Dr. DAN MCKENZIE, Mr. O'MALLEY, and Dr. ELEANOR LOWRY. In the evening a very successful dinner was held at the Trocadero Restaurant, at which Professor Burger of Amsterdam, Sir Frank Colyer, Sir Charles Gordon-Watson and other guests were present, and on Saturday morning a number of special operations were performed at University College Hospital by Mr. Herbert Tilley and others.

An interesting ceremony in connexion with the Summer Meeting took place on Sunday, June 5th, when a number of representative laryngologists met at Wargrave to place a laurel wreath on the grave of Sir Morell Mackenzie in the churchyard there. The members of the Section and other guests were invited to lunch by Dr. Irwin Moore, who lives at the house in Wargrave which was formerly Sir Morell Mackenzie's, and thereafter they walked in procession to the churchyard, where they were met by the vicar, who held a short memorial service. The laurel wreath was placed on the grave by Mr. Mark Hovell and Dr. Donelan, both old pupils and house-surgeons of Mackenzie's, and Mr. Mark Hovell made an oration on the qualities of Sir Morell Mackenzie as a man, and told of the long battle against ill health which the great laryngologist had had, of his innumerable acts of private charity, and of his many achievements. Sir STCLAIR THOMSON then spoke of him from the professional point of view as the "father of laryngology," and said that, following Lamb's advice, whenever a new book on laryngology was published he read Mackenzie's old book, and there found many of the so-called new ideas. Sir JAMES DUNDAS GRANT also spoke, referring to the fact that a commemorative tablet had been placed on the house at Leytonstone where Morell Mackenzie was born. The villagers of Wargrave crowded into the old churchyard, and the village choir led the singing of appropriate hymns. In the background were the two surviving daughters of Morell Mackenzie, and

health activities of that time in the colony; but the business side was unsuccessful and publication eventually ceased. After twelve years' practice in Newcastle Dr. Knaggs went to Sydney, where he again began in general practice. His reputation had preceded him, however, and he soon became honorary surgeon at the Royal Prince Alfred Hospital, lecturer in clinical surgery at the University of Sydney, and examiner in anatomy and physiology to the Board of Technical Education. Later he accepted the position of medical officer of the Education Department, and afterwards was a member of the Board of Health of New South Wales; he was also appointed honorary surgeon to St. Vincent's Hospital, Sydney. His interests in the affairs of the New South Wales Branch of the British Medical Association dated from the very beginning of the Branch, and in 1886 he was chosen to fill the position of President. In 1895 the Branch acquired by purchase *The Australian Medical Gazette*, which had been established fourteen years before, and the first issue under the new management appeared in January, 1895, with Dr. Knaggs and Dr. L. R. Huxtable as editors. Dr. Huxtable died in July of the same year, and Dr. Knaggs continued as responsible editor until 1901. The six volumes of the *Gazette* during his period as editor stand as unassailable evidence of his ability as a medical journalist. After he relinquished the editorship of the *Gazette* he made a voyage to the East, and practised for some time in Kobe, Japan; on his return to Sydney he practically retired from private practice, and for the last seven years had lived in absolute retirement.

Dr. W. H. Crago writes in *The Medical Journal of Australia*: After an acquaintanceship with the late Dr. S. T. Knaggs, extending over forty-five years, I would like to add my tribute to his memory. Dr. Knaggs was a man of the most genial disposition, large-hearted and generous to a fault. As a friend he was loyal and incapable of doing anything mean. Nothing was too much trouble to him when he could do a kindly act to assist a friend or one in need of help. His advice and practical assistance were readily given to the younger men in the profession. It may truly be said of him that he upheld the best traditions of the profession in doing to others what he would that they should do to him.

ALEXANDER ROSE MACLEAY, M.B., C.M.E.D.N.,

Honorary Physician, Bootle Borough Hospital.

DR. ALEXANDER R. MACLEAY died suddenly, from heart failure following operation, on May 29th. Born in Inverness, he graduated at the University of Edinburgh in 1887, and after holding residential appointments at the Infirmary, Inverness, and at the Eye Infirmary, Newcastle-on-Tyne, he settled down in practice in Bootle some thirty years ago. Dr. Macleay had a large practice in Bootle and surrounding district, and was one of the foremost practitioners in the town. Painstaking and keeping himself thoroughly abreast of the times in scientific medicine, Dr. Macleay was appointed one of the honorary physicians to the Bootle Borough Hospital. His keen interest in his profession precluded him from taking any active part in public life. Yet his interests in everything that pertained to the well-being of the community were very close, and his support, quietly and unostentatiously bestowed, was known to many of his fellow townsmen. His outlook on life and its varied problems was that of a philosopher as well as a medical man. His sudden death came as a shock to many of his friends who were unaware of his illness; of a quiet disposition and somewhat reserved, he disliked to draw attention to himself. Indeed, it may be said that Dr. Macleay went about his daily work doing good, realizing that such a life brought its own reward. It was this characteristic that brought him such genuine affection from rich and poor alike.

The funeral took place at Sefton on June 1st; a large number of mourners, including many medical men, were present to pay a last tribute of affection to the memory of one who had so truly earned the esteem of all with whom he came into contact. He leaves a widow, for whom much sympathy will be felt. The memory of a good and conscientious medical man will remain long in the minds of his patients, who realize how good a friend Dr. Macleay was to them.

SURESH PRASAD SARBADHIKARI, B.A., M.D., C.I.E., Professor of Clinical Surgery, Carmichael Medical College, Calcutta.

DR. SURESH PRASAD SARBADHIKARI, one of the most eminent Indian surgeons, died on March 10th, 1921, in his 55th year. The son of a well known physician of Calcutta, he was educated at the Calcutta Medical College, and graduated M.B. of Calcutta University in 1888, and M.D. two years later. After serving for two years as house-surgeon at the Mayo Hospital, Calcutta, he went into private practice and quickly made a name as a surgeon, being one of the pioneers of ovariectomy in India. He was a vice-president of the first Indian Medical Congress in 1894, and was one of the Indian representatives at the International Medical Congress in London. A member of the Calcutta University Senate, he was a university examiner in surgery, and professor of clinical surgery at the Carmichael College. During the war Dr. Sarbadhikari organized the Bengal Ambulance Corps, which did good work in Mesopotamia; he was awarded the C.I.E., and was appointed an honorary lieutenant-colonel in the I.M.S. He had a large share in the establishment of Carmichael Medical College; he was a member of the British Medical Association, and did much to raise the status of Bengali medical men.

We regret to record the sudden death of Dr. WILLIAM ADAM SMITH MICHIE on May 11th. Dr. Michie, who was 69 years of age, was born at Towie, Aberdeenshire, and received his medical education at Aberdeen University, where he graduated M.B., C.M. in 1879, and M.D. in 1885. He subsequently took the diploma of M.R.C.S. Eng. After practising for some time near Aberdeen, he acquired a large general practice in Blackheath Road, Greenwich, and remained there until 1905. Thereafter he went into practice at 15a, Gower Street, where he worked with increasing success until the day of his death. Dr. Michie was an old member of the British Medical Association. His funeral was attended by many patients and by a detachment of the Metropolitan Police, many of whom he attended and with whom he was a great favourite. He is survived by his widow and two married daughters.

Universities and Colleges.

UNIVERSITY OF CAMBRIDGE.

At a congregation held on June 4th C. G. L. Wolf, M.D., received the degree of Ph.D., and the following medical degrees were conferred:

M.D.—C. S. Clarke, L. M. Weeks.
M.B., B.Ch.—H. Barbash, L. W. Batten.
B.Ch.—W. H. Marshall.

Diploma in Psychological Medicine.—The dates for the next examinations have been fixed as follows: For Part I (Anatomy and Physiology of the Nervous System and Psychology), October 11th, 12th, and 13th, 1921; for Part II (Neurology and Psychiatry), November 30th, December 1st and 2nd, 1921. A course of instruction for the Diploma will be held in Cambridge from July 18th to August 20th. Lectures and practical work will be given by Dr. Lowson (Psychology), Dr. Thacker (Anatomy and Physiology of the Nervous System), Dr. Prideaux and Dr. Myers (Psychopathology), Dr. Rivers (Psychology and Pathology of Dreams), Dr. Archdale (Mental Diseases). Those who wish to take the course are requested to send their names, if possible before July 10th, to the Secretary of the D.P.M. Committee, Psychological Laboratory, Cambridge, from whom further particulars may be obtained.

UNIVERSITY OF MANCHESTER.

The following awards have been made:—*Tom Jones Exhibition in Anatomy*: L. J. Prosser. *Turner Medical Prize*: G. V. Ashcroft and Margaret Single.

PROFESSOR ACHARD has been elected general secretary of the Académie de Médecine.

AT Bordeaux a post-graduate course in oto-rhino-laryngology will be held, under the direction of Professor Moure, from July 18th to 30th. The fee is 150 francs, and particulars may be had from the Secretary of the Faculty of Medicine, Place de la Victoire, Bordeaux.

PROFESSOR ALBU, a well known Berlin specialist on diseases of the stomach, died recently at the age of 54.

Medical News.

H.R.H. THE DUKE OF CONNAUGHT will distribute the prizes at St. Thomas's Hospital Medical School on Tuesday, June 21st, at 3 p.m., in the Governors' Hall.

A PROVINCIAL meeting of the Section of Diseases in Children of the Royal Society of Medicine will be held at Reading on June 24th and 25th.

A SYSTEMATIC post-graduate course of instruction in diseases of the heart will be held at the National Hospital for Diseases of the Heart, Westmoreland Street, W.1, from July 11th to July 23rd. Practical instruction will be given in the use of the polygraph, electro-cardiograph and other instruments. Further information can be obtained from the secretary at the hospital.

AT the meeting of the Röntgen Society to be held at 35, Russell Square, W.C., on June 16th, at 8.15 p.m., there will be a discussion on the physics of the x-ray tube. All interested are invited to attend.

A DINING club, composed of all past and present members of the honorary and house staffs of the Hospital for Sick Children, Great Ormond Street, held its first dinner, under the chairmanship of Sir Thomas Barlow, on June 1st, when sixty-three members attended, including many who were house officers of the hospital as far back as 1880-1890. It is hoped to hold the next annual dinner on the first Saturday in June, 1922.

THE tournament of the Medical Golfing Society will be held at Walton Heath on Thursday, June 16th. The medical golf championship, for which the *Lancet* has presented a cup, will be played; there will be play also for the Henry Morris challenge cup and the Medical Golfing Society's medal (for the best return under handicap). The annual subscription to the Medical Golfing Society is 5s., which should be paid to the honorary secretary and treasurer, Dr. Rolf Creasy, 36, Weymouth Street, London, W.1. Entries for the competition should be sent to him not later than Tuesday, June 14th.

THE annual dinner of the Indian Medical Service will be held at the Trocadero on Wednesday, June 15th, Major-General Sir R. Havelock Charles, G.C.V.O., in the chair. Tickets and all particulars may be obtained from the joint honorary secretary, Colonel J. J. Pratt, I.M.S.(ret.), 63, Addison Road, Kensington, W.14.

DR. T. G. GARRY, M.B.E. (Cairo), has been reappointed British Physician at Pistany (Pöstyén), Czecho-Slovakia, for the summer months. Pistany has natural hot peat baths which are used for various forms of arthritis, pelvic disorders in women, and cutaneous affections. The place is an hour's journey from Pressburg, the capital of the Czecho-Slovak Republic. The railway arrangements, it is said, are working satisfactorily.

THE subject of acid-fast bacilli in relation to the prevention and cure of tuberculosis has of late occupied much space in the German medical press. The papers advocating or condemning Friedmann's turtle vaccine have become so numerous that Professor J. Schwalbe, editor of the *Deutsche medizinische Wochenschrift*, announces that to check this deluge he will in future publish only such papers as contribute something definitely new to the subject.

DR. J. H. DOUGLAS WEBSTER, honorary radiologist to the Manchester Ear Hospital, and radiologist to the Manchester Board of Guardians, has been appointed Honorary Physician-in-Charge of the Department of Physical Medicine at the Middlesex Hospital, London.

A MEMORIAL to the medical officers, pharmacists, and members of the Belgian Army Medical Corps who lost their lives in the war was inaugurated by the Minister of National Defence in the Leopold Park, Brussels, on May 29th.

THE annual dinner of the West London Medico-Chirurgical Society was held at the Hotel Great Central on June 2nd, with the President, Dr. Frederick J. McCann, in the chair. After the loyal toasts had been honoured, Mr. Aslett Baldwin proposed "The Imperial Forces," making special mention of the great work done during the war by the medical services. In his reply, Surgeon Vice-Admiral Sir Robert Hill, Medical Director-General R.N., expressed his pleasure at being once again among West London friends. Sir Norman Moore, President of the Royal College of Physicians, in proposing prosperity to the West London Medico-Chirurgical Society, said that his recollection of Charles Keetley, with whose name the society would always be associated, was that of a delightful companion and brave man. Passing from the beginnings of

science at Hammersmith in the days of Prince Rupert, Sir Norman Moore spoke of the origins and functions of the London medical societies, and the benefit that came to them and to medicine through healthy competition. The President, in responding, traced the continued success of the society to the spirit of energy and progress which had animated its officers, among whom the names of Keetley, Bidwell, and Alderton would ever be remembered with honour. The health of "Kindred Societies and Guests" was submitted by Dr. Arthur Saunders and replied to by Dr. G. de B. Turtle, and the toast of "The Chairman" was proposed in warm terms by Dr. Rickard Lloyd.

MR. NORMAN GODFREY BENNETT, M.A., M.B., L.D.S., and Mr. MONTAGUE HOPSON, L.D.S., have been appointed to act as examiners in the entrance examination for the Royal Naval Dental Service.

AT a recent meeting of the National Baby Week Council a message from Queen Mary was read by Dr. Eric Pritchard, who was in the chair. The message expressed Her Majesty's interest in the forthcoming celebration in July of the fifth anniversary of the inauguration of Baby Week, and her sincere wishes for the successful continuance of the work. At the same meeting Dr. Mabyon Read, medical officer of health for Worcester, gave some statistics regarding the reduction of the infant mortality rate in that city from 145 per 1,000 births in 1900-4 to 67 per 1,000 in 1920. Dr. Leonard Hill pointed the moral of the smokeless atmosphere of London at the present time, the result of the non-use of coal as fuel, and made a strong appeal for the proper use of coal, in order that the health of the whole community, and not least that of the children, might be benefited. Professor Edgar Collis spoke of economy in health and industrial hygiene. To obtain a healthy nation the first essential was expenditure on healthy infants. Miss Eleanor Rathbone, who pleaded for the endowment of motherhood, pointed out that poverty and privation—when the mother was child-bearing and the children were young—had a most serious permanent effect on the health of the race.

AT a meeting of the College of Physicians of Philadelphia on May 23rd, Madame Curie presented to the College an apparatus designed and used by her in her earlier research work on measuring the radio-activity of radium, and Dr. Robert Abbe of New York presented mementoes of Lister and of Pasteur in a special case for their permanent preservation.

A HANDSOME presentation was made on June 1st to Dr. J. W. Mullen, Superintendent of the Ladywell Sanatorium, Salford, to mark his completion of forty years' service as medical superintendent of the infectious diseases hospital, and also, by a coincidence, the celebration of his silver wedding. A pupil of the late Sir William Stokes, Dr. Mullen qualified in Dublin in 1877, and immediately afterwards became medical superintendent of the Dublin Small-pox Hospital in the midst of a serious epidemic of that disease. Coming to Salford he devoted his life with great success to the care of patients suffering from infectious diseases.

AN exhibition of x-ray photographs has just been opened at the house of the Royal Photographic Society, 35, Russell Square, W.C., under the auspices of the Röntgen Society. Comprising over 250 prints, it includes a number of notable examples from the French radiologists, which arrived by special aeroplane from Paris on the day before the exhibition opened. Of historic interest are the photographs of hands of celebrities taken in 1896 by Mr. A. Campbell Swinton. There is a series of sets of four prints produced by lay workers employed in the radiographic departments of hospitals, or as assistants to qualified radiographers, shown in competition for prizes offered by Dr. Robert Knox, President of the Röntgen Society. The exhibition will remain open daily during the whole of June, except Sundays, from 11 a.m. to 5 p.m., admission free.

THE second International Congress on the History of Medicine will be held in Paris, from July 1st to 5th, under the auspices of the Société Française d'Histoire de la Médecine, and will be presided over by Professors Jeanselme and Menetrier. The Congress will be opened by the inauguration of the new museum of medical history. The mornings will be occupied by such topics as the history of hospitals and public health work, identification of the great epidemics of history, and the food supply of man and beast in antiquity and the Middle Ages, while in the afternoons excursions will be made to various hospitals, museums, and other places of historical interest in and near Paris. Further details may be obtained from the secretary-general, Dr. Laignel-Lavastine, 12 bis, place de Laborde, 8^e, Paris.