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THE following table, giving a key to the dates of issue and the page numbers of the BRITISH MEDICAL JOURNAL and SUPPLEMENT in the first volume for 1922, may prove convenient to readers in search of a reference.

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catamenial period. Sometimes it begins a day or so before the period. The loss is usually small. I have not been accustomed to use it where the amount is excessive, lasting six days or more, and attended with passage of clots, pain continuing through the whole of the period, or nearly so. Most of the patients that I have treated have been unmarried. Married women having this type of dysmenorrhoea are apt to be sterile.

I do not pretend to know the precise pathology of these cases. I never make a vaginal examination in them, which is mischievous where it is not necessary. I am quite satisfied with the knowledge that in the great majority of patients giving the history above detailed pulsatilla affords wonderful relief. When I prescribe it I usually give the following explanation: "You may get great and immediate relief at the first trial of the medicine. That often happens. But do not be disappointed if it does not. If you get any relief at all at first, you may expect with great confidence that the benefit when you use it at the next period will be much greater. Probably when it has been used at five or six periods the pain will be entirely abolished, after which the medicine may be given up with very little fear of a relapse. But if that should occur at any time, the medicine may be resumed with good effect." The cases in which these prophecies have been unfulfilled have been in my experience very few. How pulsatilla relieves dysmenorrhoea I do not know. I have never known it to produce any undesirable effect, or indeed any other effect at all than that for which it was prescribed. It is certainly not a narcotic. The formula I use is:

R Tr pulsatilla 3iv
Spt. chlorof. 3ij
Aq. chlorof. ad 3vj

Two teaspoonfuls of this to be taken as soon as menstrual (or pre-menstrual) pain begins, and every three hours while pain continues.

It cannot be supposed that the minute quantity of chloroform contained in 3ij of this mixture materially aids the pulsatilla. But it is most efficient as a preservative, so that I tell the patient that if the bottleful is not finished when pain ceases the rest of it may be kept for use at the next period.

It may be objected that suggestion is largely concerned in the success of this treatment. Absolutely to disprove this would be difficult. But the remarkable uniformity of the results makes it exceedingly improbable. To me it is a question of merely academic interest. What I care for is that severe pain, often producing serious disability, is relieved, and in many cases entirely abolished, by a remedy which is quite harmless and in no way disagreeable. And these are advantages which certainly cannot be claimed for the stem pessaries which were in vogue in my younger days, or the operations for dilatation of the cervix which I have seen described in recent works.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

OBSTRUCTION OF THE PELVIC COLON BY THE PEDICLE OF AN OVARIAN CYST.

The notes of the following case, in which the obstruction was caused in a remarkable manner, seem to merit publication.

On August 28th, 1921 I was called by a local Muslim doctor to see his mother-in-law, a lady of 55, who was obviously suffering from symptoms indicating an obstruction of the bowel, incomplete in character. On the previous day she had had a sudden attack of moderately severe pain in the lower abdomen, followed by vomiting (once). An enema given in the evening had resulted in the passage of a little faeces and flatus, but did not relieve the pain. When I saw her, her abdomen was slightly distended, particularly over the caecal and sigmoid areas; tenderness was not marked, and there was no rigidity. The pulse rate was 80, the temperature normal. She gave no history of genito-urinary trouble.

Castor oil was ordered, but was returned, and an enema with turpentine produced a small motion without passage of flatus. On the following day her condition was much the same, and she was removed to hospital for further observation, and in case the necessity for operation should arise. A further enema resulted in the passage of considerable flatus. During this and the following day her condition was chiefly remarkable for the variation in the severity of the local symptoms. Pulse and temperature remained unelevated. The spasms of pain varied in their intensity and duration, and frequent enemata only occasionally produced flatus. Abdominal distension was, on the whole, less marked. A small stool was passed on the 30th after an enema. On the 31st the pulse rose to 96 and the temperature to 99°F., and her general condition was obviously worse. She complained bitterly of the increase of pain after the enemata. I advised a laparotomy, but

first insisted on making a vaginal examination. This revealed an ill-defined lump on the right side. The fundus uteri could not be felt.

On opening the abdomen under spinal anaesthesia (stovaine) by a subumbilical incision, the omentum was seen passing down to become attached to a right-sided ovarian cyst about the size of a cricket ball. The uterus was displaced to the left and the pelvic colon was found to be ensnared by the cyst pedicle in a most remarkable manner. The pedicle, under considerable tension, about the thickness of the index finger, and showing several twists, passed from the uterus posterior to the obstructed loop, then over the latter from behind forwards, and finally to the left and posterior to its proximal portion, emerging under cover of this to reach the base of the cyst. The cyst was lying horizontally, with its apex to the right and pointing downwards slightly. The loop of colon was moderately distended, and showed a fairly pronounced ring at the point of constriction.

After ligaturing and dividing the partially adherent omentum, the obstruction was first relieved by division of the pedicle between ligatures at the point where it appeared from behind the loop and the cyst removed. The remaining (proximal) portion of pedicle was then ligatured and removed from its uterine attachment. The broad ligament on the side of the cyst was extremely rudimentary. The abdomen was closed in layers without drainage. Apart from a rise of temperature on the third and fourth days due to malaria, which promptly yielded to intramuscular injections of quinine, the patient made an uneventful recovery.

The cyst was incised after removal and proved to be a dermoid containing a large quantity of hair in about 12 ounces of viscid dark yellow fluid. The total length of the pedicle was about 8 inches; it was dark red in colour, due to extravasation of blood, and it presented an unusual feature in that its diameter was uniform throughout.

How the cyst and its pedicle came to establish the relations found at operation it is almost impossible to guess, but it seems reasonable to suppose that the omentum was to a large extent responsible for their maintenance. The adhesions were recent, and probably followed the twisting of the pedicle. This being abnormally long must, I think, be regarded as the primary factor in the causation of the obstruction, and no doubt the weight of the cyst, aided by gravity, prevented the bowel escaping from the noose.

I wish to thank the Director of Health Services in Iraq for permission to publish these notes.

G. S. WOODMAN, M.B., B.S. Dunelm., F.R.C.S. Edin.

Mosul.

ERUPTION RESEMBLING VARICELLA IN LOBAR PNEUMONIA.

As there has recently been correspondence relating to the possible identity of the virus of herpes with that of varicella it may be opportune to place on record a case of lobar pneumonia accompanied by herpes labialis, and, on the approach of crisis, also by an eruption clinically identical with or resembling very closely that of varicella.

A young man, aged 24, was admitted to the Midday Mission Hospital at Bethnal Green on August 1st, 1921, suffering from acute lobar pneumonia. There was a good deal of herpes around the nose and mouth. He stated that after feeling unwell for a few days he was taken suddenly ill three days before admission with pain in the chest and vomiting. He was found to have dullness at the base of the right lung, and a well marked patch of consolidation extending from the second to the sixth costal cartilage and three to four finger-widths from the right sternal border. Diminution of resonance extended considerably below this, but cleared up without further sign of effusion.

On August 4th there was an outbreak of red spots, quite irregularly distributed, on the upper part of the chest. These took five or six days to clear up, but only a very few of them showed vesicles. On August 6th there was an extensive vesicular outbreak on the back, covering the whole of it in an irregular manner and showing no tendency to group along the nerve tracks. The larger of these became pustular and terminated by scabbing. Umbilicated vesicles were not observed.

The whole eruption was not simultaneous in development, and it lasted many days; but I regret to say that the date of the termination of scabbing is not marked in my notes.

London, W.

WM. SALISBURY SHARPE, M.D., M.R.C.P.

THE OPERATION OF CHOLECYSTGASTROSTOMY.

To your issue of November 19th, 1921, Mr. C. A. Moore, of Bristol, contributed an interesting case of pancreatic tumour, and added a valuable review of the literature of cholecyst-gastrostomy. His remark that "cases in the literature since 1914 are naturally scarce" prompts me to add the following case of malignant disease of the pancreas to the list.

A railwayman, aged 45, was admitted to hospital in August, 1920, suffering from chronic obstructive jaundice of several months' duration. He complained of intermittent pain in the upper abdomen, and intolerable itching from jaundice, which was deep and progressive. In the preceding six months he had lost 14 lb. There was slight uniform distension of the abdomen, and a distended gall

bladder was easily palpable as a mobile globular tumour, situate midway between the umbilicus and the right costal margin. The stools were pale, bulky, and greasy. No trace of urobilin was present, but an abundance of undigested muscle fibre and an excess of unsplit fat. Glycosuria was present, Loewi's test was negative, and the excretion of diastase in the urine, normal in amount.

On account of the intolerable pruritus, the abdomen was opened and cholecystgastrostomy performed, after aspiration of the gall bladder. The head of the pancreas was found to be enlarged, nodular, stony hard, and overhanging the duodenum. The latter was deeply placed and firmly held by adhesions, rendering anastomosis of it with the stomach impossible without undue traction.

I feel diffidence in drawing inferences from a single experience of the operation, but I was impressed by the ease of its performance, the rapid disappearance of the jaundice with the attendant itching, and the remarkable tolerance of the stomach to the free drainage of bile into its lumen. At no time subsequent to operation was he troubled with nausea or vomiting. The patient lived six months in comparative comfort, despite the onset of hydroperitoneum, which necessitated tapping on two occasions.

From the standpoint of technique, cholecystgastrostomy would seem to possess many advantages, as Mr. Moore points out.

The barium skiagrams were interesting, for in the most recent contribution¹ to the literature to which I have had access it is stated that "Roentgen-ray studies following cholecystgastrostomy have shown that bismuth and barium do not enter the gall bladder." In the case here reported the barium skiagram clearly showed the passage of a portion of the meal through the stoma into the gall bladder, and its accumulation in the latter viscus. In fact, the appearance depicted on the plates was not unlike that of an hour-glass stomach with two unequal pouches.

GERALD RALPHS,
Assistant Surgeon, Ashton-under-Lyne
Infirmary.

Dukinfield.

Reports of Societies.

PNEUMOPERITONEUM OF THE PELVIS IN GYNAECOLOGICAL DIAGNOSIS.

At a meeting of the Edinburgh Obstetrical Society held on December 14th, 1921, with the President, Dr. LAMOND LACKIE, in the chair, Dr. LANCE IMPEY read a paper on "Pneumoperitoneum of the pelvis as an aid to gynaecological diagnosis."

Dr. Impey said that for the past two years extensive work on pneumoperitoneum of the pelvis had been carried out at the Michigan University Hospital, Ann Arbor, by Peterson and Van Zwaluwenburg. No expensive or elaborate apparatus was necessary. The table was an ordinary operating table which could be lowered at one end. Carbon dioxide was used and was stored in a commercial cylinder, the flow of gas from the cylinder being controlled by a gas pressure valve. The quantity of gas injected was accurately measured by an inverted siphon pulsating meter, commonly used by engineers for the measurement of chlorine gas. A manometer indicated the pressure under which the gas passed into the patient. If the gas was injected through the uterus a metal cannula was passed into the cervix. The backward flow of gas was prevented by a rubber obturator, which fits into the external os. When the abdominal route was indicated, a lumbar puncture needle was used to perforate the abdominal wall. Numerous tests showed that the CO₂ in ordinary commercial cylinders contains no bacteria. Carbon dioxide was used in preference to oxygen, as it is absorbed in fifteen to thirty minutes. A portable x-ray apparatus was used and the photograph taken immediately after the inflation. Unless there were definite contra-indications, such as a recent inflammatory condition, or a pregnancy, the first attempt was made to pass the gas by the transuterine method. If the tubes were permeable the gas passed into the peritoneal cavity with the manometer showing a low pressure of 30 to 40, if there was resistance the pressure rose to 200. It was not advisable to allow the pressure to rise above 200. If the gas would not pass through the tubes it was injected through the abdominal wall. The point of election for the puncture, unless there were contra-indications such as adherent intestines, or a tumour, was two inches below the umbilicus in the mid line. The patient was next placed face down-

wards in the knee-chest position on the tilting table, an inclined board, with the upper border cut away to fit the pendulous abdomen, being used to support the thigh. The table was tilted forward to an angle of 20 degrees, and the x-ray photographs taken, stereograms being taken in all cases. The photographs showed very clearly all of the pelvic organs. The uterus was shown as two cross-sections—the one representing the body and the other the supracervical portion, or isthmus. The broad ligament, ovaries, and tubes were clearly seen. In some cases even the round ligaments could be made out. Fibroids of the uterus showed an irregular outline, and the mass had a greater density than normal. Ovarian cysts produced a picture that would rarely leave one in doubt. The most characteristic picture was of a bilateral salpingitis. In a number of cases pregnancy had been recognized as early as the sixth week. The signs consisted in the symmetrical enlargement laterally of the isthmus. This was probably due to the increase in the blood supply and to the early softening of the lower uterine segment. The uterus itself was also enlarged, but its density was less than normal, and the shadow was homogeneous and uniformly smoothly rounded.

Dr. Impey added that early cases of tuberculous salpingitis, when the tubes were soft and pliable and offered no resistance to the examining finger, had been discovered in x-ray photographs. A differential diagnosis between tumours arising from the pelvis or abdominal cavity was made easier by pneumoperitoneum. Though detailed notes had been kept in all cases, of which there had been over 300, there was no evidence of any harm being caused by the inflation.

In the discussion that followed, Dr. BARBOUR doubted whether there was much real advantage in diagnosing pregnancy as early as the sixth week. Dr. BALLANTYNE thought that there might be danger of causing abortion or of causing peritonitis by driving infected matter from the tubes into the peritoneal cavity.

Mr. HARTLEY had seen the method used frequently in the Royal Infirmary in abdominal diagnosis. They had used oxygen, and there did not seem to be much discomfort to the patient. His opinion was that, while in certain cases it might be helpful, it would not revolutionize surgical diagnosis. Dr. H. S. DAVIDSON thought the method might be of service in cases of doubtful diagnosis, and especially in tuberculous conditions.

Dr. FORDYCE thought that patients in this country would not submit to the ordeal, but judging by the photographs shown the method might be of value when adhesions were present. He thought there might be a risk of driving pus from a tube into the peritoneal cavity, or of causing abortion. Dr. HAIG FERGUSON was also of opinion that difficulty would be experienced in getting patients to submit to it, and that in most cases an expert bimanual examination would give all the necessary information.

Dr. R. W. JOHNSTONE suggested the possibility of the patient being poisoned by absorption of carbon dioxide in the rapid disappearance of the gas from the peritoneal cavity. The President was interested to hear that among 300 cases there had not been a single accident, as he also had been struck by the possible danger of causing abortion, or of infecting the peritoneal cavity.

DISEASE AND REVERSION.

A MEETING of the Liverpool Medical Institution was held on December 22nd, with the vice-president, Dr. R. W. MACKENNA, in the chair, when Dr. MACALISTER read a paper on "Some relationships between disease and reversionary characteristics." He pointed out that man's present stage of development had probably been acquired owing to conditions of environment and opportunity by which his ancestors were surrounded. This had led to his having structural and physiological complexities presenting considerable variations, and sometimes involving deviation from perfection. His habits as to food had undergone most extraordinary changes, and it was probable that the conditions which had rendered him capable of metabolizing any type of food, whether animal or vegetable, must have resulted in great developmental changes. Dr. Macalister proceeded to speak of anatomical and physiological imperfections which represent reversion to types characteristic of some of those ancestries from which man was originally evolved, limiting his observations to the metabolic side of the question. He referred to variations, sometimes towards the carnivorous type

¹ Heyd: Cholecystgastrostomy *Surgery, Gynecology, and Obstetrics* (abstract of Surgery), November, 1921.

and in Dorsetshire, were published. Routine work of the department requiring knowledge of and close attention to detail proved irksome to Farrar. It was the social side of public health problems that particularly appealed to him, and as a member of the medical staff of the Local Government Board, and afterwards of the Ministry of Health, he had ample opportunity of studying them. It is with such studies that his name is familiarly associated. He furnished a series of reports dealing with the lodging and accommodation of navvies, hop-pickers, and fruit-pickers, and with the sanitary conditions under which these people work. Perusal of these reports shows that Farrar was on intimate terms with and thoroughly understood the habits, social customs and requirements of these classes of workpeople. He soon became well known to them and gained their confidence; it was not long before they realized that in Farrar they possessed a good and sympathetic friend, and he became a welcome visitor at their camps and habitations. Since the war he was engaged in a similar investigation in regard to the housing conditions of Scottish fisher-girls at Yarmouth and Lowestoft.

In 1911 he was selected as the British representative on the International Plague Commission in Manchuria. The disease prevailing there was of the fatal pneumonic type; all who were attacked by it died. For his work on this Commission Farrar received no acknowledgement from the Government of China, which was at that time in a state of instability, but he was presented by the local mandarin with a gold medal, and the Chinese gave him a name by which he was popularly known among them. In connexion with this visit to the East he made inquiries for the Local Government Board respecting pork and bacon exported to England, and his report on this subject was published in the official series of the Foods Department.

On the outbreak of war Dr. Farrar was specially concerned in making the necessary arrangements for dealing with Belgian refugees. While engaged in this work he was at Ostend when the German troops entered the town, and it was characteristic of him that although the German cavalry were riding down the streets he remained at the telegraph office until he had communicated with the British general headquarters and had destroyed the instruments before making his escape. In recognition of his services to Belgian subjects he received the Order of the Crown from the King of the Belgians.

He served in the army (Temporary Major, R.A.M.C.) as Specialist Sanitary Officer at Malta 1915-16, till the work greatly increased and was taken over by the permanent service; he then returned to England. During the war a certain number of soldiers contracted malaria on transports bringing troops from New Zealand, Australia, and South Africa, when these vessels called at the West Coast of Africa, and the crews of many merchant ships coming home in convoys that had assembled at the French port of Dakar and at Sierra Leone were also seriously affected with the disease. An Interdepartmental Commission was appointed by the Admiralty to investigate this danger, and certain recommendations were made to deal with it as a matter of urgency. Dakar was practically given up as a port of assembly, and it was decided to utilize Freetown, the port of Sierra Leone, to a much larger extent. But this necessitated active and immediate antimalarial measures to improve the health of the town, and an addition to the local sanitary service, which had been depleted by the war. Farrar was borrowed by the Colonial Office and acted as assistant medical officer of health at Freetown. Comprehensive works of general sanitation and for the destruction of the mosquito were instituted under his direction, and it is probable that during the twelve months that Farrar held office (1918-19) more real and abiding public health work was carried out than in any previous twelve years in the history of the capital of the colony.

In 1920 he visited Austria and Hungary in connexion with the reception into England of children from the famine area of those countries, and he travelled from Vienna to Rotterdam with the train bringing the first batch of these children.

It was something of a shock to him and his colleagues at the Ministry of Health when it was decided last year in consequence of the economy campaign that he should retire at the age of 60, and that the vacancy created should not be filled. Farrar loyally accepted the position and retired from the service, as already stated. He remained at the Ministry for some weeks longer to finish his work as one of the secretaries of the committee appointed to inquire into the causes of blindness.

His restless spirit, however, could not brook "retirement."

and he at once sought re-employment which resulted in his appointment to Dr. Nansen's staff. It was his human sympathy with those in trouble and distress that took him to Russia; he was well aware of the dangers and risks of his mission and he accepted them with a cheery optimism. He died, as probably he would have wished to die, in the service of humanity.

His tireless energy found vent in many directions: he wrote in 1904 an excellent biography of his father, he dearly loved a day in the hunting field and a bout with the foils, and until quite recently he played hockey. He spoke French, German and Italian; he acquired a knowledge of the Chinese language during his visit to China, and before he left for Moscow he commenced the study of the Russian language.

Always a gentleman, ready and anxious to assist others and to share their responsibilities, ever the champion of the afflicted, he made many friends. His Bohemian tastes and generous disposition made him a popular member of the Savage Club, where, however, it was realized that his knowledge of the game of bridge was not commensurate with his love of it. A well-known Brother Savage once remarked: "Farrar, when I play with you as a partner I feel like a young man living beyond his income." While his impetuosity and waywardness were at times embarrassing to his colleagues, his obvious sincerity and whole-heartedness of purpose afforded ample compensation; it was quite impossible to be cross with Farrar for any length of time. In a sense he was one of those happy children of Nature who, like Peter Pan, never grow up: he remained a public school boy to the end.

The loss of two of his children during the war, a son killed in action and a daughter through an accident, seriously affected Farrar and somewhat aged him; still he never looked his age. He leaves a widow and two children to mourn his loss, a daughter and a son, who seriously wounded in the war and the recipient of the Military Cross has since taken Holy Orders.

RICHARD J. REECE.

DR. GEORGE STEWARDSON BRADY, F.R.S., died at Sheffield on December 25th. He was born at Gateshead in April, 1832, the eldest son of Dr. Henry Brady; he received his medical education at the University of Durham College of Medicine; he took the diplomas of M.R.C.S. and L.S.A. in 1853 and graduated M.D. Durh. in 1876. He received the honorary degrees of LL.D. St. Andrews in 1839, and D.Sc. Durh. in 1893. He commenced the practice of medicine in Sunderland in 1857, and from 1875 to 1906 was also professor of Natural History at Armstrong College, Newcastle-on-Tyne, being subsequently elected honorary professor. He was elected a Fellow of the Royal Society in recognition of his work with the Challenger Expedition. Dr. Brady was a vice-president of the North of England Microscopical Society and of the Natural History Society of Durham and Newcastle-on-Tyne, and a corresponding member of the Linnean Society, Bordeaux, and of the Academy of Natural Sciences, Philadelphia.

Universities and Colleges.

UNIVERSITY OF OXFORD.

THE following candidates passed in the recent examinations for medical and surgical degrees:

Medicine, Surgery, and Midwifery.—C. C. H. Chavasse, G. Cranston, C. H. Laver, D. B. Pauw, M. E. Shaw, W. S. Tunbridge. *Pathology*.—W. R. Brain, E. F. Chapman, R. van B. Emmons, H. A. Gilkes, E. H. Koerner, C. R. Lane, W. E. Lupton, J. D. Mills, C. R. Young, Dorothy W. Crook, Constance M. Otley. *Forensic Medicine and Public Health*.—C. W. C. Bain, P. W. Boobyer, W. Champneys, J. L. Cox, G. Cranston, S. Hartley, H. C. Hill, H. P. Hodge, C. H. Laver, D. G. Leys, H. D. Pavière, W. A. Young. *Materia Medica and Pharmacology*.—P. W. Boobyer, W. R. Brain, A. M. Cooke, A. D. Dyson, J. A. Macfadyen, J. P. Shaw, G. F. Skinner, A. L. B. Stevens, E. B. Strauss, Sibil R. J. Eastwood, Nancy B. Ockenden, Jean Orr-Ewing.

UNIVERSITY OF CAMBRIDGE.

THE following candidates have been approved at the examinations indicated:

DIPLOMA IN MEDICAL RADIOLOGY AND ELECTROLOGY.—*Part I, Physics and Electrotechnics*: F. T. Burkill, R. W. Chalmers, J. L. Desai, R. A. Gardner, J. D. Kidd, J. S. Levack, Margaret C. Murphy, W. K. Farbury, L. G. Pearson, J. L. Sen, J. S. Webster. *Part II, Radiology and Electrology*: J. L. Desai, P. M. Desai, R. A. Gardner, A. C. W. Lionarons, L. G. Pearson.

UNIVERSITY OF LONDON.

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

University College: Dr. Charles S. Nager (History of Medicine).
St. Thomas's Hospital Medical School: Mr. J. E. Adams (Surgery), Dr. E. Farquhar Buzzard (Medicine), Sir Archibald D. Reid, K.B.E., C.M.G. (Radiology), Mr. Zebulon Mennell (Anaesthetics).
Middlesex Hospital Medical School: Mr. Raymond E. Apperly (Anaesthetics), Mr. A. S. Blundell Bankart (Surgery-Orthopaedics), Dr. T. Izod Bennett (Medicine), Dr. Henry MacCormac (Dermatology).

A letter has been received by the Academic Council from the Dean of the London Hospital Medical College intimating that it had been decided to limit admission to that College to men students only in the future.

In connexion with residuary estate of the late Miss F. J. Wedgwood, which was applicable for the benefit of animals, it was reported an Order of the High Court of Justice, Chancery Division, made on May 27th, 1921, had allotted stock of the nominal value of about £3,800 to the University for the benefit of the Brown Animal Sanatory Institution.

The University Medal at the M.B., B.S. examination for internal and external students, October, 1921, has been awarded to Geraldine M. Barry of the London (Royal Free Hospital) School of Medicine for Women.

Mr. A. G. R. Foulerton will give a public lecture at University College on administrative measures for the improvement of the public health, on Monday, February 13th, at 5.15 p.m.

A course of four lectures on the evolution of man will be delivered by Professor G. Elliot Smith, F.R.S., at University College, on Fridays, February 3rd, 17th, and 24th, and March 3rd, at 5 p.m.

UNIVERSITY OF EDINBURGH.

THE following candidates have passed the examination for the diploma of Tropical Medicine and Hygiene:

J. H. Clarke, K. A. Gilchrist, G. J. I. Linklater, Captain N. B. Morris, I.M.S.

UNIVERSITY OF ABERDEEN.

THE following candidates have been approved at the examination indicated:

FINAL M.B., Ch.B.—C. A. Aymer, Isabel M. G. Bisset, W. S. Cochar, H. B. Cook, A. J. Curr, Nellie S. Diack, Isabella R. Gordon, J. Grant, W. P. Jordaan, D. F. McGregor, N. M. MacLennan, R. MacLeod, J. W. MacRae, V. Meldrum, W. J. Meldrum, J. J. Milne, V. E. Milne, W. G. Murray, J. D. Cole, J. Rannie, C. Reid, H. Ritchie, C. Shapiro, J. C. Souther, Harriet J. S. Taylor, M. Taylor, V. M. M. Watson, Anne T. West.

* With distinction. † With second class honours.

UNIVERSITY OF ST. ANDREWS.

THE following candidates have been approved at the examination indicated:

FOURTH M.B., Ch.B.—*Medicine*: T. K. Buchanan, G. R. M. Cordiner, Katharine D. Macfarlane. *Surgery*: T. K. Buchanan, G. R. M. Cordiner, Nona B. Lesslie, J. N. D. Smith, Margaret H. R. Young. *Midwifery*: G. G. Buchanan, T. K. Buchanan, Katharine M. Campbell, H. Fisher, Phyllis Fleming, Gracie M. Mckorie.

The Services.

ARMY OF OCCUPATION BONUS FOR R.A.M.C. OFFICERS IN INDIA.

THE following extract from Army Instruction (India) No. 917, of December 6th, 1921, refers to the grant of the Army of Occupation bonus to Regular, Special Reserve, and Territorial Officers of the R.A.M.C. serving in India:

"In partial modification of paragraph 3 of Army Instruction (India) No. 214 of 1920, it has been decided, with the approval of the Secretary of State for India, that all Regular, Special Reserve, and Territorial Force Officers of the Royal Army Medical Corps who served in India shall be granted the Army of Occupation Bonus in addition to the rates of pay authorized in that Instruction, for the period July 1st to December 31st, 1919."

AUXILIARY R.A.M.C. FUNDS.

THE usual quarterly committee meeting of the Royal Army Medical Corps Funds was held on December 16th, 1921, at 11, Chandos Street, Cavendish Square. Nine grants were made to cases in the benevolent branch for the orphans of officers, amounting to £605 14s., and twenty grants in the relief branch for widows and children of the rank and file, amounting to £705 0s. 4d.

These funds are for the relief of widows and orphans of commissioned officers, non-commissioned officers, and men of the rank and file of the Royal Army Medical Corps, Special Reserve, Territorial Force, and New Armies, and also for the relief of the children of those who have been so severely damaged in the late war that they need help for the education of children. Requests for relief should be addressed to the Honorary Secretary, at the offices of the funds, 11, Chandos Street, Cavendish Square, W.1.

TERRITORIAL DECORATION.

THE Territorial Decoration has been conferred upon the following officers of the R.A.M.C. (T.A.) under the terms of the Royal Warrant dated October 13th, 1920: Colonel H. T. Samuel, D.S.O.,

A.D.M.S., Welsh Division. Lieut.-Colonels Charles E. Douglas, V.D. (Honorary Captain in Army), attached 7th Division, Black Watch, and Richard M. West, D.S.O., O.B.E., 2nd North Midland Field Ambulance. Majors G. W. McIntosh, attached 6th Battalion Royal Highlanders, William Dyson, O.B.E., attached 7th Battalion Lancashire Fusiliers (retired), and Eric D. Gairdner, D.S.O., attached 5th Battalion, Royal Scottish Fusiliers.

Medical News.

SIR JAMES KINGSTON FOWLER will deliver an Emeritus Lecture at the Middlesex Hospital Medical School on Friday, January 20th, at 3 p.m. The subject of the lecture is "Diagnosis."

SPECIAL courses of systematic lectures and clinical demonstrations will be given at the National Hospital for Diseases of the Heart, Westmoreland Street, W.1, during January, February, and March. The fees are £2 2s. a month or £5 5s. for three months. Further particulars can be obtained from the Dean, Dr. P. Hamill, at the hospital.

At a meeting of the Society for the Study of Inebriety, in the rooms of the Medical Society of London, 11, Chandos Street, Cavendish Square, W., on Tuesday, January 10th, at 4 p.m., Dr. Charles F. Harford will open a discussion on "Racial aspects of alcoholism with special reference to the coloured races." Members and Associates may introduce visitors.

MR. BASIL HALL, on the completion of his twenty years' period of service as honorary surgeon to the Bradford Royal Infirmary, has been appointed honorary consulting surgeon. The Board of Management has also passed a resolution expressing its most cordial and grateful thanks to Mr. Basil Hall for his valuable services as honorary surgeon, and for the practical interest he has shown in matters affecting the welfare or advancement of the hospital and his strenuous efforts towards the erection of a new infirmary.

THE honorary freedom of Carnarvon has been conferred upon Dr. R. Parry, J.P., a former Mayor of the town, in recognition of his services as a member of the town council for thirty-three years, and of the part he has taken in many local movements; the honour had been previously conferred on seven occasions only.

THE Council of the Röntgen Society is arranging a joint meeting with the Institution of Electrical Engineers and the Electro-Therapeutic Section of the Royal Society of Medicine to be held before the end of the present session. Particulars will be announced as soon as definite arrangements have been made.

COLONEL W. W. O. BEVERIDGE, C.B., Professor of Hygiene in the Royal Army Medical College, Millbank, was recently elected a foreign correspondent, and Sir Ronald Ross, K.C.B., F.R.S., a foreign associate of the Académie de Médecine.

DR. H. J. W. MARTIN is retiring from Mill Hill after thirty years' practice there. He and Mrs. Martin were recently presented with a cheque for £468 and a portfolio containing the names of the 560 contributors to the gift.

It is proposed to make St. Luke's International Hospital, Tokyo, the nucleus of a medical centre comprising a hospital of 250 beds, a training school for 150 nurses, a post-graduate department for training resident medical officers, and for medical research work, a public health department to include medical social service, and a library of British and American medical literature.

THE second Hunterian Society Lecture will be delivered by Mr. Walter G. Spencer, F.R.C.S., on "Some local results of dental infection," at St. John College, Embankment (close to Blackfriars Bridge), on Wednesday, January 11th, at 9 p.m. All members of the medical profession are cordially invited to attend.

At the last meeting of the executive of the National College of Teachers of the Deaf, Mr. Macleod Yearsley and Dr. Kerr Love were unanimously elected vice-presidents of the college in recognition of their work among the deaf and the valuable assistance they have rendered the college for a good many years past.

THE *Journal of Orthopaedic Surgery* (Boston, U.S.A.) announces that in January it will become a quarterly publication under the name of the *Journal of Bone and Joint Surgery*.

DURING October 1,371 fatal cases of plague occurred in Java, as compared with 1,110 in September, 928 in August, and 439 in July.

DR. N. ANTONI, of Stockholm, has been awarded the Lennmalm prize for 1921 by the Swedish Medical Association; he is the author of a number of important works on clinical neurology.

THE
British Medical Journal.

THE JOURNAL OF THE BRITISH MEDICAL ASSOCIATION.

SUPPLEMENT

CONTAINING

CURRENT NOTES ON THE WORK OF THE ASSOCIATION

REPORTS OF CONFERENCES

MEETINGS OF BRANCHES AND DIVISIONS

THE GENERAL MEDICAL COUNCIL

MEDICAL BILLS IN PARLIAMENT

NATIONAL INSURANCE PROCEEDINGS

NAVAL AND MILITARY APPOINTMENTS

CORRESPONDENCE, Etc.

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INDEX TO THE EPITOME FOR VOLUME I, 1922.

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