

Although the results of the first blood culture showed a bacteraemia it was not until the second examination that our pathologist, Dr. Pollock, satisfied himself that there was a pneumococcaemia. During the last week of the patient's illness she became wildly delirious, the sphincters became relaxed, and a slight systolic murmur was audible. She passed into a "typhoid state," and died at the end of the third week in the hospital, the temperature falling gradually to normal and blood pressure remaining persistently low.

Pathological Notes.

The following notes on the examination of the blood and on the *post-mortem* findings are by Dr. Pollock:

"As is my usual practice in blood culture, I withdrew 5 c.cm. of blood from a vein at the bend of the left elbow by means of a serum syringe, discharging the whole blood direct into a flask containing 50 c.cm. nutrient broth. I have found this method preferable to direct plating, as in the latter only a comparatively small amount of blood can be employed, and if the degree of infection be slight failure to cultivate may result. Unfortunately, the first flask became contaminated, and the second attempt was made a day or two subsequently. In this a practically pure culture was obtained of a Gram-positive coccus in pairs and chains, these latter being, in some instances, of such length as to suggest streptococci. Subsequent plate cultivation, however, reduced the chains, when present, to the short, straight diplococcus pairs characteristic of pneumococci; the vast majority of organisms, however, being diplococcal in arrangement and, in my opinion, of characteristic morphology. The numerous organisms present in the sections made subsequently from the thrombi present in the right auricle, *post mortem*, were seen in pairs, characteristically lancet-shaped, and were, in my opinion, characteristic pneumococci. The tendency of this organism in rich liquid media to approximate to a streptococcal type is, I think, noteworthy, being particularly noticeable during the somewhat recent severe epidemics of septic pneumonia."

The results of the *post-mortem* examination were as follows:

Thorax.—Pleura normal, no fluid in cavity.

Lungs.—Some slight emphysema present; oedema of both bases; no pneumococcal consolidation whatever.

Pericardium.—Distended with a clear yellow fluid (about 6 oz.); subepicardial petechiae, most marked over right auricle.

Heart.—Myocardium showed marked fatty infiltration, endocardium some relative mitral incompetence. Both aspects of tricuspid valve were covered with immense adherent vegetations. Growing from this evidently diseased valve up into the cavity of the right auricle, and almost entirely filling it, was a great *ante-mortem* thrombus of a peculiar greenish tint. Miliary vegetations were also present upon the endocardium lining the right auricle.

Abdomen.—Liver: early "nutmeg" condition. Spleen: large, soft, pulpy, with petechial haemorrhages. Kidneys: both showed an early chronic nephritis, more marked in the right. No suppurative condition. Other viscera apparently normal, and general condition of body good.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

HERPES AND VARICELLA.

THE interest at present shown in the relation between herpes and varicella leads me to send notes of a recent well marked case.

A woman, aged 53 years, was taken ill on April 8th, 1921, with pain low down on the right side of the chest and a feeling of general illness. When seen on the afternoon of April 11th a patch of herpetic vesicles was present; it developed, and ultimately a severe rash occupied the fifth and sixth right dorsal root areas. At first no eruption was to be seen elsewhere, but on April 14th there were two dozen macules, papules, and vesicles scattered over the trunk, shoulders, and buttocks. Three days later a vesicular eruption was present over the whole body, including the face; more than 100 vesicles were counted. The whole cleared away gradually, but severe pain persisted in the area of the "herpetic" rash.

GEORGE E. ELKINGTON, M.B.Lond., F.R.C.S.

Newport Shropshire.

A CASE OF MYOCLONIC EPIDEMIC ENCEPHALITIS.

THE case reported below occurred during the recent small outbreak of epidemic encephalitis in the city of Bristol, and was the only one that could definitely be classified as of the myoclonic type. The remainder of the cases seen, numbering between 20 and 30, were of the common cranial nerve palsy, lethargic type.

G. L., aged 32, began to suffer from acute abdominal pain, without vomiting, on September 16th, 1920; next day he had diplopia, twitchings and spasmodic movements of the body and limbs, and the pain was worse.

He was admitted to the Bristol General Hospital on September 19th as an "acute abdomen." The temperature was 102°, the pulse 100, and the respirations 32. The tongue was coated. The eyes were prominent and bloodshot; the pupils were equal and reacted normally; there was marked nystagmus and left external strabismus. Speech was blurred with a tendency to stammer; he had never stammered before. There was no facial weakness. Spasmodic movements of arms and abdomen were frequent; all the abdominal muscles were involved and the movements were at times rhythmic and 20 to 30 to the minute. There was true abdominal rigidity; the knee jerks were very active.

The spasms ceased on September 20th. The patient, who was somewhat delirious, complained of abdominal pain. The leucocyte count was 13,800. The cerebro-spinal fluid was sterile; the number of cells was not increased, and there was a slight excess of globulin.

On September 23rd he was still boisterous and delirious; the right pupil was larger than the left, and there was facial paralysis on the right side and incontinence of urine. On September 25th he was much better, the temperature was normal, and he was quite rational; the right side of the face was still weak. On September 27th the temperature rose to 99.8° and he relapsed into delirium; no fresh paralysis developed. He died in coma on September 28th.

Post-mortem Examination.

There was some congestion, oedema and softening of the brain, and microscopic sections stained by methylene blue and eosin showed the following changes: In the cerebral cortex there were a few small haemorrhages into the pia mater, and a few of the nerve cells showed neuronophagia. The invading cells were basophil and considerably larger than the small round cells seen infiltrating the mid-brain areas.

In the mid-brain, at the level of the inferior geniculate body, general round-celled infiltration and perivascular infiltration was very dense, notably at the point of exit of the optic nerve. Some of the nerve cells were densely crowded with pigment granules. At the level of the nucleus of the third nerve and superior corpora quadrigemina, round-celled infiltration was present in moderate degree; perivascular infiltration was dense in parts, and some of the blood vessels were thrombosed. In sections through the red nucleus perivascular infiltration was fairly marked, but there was much less round-celled infiltration. The nerve cells generally appeared degenerate.

In the pons at the middle of the fourth ventricle the same lesions were present in less degree. Several vessels were thrombosed, and neuronophagia was present. The upper half of the olivary nucleus in the medulla oblongata showed very little abnormality, and in sections of the spinal cord no macroscopic or microscopic lesions were noticed.

Compared with sections from other cases of epidemic encephalitis (cranial nerve palsy type) those described here show no lesion or distribution of lesions, at present recognizable by the means employed, that accounts for the variation in symptomatology. I am indebted to Drs. J. Odery Symes and Cecil Clarke for permission to publish these notes.

E. J. BRADLEY, M.D., B.Ch.Cantab.,
Late Senior R.M.O. Bristol General Hospital.

THE ACTION OF QUININE ON PREGNANT AND NON-PREGNANT UTERUS IN THE TROPICS.

IN tropical countries some medical practitioners advise pregnant women to give up prophylactic doses of quinine as soon as pregnancy begins. The result is in many cases that chronic malaria causes severe anaemia and abortions; should the mother go to full term the children are badly nourished and have to be artificially fed owing to the poverty of the mother's milk, and unless both are removed from tropical regions there is great danger of the loss of their lives.

As with some women 5 grains of quinine cause contractions of the pregnant uterus and sometimes haemorrhage, I advise that the 5-grain prophylactic dose be taken in two doses of 2½ grains morning and evening, and in my thirty-two years' experience in Central Africa (11th deg. S. lat.) I have never seen a case where this has done any harm, and in nearly every case the 5 grains has kept the

women free from active malaria until the confinement. Then as the vital powers of resisting disease are much lowered by the excessive fatigue of child-bearing, it is necessary to give 10 grains (in very small doses) a day for five or six days, as very often, if not given, a severe attack of malaria will delay recovery with these doses.

I have never found quinine cause abortion. On the other hand, I have treated cases of abortion in native women (who do not take quinine), in which the frequent abortions were undoubtedly caused by chronic malaria, for when given the above prophylactic doses they were able to go to term and give birth to healthy living children.

With regard to the effect of quinine on the non-pregnant uterus, undoubtedly in a small percentage of cases it causes excessive and too frequent periods. Years ago I found that when 5-grain doses of quinine caused deafness or noises in the ears it was a sign that a smaller dose (3 grains) was sufficient as a prophylactic, and the majority of women under 120 lb. weight will, I think, find this smaller dose will keep them free from active malarial manifestations.

Recently I have treated this menorrhagia also as a sign that only smaller doses of quinine need be taken, and if the 5-grain prophylactic dose is necessary it should be taken in 2½-grain doses twice a day; the few cases treated, however, are not sufficient to lead me to any definite conclusions, and I would value greatly the experience of others in treating this very trying complaint.

WALTER FISHER, M.R.C.S., L.R.C.P.

Kalene Hill, Northern Rhodesia.

Reports of Societies.

THE END-RESULTS OF PLASTIC VAGINAL OPERATIONS FOR GENITAL PROLAPSE.

THE first British Congress of Obstetrics and Gynaecology was held at Birmingham on June 3rd and 4th, when the following societies were represented: the Obstetrical and Gynaecological Section, Royal Society of Medicine; the Edinburgh Obstetrical Society; the North of England Obstetrical and Gynaecological Society; the Glasgow Obstetrical Society; and the Midland Obstetrical and Gynaecological Society.

The opening session in the morning of June 3rd was presided over by Professor H. BRIGGS, President of the Obstetrical and Gynaecological Section of the Royal Society of Medicine. Mr. CHRISTOPHER MARTIN, chairman of the Midland Obstetrical and Gynaecological Society, welcomed the Congress to Birmingham, and expressed the hope, which was echoed by various speakers throughout the day, that this Congress would now become an annual affair, and the chief and authoritative mouthpiece of British gynaecology.

The morning session was devoted to a discussion upon the operative treatment of genital prolapse, opened by Dr. W. E. FOTHERGILL and Dr. F. H. LACEY, of Manchester. The title of their paper was "The End-Results of Plastic Vaginal Operations for Genital Prolapse."

Dr. W. E. FOTHERGILL said that the discussion had originated at a meeting of the North of England Society held at Liverpool in December, 1918. Professor H. Briggs had described the treatment of a case of procidentia, in a patient aged 18, by a vaginal operation combined with ventrofixation, but advocated a modification of Gilliam's operation. Dr. W. F. Shaw deprecated abdominal operations for prolapse, preferring the vaginal methods used in Manchester. Other members urged that the end-results of these measures should be ascertained and published and a collective investigation by the society was suggested. At subsequent meetings this project was developed and the scope of the inquiry came in question. It was proposed to exclude all except cases of complete prolapse, but this was not thought feasible. The term "genital prolapse" had a fairly definite connotation all over the world; and medical men constantly used the word "prolapse" as including both so-called vagino-uterine prolapse and so-called utero-vaginal prolapse. In view of these considerations, it was decided at a Council meeting of the North of England Society in December, 1919, that the inquiry should include "cases of (1) cystocele, (2) rectocele, (3) prolapsus uteri, and (4) elongated cervix protruding from

the vulva"—namely, in two words, cases of "genital prolapse." At an ordinary meeting of the society in Liverpool in October, 1920, Dr. F. H. Lacey gave a preliminary report on traced cases operated on at St. Mary's Hospital, Manchester, during the years 1914-15-16. Subsequently it was arranged to defer the further consideration of the subject to this meeting.

Dr. Fothergill briefly indicated the steps by which he was led to his present technique, starting with his work in Edinburgh under Sir A. R. Simpson and David Berry Hart, who used at that time anterior and posterior colporrhaphies of moderate size, amputation of the cervix, and repair of the perineum. These were done as separate operations, and in some cases all four were used for one patient. Chronic catgut was the suture material, and the immediate results were good. On coming to Manchester in 1895 he found that, owing to the initiative of Professor A. Donald, surgical treatment of genital prolapse was already highly efficient; anterior colporrhaphy incisions were larger than those done in Edinburgh, and the whole thickness of the vaginal wall was removed. Donald had also combined the operation of posterior colporrhaphy with perineorrhaphy in a single operation done from above downwards.

Dr. Fothergill was gradually convinced by clinical experience that the uterus, vagina, and bladder were mainly kept in position by the lateral combinations of unstriated muscle and connective tissue known as the parametrium and the paracolpos, and this was demonstrated by him to the Royal Society of Medicine in 1907. The practical application was that anterior colporrhaphy could be improved by carrying the incision well up and out on either side of the cervix, fully exposing the paracolpos, so that closure of the wound must bring together in front of the cervix structures formerly at its sides. This he demonstrated to the Edinburgh Obstetrical Society in 1908. Subsequently he found that by carrying the incision round behind the cervix instead of in front of it, anterior colporrhaphy and amputation of the cervix could be conveniently combined in one single operation. When the wound was closed the cervical stump passed upwards and backwards so far that the uterus was left in a position of anteversion, thus dispensing with the need of excessive narrowing of the vagina. An improved technique and modifications were afterwards described in the *BRITISH MEDICAL JOURNAL* (April 12th, 1913); the *American Journal of Surgery* (May, 1915); and in the *Journal of Obstetrics and Gynaecology of the British Empire* (March and May, 1915). Dr. Lacey had traced as far as possible the after-histories of the cases treated by Dr. Fothergill at St. Mary's in 1914-15-16, so that since these operations were done periods varying from four and a half to seven and a half years had elapsed; no cases treated by mere perineal repair were included. One hundred and fifty-six patients replied to Dr. Lacey's letter of inquiry; of these, 150 stated without qualification that they were cured, while 6 did not. Of these 6, No. 1 had had three children since the operation, and the womb has gone down again; No. 2 said the "womb was not as it should be," but on examination no prolapse nor other abnormality was found; No. 3 had chronic bronchitis and asthma, and the operation was therefore a failure from the start; in No. 4 the uterus was in good position, but there was some vaginal prolapse; No. 5, a case of rectocele only, had an instrumental labour and was torn badly, and there was a slight recurrence of rectocele; and in No. 6 nothing was found on examination, but she said she still had pain at times. This gave 97½ per cent. of cures. As to the ages of the patients, about one-third had passed the menopause.

In 124 cases combined amputation of the cervix with anterior colporrhaphy was done, while in the remainder the cervix was retained. Thirty-two were examples of elongated cervix with inversion of the vaginal walls from above downwards. It would be unreasonable to expect that the new pelvic floor should always stand the test of labour; the original pelvic floor did not always do so. From this point of view it was of interest to note that 21 of the women under 40 and 3 of those over 40 had since borne children, and 2 others were now pregnant; and, of these 26, 23 had had the cervix removed by the combined operation. To the 24 patients 30 children had been born; 23 labours were natural and 7 instrumental, but in no

in many local activities, and for some years before his death had been churchwarden at All Saints Church, Clifton; for he belonged in religious thought to the school of George Herbert and Nicholas Ferrar. By family connexions he had long associations with Bristol, and his death is deeply deplored, not only by his medical confrères and by the masters and boys of Clifton College, but by a wide circle of friends who knew his sterling worth. He leaves a widow and two sons.

We regret to record the death of Dr. HUGH DAVIES-JONES, which took place at Mountain Ash on June 6th, 1921, at the age of 66. He was a native of Menai Bridge, Anglesey, and was educated at Edinburgh and Glasgow, and took the diplomas of L.R.C.P. and S.E.din. in 1880. After acting as assistant to the late Dr. Benjamin Williams of Mountain Ash he went to Llangollen, North Wales, where he practised for about seventeen years. He returned to Mountain Ash in 1903 on the death of his brother, the late Dr. Daniel Davies-Jones, and became surgeon to Messrs. Nixon's Collieries and the Powell Duffryn Colliery. He was a very active member of the British Medical Association. He had been Chairman of the North Glamorgan and Brecknock Division, was a member of the Executive Committee, and represented the Division on the Branch Council; he had recently been appointed to represent the South Wales Branch on the Welsh National Memorial Association. He was very faithful in his attendance at the Division meetings and its committees, and only four days before his death was present at a Division meeting held at the General Hospital, Merthyr. He devoted a good deal of time to ambulance work; he was a lecturer and examiner in the St. John Ambulance Association, and had held very successful classes; recently he received a handsome presentation from one of his classes. Apart from his profession he took an active interest in the welfare of his town, and he and his family gave material and financial assistance to all good causes; during the war, though 60 years of age, he joined the V.T.C. and was a very active member; afterwards he received a commission. He was a kind and genial gentleman, very sympathetic to his patients, and greatly liked by them. He was skilled in his profession, but of a retiring disposition, and did not carry either his heart or his knowledge on the surface. He leaves a widow, two sons, and four daughters to mourn his loss. His two sons are members of the medical profession, the elder having been with his father, while the younger, recently qualified, is a resident at the King Edward VII Hospital, Cardiff. The local profession has lost a staunch friend who will be greatly missed in many spheres.

Dr. JOHN GOODWIN SHEA, who died suddenly on March 21st, was born in Dublin in 1856. He took the diploma of L.R.C.S.I. in 1880, and that of L.R.C.P.I. in 1882, and settled in Chesterfield in 1885; after acting for some years as assistant to the late Dr. Jefferies, he succeeded him in practice. Dr. Shea became F.R.C.S.I. in 1894, and graduated M.D. Durham in 1902. He was a J.P. of the borough of Chesterfield for many years, and on the honorary staff of the Chesterfield Royal Hospital. In June of last year he retired from active practice to Ewell, in Surrey. He was a past president of the Midland Branch of the British Medical Association.

The Services.

OFFICERS' ALTERNATIVE PENSIONS.

THE Ministry of Pensions announce that officers and nurses disabled by service in the great war who intend to claim alternative retired pay or pension, based on pre-war earnings and present earning capacity, must make application before July 2nd, 1921, or before a year has elapsed since the first award of disability retired pay or pension, whichever is the later date. Applications for alternative pensions by widows of officers whose deaths were due to service in the great war must also be made before July 2nd, 1921, or within a year of the date of first award of the flat-rate pension. A widow who may not be eligible at present owing to the receipt of allowances for children, but who may become eligible when these allowances cease, must make application before July 2nd, 1921, in order to establish her future claim. The provision relating to the time

limit is contained in the Royal Warrant of July 2nd, 1920, and was necessitated by the difficulty experienced in obtaining proof of pre-war earnings. Under the terms of the Royal Warrant a disabled officer is not eligible for alternative retired pay if his pre-war earnings did not exceed £132 a year, nor is a disabled nurse eligible for alternative pension if her pre-war earnings did not exceed £95 a year. In the case of officers' widows there is no fixed limit.

As the substitution of alternative retired pay or pension for the ordinary flat-rate pension represents in some cases a substantial addition to the amount of the pension, disabled officers and nurses, and officers' widows who have not yet made application, should ascertain without loss of time whether they are entitled to the benefits of the alternative system. Applications and inquiries should be addressed to the Officers' Branch, Ministry of Pensions, Cromwell House Annexe, Millbank, S.W. 1.

HONOURS.

THE following awards are announced for services rendered during the operations in Waziristan:

C.S.I.—Colonel Charles W. Profeit, C.M.G., D.S.O., A.M.S.
C.I.E.—Colonel Thomas Stodart, I.M.S., Lieut.-Colonel (acting Colonel) Corrie Hudson, I.M.S.

O.B.E. (Military Division).—Captain (acting Lieut.-Colonel) Alexander G. Biggam, R.A.M.C., temporary Captain Nitya Nand Joshi, I.M.S., Major Thomas C. C. Leslie, R.A.M.C., Major (acting Lieut.-Colonel) Herbert B. Scott, I.M.S., Major (acting Lieut.-Colonel) Francis B. Shettle, I.M.S., Captain and Brevet Major (temporary Major) John A. Sinton, V.C., I.M.S., Major George S. Wallace, R.A.M.C., Major (temporary Lieut.-Colonel) Norman M. Wilson, I.M.S.

To be Brevet Lieut.-Colonel.—Major T. S. Dudding, O.B.E., R.A.M.C.

Bar to M.C.—Captain William J. S. Ingram, M.C., I.M.S.
M.C.—Temporary Captain Banwari Lal Gupta, I.M.S., temporary Lieutenant Mangalore Gopal Kini, I.M.S., temporary Captain Kishan Ganesh Mohile, I.M.S., Captain (acting Major) D. Reynolds, R.A.M.C., temporary Captain Sarevanamathar Thambiah, I.M.S.

The following are also mentioned for distinguished service: Major (acting Lieut.-Colonel) John Anderson, I.M.S., Major Duncan Coutts, I.M.S., Captain Radha Krishna Dewan, I.M.S., T.C., Major Charles H. Fielding, I.M.S., Captain (acting Major) Richard E. Flowerdew, I.M.S., Captain Cecil C. Harrison, R.A.M.C.(S.R.), Captain (acting Lieut.-Colonel) John Patrick Huban, I.M.S., Captain Enathickal John Koshi, I.M.S., T.C., Captain (temporary Major) Henry H. Mulholland, R.A.M.C., Captain (acting Lieut.-Colonel) Denis F. Murphy, I.M.S., Lieutenant Attamahomed Tajmahomed Shaikh, I.M.S., T.C., Captain (acting Lieut.-Colonel) Charles H. Smith, O.B.E., I.M.S., Captain Ralph R. Thompson, M.C., R.A.M.C., Captain (acting Major) Jagannath Balkrishna Vaidya, I.M.S., Mrs. Alice Pennel, M.B., B.S., of the Afghan Mission Hospital, Bannu, together with twenty-three members of the Indian Medical Department.

Universities and Colleges.

UNIVERSITY OF OXFORD.

Litchfield Lecturer in Medicine.—Ernest Mallam, D.M., Magdalen College, has been appointed Litchfield Lecturer in Medicine for two years as from October 5th, 1921.

Examiner in Animal Physiology.—Leonard Hill, M.B., F.R.S., has been reappointed Examiner in Animal Physiology in the Final Honour School of Natural Science.

Election of Members of the Board of the Faculty of Medicine.—The following have been re-elected members of the Board of the Faculty of Medicine: E. W. Ainley Walker, D.Sc., D.M., Fellow of University College, J. H. Thursfield, D.M., Trinity College and St. Bartholomew's Hospital, Claude G. Douglas, B.Sc., D.M., Fellow of St. John's College.

The following have been approved at the examination indicated:

D.P.H.—Part I: H. L. Coulthard, E. ff. Creed, S.-el-D. A. El Daab, A. Hunter, J. B. Kirk, N. B. Laughton, E. Newton, S. G. Overton, A. J. Partridge, E. G. Rawlinson, W. G. Southey, C. J. Todd, M. P. Wilson. Part II, and received the Diploma: H. L. Coulthard, T. J. Lloyd, G. W. Ronaldson, C. W. Sharpley.

William Brown, D.M., D.Sc. (Christchurch), Reader in Psychology in the University of London (King's College), has been elected Wilde Reader in Mental Philosophy.

UNIVERSITY OF CAMBRIDGE.

DR. HAMILTON HARTRIDGE, Fellow of King's College, has been reappointed Senior Demonstrator in Physiology.

At a congregation held on June 10th the following medical degrees were conferred:

M.D.—A. C. Roxburgh.
M.B., B.Ch.—J. C. Andrews, R. A. W. Procter, M. B. R. Swann, J. W. McK. Nicholl, F. B. Hobbs.
B.Ch.—A. J. Copeland.

The Registry calls the attention of the tutors and praelectors of colleges and of the deans of medical schools to the report of the Special Board for Medicine of May 4th, 1921 (*Reporter*, page 953), recommending important alterations in the times for the sending in of the names of candidates, and for the presenting of certificates for the Third Examination for Medical and Surgical Degrees. All medical students should be instructed to substitute the words *thirty-first for tenth or thirty-one for ten*, and *thirty-one days for three weeks*, on pages 11, 17, 35, 36 of the Regulations and Schedules for Medical and Surgical Degrees. The additional fee for late entry is £2.

UNIVERSITY OF LONDON.

DR. E. G. GRAHAM LITTLE has been elected by the Graduates of Medicine and Surgery of the University of London to serve his fifth term of office as their representative on the Senate.

The following have been recognized as teachers of the University in the subjects and at the institutions indicated:

London (Royal Free Hospital) School of Medicine for Women: Mrs. Anne L. Gilliat (Anaesthetics).

St. Mary's Hospital Medical School: Mr. C. W. G. Bryan (Surgery). Mr. A. Fleming (Bacteriology).

Dr. Jobson Horne has been appointed Semon Lecturer. The lecture, entitled "The relationship of the larynx to pulmonary tuberculosis," will be delivered at the rooms of the Royal Society of Medicine on July 5th at 5 p.m.

The duration of the appointments of Professor A. D. Waller, F.R.S., and Dr. T. D. Lister, C.B.E., as director and treasurer respectively of the Physiological Laboratory has been extended to the end of 1921. Dr. John Fawcett has been appointed a governor of the Lister Institute of Preventive Medicine, and Dr. A. Thomas a governor of University College, Aberystwith.

The following have been appointed staff examiners in the subjects of examination for medical degrees 1921-22:

Anatomy: Professor G. Elliot Smith, F.R.S., and Dr. W. L. H. Duckworth. *Bacteriology:* Professor R. T. Hewlett. *Chemistry:* Dr. H. R. Le Sueur and Professor W. H. Lewis. *Forensic Medicine and Hygiene:* Drs. R. A. Lyster and W. G. Savage. *General Biology:* A. Eastwood, B.Sc., and Miss P. C. Esdaile. *Medicine:* Drs. J. Calvert, C.B.E., J. Fawcett, R. T. Williamson, and C. R. Box. *Mental Diseases and Psychology:* Drs. R. H. Cole and W. H. B. Stoddart. *Obstetric Medicine:* Dr. Comyns Berkeley, Professor T. Wilson, Dr. J. S. Fairbairn, and Dr. T. G. Stevens. *Oto-Rhino-Laryngology:* Sir W. Milligan and Dr. Herbert Tilley. *Pathology:* Dr. C. Bolton, C.B.E., F.R.S., and Professor H. R. Dean. *Pharmacology:* Professor F. Ransom and Professor G. A. Gunn. *Physics:* A. Wood, M.A., and Professor S. Russ. *Physiology:* Professor J. S. Macdonald, F.R.S., and Professor M. S. Pembrey. *State Medicine:* Drs. W. G. Savage and A. G. R. Foulerton. *O.B.E. Surgery:* J. Sherrin, C.B.E., C. H. Fagge, E. W. Hey Groves, and Professor G. E. Gask, C.M.G., D.S.O. *Tropical Medicine:* Dr. G. C. Low.

Mr. H. J. Waring, C.B.E., has been elected chairman of the Brown Animal Sanatory Institution Committee for the remainder of the year 1920-21. The annual report of the superintendent of the institution stated that during the year 6,040 animals, including 2,823 dogs, 2,660 cats, and 221 horses were treated there. The five lectures required to be given under the will of the late Mr. Brown were delivered by the superintendent during December at the Royal College of Surgeons, the subject chosen being influenza. The superintendent had continued in the laboratories his work on influenza for the Medical Research Council, and some interesting results are to be published shortly. He had also carried on researches on leprosy, and on the ultra-microscopic virus group in addition to examining a number of pathological specimens from the hospital. Mr. Twort's appointment as superintendent of the institution has been continued for one year as from June 1st, 1921.

Applications for the post of professor of medicine and director of the medical clinic at St. Mary's Hospital School, salary £2,000 a year, must be received by the Academic Registrar, University of London, not later than the first post on June 23rd.

The following candidates have been approved at the examination indicated:

DIPLOMA IN PSYCHOLOGICAL MEDICINE (with special knowledge of Psychiatry).—C. Farran-Ridge, W. Moodie, A. A. W. Petrie.

UNIVERSITY OF MANCHESTER.

The following appointments have been made: *Demonstrators in Pathology:* P. I. C. Gibson, M.B., B.S., and A. Haworth, M.Sc., M.B., Ch.B. *Demonstrators in Anatomy:* Georgina May Duthie, M.B., Ch.B., and R. C. Shaw, M.R.C.S.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

New Fellows.

At a meeting of the Council of the Royal College of Surgeons, held on June 9th, with Sir Anthony Bowlby, K.C.B., President, in the chair, diplomas of Fellow were conferred upon the following twenty-five candidates (including one woman) who have passed the requisite examinations and have complied with the by-laws—namely:

K. B. Bellwood, E. C. Bowden, G. N. Brandon, G. W. Carte, H. Corsi, R. Coyte, S. G. Dunn, J. A. W. Ebdon, Satapriya Ghosh, J. B. Haycraft, S. N. Hayes, O. S. Hillman, J. B. Hunter, C. M. Jones, O. R. M. Kelly, T. P. Kilner, C. Iamrinudi, H. M. Livingston, R. P. S. Mason, R. L. Newell, H. C. W. Nuttall, K. G. Pandalai, R. H. O. B. Robinson, F. W. Watkyn-Thomas, H. W. Wookey.

Mr. James Sherrin and Mr. L. Bathe Rawling were elected members of the Board of Examiners in the vacancies occasioned by the retirement of two previous members of the Board.

The following were elected as examiners in anatomy and physiology for the Fellowship for the ensuing year:

Anatomy: A. R. Thompson, J. E. S. Frazer, G. Gordon-Taylor, W. F. Haslam. *Physiology:* H. Willoughby Lyle, F. A. Bainbridge, A. Rendle Short, J. Mellanby.

The following recommendations for examiners in other subjects were adopted by the Council:

Elementary Biology: T. W. Shore, J. P. Hill. *Anatomy:* F. G. Parsons, David Hepburn, Arthur Thomson. *Physiology:* G. A. Buckmaster, H. E. Roaf. *Midwifery:* G. F. Darwall Smith.

Cuthbert Lockyer, G. Drummond Robinson, C. Hubert Roberts, *Diploma in Public Health:* Sir F. W. Andrewes, F. N. K. Menzies, *Diploma in Tropical Medicine and Hygiene:* H. B. G. Newham (Bacteriology); G. C. Low (Diseases and Hygiene of Tropics). *Diploma in Ophthalmic Medicine and Surgery:* J. H. Parsons, H. W. Lyle, E. Treacher Collins. *Diploma in Psychological Medicine:* Sir Frederick Mott.

The following professors and lecturers were appointed for the ensuing collegiate year:

Hunterian Professors.—Sir Arthur Keith: Six lectures on "The comparative osteology of human races," illustrated by collections in the Museum. Harold Burrows, C.B.E.: Two lectures on "The results and treatment of gunshot wounds of the blood vessels." Alfred G. T. Fisher: One lecture on "The pathology of chronic arthritis, with remarks on the basal principles of treatment of joint disease as indicated by anatomical and physiological observations." Charles A. Pannett: One lecture on "Hydronephrosis." Alan H. Todd: One lecture on "Orthopaedic aspects of rheumatoid arthritis." Kenneth M. Walker: One lecture on "Enlargement of the prostate."

Arris and Gale Lecturers.—V. Zachary Cope: One lecture on "The nerve supply of the parietal peritoneum and superperitoneal tissues." F. W. Etridge-Green, C.B.E.: One lecture on "New researches in colour vision." Swale Vincent: One lecture on "A critical examination of current views on internal secretion."

Erasmus Wilson Lecturer.—S. G. Shattock: Six demonstrations on pathological specimens in the Museum.

Arnott Demonstrator.—Sir Arthur Keith: Six demonstrations on the contents of the Museum.

Thomas Vicary Lecturer.—Sir Charles A. Ballance: Historical lecture.

A vote of congratulation was accorded to Sir Arthur Keith on the honour of knighthood conferred on him.

It was resolved that the examinations for the primary Fellowship should be held in June and December in 1922 and until further notice.

ROYAL FACULTY OF PHYSICIANS AND SURGEONS, GLASGOW.

At the monthly meeting of the Royal Faculty of Physicians and Surgeons of Glasgow held on June 6th, the following were admitted (after examination) as Fellows: J. H. Fyfe, A. M. Laurie, T. T. Read, J. D. Wright.

ROYAL COLLEGE OF PHYSICIANS OF IRELAND.

At the monthly business meeting of the President and Fellows held on June 3rd the Most Rev. and Right Hon. John H. Bernard, D.D., Provost of Trinity College, Dublin, was unanimously elected an Honorary Fellow of the College.

The following candidates, having passed the Membership Examination, were duly admitted Members of the College: L. Abrahamson, J. W. Bigger, C. Dickson, J. D. Sandes.

Medical News.

DR. MILES HARRIS PHILLIPS, surgeon to the Jessop Hospital for Women, Sheffield, has been appointed Professor of Obstetrics and Gynaecology in the University of Sheffield.

DR. E. F. HOARE, of the Middle Temple, and Dr. E. G. ANNIS, of Lincoln's Inn, have been called to the Bar.

A VACATION course of post-graduate instruction has been arranged* at the Post-Graduate College, West London Hospital, Hammersmith, W., commencing on August 2nd and ending on August 27th. Further particulars can be obtained on application to the Secretary of the College.

DR. W. M. PALMER, of Linton, author of a number of works on the antiquities of Cambridgeshire, has been elected a Fellow of the Society of Antiquaries of London.

THE Council of the Royal Society of Medicine has awarded a Gibson Research Scholarship to Miss Gertrude M. A. Herzfeld, M.B., Ch.B., F.R.C.S. (Edin.), of Edinburgh. The scholarship will be held for two years, with a possibility of renewal for a third year.

WE are asked to state that Dr. Rollier has arranged to give a short post-graduate course of demonstrations on heliotherapy, at Leysin, from August 16th to August 20th.

THE new offices of the General Nursing Council for England and Wales at 12, York Gate, at the corner of Marylebone Road, were opened by Princess Christian on June 10th. The Council was called into existence by the Nurses' Registration Act, 1919, primarily to form and keep a register of nurses for the sick, in accordance with the provisions of the Act. It consists of two persons appointed by the Privy Council, two by the Board of Education, and five by the Ministry of Health, together with sixteen nurses selected by, among others, the Central Committee for the State Registration of Nurses, the College of Nursing, and the Royal British Nurses Association. Of the five members nominated by the Ministry of Health, two—Sir T. Jenner Verrall, LL.D., and Dr. E. W. Goodall, O.B.E.—were appointed at the suggestion of the British Medical Association.

THE fiftieth inter-hospital athletic sports will be held at Queen's Club, Barons Court, S.W., on Tuesday, June 28th, commencing at 2.30 p.m. The prizes will be presented by Viscountess Goschen. Further particulars can be obtained from Mr. L. G. Housden, Honorary Secretary U.H.A.C., Guy's Hospital, S.E.

DR. JAMES GRANT, who has practised at Rhynie, Aberdeenshire, for thirty-three years, has been presented by his patients and friends with an illuminated address and a cheque for £300, in appreciation of his valuable services to the community.

THE Ministry of Health has, at the request of the Metropolitan Water Board, issued a circular to metropolitan borough councils and sanitary authorities within the area of the Board inviting them to restrict the use of water for the watering of streets and the flushing of sewers. The shortage of the metropolitan supply of water is attributed to the prolonged drought.

A COURSE of twelve practical demonstrations on the management and feeding of infants and young children is being given on Tuesdays and Thursdays at the St. Marylebone General Dispensary, 77, Welbeck Street, W., by Dr. Eric Pritchard. Arrangements have been made to visit the Nursing Training School, 1, Wellgarth Road, Golders Green, N.W., to see the methods employed there in dealing with infants. The fee for the course, which commenced on June 14th, is £2 2s.

THE annual post-graduate class in oto-rhino-laryngology will be held in Professor Moure's clinic at Bordeaux from July 18th to July 30th.

THE Department of Medical Zoology in the School of Hygiene and Public Health, Johns Hopkins University, has arranged to send an expedition to Porto Rico this summer to study malaria and other problems arising out of disease-producing protozoa.

THE second International Congress for the Protection of Childhood will take place at Brussels from July 18th to 21st. The subscription for members is 25 francs, for associate members 10 francs. The organizing secretary is M. H. Velge, 27, rue de Turin, Brussels.

AT the last meeting of the Central Midwives Board for England and Wales, Sir Francis Champneys in the chair, it was reported that copies of the Central Midwives Board (Terms of Office) Order, 1921, had been forwarded from the Ministry of Health, the Order giving effect to the representation made by the Board on January 20th, 1921, that each of the members who, according to the Central Midwives Board (Constitution) Order, 1920, were to be appointed for a term of three years, should be appointed instead annually. It was announced that the Home Office had informed the Midwives Institute that, by virtue of the Regulations to be issued under the Dangerous Drugs Act, 1920, certified midwives who had notified their intention to practise would be authorized, under appropriate conditions, to purchase and be in possession of medicinal opium for use in the practice of midwifery.

The German Congress of Internal Medicine will be held at Wiesbaden in 1922 under the presidency of Professor Wenckebach. The subsequent congress will be held in Vienna.

AN international congress of ophthalmology will be held at Washington from April 18th to 22nd, 1922, under the auspices of the American Ophthalmological Society, the Ophthalmological Section of the American Medical Association, and the Academy of Ophthalmology and Oto-rhino-laryngology.

THE twenty-sixth Dutch Congress of Public Health will be held in September at Arnheim, when the following subjects will be discussed: (1) Notification of infectious diseases; reporters, Kuiper (Amsterdam) and Kapsenberg (Groningen). (2) Destruction of vermin; reporters, Ringeling and Wolff (Amsterdam).

THE first stone of a Rockefeller tuberculosis dispensary has been laid at Bordeaux to commemorate the 284 American nurses who died during the war.

THE Municipal Council of Paris has decided to increase the fee payable to medical men summoned by the police to 20 francs.

AT a recent meeting of German scientists measures were agreed on as to the preservation of the most important features of scientific research under present social conditions. It was decided that subsidies should be secured for the 400 most important of the (roughly) 3,000 scientific journals published in German. To meet the lack of foreign publications a single large levy was voted to provide German readers with the most important foreign journals. Expedients were also found to combat the

shortage of research apparatus, drugs, experimental animals, and the like by centralizing the machinery for their purchase and distribution.

THE late Mr. Rutherford J. Pye-Smith, F.R.C.S., Emeritus Professor of Surgery in the University of Sheffield, has left estate of the gross value of £3,596, of which £8,603 is net personality. He left the residue of his estate to his wife for life, and subject to her interest bequeathed £1,000 to the University of Sheffield for the chair in surgery, £100 to the Sheffield Royal Hospital, and £50 each to the Broompark Mission, Sheffield, the Edinburgh Medical Mission, and the Pye-Smith Scholarship Fund, Walthamstow Hall, Sevenoaks.

AT a meeting of the Society of Public Analysts on June 1st a paper on the composition of so-called egg powders was read by Beach, Needs, and Russell, comparing them with ordinary baking powders. A table of compositions was given, and it was suggested that a standard might be laid down for a minimum percentage of actual egg in such preparations.

DR. FRANCIS J. STEVENS has retired from the post of Medical Officer of Health to the Borough of Camberwell, after thirty years' service.

THE International Labour Bureau at Geneva has published figures showing that eleven nations (not including Russia, Turkey, Bulgaria, and Australia) have had 5,500,000 men disabled in the war. Of this number France has 1,500,000; Germany, 1,400,000; Great Britain, 1,170,000; Italy, 570,000; the United States, 200,000; Czechoslovakia, 175,000; Canada, 88,000; Rumania, 84,000; and Belgium, 40,000. Reports sent by the different Governments show that only a few of the disabled men now remain in military hospitals, and that the majority of the severely wounded who have been properly trained and provided with suitable appliances are capable of earning their livelihood, but there is difficulty in finding occupation for them all.

THE American Hospital Association will hold its annual conference at West Baden, Indiana, from September 12th to 17th.

A HOSPITAL ship to contain 500 patients is being built at Philadelphia.

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.

ORIGINAL ARTICLES and LETTERS forwarded for publication are understood to be offered to the BRITISH MEDICAL JOURNAL alone unless the contrary be stated.

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.

DR. J. MCSOAR, of Buxton, asks whether mixed staphylococcus vaccine has been used in infantile eczema, which, when occurring at the time of dentition, may last for months.

"T. M."—A newly appointed medical officer of health to an urban district should obtain from the clerk to the council the Sanitary Officers (outside London) Order, dated December 13th, 1910, Article xix of which defines the duties of a medical officer of health. Textbooks he will find useful are *Hygiene and Public Health*, by Whitelegge and Newman, published by Cassell and Co.; *Hygiene*, by Notter and Firth, published by Longmans and Co.; and *Sanitary Law and Practice*, by Robertson and Porter, published by the Sanitary Publishing Company, Ltd.