be. A palsy of the sixth cranial nerve, occurring as a late event in intracranial tumour, furnished an illustration of a late sign which frequently had little or no localizing value.

Disorders of the Cerebral Circulation.

In the two previous lectures he had been concerned principally with symptoms arising from disease of the central nervous system itself; but it was a matter of everyday experience that many of the symptoms of which patients complained were to be interpreted as disorders of function produced by temporary or recurring disturbances in circulation. Such disturbances might be quantitative, as anaemia or hyperaemia, or qualitative, in which there was some chemical or biochemical alteration in the blood itself. Symptoms referable to the nervous system formed a not inconsiderable part of nearly all forms of cardio-vascular disease, but there were many other conditions in which disorders of the cerebral circulation played a leading part. One of the previous Goulstonian lecturers (Dr. Risien Russell, in 1909) had dealt fully with disorders of the cerebral circulation, so that it was not necessary for him to cover the same ground. It was well known how epileptiform convulsions, quite indistinguishable from those of ordinary epilepsy, might occur in many toxic states—eclampsia, lead poisoning, and so forth—and typical epileptiform convulsions might be seen in cases of heart-block constituting the Stokes-Adams syndrome. There seemed to be some common ground between all these different conditions where the immediate or proximate cause of the convulsion could be fixed. Such cause, to his mind, lay in some disorder of the cerebral circulation, and on this point he was in absolute agreement with Russell as well as with many others.

It became a principle of some importance, therefore, to regard a fit as a symptom only, and not as a disease *sui generis*. Mr. Percy Sargent, in his presidential address to the Neurological Section of the Royal Society of Medicine, had related that in a series of 270 cases of brain tumour operated on by him a fit was the first symptom complained of in 40 per cent. This was probably an unusually high proportion, for there were many cases of cerebral tumour in which fits never occurred at all, and, in addition, many cases of cerebral tumour which never found their way into the hands of a surgeon. The mere presence of cerebral tumour was not of itself sufficient to cause a fit. It was the same with injuries; one might hazard the assumption that there were probably a great many people nowadays with foreign bodies embedded in their skulls who did not suffer at all from epilepsy.

The Cause of Epilepsy.

The textbook descriptions of the fits of epilepsy and of hysteria led the reader to suppose that there was a great distinction between them. In practice such distinction was not always evident, and increasing experience had taught the lecturer the great difficulty of making a diagnosis in some of the periodic attacks of apparent loss of consciousness which he was called upon to treat. It was, of course, well recognized that many epileptic attacks might be precipitated by various psychical conditions or emotional stresses. Recently an attempt had been made to include epilepsy among the group of diseases or symptoms which might be said to have a psychogenic origin. Such an explanation might seem at first sight fantastic, but there were certainly cases where attacks similar to those of idiopathic epilepsy had yielded to psychological treatment. There was another school which would include epilepsy among the group of so-called toxic idiopathies, thus bringing it into line with such conditions as asthma, hay fever, and urticaria; and here also there were cases which seemed to support this view. Whatever might be the exact physical production of epilepsy, the final cause must, to his mind, lie in a disturbance of the cerebral circulation.

It was only in comparatively recent years that the involuntary nervous system had received much attention at the hands of clinicians, who were just beginning to realize the wide part which it played in the production of symptoms. It would be wise to recognize that multiple causes might be at work. Perhaps observers were too much occupied with symptoms in attempting to correlate disturbances of function with actual structural disease. Even in cases where actual structural disease of the central nervous system was present, *post-mortem* examination would not always succeed in connecting symptoms with the actual morbid anatomy.

"Organic" and "Functional."

In conclusion the lecturer spoke on the use and abuse of the terms "organic" and "functional" as commonly employed in connexion with disease of the nervous system. In investigating cases of disease of the central nervous system it was in reality disturbances of function which were studied rather than alterations in structure produced by disease. Hence the continued use of the terms "organic" and "functional" might be misleading. The term "functional" had gradually become identified with the broad meaning of "hysterical," and on looking more closely into the results produced by this abuse of the term it would be found that it was diseases in which permanent changes in the reflexes occurred which were called organic, and that unless such changes could be demonstrated there was a great risk that the case would be called functional. No doubt many of these cases were really functional, but the special connotation which this term had come to possess made its application deceptive. The distinction between organic and functional, although at first useful, had ceased to serve its purpose. The necessary distinction was between symptoms caused by physical influences and those caused by mental influences only. Physical changes might be permanent—such as gross destruction of nerve fibres; or they might be temporary—such as circulatory defects or alterations in the volume or composition of the blood. Similarly with mental or psychical factors: these might induce bodily reactions which persisted and led to permanent changes in bodily functions; yet no one would speak of a disease like diabetes as functional. It was illogical, he maintained, to identify the term "functional" with the term "hysterical." The term "functional" could very well be dispensed with altogether, for all diseases of the central nervous system were functional in the sense that a disorder of function was produced. What it was really necessary to know was whether or not a disease was due to permanent structural change in the tissues, and, if it was, whether the cause was physical or mental, or both. The attempt to draw a hard-and-fast line between organic and functional nervous disease was fraught with no little danger. Equally misleading was the idea that there must be two classes of neurologists, one to deal with organic and the other with functional cases. It was to be hoped that no such distinction would be recognized. The nervous system functioned as a whole, and should be studied as a whole.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

HYPERPYREXIA DURING INFLUENZA.

G. C., a school teacher, aged 42, was some years before this recorded illness an in-patient at Bath Hospital suffering from haematemesis (and subsequent thrombosis of the veins of the leg), and during her seven months in hospital is stated to have registered a temperature of 110° F.

During the month of March, 1919, she complained of "pains across the shoulders, back of the head, and neck." Examination revealed nothing save a slightly furred tongue and an axillary temperature of 107° F. On advising the relatives to have a consultant's opinion, in view of the hyperpyrexia, they expressed little or no anxiety, as she had "had a higher temperature before at Bath."

Dr. Carey Coombs saw the case in consultation on the following day. There was no evidence of any organic disease. The axillary temperature registered 110° F. It was taken by me personally, using two thermometers, one in each axilla. The thermometers were both graduated to 113° F., and appeared capable of registering not more than 114.5° F. That same evening the thermometers registered 113° F. +, which fact I communicated to Dr. Carey Coombs. The patient at this time complained simply of headache. On the third day the temperature fell steadily to the region of 104° to 105° F., and remained so for several days, only to rise about the fourteenth day again to 113° F. +. Though the columns of mercury filled, in both cases, the capillary to the utmost limit, neither thermometer was broken as the result of the patient's hyperpyrexia.

After an interval of some two or three weeks a third rise, terminating as before by lysis, was registered.

After fourteen weeks' treatment at home (during which time the patient lost several stones in weight) I was sent for

on June 10th as the patient was again complaining of "headache." The temperature registered was 107°F. This was apparently the commencement of the fourth "exhibition," and I at length persuaded the patient to go into hospital. On June 11th, in hospital, the temperature registered 104.5°F. After that day, in spite of an attack of Vincent's angina, her temperature for the most part remained subnormal for the succeeding nine weeks. The patient is still alive, and is now under surgical care for a Colles's fracture.

The following comment by Dr. Carey Coombs (written on the patient's discharge from hospital in August, 1919) appears in the hospital records:

I saw this patient at her own home with Dr. W. G. McKenzie. We neither of us had any doubt that the very high temperatures recorded prior to admission were genuine. One evening temperature recorded was 114°F., and there were others nearly as high. During these hyperpyrexial crises she looked very ill, but neither then nor at any other time did she display signs of any organic cause. Indeed, when she did have a good excuse for fever (Vincent's angina) nothing out of the way happened.—C. F. C.

WILLIAM GEORGE MCKENZIE,
M.C., M.R.C.S., L.R.C.P.,
Late Captain (Acting Major) R.A.M.C., T.F.

SLIPPING RIB.

LUXATION of lower costal cartilages, to which Mr. Davies-Colley has given the appropriate name of "slipping rib," cannot be very rare. I have met with a few cases.

Some time ago an agricultural labourer was admitted to this hospital suffering from slipping rib, in a very similar way to the examples given by Mr. Davies-Colley. Although, with the stoicism of his class and nationality, he bore with the disability for some years, he had to give in to it at last and seek relief. In his case it was the ninth rib on the left side which was at fault. As the interchondral articulations often include the ninth costal cartilage, I took the condition to be a luxation of this joint. I treated it in a way precisely similar to that which Mr. Davies-Colley practised—namely, excision of about three inches of cartilage and rib. The result was perfect relief from unbearable pain.

I have a case of the same condition at present under my care; the costal cartilage of the ninth rib on the right side slips easily upwards and forwards. The condition gives rise to no pain and the patient does not complain of it, having other troubles of a more serious nature.

R. B. MAHON, M.Ch., F.R.C.S.Eng.,
Surgeon to Galway Central Hospital.
Galway.

THROMBO-PHLEBITIS OF THE FEMORAL VEINS FOLLOWING LOBAR PNEUMONIA.

THE extent of venous thrombosis in the lower limbs following right-sided lobar pneumonia appears to warrant the publication of the following case:

On January 4th, 1922, a girl, aged 22, had an attack of influenza; she recovered, but it left her in rather a debilitated condition. On the evening of February 4th I was called to see her as she complained of severe pain in the right side of the chest, especially on taking a deep breath. The temperature was 103°, pulse 100, respirations 40. Physical examination of the chest revealed lobar pneumonia in the lower lobe of the right lung. For the next six days she was very ill, but on the seventh her temperature dropped by crisis and she fell into a comfortable, undisturbed sleep.

For the next day or so she made good progress, but on February 15th she complained of much pain and tenderness over the left calf, and over the front of the right thigh in the region of Scarpa's triangle. The femoral vein in the upper part of Scarpa's triangle could be felt as a firm, rather nodular, very tender, thickened cord; the limb was swollen, the tissues around the ankle were soft, and pitted on pressure. Pain was so severe that I had to give morphine, but subsequently it was much relieved by two-hourly applications of belladonna fomentations.

In a week the limb had improved considerably, but the patient then complained of similar pain in the left lower limb: there was tenderness over the left femoral vein, and the calf of the leg was very swollen and tender. Swelling persisted in this leg for several days after the pain had disappeared, but massage and passive movements soon reduced the leg to its normal size.

It is interesting to endeavour to explain the actual causation of a condition of thrombo-phlebitis of the peripheral veins after pneumonia. It has been pointed out that a microscopical examination of the blood in pneumonia shows a greater density than normal of the fibrin network. Blood platelets are also greatly increased in number. Hence there is possibly an increased tendency to intravascular clotting, and since in a large proportion of all cases of pneumonia pneumococci are present in the blood, infection of clot would more readily ensue.

T. STENNER EVANS, M.B., B.S.Lond., D.P.H.
Fochriw, Glam.

Reports of Societies.

THE TECHNIQUE OF BONE GRAFTING.

AT a meeting of the Section of Surgery of the Royal Society of Medicine on April 5th, with Mr. CYRIL NITCH in the chair, some points in the technique of bone grafting were brought forward by Mr. C. MAX PAGE and Mr. G. PERKINS.

Mr. MAX PAGE, whose account of the work of himself and his colleague was illustrated by a large number of radiograms, said that bone grafting was now firmly established in the treatment of ununited fractures and the replacement of bone destroyed by disease or injury. It must be admitted that some parts of the life-history of bone grafts were still obscure or in dispute, and that there was considerable divergence of opinion as to the technique best adapted to secure a successful result in bone implantation. The number of bone injuries so treated during the late war, however, furnished an extensive experience, and it should be possible now to arrive at certain conclusions. He proposed to confine his remarks to cases in which he had employed a bridge graft—that is, a bone implant which filled in a definite gap in the original bone and ultimately reconstituted a part of it. He did not believe that the graft played only the humble rôle of scaffold which was assigned to it by some authors. Some portion of it at least grew and became incorporated with the host-bone. If it was assumed that the bone graft died after implantation and only acted as a scaffold, it was difficult to see why boiled beef-bone should not have the same value as autogenous, but this was not so, as he illustrated from a case in which a beef peg, even after sixteen months, showed no union with the host-bone, while an autogenous graft in a similar case became continuous with the host-bone within six weeks.

These cases (Mr. Max Page continued) confirmed the general evidence that the beef-bone peg was useless as a bridge graft, and therefore he always employed autogenous grafts. The most satisfactory source was the tibia in the greatest number of cases. The use of the fibula was favoured by some surgeons, but it might be urged against the use of this bone that its exposure and separation were not simple, and that its removal could not fail to affect the stability of the ankle. The constituents of the bone employed might be compact bone, periosteum, and cancellous bone. Compact bone was essential for strength, but it did not appear to take an active part in the formation of new bone after implantation. Periosteum had little importance in the reformation of bone in the adult, and lately he had used grafts free of periosteum. Cancellous bone seemed to be the route along which bone development occurred. The size of the graft should be two or three inches longer than the gap it was intended to bridge. The longer the graft the firmer the fixation, and with a substantial graft there was less liability to fracture and more rapid re-establishment of the full strength of the affected part. It was important that at operation the fragments should be brought into their normal alignment without tension. Both ends of the host fragments must be resected until good vascular bone was exposed. The graft must be fixed in firm contact with the host at both ends, and unless this was done success was unlikely. The method of fixation mattered little, provided the result was firm. Mechanically the most satisfactory method in his hands was intramedullary pegging at one end and what might be called an inlaid splice at the other, making a tight fit. Foreign material, such as bolts and wires, was undesirable, though necessary at times. The graft should be aseptic and planted into an aseptic field, but the presence of infection and a successful graft were not incompatible. He showed radiograms of a case which illustrated the ability of a graft to survive and thrive, despite severe infection of the surrounding tissues.

Fractures of the graft fell into two categories: (1) Early fractures, taking place within eight weeks or so after operation, while the limb was still immobilized, and there was no strain upon the bone. These fractures occurred at the junctions with the host, following non-union of one or other end of the graft, and they were really instances, not of true fracture, but of bone absorption, secondary to incomplete fixation. (2) Late fractures, occurring in cases in which the graft had been successful, with firm union at both ends. The site at which these fractures occurred was usually near the middle of the graft, and they took place owing to some strain after the limb had been released from immobilization. They

was principal medical officer to the Standard Life Assurance. He was joint editor of the Report of the Edinburgh and East of Scotland Hospital in South Africa, and he contributed to the *Edinburgh Medical Journal* "Experiences of a consulting physician on duty in the Palestine lines of communication" (1919). Amongst his recent contributions to medicine was one on "Pellagra" in 1920.

Professor Boyd was held in high estimation by the undergraduates who followed him in his wards, and he was greatly appreciated also for his post-graduate teaching. He was always clear and inspiring, was eminently sane in his judgements, and both in the infirmary and as a consultant in private practice he was consequently highly regarded and much sought after. Of his engaging social qualities and love of sport those who knew him best speak most highly, and he acted with the greatest acceptance as the secretary to the Octogenarian and joint secretary to the Harveian Dining Clubs. To his friends his death is a supreme loss, as may be gathered from Professor Alexis Thomson's tribute printed below; and the whole profession in Edinburgh mourns his passing, as was shown by the large gathering in the Dean Cemetery on the afternoon of April 7th, when what was mortal of him was consigned to mother earth. He was married in 1904, and leaves a widow and two daughters.

We are indebted to Professor ALEXIS THOMSON for the following appreciation:

Francis Boyd's friends feel his loss deeply, too deeply for words; the personal loss overshadows that which they recognize has been sustained by the school. One of his merits was that he appeared younger than his years; the writer recalls the spring golfing parties at Sullom, years and years ago, guests of the late Sir John Batty Tuke, who prided himself on selecting among the younger generation of medicos those who combined an interest in sport with the possession of brains and the capacity and intentions of using them. Tuke deserves credit for recognizing this combination; six of the eight guests became university professors, and the remaining two leading teachers and specialists in the medical school. While capable, as above suggested, of relaxing upon occasion, Boyd could bury himself in his work and stick to it as hard as any man; good sportsman as he was, he liked nothing better than his work. He also had the strength of character that combines so well with industry and ambition; his victory over a bad stammer, which had appeared likely to dissipate any hope of academic distinction, was an apt illustration of his strength of will, for, as a teacher, his diction left nothing to be desired. As a doctor, those who knew him best liked him most; he never assumed what is traditionally known as the bedside manner; as a consultant he was admirably thorough and reliable, perhaps carrying reserve to excess, and therefore, from the patient's point of view, addicted to fewer words than were desired. The social side of his character was that which appealed most to his intimates; as secretary of the Octogenarian and joint secretary of the Harveian Dining Clubs he shed his natural reserve and showed himself in his most attractive colours—one of the most genial and kindest-hearted of men. His absence will be greatly felt at their annual gatherings.

DR. THOMAS FREDERIC HIGGS of Dudley died on April 2nd, in his 87th year. He was educated at Dudley Grammar School and Sydney College, Birmingham, and took the diplomas of M.R.C.S.Eng. in 1858, L.R.C.P.Edin. and L.S.A. in 1860; he graduated M.D.St. Andrews in 1884. In 1860 he purchased a practice in Dudley, where he remained till his death. After serving as a district medical officer under the board of guardians he became medical officer of the workhouse, a post which he retained for forty-eight years, when he was appointed honorary consulting medical officer. He was appointed surgeon to the Dudley and borough police in 1862 and continued to hold that office, and was also senior honorary surgeon to the Dudley Dispensary. He took great interest in local educational affairs, was a member of the first school board for Dudley, and as a trustee of the Wesleyan Day School was subsequently co-opted on the Education Committee as a representative of the voluntary day schools. He was one of the founders of the Dudley High School for Girls and deputy chairman of the Dudley Grammar School board of governors. He also served for nearly a decade on the Dudley Town Council. Dr. Higgs, who was a Justice of the Peace, was a member and late chairman of the Dudley Division of the British Medical Association, and chairman of the Medical and Panel Committees of Dudley. He is survived by three sons and four daughters.

MR. THOMAS TURNER, F.R.C.S., J.P., of Hereford, died recently at the advanced age of 92. He was born in June, 1830, and received his medical education at University College Hospital, taking the diplomas of L.S.A. in 1854 and M.R.C.S.Eng. in 1855; he became an F.R.C.S.Eng. in 1891. After qualifying he remained for some time as demonstrator of physiology under the late Professor Sharpey, and later took up his residence in Hereford as junior partner with the late Mr. Charles Lurgen. Until his final retirement in 1919 he was never out of harness and rarely had a holiday. In 1856 he was elected to the staff of the Hereford Dispensary, and in 1863 he was appointed surgeon to the Hereford Infirmary, retaining the latter post until he reached the age limit in 1900, when he was elected to the honorary consulting staff. In the old days he was a keen Volunteer, and retired with the rank of surgeon-major. For three years he was a councillor and for twelve years an alderman on Hereford Town Council, and he was appointed a Justice of the Peace for the borough. He married the daughter of his former partner, but she predeceased him, and he had no children. By his skill, his quiet, genial, and unassuming manner he was a general favourite in Hereford, and retained until the last the place of that city and county's most trusted and popular consultant.

DR. ROBERT BAIN LOTHIAN died in Glasgow on March 30th. He was a native of that city; his father was the late Dr. John A. Lothian, who for twenty-two years was surgeon to the Glasgow Royal Infirmary. Robert Lothian was educated at Glasgow University, where he graduated M.B., C.M. in 1888. After acting as house-surgeon at the Royal Infirmary and studying for a time in London he returned to Glasgow to join his father in practice. In 1896 he was appointed casualty surgeon to the northern police district, and in 1902 he transferred to the central division, where, in addition to acting as casualty surgeon, he lectured on ambulance work to the police force and fire brigade. During the war he served in the R.A.M.C., retiring with the rank of captain. He was chairman of the Re-survey Boards of the Ministry of Pensions, Glasgow area. For many years he held a prominent place among the medical profession in Glasgow, where his loss will be greatly felt.

Universities and Colleges.

UNIVERSITY OF CAMBRIDGE.

Diploma in Psychological Medicine.—A short course of instruction for the D.P.M. examination will be held in Cambridge from July 12th to August 17th. The course will include lectures and practical work on psychology, the anatomy and physiology of the nervous system, morbid psychology, mental diseases, dreams, mental deficiency, etc. The fee for the full course is twelve guineas. Further particulars may be obtained from the Secretary, D.P.M. Committee, Psychological Laboratory, Cambridge.

UNIVERSITY OF LONDON.

AT the meeting of the Senate on March 22nd the Vice-Chancellor referred to the death of Dr. Augustus D. Waller, F.R.S., and said that on behalf of the Senate he had addressed a letter of sympathy to Mrs. Waller and her family on their bereavement, and had deputed Sir W. H. Willcox, chairman of the Physiological Laboratory Committee, to represent the University at the funeral.

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

London Hospital Medical College: Mr. G. E. Neligan and Mr. W. S. Perrin (Surgery), Mr. F. F. Muecke, C.B.E., and Mr. N. Patterson (Oto-rhino-laryngology).

Middlesex Hospital Medical College: Mr. H. Charles (Anaesthetics), Mr. H. Watson Turner (Dental Surgery).

It was resolved to institute a University Readership in Biology tenable at Middlesex Hospital Medical School at a salary of £500; applications to be received by May 15th.

The status and designation of appointed teacher were conferred on the following:

St. Thomas's Hospital Medical School: Professor L. S. Dudgeon (Professor of Pathology), Professor J. Mellanby (Professor of Physiology), Professor F. G. Parsons (Professor of Anatomy), Professor S. G. Shattock (Professor of Morbid Anatomy).

Dr. H. W. Lyle, Dean of King's College Hospital Medical School, has been appointed a Fellow of King's College.

Professor W. D. Halliburton has been appointed a member of the board of examiners in physiology at the second examination for

medical degrees, Part II, for the remainder of the year 1921-22, in place of Professor Bainbridge, deceased.

Lord Dawson of Penn has been appointed a representative of the University at the seventh centenary celebration of the University of Padua to be held in May.

The annual service at Westminster Abbey will be on presentation day, May 4th, at 5.45 p.m. Applications for tickets, accompanied by a stamped addressed envelope, should be sent to the honorary secretary, Miss E. Jeffries Davis, 88, Gower Street, W.C.1.

Applications for grants from the Thomas Smythe Hughes Medical Research Fund to assist in original medical research must be sent in not earlier than May 1st and not later than June 15th. Further particulars can be obtained from the Academic Registrar.

The Lindley Studentship, value £120, will be awarded to a student qualified to undertake research in physiology in the Physiological Laboratory of the University. Statements of qualifications and of mode of proposed research must be sent to the Academic Registrar (from whom full regulations as to the award can be obtained) by May 1st.

A University Studentship, value £50 for one year, will be awarded to a student qualified to undertake research in physiology tenable in the Physiological Laboratory of the University, or of a school of the University. Applications must be sent to the Principal Officer (from whom further particulars can be obtained) by May 31st.

UNIVERSITY COLLEGE.

A course of four lectures on "Insects and disease" will be given at University College, London (Gower Street, W.C.1), by Sir Arthur Shipley, G.B.E., F.R.S., Master of Christ's College, Cambridge, on Tuesdays, May 2nd, 9th, 16th, and 23rd, at 5 p.m. The syllabus of the lectures is as follows: (1) Lice, their habits and life-history and their relation to disease; (2) bed-bugs and ticks as conveyers of disease; (3) flies and the way they cause and carry disease; (4) mosquitos and malaria. The lectures are addressed to advanced students of the University and others. Admission is free, without ticket.

The annual report of University College, London, states that the new building for anatomy, histology, and embryology, provided by the Rockefeller gift, has been begun, and that it is expected to be ready for occupation in March next year. The expenditure of the College on establishment account in 1921 was £150,482; the fee revenue provided £65,567. After reckoning incomes from endowments, donations, and grants from the Treasury and other public bodies, there remained a deficit of £5,185. There are, moreover, several directions in which the expenditure ought to be increased; thus an income of £15,000 a year is needed by the Department of Applied Statistics to carry on the work contemplated by its munificent founder, the late Sir Francis Galton. Capital funds to the amount of £15,000 are needed for the new chemistry laboratories.

During the year the total number of students enrolled was 3,143 (1,835 men and 1,308 women). Of these, 2,408 (1,503 men and 902 women) were taking day courses; 502 (191 men and 311 women) evening courses; 233 (138 men and 95 women) vacation courses. The day course students included 432 (326 men and 106 women) post-graduate and research students. Of the total, 212, including 76 post-graduate and research students, came from various parts of the Empire—India sending 50, Canada and New Zealand 8 each, Australia and South Africa 4 each; from European countries there were 324—59 from France, 50 from Russia, 40 from Sweden, 36 from Switzerland, 25 from Holland, 24 from Norway, 23 each from Belgium and Denmark, 14 from Italy. There were 16 from the United States of America, 10 being undergraduate and 6 research students. From other countries the largest number (23) came from Japan, of which 14 were doing post-graduate and research work.

QUEEN'S UNIVERSITY OF BELFAST.

IN publishing (April 1st, p. 544) the list of successful candidates upon whom the degrees of M.B., B.Ch., B.A.O., were conferred, it should have been stated that the following had passed their examinations with second-class honours: A. H. McC. Eaton, W. S. Gibson, W. Lascelles, Mary C. Lindsay, I. H. McCaw.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

AN extraordinary comitia of the Royal College of Physicians of London was held on Monday, April 10th, at 5 p.m., the President, Sir Norman Moore, Bt., being in the chair.

The President announced that after four years of office he did not wish to serve for a further year. He then gave a summary of the chief events in connexion with the College during the past year, and referred in detail to the ten Fellows of the College who had died during the year—Dr. G. D. Longstaff, Sir George Savage, Dr. Albert S. F. Leyton, Dr. F. A. Bainbridge, Dr. John Wickham Legg, Dr. John Harley, Dr. John Elliott, Dr. George Charles Bright, son of the celebrated Dr. Richard Bright, Dr. Ainslie Hollis, and Sir Patrick Manson.

Sir William Church proposed a vote of thanks to the President for his address and for his services to the College during the past year. Sir Norman Moore then vacated the chair, and the College proceeded to the election of a President. In the first ballot Sir Humphry D. Rolleston received 34 votes and Sir John Rose Bradford 17, 81 Fellows voting. In accordance with the by-laws of the College a further ballot took place, when Sir Humphry Rolleston received 58 votes, Sir John Rose Bradford 23.

Sir Humphry Rolleston was inducted President by the senior Fellow present, Sir W. S. Church. He then gave his faith to the College.

Various communications were received, and Sir Humphry Rolleston was appointed the representative of the College at the celebrations in honour of the seventh centenary of the University of Padua.

After a proposal by Dr. Sidney Phillips in regard to the Finance Committee of the College, the President declared the comitia closed.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

A QUARTERLY council was held on April 6th, when Sir Anthony Bowlby, President, was in the chair.

Votes of thanks were given to Mr. Alban Doran for his valuable services in continuing to arrange and catalogue the collection of surgical instruments in the Museum; and, also, to the Government of Trinidad for presenting to the College some skeletons excavated at Pale Seco.

Lives of the Fellows.—A report was received from the Library Committee stating that the Lives of the Fellows of the College had been completed. The work was carried out by the librarian, Mr. Plarr, and although only in manuscript, it is hoped at some future time to have it printed and offered for sale.

The Jacksonian Prize was not awarded. The subject for the year 1923 is "The pathology and treatment of malignant disease of the testicle."

Charles Brook (Lincoln) and William Coates (Manchester) were elected Fellows as Members of twenty years' standing.

Congratulations were sent to a College centenarian, Dr. C. H. Brooking of Paignton, who became a Member in 1843.

LONDON SCHOOL OF TROPICAL MEDICINE.

THE following candidates passed the examination of this school held at the termination of the sixty-eighth session (January to March, 1922):

*R. W. Cilento (winner of "Duncan" medal), *J. H. Andre, *Major G. C. Dunham (U.S. army), *E. A. Mills, *G. Giglioli, *T. G. Wynne, *J. B. Kirk, D. F. G. Moore, Captain H. Hingston (I.M.S.), W. H. Peacock, Major B. Gale (I.M.S.), B. L. Joshi, E. S. E. Mack, R. T. Carr, M. S. E. Mody, Captain J. M. R. Hennessy (I.M.S.), H. C. V. Joy, G. B. Walker, V. M. Fisher, W. H. Grace, G. G. Nacleker, M. A. El Nattan, D. R. Mehta, Miss E. G. Baillie, J. J. B. Edmond, Miss M. L. Griffiths, A. Noble, Captain C. A. Wood (I.M.S.), C. Clyne, Miss H. M. Brown, A. N. El Ramli, Miss L. S. Pigeon, A. Razik, J. G. B. Brass, J. A. Griffiths, J. S. Kerr, E. F. Peck.

* With distinction.

Medical News.

THE next session of the Dental Board of the United Kingdom will commence on Tuesday, May 9th, at 2 p.m., when the chairman, Right Hon. F. D. Acland, M.P., will take the chair and give an address; it will continue to sit from day to day until the termination of its business.

AT the meeting of the Harveian Society, to be held at the Town Hall, Harrow Road, Paddington, on Thursday, April 27th, at 8.30 p.m., a discussion will take place on influenza. The speakers will be: Sir Humphry Rolleston, Sir Thomas Horder, Dr. Sidney Phillips, Dr. R. A. Young, Dr. Thoresby Jones, Dr. Beaumont, Dr. Freeman.

A FURTHER series of demonstrations of specimens in the Museum of the Royal College of Surgeons of England will commence on Friday, April 21st, when Sir Arthur Keith will demonstrate specimens of hernia, the femoral and obturator forms, and the causation of hernia. The demonstrations, which are open to advanced students and medical practitioners, take place at 5 p.m., and will be continued on Mondays and Fridays up to and including May 8th.

A MEMORABLE evening was spent by some five-and-twenty former assistants and residents of Emeritus Professor Sir Halliday Croom on April 7th, when they had the pleasure of entertaining their old "chief" to dinner at the North British Station Hotel, Edinburgh. To mark the occasion of his retirement last year from the Chair of Midwifery in the University of Edinburgh and the completion of fifty years of teaching in the Edinburgh School of Medicine, a silver salver with a suitable inscription and the engraved autograph signatures of fifty former assistants and residents was presented to Sir Halliday by the chairman, Dr. Haig Ferguson. The health of the guest was proposed by the Chairman, and the toast was supported by Dr. George Mackie, D.S.O., and Dr. George Gibson, D.S.O. Sir Halliday Croom replied in a speech full of most interesting reminiscences of his career as a teacher of midwifery and gynaecology, delivered in his happiest vein. Among those present were Dr. Godfrey (Scarborough), Dr. Hale Puckle, Dr. Scott Macgregor (Glasgow), Dr. Duncan Main (Manchuria), Dr. Donald (Carlisle), Dr. Aarons (London), Dr. Lamond Lackie, Dr. William Fordyce, and Dr. R. W. Johnstone (Edinburgh); letters and telegrams of apology and regret were received from such distant parts as Montreal, Egypt, and New Zealand.

AT the last meeting of the Council of the Royal College of Surgeons of England (reported on another page) congratulations were sent to Dr. C. H. Brooking, of Paignton, on attaining his hundredth birthday. Dr. Brooking was educated at Guy's Hospital, and took the diploma of M.R.C.S.Eng. and the L.S.A. in 1843; he graduated M.D. at St. Andrews in 1856. He formerly practised at Brixham, and is one of the last of the Volunteers of 1852; he commanded the Artillery Volunteers at Brixham in 1859. It is stated that Dr. Brooking is the oldest medical practitioner in England.

A PORTRAIT in oils of Dr. H. H. Aitchison has been presented to the Corporation of Wallsend in recognition of his public services. Sir G. B. Hunter, in unveiling the portrait in the Council chamber, traced the development of Wallsend, and paid tribute to the large part played by Dr. Aitchison in the life and work of the district. The Mayor, in accepting the portrait, also testified to the worth of Dr. Aitchison and the esteem in which he is held.

IN connexion with the ceremony of dedicating the Osler Hall, erected in Queen's Park, Toronto, as an auditorium for the Academy of Medicine, Sir Edmund Osler has presented the academy with a portrait of his brother, the late Sir William Osler.

THE members of the Surgical Union, a union of provincial surgeons, the members of which are limited in number, visited the urological departments at King's College Hospital on April 6th. The morning was spent in attending two short lectures, followed by a lantern demonstration in the medical school. The members then saw a number of cases of cystoscopy and fulguration [treatment of bladder growths in the out-patient department, and then spent some time in the radiographic department, where cases of pyelography were demonstrated. In the afternoon operations were performed on urological cases. The visitors were received by Sir John W. Thomson Walker.

THE Maternity and Child Welfare Group of the Society of Medical Officers of Health have postponed the meeting fixed for April 20th until May 18th, when Dr. R. C. Jewesbury will read a paper on "Breast feeding." The Metropolitan and Home Counties Sub-Group will meet as arranged on April 26th at 5.15 p.m. Dr. H. C. Cameron will open a discussion on "Vomiting in infancy: its meaning and treatment."

A COURSE in advanced oto-rhino-laryngology will be held at the Saint Joseph Hospital, Paris, under the direction of Dr. Georges Laurens, from April 28th to June 24th; the number of places is limited to ten, and the fee is 150 francs.

THE three societies of mental medicine at Paris have decided to organize a meeting on May 30th and 31st to commemorate the centenary of the thesis in which Bayle first described general paralysis. The meeting will be international. The subscription of 40 francs should be sent to Dr. Raymond Mallet, 284, Boulevard St. Germain, Paris.

A MEDICAL congress on accidents to workmen was recently held at Zaragoza, Spain. The Minister of Labour and the Rector of the University presided, and among the resolutions adopted was one to the effect that hernia should be regarded as entitling to two months' wages or an operation at the expense of the employer, and also that diseases contracted in hospital as a complication of an accident or contagion and death from the operation should be grounds for compensation.

DR. V. EICKEN has succeeded Professor Killian in the chair of oto-rhino-laryngology at Berlin.

THE Dutch Central Society for combating Tuberculosis recently sent out forms of inquiry. Answers were returned to 40 per cent., reporting 16,259 cases of tuberculosis (7,190 in males and 9,069 in females). As so many circulars were not answered the actual number of cases of tuberculosis is not known, but it is estimated that some 6,000 or 7,000 persons are in need of sanatorium or hospital treatment.

An account of the scheme of medical relief initiated in Russia by the American Relief Administration is given in a recent report by its medical director, Dr. Henry Beeuwkes. Dr. Beeuwkes and his assistants, who number eleven, have made a complete survey of health conditions and hospital facilities, and have drawn up a comprehensive relief plan which is already operating in Moscow, Petrograd, Kazan, Simbirsk, Samara, Saratov, Tzaritzin, Ufa, and Orenburg. "I know of no class in Russia," Dr. Beeuwkes writes, "more deserving of our admiration and assistance than the medical profession. A large percentage have died during the last three years from epidemic diseases to which they have been constantly exposed. Under-nourished and overworked, assuming the labours of their comrades who have succumbed, their weakened physical condition has made them a ready prey to infections, and their mortality rates are out of proportion to those pertaining generally. The mortality rate among physicians from typhus is reported to be 50 per cent. as against 15 per cent. for the general population."

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

"I. D." asks for the name and maker of an efficient bed lift to run the patient on his bed, on to a terrace, for fresh-air treatment.

"RHEUMATIC" asks for information as to any spas in the Austrian Tyrol where treatment could be obtained for rheumatic fibrositis of hip and thigh muscles.

"BAFFLED" asks for suggestions in the treatment of the case of a professional gentleman, aged 44, who has for many years been much troubled by offensive breath. The tongue, never clean, has a coating of a brown-yellow colour, partly, perhaps, the result of pipe smoking. The teeth have been very carefully overhauled and pronounced guiltless. The bowels are regular, there is no nausea or vomiting, the appetite is fair, and dieting has been of no avail. Physical signs are negative, the lungs and nasal passages are healthy, the urine normal, and there are no headaches. Many remedies have been tried without benefit. The patient refuses to submit to a test meal, as he had an alarming experience on a previous occasion.

INCOME TAX.

"F.A.C." inquires as to the allowance due for expenses of replacement of car on the following facts: In 1914 he bought an 11.9 second-hand Belsize for £165, which he sold in April, 1921, for £170. He then purchased an 11.9 second-hand Phoenix Coupé, £450, and this he sold in November, 1921, for £230 and bought a new 11.9 Morris Oxford Coupé for £480.

*** The expense allowable on the first replacement, assuming the two cars to be of the same grade and condition, would be £450 – £170 = £280, or, allowing for the additional expense of the Coupé to-day, say £250, less any further allowance for the superior condition of the Phoenix as compared with that of the Belsize in 1914. So far as the second replacement is concerned the amount that can be claimed is the excess of the cost of a Phoenix (of same condition as that in which the car was bought in April) in November, 1921, over £230.

"C. C." earned a fee in 1920 and showed it on a declaration made for purposes of repayment. He is now being applied to by a local collector for payment of tax on the fee. Is he justified in refusing payment?

*** Yes; assuming, of course, that the untaxed fee shown on the declaration was taken into account in calculating the amount repaid. There may be a technical liability if "C. C." received a formal notice of assessment and did not lodge an objection within the prescribed time, but we can hardly imagine that claim being pressed in the circumstances.

"X." keeps one maidservant solely for practice and appointments.

*** In those circumstances the money wages and also the cost of keep and accommodation—say at the rate of 15s. a week—can be deducted as a professional expense.

"SHIP'S SURGEON" was serving out of the country from February 22nd, 1921, to March 27th, 1922, except for a period of three weeks, between voyages, when he acted as locumtenent.

*** Our correspondent appears to be liable to British income tax on the amount of his earnings less the usual allowances, and less deductions for any special expenses, such as the additional cost of uniform, if worn.