

slight pulsation present suggested the possibility of aneurysm, but this diagnosis appeared so unlikely that it was dismissed; it was supposed that the pulsation was conducted from the base of the heart uncovered by retracted lung. There was also some difficulty in determining the source of the haemorrhage, but this seemed explicable by ascribing the haematemesis and melaena to blood swallowed from the lung. Indeed, the symptoms of pain after food and haematemesis had resulted in the case being sent in as carcinoma of the stomach.

I am indebted to Dr. G. A. Sutherland, under whose care both these cases were, for permission to publish these notes.

THE RADICAL CURE OF HAEMORRHOIDS: MODIFIED WHITEHEAD OPERATION.

BY

SIR JOHN O'CONOR, K.B.E., M.A., M.D.,

SENIOR MEDICAL OFFICER, BRITISH HOSPITAL, BUENOS AIRES.

I WISH to invite again¹ the attention of surgeons to a very simple method of performing the only operation for the cure of haemorrhoids which, in my opinion, is worthy of the term "radical." And it affords me intense gratification to be able to state that in 1904 the distinguished originator of the procedure honoured me with his approval of my humble modification²—namely, that primary dilatation of the external sphincter entailed an unnecessary magnification of perspective which might readily induce anatomical obfuscation with disastrous operative results.

Method.

1. Limit primary dilatation to the insertion of the right index finger in quest of concomitant polypi, ulcer, stricture, etc.

2. Apply a pressure forceps at junction of skin and mucous membrane to each of the four cardinal points of the anal circle.

3. With adjoining pairs of forceps held in opposing traction make a rapid discission with a large straight blunt-pointed scissors from "point" to "point" until the skin is completely detached from mucous layer.

4. Apply another pressure forceps to the cut edge of the latter between each of the four forceps originally placed. This makes the operator master of the situation.

5. Grasp the eight forceps in the palm of the left hand, insert the left index finger into the rectum, and then cut lightly all around with scissors until the external sphincter appears well in view.

It is absolutely essential at this juncture to define this muscle and keep it constantly in sight and pushed upwards, always remembering that all cutting must be done below and external to it.

6. Continue snipping round with scissors until the "White-head's slit"³ (submucosa) is exposed; then bear Cunningham's *Anatomy* in mind: "The submucous coat is composed of loose areolar tissue, which allows of free movement of the mucous layer on the muscular coat, and which also admits, under certain abnormal conditions, of a prolapse of the mucous membrane through the anal orifice. . . . The haemorrhoidal plexus of veins is contained in this layer."

7. With the left index finger still retained in the rectum as guide, and the eight forceps in the left palm making traction, continue severance of the attachments to the muscular coat until the haemorrhoidal cylinder can be peeled out of its bed by a few strokes of the back of scissors or other blunt dissector.

8. Then make a vertical slit in the protruded cuff up to the level of the "supra-Morgagnian"⁴ circle; commence a continuous Triollet catgut suture at the apex of the slit, drawing the "red" mucous membrane into accurate apposition with the skin; then proceed, cutting transversely, half-inch by half-inch, at the level just mentioned; carry on, *pari passu*, the continuous suture; stop and forceps every spurting vessel and ligate same at once, so that at the last snip of the scissors nothing remains to be done except to complete the few final loops of the suture.

Abjure the employment of what is fatuously styled by claspers "a continuous haemostatic suture,"⁵ and of what is called by tinkers a soldering iron, in any part of the intestinal tract.

9. Having introduced a morphine suppository and a slender roll of dry gauze into the rectum, apply a dry gauze dressing and change same daily.

10. On the fifth morning give the patient one ounce of castor oil, sponge the part after each evacuation with warm permanganate lotion, add a warm permanganate sitz bath daily, and reapply a dry dressing.

11. On the seventh morning instruct the nurse to insert the right index finger (anointed) into the canal, and to educate the patient to do the same daily for two months. Do not forget, before he departs, to prescribe a pot of zinc and boracic ointment for this purpose. If any tags are in evidence on the ninth day apply a little eucaine and snip them off with scissors.

I have nothing further to state beyond the fact that not once in every fifty operations do I hear of any contraction or any other complication following this method. All the patients are discharged cured by the fourteenth day, and the time⁴ occupied in the actual operation varies from five to ten minutes.⁵

REFERENCES.

- ¹ The Radical Cure of Haemorrhoids: Modified Whitehead's Operation, *Lancet*, September 24th, 1910 (author). ² Treatment of Haemorrhoids, *Boston Medical and Surgical Journal*, February 26th, 1903 (author). ³ Gastro-enterostomy, *Lancet*, March 13th, 1910 (author). ⁴ Two Years' Operating to the Clock, *BRITISH MEDICAL JOURNAL*, January 31st, 1914 (author). ⁵ Operating to the Clock, *BRITISH MEDICAL JOURNAL*, December 21st, 1918 (author).

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

AN AORTIC MURMUR.

As early as 1910 I noticed an aortic systolic murmur in apparently healthy persons. I observed it first in my own case, and after that in many infirmity patients, and later in many recruits and serving soldiers.

I was encouraged by Dr. James of Edinburgh to investigate the murmur, and, as mentioned by me in a letter to the *JOURNAL* recently, I had satisfied myself as to its cause and written an account of it before the war. It is heard over the aortic area, is systolic, and has generally the characteristics of an aortic stenotic bruit. The probable explanation was arrived at by a study of the flow of water in a rubber tube with a Higginson's syringe for the propelling force. If the tube be auscultated, the flow of water being kept up by the pressure of the foot on the ball of the syringe, a bruit can be produced by applying pressure to the tube. It is produced either by proximal or distal pressure, but is more audible in the former—that is to say, the sound is propagated against as well as with the flow of the water.

From this experiment I conclude that pressure on an artery such as the carotid produces a bruit which will be propagated both with and against the blood flow.

If the aortic area be auscultated and pressure be made with the finger so as partially to occlude the subclavian artery above the clavicle, a distinct systolic bruit is heard. In the actual patients it was sometimes present and at other times absent. It was found that the drawing aside by the patient of his clothing to permit of auscultation brought the sound into existence, and that with the arms by the side it could not be heard.

The subclavian artery passes over the first rib and under the clavicle, but is separated from the latter by the subclavius muscle, the action of which is to approximate the rib to the clavicle. Other muscles perform the same action—namely, the scalenus anticus, the deltoid, the pectoralis major, and also the pectoralis minor.

It would therefore appear that the artery can be, and is, very easily compressed by muscular action, and that when so compressed a bruit can be heard. Many persons by contracting their muscles can obliterate the radial pulse. The bruit can be obtained in almost any person. I have heard it in children, young adults, and elderly persons, and think it would be obtained in anyone provided the artery wall was compressible and the compressing machine in working order. The bruit would not be heard in a patient who was stripped to the waist and had his arms by his side.

While I do not think the bruit is of clinical importance, as it often occurs in medical examination for life assurance, I think it warrants an explanation.

My conclusions are: (1) That an aortic systolic bruit is very frequently heard over the aortic cartilage in the absence of any diseased condition. (2) That a large proportion of such bruits are due to the position of the arms at the time of examination, or rather the state of contraction of the muscles

of the shoulder girdle. (3) That such bruits will mostly disappear if the patient is stripped to the waist and has his arms hanging loosely by his sides.

Perth.

THOMAS LINDSAY.

STREPTOCOCCAL SORE THROAT.

THJÖTTA has reported an epidemic of angina faucium in a Norwegian military camp last July. During the past three months I have had seven cases of what I termed septic sore throats very similar to those described by Thjötta—three in one household and two in two other families. The symptoms were almost identical in all the cases—namely, high fever, general pains, and marked dysphagia; in all the fauces were highly congested; in four the tonsils showed discrete collections of debris which spread and coalesced, covering the entire tonsil but not spreading beyond. In the remaining three cases punctate collections of membrane appeared, and within a few hours covered the surface of the tonsil with a whitish, easily detached membrane. These three cases clinically appeared so much like diphtheria, that in two of them antitoxin was given as a precautionary measure. In five of the cases bacteriological examination during and after the attack gave a pure streptococcal infection. In two there was a diphtheroid bacillus as well.

In the first household the first and second cases each developed quinsy after a week. The third case clinically was so much like true diphtheria that it was kept under observation for three weeks; antitoxin was given as a precautionary measure, although the swabs only showed streptococcal infection. All the cases recovered.

London, S.W.

A. MACBETH ELLIOT, M.D.

Reports of Societies.

HOSPITALS OF THE FUTURE.

THE annual oration of the Medical Society of London was delivered on May 8th by Mr. H. J. WARING, C.B.E., F.R.C.S., who put forward some suggestions with regard to the future of hospitals, public and private. The President, Mr. JAMES BERRY, occupied the chair.

Hospital Provision for the Non-Necessitous.

Mr. WARING said that during recent months there had been a good deal of discussion concerning the position of medical men in hospitals, mainly with regard to the allocation of money paid as contributions towards maintenance either by the patients themselves or by some public or other body on their behalf. All this discussion appeared to have centred around the rights of the medical staff, while the rights of patients and of the hospitals themselves had been less debated. He proposed to discuss the hospital question on a broader basis. The so-called voluntary system was well established and would continue in this country. The people would continue to provide funds for the maintenance of the hospitals, to which at all times the necessitous poor would be admitted; and the medical profession also would continue to act as a profession, and would not become a trade, with a trade union to dominate its policy and retard its progress.

Since the establishment of our voluntary hospitals the benefits of those institutions in the investigation of disease and its treatment had been available to the necessitous poor, with the result that the poor had been very much better provided for than the upper and middle classes. The general public had now realized this fact, and within the last decade there had been an increasing demand on the part of the non-necessitous for entrance as in-patients into voluntary hospitals. These people had come to recognize that the diagnosis and treatment of disease with expedition and success could be carried out better in a large and properly equipped public institution than in a nursing home, which was very often an ill-adapted, second-class, mediocre private residence. The prejudice against public medical institutions, which had lingered on from pre-a-septic days, had now disappeared.

The population from the hospital point of view might be grouped into five classes: (1) The necessitous poor who could make no contribution; (2) the necessitous poor who could make a small contribution towards maintenance, but nothing towards medical treatment; (3) the necessitous, but not always poor, who could afford the cost of their hospital accommodation and maintenance, but could not pay for medical treatment; (4) the middle classes, who could pay for ordinary hospital accommodation and maintenance and

moderate fees for treatment; and (5) the opulent. The first three of these classes were already provided for, but there was no accommodation in the general hospitals for the other two.

Annexes for Paying Patients.

The solution of the difficulty with regard to the middle classes and the better-to-do, who had hitherto not been able to obtain the standard of institutional attention and treatment open to the necessitous, was to build a separate block distinct from but affiliated with the public hospital. Most hospitals were not built in such a way as to allow of the necessary reconstruction to admit these classes of patients; moreover, in most instances the funds utilized for the building of those hospitals had been given or bequeathed for charitable purposes. On the other hand the special departments, such as the pathological laboratories, the x-ray rooms, and so forth, were sufficiently equipped to serve not only for all the charitable purposes, but for paying patients as well. Mr. Waring showed plans which he had prepared for a private block adjacent to a public hospital. On the ground floor there were consultation rooms and offices, recreation rooms for patients, and a convalescent dining-room, as well as laboratories and the like which were subsidiary to the corresponding departments in the main building. On the floor above there were a number of patients' rooms for medical and surgical cases, most of them single, provided with bath and lavatory, and in some cases with sitting-room adjoining; others contained two or four beds. On the floor above this similar provision was made for maternity and gynaecological cases, and on the top floor were operating theatres and sterilizing rooms.

The advantages of this scheme to the patients were that numbers of upper and middle class people would be able to obtain institutional accommodation and treatment of the same high standard as that provided for the necessitous poor. To the hospital itself it would bring the advantage that the special departments could be more fully and continuously used than was the case at the present time, while overhead charges for general administration would not be proportionately increased, and such charges could be shared to a proper extent by the paying department. A hospital he had recently inspected included a separate building in which there was accommodation for a hundred paying patients. This was built and equipped by a generous donor who had himself been a paying patient in the public wards. The new block was managed by the general hospital, and yielded a profit of £10,000 a year, which was available for the charitable operations of the institution. Again, there were advantages to members of the hospital staffs, who would be able to have a certain number of their patients in the paying department, thereby saving themselves time and journeys.

Improvements in Existing Public Hospitals.

Mr. Waring then made some suggestions for the improvement of the ordinary public hospital. He thought, in the first place, that there ought to be more maternity accommodation. He was told by an eminent obstetrician that the mortality in connexion with maternity was now little different from that which obtained in pre-a-septic days; no doubt insufficient accommodation contributed to this result. It was desirable also to limit the routine dispensing of medicine and drugs, which was often on too liberal a scale. Another deficiency of the ordinary hospital was lack of accommodation for dental cases. Then the buildings themselves were often unsuitable. There was a widespread notion, not limited to the laity, that any comparatively decent building of suitable size could be converted into a satisfactory hospital. Whenever possible hospital buildings should be specially erected for the purpose, and when they became antiquated they should be scrapped. It was a great mistake to patch up old buildings, and it might be wise to scrap every hospital building which had existed for fifty years. He suggested that the King's Fund, in association with the Royal Colleges, should set up a small consultative body to advise upon the building, reconstruction, and modernization of hospitals. In general hospitals there was not sufficient provision of small rooms for the seriously ill and the moribund. It would be an enormous advantage to members of the staff and also to patients if small rooms were provided. Another need was for some clinical laboratories in connexion with hospital wards or clinical units.

He advocated also the standardization of hospital equipment. There was too much tendency in all hospitals for every medical man to think that he was in a position to order

won a scholarship and graduated M.B.Lond. with honours in 1893. After practising in Boston for ten years he moved to Sydenham in 1913. While residing at Boston Dr. Wilson was honorary secretary to the Boston and Spalding Division of the British Medical Association, and surgeon to the Boston Hospital; he held a commission as captain in the R.A.M.C. (Territorial Army). He was a member of the Boston Rowing Club, and won the junior sculls in 1887. He is survived by his widow, two daughters, and one son.

DR. ALEC BOSWELL TIMMS, a famous Rugby international football player, died in a nursing home in London on May 5th, aged 50. He was educated at Edinburgh University and the College of Surgeons in that city, and took the Scottish triple qualification in 1903. He played centre three-quarter for Scotland in fourteen international matches—against England in 1901-2-3-4-5, against Wales in 1896 and in 1900-1-2-3, against Ireland in 1900-1-4-5, and was for some time captain of the Scottish fifteen. He also went to Australia in a British fifteen, and played for Cardiff. Before the war he was in practice in Wales, and latterly at Redhill.

Universities and Colleges.

UNIVERSITY OF LEEDS.

Conferment of the Honorary Degree of Doctor of Science on Sir Harold Stiles.

At a congregation of the University of Leeds the degree of D.Sc. (*honoris causa*) was conferred upon Sir Harold Stiles by the Vice-Chancellor. In presenting Sir Harold for the degree Dr. Jamieson, the Dean of the Faculty of Medicine, said:

Mr. Vice-Chancellor,—In the ancient Greek there is an epitaph on a foreigner written by Simonides: "I, Brotachos of Gortyna, lie here, not having come for this, but on business." As a similar thought may be in the mind of Sir Harold Stiles, who has come here for the business of a meeting of the Association of Surgeons of Great Britain and Ireland, I must explain that we are adhering to a most ancient anthropological custom which requires an exchange of gifts when communities meet in friendship. This university desires to give substance to its welcome of the Association by conferring an honorary degree on the President before he departs office in favour of one of our own senators; the university receives a substantial return on acquiring a distinguished addition to its roll of graduates.

In this ceremony we endeavour also to compliment a great university which has long taken a foremost place in the propagation of the gospel of healing, and to congratulate her not only on the great names on her memorials but on the men who now labour within her walls, notably the Regius Professor of Clinical Surgery.

His chair is a solemn and inspiring seat, bemantled by noble traditions. His predecessors have been in turn—Francis Caird, a most learned and gentle surgeon; Thomas Annandale, a bold and dexterous pioneer; Joseph, Lord Lister, who is canonized in the hearts of all mankind; James Syme, that heroic figure whose proper place was on the field of Troy, where he would have changed the story of the Iliad by competent attention to the wound in the heel of Achilles; and Edward Russell, the first professor who fanned the torch in the darkest hour before the dawn of the bright surgical day which we enjoy.

But in this seat Sir Harold Stiles may sit in modesty but without diffidence by virtue of a capacity manifested in his position as Etlles scholar, the most distinguished graduate of his year—a position never lost; of a stream of contributions to surgical knowledge of a progressive and permanent nature; and of a great breadth of experience derived from service of the most active kind as surgeon to the Royal Hospital for Sick Children, the Chalmers Hospital, and the Royal Infirmary of Edinburgh.

Beginning with his early effort, when he made use of a well-known chemical reaction to make a considerable advance in the efficacy of the surgical treatment of malignant disease, his contributions to surgery have been characterized by faith in the value of the fundamental sciences as the basis of the art; and the energy with which he has pursued his ideals enables us to believe that his good intentions have not the proverbial unhappy fate; we may, on the contrary, imagine that they will pave a balcony from which his spirit—in, we hope, the very distant future—may contemplate with satisfaction the developments of that science and art whose foundations he has strengthened and decorated in his own solid and graceful manner.

None but those who have sat under him can value justly his greatest virtue—an impelling enthusiasm. In the late war he was a colonel, consulting surgeon to the Scottish Command, and is still a member of the Advisory Board, but the position suggests a reflection of a previous existence in which he must have been a great captain of horsemen. His voice is a battle cry, commanding and inspiring endeavour, and that alone fully justifies his present position.

We are happy in being able to greet this estimable man as a member of our university while his eye is undimmed and his natural force unabated, knowing full well that his heart will be in our body in all sincerity.

Mr. Vice-Chancellor, in the name of this Faculty and with the joy and pride of an old pupil, I present to you Sir Harold Jalland Stiles for the Degree of Doctor of Science (*honoris causa*).

ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH.

A QUARTERLY meeting of the Royal College of Physicians of Edinburgh was held on May 2nd, when Sir Robert Philip, President, was in the chair. Dr. Alexander Gibson Henderson was admitted a Fellow of the College. Drs. George Williamson, Alan Leonard Smith Tuke, M.C., James Bertie Simpson, O.B.E., D.L., David Huskie, John Johnstone Wilson, William Edward Foggie, D.S.O., were admitted Members of the College. The Lister Fellowship of the value of £100 was awarded to Dr. Hedley Duncan Wright.

Sir Joseph Fayrer, Bt., on behalf of the officers of the 2nd Scottish General Hospital, presented to the College a silver bowl in commemoration of the services rendered by its Fellows during the great war. Dr. Thomas W. Dewar presented to the College an apothecary's balance which had been the property of Prince Charlie.

The College unanimously resolved to offer its Honorary Fellowship to Professor Albert Calmette of the Pasteur Institute, Paris, on account of his distinguished services to medical science.

CONJOINT BOARD IN SCOTLAND.

THE following candidates have been approved at the examination indicated:

FINAL EXAMINATION.—*Medicine*: L. Feldman, J. E. Overstead, L. I. Myerson, A. A. Dewar, A. K. Tateson, Agnes T. Martin, H. S. Menko, M. Witkin. *Surgery*: B. McLaughlin, Lillian M. Williams. *Midwifery*: J. Waigowsky, T. T. Hoskins, A. K. Tateson, A. A. Dewar, M. Witkin, H. G. Triay, L. Feldman, E. L. Ewan, Lillian M. Williams. *Medical Jurisprudence*: Wilhelmmina C. Storrie, G. F. Maher, O. H. D. Oliver, J. M. McIntock, J. H. Murrell, R. B. Anderson, A. L. Tinto, S. A. D. Naoraji, R. M. MacKinnon, Annie D. Allan, K. Palit, A. Adetolu.

The following candidates, having passed the Final Examination, have been admitted L.R.C.P.Ed., L.R.C.S.Ed., and L.R.F.P.S.G.:

R. W. P. Hall, O. O. Popper, H. Camrass, A. J. Lubbe, T. K. MacLachlan, G. G. King, Marguerite M. I. Swanson, C. M. Thompson, D. Macdonald, W. M. Reid, W. R. Dupré, A. W. Buchan, W. A. McK. Gibson, C. E. W. Mendis, Isobel Reid, F. P. Lisboa-Pinto, M. A. M'Vey, S. Ho Asjoe, C. T. Williams.

LONDON INTER-COLLEGIATE ENTRANCE SCHOLARSHIPS AND EXHIBITIONS, 1922.

FIFTEEN medical entrance scholarships and exhibitions of an aggregate total value of about £1,300, tenable in the Faculty of Medical Sciences of University College and King's College, and in the Medical Schools of Westminster Hospital, King's College Hospital, University College Hospital, the London (Royal Free Hospital) School of Medicine for Women, and the London Hospital, will be offered for competition on Tuesday, June 27th, 1922. Full particulars and entry forms may be obtained from the secretary of the board, S. C. Ranner, M.A., The Medical School, King's College Hospital, Denmark Hill, London, S.E. 5.

The Services.

DEATHS IN THE SERVICES.

SURGEON-GENERAL WILLIAM FRANCIS BURNETT, Army Medical Staff (retired), died at Richmond on April 24th, aged 76. He took the L.R.C.S.I. in 1864 and the L.R.C.S.Ed. in 1866, and entered the army as assistant surgeon on March 31st, 1866. As a young man he served in the 77th Foot (2nd Middlesex) and in the 68th Foot (Durham Light Infantry). He attained the rank of colonel in 1896, and that of surgeon-general in 1901; he retired in 1905, but was re-employed during the recent war (1915-16). He served in South Africa in the Zulu war of 1879 (medal with clasp); in the Afghan war of 1879-80 (medal); and in the Nile campaign of 1884-85 (medal with clasp, and Khedive's bronze star). His son, Captain Maurice Burnett, R.A.M.C., was killed in action at Shaiba in Mesopotamia on April 14th, 1915.

Colonel Francis Warburton Begbie, C.B.E., Army Medical Staff (retired), died at Exmouth, after a long illness, on April 25th, aged 57. He was the eldest son of the late Dr. James Warburton Begbie, and was born in Edinburgh on June 13th, 1864. He was educated at St. Bartholomew's Hospital, and took the M.R.C.S. and L.R.C.P.Lond. in 1890. He entered the army as surgeon-captain in July, 1891, became colonel in 1917, and retired on January 1st, 1920. He served on the North-West Frontier of India in the Chitral campaign of 1895 (medal with clasp), and throughout the South African war of 1899-1902, taking part in operations in Natal, the Transvaal, the Orange River Colony, and Cape Colony, including the actions of Colenso, Tugela Heights, Spion Kop, Vaal Krantz, Pieter's Hill, and the relief of Ladysmith; was mentioned in dispatches in the *London Gazette* of April 16th and November 15th, 1901, and received the Queen's medal with six clasps and the King's medal with two clasps. During the early part of the recent great war he was Commandant of the R.A.M.C. training centre at Ripon.

Medical News.

THE fourth lecture of the series on pathological research in its relation to medicine, arranged by the Institute of Pathology and Research, St. Mary's Hospital, Paddington, will be delivered on Thursday, May 18th, by Major-General Sir W. B. Leishman, F.R.S., who will speak on enteric fevers in the war. On May 25th Professor E. H. Starling, F.R.S., will discuss some new experiments on the kidney. Sir A. C. Houston will deal with the purification of water on June 1st, and Professor W. Bulloch, F.R.S., will discuss the historical development of the doctrine of croup and diphtheria on June 8th. The series will be brought to a close by a lecture on diverticula of the alimentary tract by Sir Berkeley Moynihan, to be given on June 15th. The lectures, which are given at 5 p.m., are open to all members of the medical profession, and to all students in medical schools, without fee.

THE next post-graduate lecture in the new series arranged by the Fellowship of Medicine will be given by Sir Thomas Horder at the house of the Royal Society of Medicine on Tuesday next, May 16th, at 5 p.m., on "The clinical significance of haemoptysis." The lecture is open to members of the profession. The course of six practical demonstrations on gastro-intestinal affections in children, skin diseases, the Wassermann reaction and its importance in general practice, will be given at the "Children's Clinic," Western General Dispensary, on Mondays and Thursdays, at 4.45 p.m., commencing on May 15th. The fee for the course is one guinea; application for copies of the syllabus and tickets should be made to the Secretary to the Fellowship of Medicine, 1, Wimpole Street, W.1.

AN interesting ceremony took place at the annual dinner of the Laryngological Section of the Royal Society of Medicine held on May 5th, when the Section was presented with a presidential badge by Sir William Milligan, M.D., President of the Section. The badge, which is the work of the Goldsmiths and Silversmiths Company, is in gold and enamel with a centre medallion representing the profile of Signor Manuel Garcia, the "Father of Laryngoscopy."

THE summer session of the West London Post-Graduate College, Hammersmith, opened on May 8th, and will continue until July 15th. There will be a lecture or demonstration every day except Saturdays at 5 p.m., and demonstrations will be given daily in the medical and surgical out-patient rooms and the special departments at 2 p.m. Special demonstrations on the cases in the wards will be given by the physicians and surgeons, and a number of lectures and demonstrations on special subjects have been arranged. Particulars of the courses and special classes may be obtained from the dean of the college, Dr. Arthur Saunders. The fee for attendance on the hospital practice, including all ordinary lectures and demonstrations, is 4½ guineas for one month, 6 guineas for six weeks, or 9 guineas for three months.

DR. REDMOND ROCHE has been chosen as President of the Society of Members of the Royal College of Surgeons of England, in succession to Dr. J. Brindley-James, deceased.

A SPECIAL course of six lectures on advanced surgery will be given in the surgical unit of the London Hospital on Fridays at 4.15 p.m. in the clinical theatre. On May 12th and 19th Mr. Russell Howard will discuss acute intestinal obstruction, on May 26th Sir Hugh Digby will speak on carcinoma of the rectum, on June 2nd Mr. Robert Milne will deal with operative treatment of spinal caries, and on June 9th and 16th Mr. Hugh Lett will discuss haematuria and painful micturition respectively. The course is open to graduates and senior students.

AT a meeting of the Association of Economic Biologists to be held at 2.30 p.m. on Friday next, May 19th, at the Imperial College of Science, Professor J. H. Priestley of Leeds will give a demonstration of the toxic action of illuminating gas on plants.

THE annual summer dinner of the Glasgow University Club, London, takes place in the Trocadero on Friday, May 26th, at 7.15 for 7.30 p.m. precisely, Sir Archibald Denny, LL.D., in the chair. All Glasgow University men who wish to attend are requested to apply without delay to the honorary secretaries, 1, Harley Place, N.W.1.

THE next meeting of the Medico-Psychological Association of Great Britain and Ireland will take place on Thursday, May 25th, at 11 a.m., at 11, Chandos Street, Cavendish Square, and at 3 p.m. at the L.C.C. County Hall, Spring Gardens, under the presidency of Dr. C. H. Bond. Sir Frederick Mott will read a paper on the genetic origin of dementia praecox at 11.15 a.m., and Sir Maurice Craig will deliver the third Maudsley lecture at 3 p.m. on some aspects of education in relation to mental disorder.

THE Aberdeen University Club, London, will hold its bi-annual dinner on Thursday, May 18th, at Gatti's Restaurant, Strand. Dr. W. A. Milligan, the honorary secretary, 11, Upper Brook Street, W.1, will be pleased to hear from any members wishing to be present, and also from graduates (men or women) wishing to join the club.

A MEETING of the West Kent Medico-Chirurgical Society will be held at the Miller General Hospital, Greenwich, to-day (Friday, May 12th), at 8.45 p.m., when the President (Dr. Comber) will deliver his address, which will be followed by a smoking concert.

A CLINICAL meeting of the Harveian Society of London will be held on Thursday, May 18th, at 4.30 p.m., at the Paddington Infirmary, Harrow Road.

THE annual meeting of the Medical Mission Auxiliary of the Church Missionary Society was held in Queen's Hall, London, on May 3rd. Sir Leonard Rogers was in the chair, and addresses on the subject of foreign medical missionary work were given by Dr. Duncan Main (China), Dr. Emmeline Stuart (Persia), and Dr. R. B. Coleman (Egypt). The meeting was very well attended in spite of a wet evening.

DR. T. G. STYAN, on leaving Ramsgate, where he practised for 36 years, has been presented by his friends and patients with a silver tray, a cheque for £25, and an illuminated address.

WE are asked to state that an international conference on birth control will be held in London next July—11th to 14th. Friday, July 14th, will be devoted to the medical and contraceptive sections; the latter will be open only to medical practitioners and students. The fee for membership of the conference is 10s., but medical men and women can become honorary members by applying to Dr. B. Dunlop, 71, Harley Street, W.1. The Presidents of the sections are: Professor MacBride (eugenics), Professor J. M. Keynes (economics), Mr. Harold Cox (national and international aspects), the Rev. Gordon Lang (moral and religious aspects), Sir G. Archdall Reid (medical), Mr. Norman Haire (contraceptive).

THE Royal Institute of Public Health will hold its annual congress at Plymouth from May 31st to June 5th inclusive. It will be divided into four sections as follows: (1) State Medicine and Municipal Hygiene; (2) Naval, Military, and Air; (3) Bacteriology and Biochemistry; (4) Women and Public Health. The Harben lectures will be delivered by Professor T. Madsen of Copenhagen on June 1st, 2nd, and 5th, at 4.30 p.m. Lecture I will deal with specific and non-specific antitoxin formation, the second with antitoxic treatment of diphtheria, and the third with phagocytosis and temperature. The Mayor and Corporation will hold a reception at the Guildhall on Thursday, June 1st, at 7.30 p.m., and the National Temperance League are arranging a breakfast conference on Friday, June 2nd, at 8 a.m. The dinner of the congress will be held at the Royal Hotel on June 2nd, at 7 p.m. A series of visits and excursions have been arranged.

THE annual meeting of the American Congress of Internal Medicine and the College of Physicians was held at Rochester, Minn., in April. Changes have been made in the constitution and by-laws of the organization, which, according to the statement of Dr. Frank Smithies, secretary-general of the organization, will place the practice of internal medicine on the same ethical plane that surgery now enjoys in America through the efforts of the American College of Surgeons. A candidate for Fellowship of the American College of Physicians must be a graduate of a medical school of the first rank, a member in good standing of his local, state, or national medical societies, be a licentiate in the state wherein he resides, or engaged in practice or scientific research in a hospital or recognized institution; he must be at least 25 years of age and have received his qualifying diploma at least five years before becoming a Fellow; an applicant for membership must be engaged in teaching or research, in charge of a hospital of a hundred or more beds, or affiliated with medical or laboratory departments of the United States or Canadian army, navy, or public health services; in default of these attainments he must have submitted a clinical report on fifty patients who have been actually under his care.

A CONGRESS of mental hygiene, organized by the French League of Mental Hygiene, will be held in Paris at the Hôtel des Sociétés Savantes, 28, Rue Serpente, from June 1st to 4th. The subscription has been fixed at fr. 25 for members who take part in the discussions, and fr. 10 for associate members who take no active part in the work of the congress. The treasurer is Dr. Dupain, 1, Rue Cabanis, Paris.

WE greatly regret to announce, as we go to press, the death of Sir Henry Davy, K.B.E., C.B., consulting physician to the Royal Devon and Exeter Hospital, who was President of the British Medical Association at the Annual Meeting at Exeter in 1907.