

he went to the local civil hospital, and the bite was cauterized with what appears from his account to have been silver nitrate. Three days later he returned to Secunderabad, felt quite well, and had no local pain.

On the fourth day he had fever, swelling of the forearm, with pain and tenderness around the bite. For the next ten days he was "excused duty," and attended the medical inspection room for treatment with hot fomentations. There is no record of attacks of fever during this period, but the symptoms did not improve nor the inflammation subside.

On the fifteenth day after the bite he was sent to the Indian Station Hospital for admission. The temperature was then 101°. The right forearm showed general swelling, with a localized brawny infiltration around a shallow ulcer about the size of a sixpence. The blood film revealed no malaria parasites or spirilla. The epitrochlear gland of the right arm was enlarged and tender, but the axillary glands were not affected. No rash or urticarial lesions were noted. Fever continued for four days, but was never higher than 101°. On the fifth day after admission the temperature was normal, and continued normal for three days. Blood was taken for Wassermann test; scraping of ulcer found negative to organisms of streptothrix type.

On the eighth day after admission the temperature again rose to 102°, and the inflammation showed no improvement.

On September 8th, 1921, ten days after admission, or twenty-fifth day after the bite, 0.2 gram of novarsenobillon was injected intravenously in 10 c.cm. of sterilized double distilled water. The following morning the temperature was 99°, and in the evening normal; there has been no recurrence.

Four days later all signs of inflammation had completely disappeared, and the patient was quite well. The Wassermann test of blood before the injection of novarsenobillon was strongly positive; twelve days after the injection it was negative.

In the literature at my disposal I have been unable to find any record of a positive Wassermann reaction in association with rat-bite fever, but I am informed that a positive reaction has been recorded twice previously.<sup>1</sup>

In my case, as the Wassermann reaction became negative after what was virtually a provocative dose of novarsenobillon, it appears unlikely that the positive result was due to a syphilitic infection; furthermore, the patient had no history, symptoms, or signs of specific disease.

My thanks are due to Lieut.-Colonel W. D. A. Keys, C.I.E., I.M.S., for permission to publish the note on this case.

#### REFERENCES.

<sup>1</sup> Costa and Troisier, *Bull. et Mém. Soc. Méd. des Hôp. de Paris*, June 14th, 1918, Nos. 21, 22, pp. 615-621; Low and Cockin, *BRITISH MEDICAL JOURNAL*, February 16th, 1918, p. 203.

## Memoranda :

### MEDICAL, SURGICAL, OBSTETRICAL.

#### ARTHRITIS DEFORMANS AS A DEFICIENCY DISEASE.

OSTEO-ARTHRITIS, or arthritis deformans, has always been the subject of much speculation regarding its true pathology, and at the present moment many different theories are advanced respecting the proper classification of the disease. Its etiology also seems obscured in its origin. While the multiple arthritis frequently associated with some deformity in children can, like acute rheumatism, usually be said to be related to some blood infection, the chronic arthritis occurring chiefly in adult or middle-aged women, less often in young adolescents and men in middle life, does not to my mind seem to come under the category of an infection. There is a tendency to believe that this type of chronic rheumatism among civilized communities is on the increase, unfortunately without any specific curative remedy; all that can be done is to check it from getting worse; but when once developed, though there may be periods of rest in the stage of onset, yet eventually the progressive nature of the malady asserts itself, rendering the sufferer sooner or later a hopeless cripple.

From many years' experience of treatment of these disappointing cases, and comparing them with types of diseases connected with improper feeding, I am of opinion that the condition is connected with the class of deficiency diseases. Arthritis deformans is frequent in women of the poorer classes, who rarely have a properly selected meal, living, as they say, "on anything" in the house, usually bread and margarine with tea, their husbands being at work and having their meals away; thus these women are depriving the metabolism of those essential salts necessary to a healthy existence, and the mineral salts contained in the bones are dissolved out into the poorly nourished blood and tissues with

low mineral content, leaving the bones in the eroded deformed condition so well known in the later stages of the disease; but at the early stage, of course, this erosion is not evident, only the gradual molecular destruction productive of pain in the joint.

One of the chief reasons which has induced me to associate arthritis deformans with deficiency disease is the fact that its occurrence is most often in that class of patient who for years have lived upon an improperly selected diet; granted that it is found among better class people who can have a proper diet, yet if the food of these cases were analysed over a period of years a deficiency of some kind would be found. Apparently, when the tissues become unstable it is impossible to say whether the salt-dissolving properties of the fluids of the body or the calcium salts of the bone itself are less easily retained; but nevertheless the process once started becomes progressive, with the results described.

Another point of some significance bearing upon the above is the water supply. I happened to have a knowledge of two districts, one where the supply was hard water containing a large amount of both temporary and permanent salts; here the amount of osteo-arthritis was very little. In the other district, where the water was soft, with little or no temporary hardness and very little permanent hardness, the cases of osteo-arthritis were much more numerous.

Of course, my experience is very limited, but it would be interesting to know if in other places the difference has been observed. We may, in the last district, quite well conceive that the intake of fluids deficient in salts, and food likewise poor in this respect, the fluids of the body, being low in mineral content, dissolve from the bones the salts necessary for their stability, thus producing the disease of osteitis deformans.

G. C. BELCHER, M.B., B.Ch., D.P.H. Birm.

#### RESUSCITATION AFTER APPARENT DEATH.

IN view of the case reported in the *BRITISH MEDICAL JOURNAL* by Mr. G. R. A. Armstrong (January 28th, 1922, p. 141) the following notes may be of interest:

A boy, aged 15 years, was admitted to the Manchester Royal Infirmary suffering from a right-sided empyema. His general condition appeared satisfactory and operation was carried out shortly after his admission.

The patient was anaesthetized with the usual A.C.E. mixture and the operation commenced at 6.20 p.m. Five minutes later, when the periosteum was being separated from the rib, it was found that both respiration and the heart beat had ceased. The pupils were widely dilated, the patient was a deathly pallor and appeared to all intents dead. Artificial respiration was instituted and the head lowered, but met with no response.

At 6.33 p.m. the abdomen was opened through the left rectus muscle and bimanual cardiac massage carried out; at the same time an injection of 1 in 1,000 adrenaline was made into the heart, artificial respiration being continued meanwhile. At 6.40 p.m., fifteen minutes after it had ceased to beat, the cardiac rhythm restarted with slow strong beats. The massage was discontinued and the heart beat ceased immediately, but restarted when massage was resumed and then became automatic. Voluntary respiration started ten minutes later, the corneal reflex returned, and the operation was rapidly completed. About one hour later generalized convulsions appeared at intervals of two minutes, and these increased in frequency until at midnight they came on with every second breath. Nothing appeared to control them; the pulse became more rapid and weaker until 1.30 a.m., when the patient died.

A post-mortem examination on the following day showed that, apart from the chest condition, the organs appeared healthy. There was no bleeding into the pericardium along the puncture track. Microscopic examination of the brain showed no demonstrable lesion in the cells of the cerebral cortex.

We find, therefore, in this case that automatic action of the heart was stopped for fifteen minutes. Animation was suspended for a similar period, but ultimately signs of cerebral irritation supervened, as the result of cerebral anaemia from stoppage of the circulation.

It would appear that the highly specialized tissues of the central nervous system could not stand deprivation of the blood supply for a period of fifteen minutes, and irreparable damage was done to these tissues. Cases of this type are fortunately rare, and successes after cardiac massage still more uncommon. Yet with increased knowledge of the method and its earlier adoption we may perhaps look for happier results in the future.

A. H. SOUTHAM, M.Ch. Oxon., F.R.C.S. Eng.,  
Assistant Surgical Officer, Manchester Royal Infirmary.

### INTRACTABLE VOMITING DUE TO CEREBRAL SYPHILIS.

A MARRIED woman, aged 48, complained of persistent vomiting of frothy matter, which had persisted for many months, unrelated to food in time, quantity, or quality. The retching commenced usually in the early morning and continued until lunch time at irregular intervals. She also complained of general weakness and flushings, giddiness and fainting attacks.

Such a history naturally suggested a climacteric causation, but examination of the patient revealed several unusual symptoms. She was anaemic and looked ill; the pulse was weak and rapid (pulse rate 120); examination of the abdomen was negative, and her other organs appeared to be normal. The central nervous system was in every respect normal, with the one exception that pin-hole pupils were present. The knee-jerks were slightly increased. There were no sensory or parietic changes, and indeed nothing to suggest a syphilitic causation beyond her pupils. The optic discs appeared to be normal.

On vaginal examination a large fibroid uterus was found, and as it was supposed that this might be the cause of some of her symptoms it was removed, total hysterectomy being performed. The only result was apparently to increase her discomfort, so far as the sickness was concerned. The surgeon was again called in for further advice, but his diagnosis was that the sickness was mainly of a functional nature.

A variety of medicinal preparations were subsequently tried, but without success. The suspicion that the condition was due to some cerebral lesion was eventually confirmed by a strongly positive Wassermann reaction given by the cerebro-spinal fluid; the blood gave a negative result. The effects of four intravenous injections of neo-salvarsan, commencing with 0.2 gram, were remarkable. The vomiting ceased almost at once, and the patient was able to take solid food. Her condition after four injections has been so greatly improved that she is now able to do her ordinary household work, and to go out daily by herself.

The case seems worthy of record on account of the difficulty in diagnosing her malady correctly, owing to the absence of any signs of cerebral syphilis beyond the contracted and inactive pupils. This symptom led to an examination of the blood as soon as she came under my observation, but as the blood was reported to be negative for the Wassermann test, the idea of syphilitic causation was unwisely neglected until everything else had been tried without success.

Southsea.

R. HAMER HODGES, M.B.

## British Medical Association.

### CLINICAL AND SCIENTIFIC PROCEEDINGS.

#### YORKSHIRE BRANCH: LEEDS DIVISION.

A MEETING of the Leeds Division of the British Medical Association was held on January 12th. Before the meeting the members of the Division visited the Armley School Clinic, where they were conducted round by Dr. Algernon Wear, and much interest was shown in the different departments. The meeting was then held at the Medical School, Leeds.

#### SCHOOL MEDICAL WORK.

DR. WEAR read a paper on "Some aspects of school medical work." He said that school medical inspection dated back some eighty years. The first country to make a start in this direction was Sweden, in 1830, and by 1868 all Swedish schools were medically inspected. While the idea was gradually taken up by other countries, England did not really wake up to the meaning of school medical inspection until about 1905; the chief cause which led to the adoption of a scheme by this country being the result of a Royal Commission on physical training in Scotland in 1903, which showed that deplorable conditions existed among school children. The School Boards of London and Bradford had taken action in 1891 and 1893 respectively, and by 1905 school medical officers were appointed by seventy-nine different local authorities. The Education (Administrative Provisions) Act of 1907 made it the duty of all authorities to provide medical inspection, and since that date many other Acts have been passed affecting the school medical service, practically the whole of which had been consolidated into the Education Act of 1921.

#### The Leeds System.

School medical inspection in Leeds, continued Dr. Wear, is carried out by 8 full-time and 3 part-time medical officers, 6 dentists, 27 nurses, 24 clerks, and several dental attendants; the dental attendants are trained by us, and act as dental nurses and clerks. In our school medical work the main object is to make the school children cleaner and healthier, and by that means to raise the standard of health of the coming generation. The examination is comparatively simple, and occupies about seven minutes, or twenty per service. There are 120 schools in the city and 85,000 children on the roll, and three routine examinations are carried out for every child—on entering school, on leaving school, and when 8 years of age. Teachers may bring forward any child for examination, and all children found defective have to be re-examined, usually six weeks after the routine examination. The dentists periodically visit each school, and enter treatment on record cards. Nurses visit all schools twice a year and examine all children as to cleanliness. Parents present at medical inspections are personally informed, and subsequently get a stereotyped notice: "Your child has been found to be suffering from so-and-so, and you are advised to obtain medical advice."

For administrative purposes the city of Leeds is divided into six districts, each of which contains an approximately equal number of schools and children, together with a clinic. Each district is in charge of a medical officer with a number of nurses, the nurses assisting and carrying out minor treatment. The medical officer does all the examinations and re-examinations in his own schools, and attends his clinic two or three afternoons a week. The clinics vary in size; the largest has 57,000 attendances a year and the smallest 16,000. The total attendances for all purposes at all the clinics for the year 1920 was about 190,000. The minor ailments treated are discharging ears, blepharitis, impetigo and other skin diseases, and verminous heads and bodies. Eye work, including refraction and provision of spectacles, and massage and dental work, are also carried out. Before the days of clinics such work probably remained undone, or was very badly done at home. None of this treatment is beyond our scope, as none of it would be undertaken by medical men, and would still be carried out in the home as of old without necessary supervision. In addition to the six clinics noted, there is also a seventh clinic, situated centrally, at which special cases of all kinds attend for more thorough examination, such as mentally defectives, blind, deaf, epileptic, cripples, and tuberculous cases. Here there are various departments—eye, nose, throat, dental, massage, and x-ray treatment for ringworm. At this clinic there were 19,000 attendances in 1920. Dental work is carried out at four clinics, and all extractions are under gas anaesthesia.

The aim of the school medical work is mainly preventive, the parent being advised to take the child to a medical practitioner for treatment. The school medical officers want the fullest help and the trust of the general practitioner.

#### Treatment of Ringworm.

DR. L. A. ROWDEN gave an account of the treatment of ringworm. The x-ray treatment by the single dose method, he said, was first described in this country by Sabouraud, in a paper published in the *British Journal of Dermatology* in June, 1906. Dr. Rowden treated his first case of ringworm in July, 1906. To be successful the technique had to be perfect and the aim was complete depilation of the hair within three weeks. If the dose was too small the hair failed to fall out, and if too great the hair failed to grow again and a permanent alopecia resulted. If the hair failed to fall out, it was not safe to give a second dose till several months had elapsed. The dose was measured by means of a colour test, the Sabouraud pastille. Dr. Rowden did not like to treat children under 8 years, chiefly because it was difficult to keep the head still. The skin should be free from inflammation or suppuration, no metallic ointments, such as zinc, copper or mercury should have been used, on account of the danger of dermatitis and baldness. The hair should be clipped off short all over, not shaved, then when the hair begins to fall out it can be gently removed, put into a paper bag and burnt, and the diseased area wiped clean with spirit on cotton-wool. Gaps, not skull caps, should be worn and boiled daily; the cap should cover the ears and back of neck and be fastened under the chin. All material possibly infected should be boiled or destroyed.

The scalp was free from infection in from three to five weeks. Regrowth of hair took place in from three to six months; the new growth was thicker, coarser, darker, and more curly.

For after-treatment an ointment of half a drachm each of sulphur and salicylic acid in an ounce each of vaseline and adeps lanae was used.

There were two ways of applying radiation to the scalp: (1) By hexagonal-shaped glasses or the honey-comb method. This was the best method, but tedious, especially useful in single patch cases. Seven or eight cases could be done in a morning's work of three and a half to four hours. (2) Adamson's method, in which the whole scalp was done in five areas. In this method there was difficulty on account of uneven surfaces, of keeping the

## REGISTERED DENTISTS.

SIR,—I write to say that the regulations of the Dental Board have now been approved by the General Medical Council and the Privy Council, and that applications for registration under the Dentists Act, 1921, can be considered, if addressed to "The Registrar of the Dental Board," at this office, on and after January 27th.

My object in writing is to point out that no person should be considered to be a dentist unless he possesses a certificate of registration, and that medical practitioners should be careful to satisfy themselves, before they enter into professional relations with any persons practising dentistry, that such persons have in fact been registered.—I am, etc.,

NORMAN C. KING,  
Registrar.

General Medical Council,  
44, Hallam Street, London, W.1,  
Jan. 25th.

\* \* \* An account of the regulations was given in the SUPPLEMENT last week, p. 19.

## Medico-Legal.

## PARENTAL RIGHTS AND THE MEDICAL EXAMINATION OF SCHOOL CHILDREN.

A DECISION presenting features of both medical and social interest was given in the King's Bench Division on January 26th. A case was stated by the Hove justices and related to the medical examination of school children under Section 122 of the Children Act, 1908, which provides for the medical inspection of the clothing and persons of children attending elementary schools, gives power to cleanse children who are found to be verminous, and imposes a penalty on parents who allow a child to become verminous a second time.

The appellant was the father of a girl aged 12, who was attending an elementary school at Hove. In April, 1921, the girl, presumably at her father's direction, declined to submit to medical examination. In July, 1921, she again refused to be medically examined, and in September when a further medical examination was held she indicated her intention to offer resistance, and the medical examination was not proceeded with. The child was reported to the local education authority for persistent insubordination and they expelled her from the school. The father continued to send his daughter to the school, but she was refused admission. The attendance officer (the respondent) then took out a summons for non-compliance with an attendance order and the magistrates convicted the father, but stated the case for decision by the High Court.

Counsel for appellant argued that this was a method of compulsion which reminded him of the saying, "We shall never have conscription, but we shall all be compelled to become volunteers." The education authority in effect said, "We will not admit your child until she submits to a medical examination; but if you don't send her we will summon you, so the sooner you make her submit the better for you." He submitted that there was nothing in the Education Acts to make medical examination compulsory. There was no suggestion that the child was verminous, and she was not excluded on that ground. There were certain cases which showed that the exclusion of a child might be proper in some circumstances, but there was no statement in the Acts of the grounds on which children might be excluded. He submitted that this child's conduct was not persistent insubordination; if the child committed one or two acts of disobedience, the remedy lay in the ordinary methods of discipline. No attempt here had been made to punish the child or make her obey. The proper course, he submitted, was to carry out the examination, using such force as was reasonably necessary.

Counsel for the respondent said that he placed great reliance on the finding of fact that the father declined to allow the child to submit to examination. He did not suggest that if the child's disobedience was in defiance of her father's wishes, the local education authority could expel her and then summon the father, who sent the child to the school gates every day. Here they had a lawful order and the disobedience was incited by the parent. The father knew when he sent his child to the school gates that he was not sending her in circumstances which would make an effective attendance. It was true that the Act contained no specific penalty for refusing medical examination, but submission to medical examination must be regarded as on a par with any other lawful commands which the school authorities might give. If a father persisted in ordering a child to disobey a particular master, the position might be such that they could only exclude the child. This was a reasonable and proper course. A father could not hold up the whole course of school routine sanctioned by Act of Parliament by saying, "I send my child on my own conditions."

Mr. Justice Avory, in giving judgement, said that it had been held in numerous cases that a parent who sent his child to a particular school in circumstances in which he knew the child would be refused admittance, had not caused the child to attend school. Here appellant knew quite well that the child had been excluded on the ground of persistent insubordination. Counsel had suggested that the remedy was for the school authority to exercise disciplinary power, but his lordship thought that that was putting on the authorities a responsibility never intended. It would lead to scenes of violence and disorder in the school, and

probably to summonses in the police court for assault. He thought that Section 122 did impose an obligation on the child to submit to examination. If the child refused under her father's direction, the fault of her insubordination was his and he was responsible for her non-attendance. He must send her in such a condition that she could be received by removing his own and her objection to submitting to examination. The appeal accordingly must be dismissed.

Mr. Justice Salter agreed. He thought that Section 122 imposed a duty on children to submit, and on their parents to co-operate. Mr. Justice Roche also agreed.

Experience has shown that the medical examination of school children has been of great benefit to the children, and education authorities have everywhere taken pains to secure that the examinations are conducted with regard for the comfort and susceptibilities of the children. To have admitted that a foolish or faddy parent can be allowed to override the procedure which has received the assent of all classes of the community would have been a step tending to nullify the essential principles of the Act.

## Universities and Colleges.

## UNIVERSITY OF OXFORD.

*Rollaston Memorial Prize, 1922.*—The next award of this prize for original research in any subject comprised in the following list—physiology and pathology, animal and vegetable morphology, and anthropology—will be made in Trinity Term, 1922. The value of the prize is now about £100.

No candidate will be eligible (1) who has not either passed the examinations for the B.A. degree or the B.M. degree at Oxford, or for the B.A. degree or the M.B. degree at Cambridge, or been admitted as a candidate for the degree of B.Sc. at Oxford, or as an advanced student for the degree of B.A. at Cambridge; (2) who has exceeded a period of six years from attaining any of these qualifications; (3) who has exceeded ten years from his matriculation. Candidates wishing to compete must forward their names, before March 31st, 1922, to the Registrar, from whom any further particulars may be obtained.

*Christopher Welch Scholarship in Biology, 1922.*—An examination for the above scholarship will be held at the University Museum, beginning on Monday, July 3rd, 1922, at 9 a.m. Candidates must be undergraduate members of the University, who have not exceeded the twelfth term from their matriculation. They may offer any one of the subjects—animal physiology, botany, zoology—and they must give notice of the subject selected by them to the Registrar of the University not later than March 1st, 1922. They must, further, enter their names, in person, or by letter, at the University Registry, not later than Monday, April 3rd, and must at the same time produce or send to the Registrar of the University evidence of their capacity for original observation and research. A candidate may also submit to the examiners any original work previously done by him.

At a congregation held on January 26th, the degree of Bachelor of Medicine was conferred on G. Cranstoun.

## UNIVERSITY OF CAMBRIDGE.

At a congregation held on January 27th the following medical degrees were conferred:

M.B., B.Ch.—K. H. Tallerman.  
B.Ch.—H. L. Willey.

## UNIVERSITY OF GLASGOW.

The Bellahouston gold medals have been awarded to the following, all of whom gained honours for the excellence of their theses for the degree of M.D.: D. K. Adams, T. J. Mackie, N. Morris.

## ROYAL COLLEGE OF PHYSICIANS OF LONDON.

An ordinary Comitia of the Royal College of Physicians of London was held on Thursday, January 26th, at 5 p.m., the President, Sir Norman Moore, being in the chair. The following were admitted to the Membership:

Marjorie Ada Blandy, M.B.Lond., Thomas Knowles Boney, M.D.Lond., Hugh Reginald Dutton, I.M.S., Charles Frederick Terence East, M.B.Oxon., Guy Melville Kendall, M.B.Camb., Guy Austin London, M.B.Adel., James Purdon Martin, M.B., Q.U.Belfast, Thomas Sidney Nelson, M.B.Oxon., Wm. Jenkins Oliver, M.B.Oxon., Noel Oliver Richards, M.D.Lond., Leon Judah Solway, M.B.Toronto.

Licences to practise Physic were granted to the following ninety candidates who had passed the required examinations and conformed to the by-laws and regulations:

A. R. Abdel Razik, \*Charlotte K. J. Almond, J. L. Armour, \*Marjorie H. S. Auden, \*Margarita S. Barfield, F. W. Bekker, P. C. Bhandari, M. Bienenstock, J. T. Blackburn, \*Mary H. Y. Blackston, S. Bloem, M. W. B. Bulman, W. R. Carling, T. H. Cathrall, D. Chamberlain, \*Anaple F. M. Christie, \*Dorothy J. Collier, M. Critchley, R. A. Deif, J. G. Drew, A. C. D'Souza, M. A. El-Biblawi, A. Epstein, R. M. Fanous, \*Betty Fletcher, \*Dora J. Fox, N. Gallant, \*Laura P. Gibbon, T. J. E. Gittins, \*Kate Glyn-Jones, L. D. Gorton, \*Doris M. Hammond, B. J. Hancock, B. V. Hudson, B. D. Hughes, J. W. Hulme, F. C. Hunt, \*Winifred M. Jenkins, E. M. Jones, R. C. Karr, A. H. Kassim, J. N. Kerr, \*Lorna S. King, A. T. L. Kingdon, A. H. Kretchmar, B. L. Laver, H. D. Llewellyn, A. Q. Logan,

\*Caroline G. L. McHardy, O. E. J. McOustra, \*Frances M. Margerison, F. H. Mather, \*Cecily M. E. Maude, G. G. Michell, \*Merrell P. Middlemore, R. Mikhail, \*Iva C. M. Molony, \*Rose Moss, W. H. Nettelheld, G. B. Oliva, R. E. Overton, G. E. Peacock, \*Ruth E. Pilgrim, \*Evelyn V. Pilley, F. L. Rayner, T. R. Rees, \*Hilda E. Reynolds, E. H. Richards, H. R. Rishworth, \*Dorothy S. Russell, \*Olive M. Salmon, \*Effie F. A. Samter, S. Sandler, C. D. Shapland, \*Vera E. Shaw, K. E. Shellshar, \*Creina Shepherd, C. J. Slim, L. J. Soutter, \*Eleanor C. E. Stone, L. W. Studdy, S. Suvanes, R. S. Swindell, W. Thomas, D. C. Thomson, H. Tothill, B. G. Watson, E. H. Weatherall, A. D. Wright, W. A. Young.

\* Under the Medical Act, 1876.

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

**PUBLIC HEALTH.**—J. Ashforth, C. F. Chubb, \*Elsie E. Cowperthwaite, A. Dasgupta, H. Ellis, R. Govan, W. A. Hawes, T. F. Kennedy, Evelyn C. McD. McGregor, J. R. Mitchell, M. C. W. Narbeth, A. K. H. Pollock, J. L. Priston, G. V. S. Rodriguez, G. W. R. Rudkin, G. R. A. de M. Rudolf, Elizabeth D. Russell, C. Ryles, F. N. Seth, C. R. Smith, J. A. B. Scell, A. T. Stanton, W. Tarr, N. L. Varma.

**OPHTHALMIC MEDICINE AND SURGERY.**—T. Ahmed, R. N. Ajinkya, H. W. Beedham, C. F. Eminson, P. J. Kolapore, A. L. North, C. H. St. John, F. R. B. Skrimshire, S. P. Sykes, T. H. Vickers, H. S. Vivian.

**PSYCHOLOGICAL MEDICINE.**—J. S. Annandale, M. A. Cholmeley, V. L. Connolly, G. de H. Dawson, Marjorie E. Franklin, J. K. C. Laing, J. MacInnes, J. E. Martin, H. F. Maudsley, J. F. Penson, J. F. Powell, E. S. Rose, G. T. Walker, Marguerite Wilson, H. Yellowlees.

Dr. R. Hutchison, Dr. A. Whitfield, Dr. E. Goodall, and Dr. E. F. Buzzard were elected councillors in place of Dr. H. Head, Dr. J. W. Carr, Dr. G. F. Still, and Sir Maurice Craig.

Communications were received from, among others: (1) The Secretary of the Royal College of Surgeons, reporting proceedings of the Council of that College. (2) Dr. Philip D. Turner, dated August 8th, 1921, asking for restoration of the Membership, which he resigned in 1899. This was agreed. (3) Dr. Philip H. Wells, asking leave to resign the Membership, which he took in October last. This was accorded. (4) The Chairman of a Committee for the formation of a Canadian College of Physicians and Surgeons, asking the opinion of the College on the question of affiliating such a college with the Royal Colleges of Physicians and Surgeons in England.

The President announced that he had appointed Dr. Arnold Chaplin to deliver the Harveian oration this year, Sir Maurice Craig to deliver the Bradshaw lecture this year, Dr. J. B. Christopherson as representative of the College on a section devoted to tropical diseases in connexion with the British Empire Exhibition, 1923, and that the Council had appointed Dr. W. G. Savage to deliver the Milroy lectures in 1923. On the nomination of the Council Sir Francis Champneys was appointed a representative of the College on the Central Midwives Board. The President and Dr. Henry Head were reappointed representatives on the Conjoint Board of Scientific Societies. The licence of the College, withdrawn in January, 1918, was restored to Bertie Cecil Eskell. A report was received from the Committee of Management of the Conjoint Examining Board in England, and adopted.

After some formal business relating to College matters the President dissolved the comitia.

#### ROYAL COLLEGE OF SURGEONS OF ENGLAND.

MR. A. G. TIMBRELL FISHER, M.B., F.R.C.S., surgeon to the Seamen's Hospital, Greenwich, and a member of the research staff of the Medical Research Council, will give a Hunterian Lecture on Wednesday, February 8th, at 5 p.m. The lecture will describe a research into the pathology and etiology of osteoarthritis, with observations upon the principles underlying its treatment. It will be illustrated by lantern slides and drawings. On Friday, February 10th, at 5 p.m., Mr. C. A. Pannett, M.D., F.R.C.S., assistant director of the Surgical Unit, St. Mary's Hospital, will give a Hunterian Lecture on hydronephrosis. Mr. Zachary Cope, M.S., F.R.C.S., will give an Arris and Gale Lecture on the nerve supply of the parietal peritoneum and the supra-peritoneal tissues, with remarks on its clinical significance, on Monday, February 13th, at 5 p.m. On Wednesday, February 15th, at 5 p.m., Dr. F. W. Edridge-Green, C.B.E., F.R.C.S., will deliver an Arris and Gale Lecture on new researches in colour vision, which will be illustrated by lantern slides showing pictures painted by colour-blind people. Professor Swale Vincent, M.D., will give an Arris and Gale Lecture on Friday, February 17th, at 5 p.m., on a critical examination of current views of internal secretion.

#### CONJOINT BOARD IN SCOTLAND.

THE following candidates have been approved at the examination indicated:

**FINAL EXAMINATION.**—*Medicine:* C. W. de Villiers-Pritchard, M. G. L. Lucas, W. M. Reid, F. P. Lisboa-Pinto, H. G. F. Cubitt. *Surgery:* M. G. L. Lucas, W. M. Reid, C. T. Williams, Isobel Reid, S. Ho Asjoe. *Midwifery:* W. O. Rodrigo, C. W. de Villiers-Pritchard, M. G. L. Lucas, C. T. Williams, Isobel Reid, J. R. Colvin, H. G. F. Cubitt, S. Ho Asjoe, Agnes T. Martin, D. R. Nicol. *Medical Jurisprudence:* H. G. Triay, P. S. H. Masters, W. Paris, R. L. A. Kitchen, C. Siung, T. K. MacLachlan, Annie F. Perry, C. W. de Villiers-Pritchard.

The following candidates, having passed the final examination, were admitted L.R.C.P.E., L.R.C.S.E., L.R.F.P. and S.G.:

J. B. Hendry, I. F. McAsh, Enid A. Williams, D. Ciantar, R. Levey, E. J. Allan, S. Sieff, N. Kretzmar, L. E. Murray, S. Sack, W. T. Davie, G. McCoull, Alexandra M. Limout, G. H. Dobbin, J. Readie, J. A. Nel, A. MacPherson, J. H. Dobbin, A. M. Samrasinghe, A. S. Wickremasinghe, Jamima M. McK. Calder, J. R. Williams, A. R. Lambie, P. Madan, J. R. McCubbing, M. S. Hassen, E. Spence, J. L. Jones.

## Medical News.

SIR JOHN BLAND-SUTTON will deliver an Emeritus lecture at the Middlesex Hospital Medical School on Tuesday, February 7th, at 3 p.m. The subject of the lecture will be "The choroid plexuses of the brain and psammomas."

SIR D'ARCY POWER will give a lecture on "The Evolution of Surgery" before the Royal British Nurses' Association to-day (Saturday, February 4th), at 3 p.m., at 194, Queen's Gate, S.W.7. The chair will be taken by Dr. A. J. Rice-Oxley, C.B.E., Mayor of Kensington.

SIR ROBERT JONES has accepted an invitation to become President of the Association of Certificated Blind Masseurs, which has its office at 224, Great Portland Street, London, W.1.

A POST-GRADUATE lecture will be given at the St. James's Hospital, Ouseley Road, Balham, on Tuesday, February 7th, at 4.30 p.m., on the subject of "Some aspects of infant feeding."

CAPTAIN SIR ARTHUR CLARKE, an Elder Brother of the Trinity House, formerly deputy-chairman of the Seamen's Hospital Society, has been elected chairman of that corporation in succession to the late Sir Percival Alleyn Nairne. Captain H. B. Hooper, R.I.M., has been appointed deputy-chairman.

DR. WILLIAM SHAW has been elected chairman of the Larne Urban Council for the year 1922; he has been a member of the council for thirteen years, and twice its vice-chairman.

THE fifth Silvanus Thompson Memorial Lecture will be delivered by Sir Oliver J. Lodge, F.R.S., at a special meeting of the Röntgen Society to be held at the Institution of Electrical Engineers on Tuesday, March 21st.

At a sessional meeting of the Royal Sanitary Institute to be held at 90, Buckingham Palace Road, S.W.1, on February 14th, a discussion will be opened by Dr. W. M. Willoughby, M.O.H. Port of London, on the administrative measures necessary in regard to the slaughtering of animals and the storage and transport of meat in connexion with the report issued by the Ministry of Health. A sessional meeting of the Institute will be held in the Guildhall, Norwich, on February 17th, when Dr. G. L. Leggat will open a discussion on the carrier problem in disease.

A SERIES of eight lectures under the auspices of the People's League of Health will be delivered at the Royal Society of Arts, John Street, Adelphi, on the subject of "The mind and what we ought to know about it." Four lectures will be given in February and four in March, the first lecture being on Monday, February 6th, at 6 p.m., when Dr. Bernard Hart will discuss "Primitive instinct." Subsequent lecturers include Dr. R. G. Cole, Dr. R. S. Rows, Sir Maurice Craig, Sir Robert Armstrong Jones, and Sir Frederick Mott.

THE late Lord Mount Stephen, who died in November last, has by his will bequeathed £2,000 to the Victoria Hospital, Montreal, which he founded, and £5,000 to his friend Sir James Reid, M.D. As already announced, the residue of his property, after paying other bequests and annuities, has been left to King Edward's Hospital Fund; it is estimated that the residue will amount to about £750,000.

DR. R. J. SMITH, Dr. M. F. CAHILL, and Dr. H. DUGUID, all of Gray's Inn, have been called to the Bar.

THE executors of the late Mr. Hermann Woolley, for many years treasurer of Manchester University, have given a donation of £1,000 towards the endowment of a lectureship in pharmacology in the University.

IN the week ending January 28th there was a decrease of 123 in the number of deaths in London from influenza, the numbers being 320 as against 443 in the previous week. In the 105 great towns of England and Wales there was a small increase, 1,450 as against 1,433. In the case of the ninety-six great towns the figures were 1,419, as against 1,404 in the week ending January 21st. In several of the great towns, mainly in the north, there were increases. In Birmingham the deaths from influenza were 57 against 42, Bristol 53 against 37, Liverpool 25 against 14, Reading 20 against 7, Brighton 34 against 29, Southampton 9 against 6, Cambridge 9 against 4, Norwich 15 against 9, Chester 9 against 1, Wallasey 7 against 3, Rochdale 21 against 6, Hull 60 against 45, Sunderland 78 against 40, South Shields 19 against 10, Gateshead 52 against 42, Cardiff 13 against 7. In Newcastle-on-Tyne there was a decrease, 74 against 82, as was also the case in Glasgow, where the figures were 183 as against 202. In Edinburgh the figures showed a substantial increase, being 116 as against 72 in the week ending January 21st. It seems probable that this last week records the maximum mortality of this wave, and that in the present week a decline will be found to have occurred.