

and staffed for such work can be founded and carried on only at great financial cost. Moreover, were such an institution built and endowed in every large town in the country it is only a very small percentage of pregnant women who would see any advantage to themselves in attending, and they very naturally would decline to submit themselves for examination or leave their homes to enter the wards for prolonged observation from altruistic motives. In short, women will never regard themselves or their unborn children as material for scientific research, and the large number of those who attended would be the grossly abnormal.

But an educational centre run on some such lines as I have described can be organized and maintained almost as easily as an infant welfare centre, and if there were enough of them they would serve a useful purpose in providing opportunity for collecting valuable figures on many points besides the few I have referred to—such, for instance, as the effect of different occupations and of the number and frequency of pregnancies on labour and on lactation, and the relation between various menstrual disorders and fertility. Finally, they would form invaluable collecting centres from whence special cases could be sent to the larger and more fully equipped clinics.

Memoranda :

MEDICAL, SURGICAL, OBSTETRICAL.

THE AXIS OF ASTIGMATISM AND ITS LOCATION.

SOME time ago, in the *BRITISH MEDICAL JOURNAL*, there was a discussion on the difficulty of finding the axis of astigmatism and on the trouble required to locate it exactly in children and in those on whose answers one could not rely. The simple apparatus here described works well, looks neat, and adds very little to the weight of the trial frames. It will turn the cylinder while the operator is some distance from the patient, and the adjustment is so fine that this can be done five times for each division on the scale. It can be fitted to any trial frame which has a vertical bar for the nose-piece, and can be attached or removed instantly.

The attachment is on the Bowden wire principle, and consists essentially of a flexible wire moving through the centre of a flexible tube formed of a long coil of fine wire. The latter is shorter than the flex, and this difference regulates the amount of movement which can be obtained afterwards. The tube is fastened to the screw of the nose-piece, from which it takes its fixed point, and its end, near the operator, terminates in a collar which is gripped between his first and second fingers. The near end of the flex is kept projecting from the coil by a weak spring, and terminates in a flat piece to take the pressure of the thumb. The distant end of the flex is joined to a clip, which grips the rim of the cylinder firmly, and this joint is really an axle, as the clip must turn over to deal with the other eye.

In subjective testing I use it to rotate the final cylinder, when the axis has been approximately found, and the rotation obtained with my present attachment—which has a movement of three-quarters of an inch—is 30 degrees. This is ample, as it allows for 15 degrees on either side of the approximate axis, while at the same time the patient is not disturbed nor his judgement biased by any manipulation of the trial frame. The movement is smooth, and can be reversed at any time, simply by releasing the pressure of the thumb, when the reversing takes place immediately, there being no back-lash, such as occurs in rotation produced by means of a milled wheel.

It is in retinoscopy, however, that its greatest advantages appear. Here one corrects the meridian of least refraction, and, noting the band of light which shows the axis approximately, cylinders are placed with their axes over that until correction is attained. This last cylinder is removed, and a weaker one substituted. If now this cylinder has been placed with its axis over the original bright band, the latter will appear to be in exactly the same place as before, and the mark on the glass will indicate the axis exactly. If the axis has not been placed exactly over the bright band the latter will appear to be considerably displaced to one side or the other, and a small error in placing the axis produces a much greater displacement of the bright band. For instance, an error of, say, 5 degrees in the axis of this cylinder will change the band from, say, 90 to 75 or 105. This setting of the axis is the tedious part, and has to be done by trial and error; it often requires three or four attempts before satisfaction is attained, the chief cause of trouble being the loss of the bright

band as one stoops forward to rotate the cylinder, and the fact that it is no longer sharp and well defined. It is here that the mechanical rotator is so useful, as one clips the cylinder, and, sitting back at the full distance, rotates it first one way, then the other; and, as one never loses sight of the band, one can follow its displacement very rapidly, and quickly find the right position. It is best to clip the cylinder with the spring half compressed, as release will then rotate the glass in one direction, while further compression will do so in the opposite.

JOSHUA KEYMS, M.D.,
Late Ophthalmic Surgeon, Expeditionary Force, Aden.

Southampton.

FRACTURE IN OSTEITIS DEFORMANS.

THE case of osteitis deformans reported by Drs. Lindsay and Gordon in the *JOURNAL* of April 29th (p. 678) reminds me of a patient seen by me about four years ago. A man aged 51, with well-marked osteitis deformans of the right tibia, slipped whilst walking on a greasy road. At the time he had a stout stick between his legs, which probably acted as a lever, for when picked up he was found to have fractured his right leg. The line of fracture was through the thickness of the head of the tibia just below the tuberosity, and was as horizontal as if it had been done by an osteotome. There was little or no displacement. The leg was put up in a back splint, and after six or seven weeks showed no signs of uniting. It was then put in a Croft plaster splint and massaged, and at the end of six weeks union seemed firm enough to suggest careful trial of the leg. About three weeks later he was showing me what he could do in the way of standing when I heard a loud snap, and it was clear that the union had given way. The leg was again immobilized for several weeks, and as the union still seemed doubtful I asked the late Sir Alfred Pearce Gould to see the patient; he thought that unless union could be induced amputation might be necessary. Meanwhile the leg was put in a calliper splint on the advice of Mr. Gordon Taylor, who said that union in this class of case might take a year and still be possible, and we hoped for the best. Fortunately union did eventually occur, and the man is now going about without apparatus, but with a stiff knee.

The left leg and both forearms were slightly affected by osteitis deformans, but there was no sign of that condition in the skull. There was no history of syphilis. For some years he had suffered from night blindness and retinitis pigmentosa, and most of his life he had had extensive psoriasis, which at one time took on an acute pityriasis form (he had not a square inch of normal skin) and kept him bedridden for about ten weeks. Otherwise he had had no serious illness. Not many cases of osteitis deformans are met with in general practice, but the few I have seen all seemed to have uncommonly hard stout bones—bones which one would never expect to break, and least of all through the thickest part. I suppose the pathological condition of the bone explains the delayed union in my case, but for the comfort of anyone else who happens to have to deal with such a case and gets despondent over the long delay, it seems worth while to report mine.

Brondesbury, N.W.

J. ANDERSON SMITH, M.D.

FRACTURE OF TERMINAL PHALANX OF FINGER.

IN the *BRITISH MEDICAL JOURNAL* of January 21st, 1922, which has just reached me, I notice a memorandum (p. 101) by Dr. J. N. Laird on the subject of fracture of the terminal phalanx of a finger. As he states that he is unable to find any previous description of such a condition, I feel constrained to place on record my own case.

In 1915, while effecting a tackle at Rugby football, I sustained a sudden injury to my left middle finger, which became swollen and painful in the region of the distal interphalangeal joint. As I thought that only the soft tissues had sustained trauma, I took little notice of it, and, in fact, played golf the next day. Finding there was little improvement at the end of a week I had a skiagram taken and the condition shown was almost precisely similar to that described by Dr. Laird, the only difference being that in my case the fragment of bone was slightly larger.

Treatment, as advised by Mr. Harold Wilson, consisted in wearing for three weeks a glove on the palmar aspect of which was sewn a narrow piece of cane running from the tip of the middle finger to near the wrist, an effective splint being thus formed. Save for a slight overgrowth of callus and a very little loss of flexion at the joint concerned the result was perfect.

Kakamega, Kenya Colony.

C. VINEY BRAMBRIDGE.

HAEMORRHAGIC COLITIS.

HAVING read with interest the recent communications on the subject of haemorrhagic colitis I should like to emphasize the importance of sigmoidoscopy in the diagnosis of such conditions. In true haemorrhagic colitis lesions in the pelvic colon can be demonstrated by means of the sigmoidoscope, and the rectum itself may or may not be affected. On the other hand, the patient may have the symptoms of haemorrhagic colitis and yet the sigmoidoscope may reveal a lesion confined to the rectal mucous membrane, that of the pelvic colon being unaffected, the condition being essentially "haemorrhagic proctitis." The treatment of these two conditions differs in some respects: haemorrhagic colitis usually requires appendicostomy with irrigation of the colon, whereas haemorrhagic proctitis may be successfully treated by local irrigation of the rectum. In both varieties I have found a course of zinc oxide given internally useful as an intestinal astringent. To illustrate these two varieties I may mention the following cases, which came under my care in the out-patients' department at St. Mark's Hospital.

CASE I.—*Haemorrhagic Colitis.*

Female, aged 26. History of passing large quantities of blood with mucus and pus from the rectum for two months. The patient was anaemic. Tenderness was present along the line of the colon, especially in the left iliac and pelvic regions.

Sigmoidoscopy showed oedema of the mucous membrane of the pelvic colon, which was very vascular and bled profusely. Sloughs were present on the mucous membrane. The rectal mucous membrane was only affected to a very slight degree. Numerous cocci, chiefly streptococci, were present in the faeces.

The patient was admitted to hospital, and appendicostomy was performed. There was severe haemorrhage from the bowel both before and for a few days after the operation. The bowel was irrigated daily with a solution of hazeline (2 drachms to the pint). A course of autogenous vaccine, prepared from the faeces, was given, and later on a course of zinc oxide when the acute symptoms had subsided, but small quantities of blood and mucus were still being passed. The patient has been under observation since leaving hospital, and at the present time (some twelve months after operation) she is in good health and only passes a small amount of mucus occasionally.

CASE II.—*Haemorrhagic Proctitis.*

Female, aged 31. History of passing blood and mucus sixteen months previously. This attack subsided, but severe symptoms recurred after an attack of influenza.

Sigmoidoscopy revealed a swollen, very vascular and granular condition of the rectal mucous membrane. The lesion was entirely confined to the rectum, the mucous membrane of the pelvic colon being normal in appearance. The case responded to treatment by daily rectal irrigation with flavine (1 in 1,000), and a course of zinc oxide given internally.

LIONEL E. C. NORBURY, F.R.C.S.,

Assistant Surgeon, St. Mark's Hospital for Diseases
of the Rectum, etc.

ELEPHANTIASIS OF THE LABIUM.

The following case is reported for the reason that elephantiasis of the labium is rare in Siam, a country where filarial infection is common and elephantoid complications not infrequent. It is the first case I have observed during several years' tropical experience. Another interesting feature in connexion with this case was the presence at all times of microfilaria in the peripheral circulation. This observation is not in accord with that of other tropical workers (Manson, Stitt, Bahr), who state that sufferers from elephantiasis fail to show larvae in the peripheral circulation.

The patient, a Eurasian woman about 20 years old, had first noticed six months previously a small swelling on the left labium majora that gradually increased in size. She came under observation for the first time early in July, complaining of great discomfort in walking, but had had no pain and absolutely refused operation. She at that time registered a daily temperature ranging from 99° to 101° F. Careful blood examination failed to reveal a malarial infection and a diagnosis of filarial fever was made.

The patient refused all treatment until about a month later she again came under observation complaining of acute pain in the affected part. The tumour mass was found to have greatly increased in size, and was beginning to ulcerate at the base. This time the patient consented to operation, the result being quite satisfactory, even to the complete disappearance of the abnormal temperature, although microfilaria can at this time still be demonstrated in the general blood stream.

The tumour weighed 7 lb., and on section consisted of a thick mass of yellow fatty substance that poured forth large amounts of lymph. Thick fibrous strands divided the mass into many sections that contained dilated and greatly thickened blood vessels.

RALPH W. MENDELSON, M.D.,
Principal Medical Officer of Health,
Royal Siamese Government.

Bangkok, Siam.

Reports of Societies.

RECTO-VAGINAL ADENOMYOMA.

A MEETING of the North of England Obstetrical and Gynaecological Society was held in Manchester on May 5th, with the President, Mr. H. CLIFFORD, in the chair.

Dr. A. DONALD (Manchester) read a short paper on adenomyoma of the recto-vaginal space associated with cystic ovarian tumours with tarry or chocolate contents. He reported five cases of recto-vaginal adenomyoma on which he had operated within a period of twelve weeks. In three cases panhysterectomy had been performed, in one double salpingo-oophorectomy with removal of a nodule from the posterior aspect of the cervix, and in the remaining case removal of a hard growth from the anterior wall of the rectum after separation of adhesions. In three of the five cases the ovaries contained cysts with tarry or chocolate-coloured fluid. For some years he had been puzzled by these cysts and had gradually formed the opinion on clinical grounds that they were not due merely to an accidental effusion of blood into a cyst, but were really adenomyomata of the ovary. His reasons for this opinion were as follows: the cysts were generally adherent and in many cases had to be dug out of the back of the broad ligament or the side and back of the pelvic cavity; they had the faculty of burrowing into tissues and of contracting very firm adhesions; the contents resembled exactly the thick tenacious brown fluid that was found in haematocolpos and haematometra and in smaller quantities in the gland spaces of adenomyomata; and there was always acute dysmenorrhoea during the first two days of menstruation. He was anxious to have this theory confirmed by the pathologists, but so far from the specimens he had obtained he had not succeeded in finding a slide showing a glandular lining of endometrial type. Pathological support was now coming quickly. He quoted cases mentioned by Lockyer and Cullen of ovaries which contained islands of uterine tissue, six in all, and finally referred to an abstract published in the BRITISH MEDICAL JOURNAL of February 4th, 1922 (Epitome, No. 117), of a paper contributed by Sampson to the *American Journal of Obstetrics* on "Perforating haemorrhagic cysts of the ovary." Sampson believed that these cysts were haematomata of endometrial type and gave reasons for this opinion; he believed also that the material escaping from the cysts might give rise to widespread adenomyomata. Dr. Donald thought it was interesting that on purely clinical grounds he should have formed an hypothesis similar to that reached by pathological research.

Chronic Endocervicitis.

Dr. J. W. BURNS (Liverpool) read a paper on chronic endocervicitis and its treatment. He had made a close study of the bacteriology, pathology, and treatment of this condition in eighty-four cases, and had reached the following conclusions: (1) Chronic endocervicitis should be recognized as a distinct pathological entity apart from endometritis. (2) Any discharge from the vagina which induced discomfort in the patient was pathological and usually due to chronic infection of the cervical canal. (3) That the condition was an infective one was proved by the fact that a positive culture could be obtained in 92 per cent. of cases. In 50 per cent. the staphylococcus, either alone or in association with some other organism, was present. (4) Applications of various drugs, douching, tamponnage, etc., only gave temporary relief because the antiseptics did not reach the infecting agent in the lumen of the glands. (5) Ionization brought about a marked improvement in those cases where no erosion was present. (6) For those cases associated with erosion the only successful method of treatment was the removal of the lower two-thirds of the cervical canal including the erosion.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY.

A CLINICAL meeting of the West London Medico-Chirurgical Society was held at the West London Hospital on May 5th, with Sir G. LENTHAL CHEATLE, the President, in the chair.

Mr. O. L. ADDISON showed a case of chronic empyema in a young girl. Repeated operations had been performed with a view to closing the sinus, including the removal of the ribs overlying the cavity drained by the sinus. These had all proved useless. He had therefore freely opened the chest

Infirmery and the East Riding Asylum, Beverley. He was formerly in practice at Peebles, and was visiting physician to Peeblesshire Fever Hospital.

Dr. ARNOLD CHARLIN, Medical Inspector to the P. and O. Company, writes: On behalf of the P. and O. Company I am requested to express their deep regret at the death of Dr. Bremner, the surgeon to the ss. *Egypt*, who lost his life in the disaster to that vessel on May 19th. Dr. Bremner joined the medical service of the company three years ago, after a distinguished career in the army during the war, where he held the rank of major. He soon proved himself to be exceptionally endowed with the qualities necessary for the successful performance of the duties of a medical officer on board ship. His promotion was rapid and in a very short time he was appointed to the *Egypt*, remaining there in medical charge until the ship was lost. His medical ability was considerable, and his high character as a man rendered him popular with all with whom he came into contact. He was one of the best medical officers the company has ever had, and the P. and O. Company desire to place on record their appreciation of his work while engaged in their service.

THERE has recently passed away in Lisburn, co. Antrim, Dr. GEORGE ST. GEORGE, a man with many outstanding characteristics and of great ability. For over fifty years he was surgeon to the County Antrim Infirmery, having served his apprenticeship there under the renowned surgeon Dr. Thompson, who was known to express very high commendation on the deftness and ability with which Dr. St. George performed his duties. His work at the infirmery during all these years was the chief interest and delight of his life. He achieved very remarkable surgical successes, and his powers of diagnosis were of a high order. His knowledge of prescribing and pharmacology was wide, and his quick resource in emergencies was often a means of saving life. His sense of duty was intense, and any cause to which he put his hand never failed to get his best. He held many other appointments, one of which was physician to the Thompson Memorial Home for Incurables, the inmates of which loved to see his cheery face and hear his laugh. He was recently mayor of the town of Lisburn, and was a member of its council nearly all his working life. He was much sought after in connexion with the social life of the town and neighbourhood, and was a faithful member of the local Branch of the British Medical Association and of the Ulster Medical Society, taking an active part in their management. Dr. St. George possessed deep religious principles, worshipping in the Protestant Cathedral, and was an ardent temperance advocate. In short, he was one of the old school of Christian gentlemen, an able physician and surgeon, and we leave him to the rest which he so nobly and faithfully earned.

THE death took place, on May 13th, of Dr. JOHN ROBERT JONES of Penrhyn Deudraeth, Merionethshire; he had recently undergone a serious operation. Dr. Jones received his medical education at Anderson College, Glasgow, and qualified with the diplomas of L.R.C.P., L.R.C.S. Edin., and L.R.F.P.S. Glas. in 1889. He was a justice of the peace for the county of Merionethshire, medical officer to the local infant welfare centre, and for thirty years had been medical officer to the Deudraeth district of the Festiniog Union. He was an old member of the British Medical Association. He is survived by his widow and two daughters.

WE regret to record the sudden death, on May 13th, of Dr. JOHN ALFRED LAYCOCK, of Sabden, near Blackburn, at the age of 61. Dr. Laycock received his medical education at Manchester, and qualified with the diploma of L.R.C.P.I. in 1885. He had been in practice at Sabden for some thirty-seven years, and had gained a high place in the esteem of the inhabitants by his genial personality and his generous patronage of all good causes in the district. He was a member of the parish council, a manager of the local council school, a great lover of music, and an antiquary of more than local reputation. He had long been a member of the British Medical Association.

WE regret to announce the death of Dr. BENJAMIN STRACHAN, which took place suddenly at his residence in Morningside, Edinburgh, on May 8th. Dr. Strachan was born in Fyvie, Aberdeenshire, in 1842, and in 1856 entered Marischal College, Aberdeen, where he graduated M.A. at the early age of 17. He then studied theology at St. Andrews and Glasgow, with

the intention of becoming a missionary, but he altered his plans and began the study of medicine in Glasgow, where in 1877 he graduated M.B., C.M. In the following year he married the daughter of the late Dr. James Smith of Sunderland, and settled there in practice. Owing to the strain of heavy work he was obliged to retire from practice in 1898. His kindness, gentleness, and professional ability made him beloved and respected by all who came in contact with him. Dr. Strachan was a man of uncommon intellectual gifts and deep religious convictions. A profound Hebrew and Greek scholar, he remained a keen student to the end. He is survived by his widow, three sons, and three daughters.

In giving an account of the funeral of Sir HENRY DAVY last week it ought to have been said that among the very large number of medical men present were all the members of the staff of the Devon and Exeter Hospital.

The Services.

ROYAL NAVAL MEDICAL SERVICE.

Gilbert Blane Medals.

THE Gold Medal founded by the late Sir Gilbert Blane, Bt., to be given biennially, is awarded by the Director-General of the Medical Department of the Navy and the Presidents of the Royal College of Physicians and the Royal College of Surgeons. The medal for this year has been awarded to Surgeon Commander Sidney W. Grimwade, O.B.E., M.B., having obtained a first-class certificate at the examination held in February last for promotion to the rank of Surgeon Commander.

Three Blane medals which remained unadjudged owing to the absence of promotion examinations during the war have been awarded to Surgeon Commander Reginald St. G. S. Bond, M.B., F.R.C.S., M.R.C.P., D.P.H., Surgeon Commander Robert W. B. Hall, Surgeon Commander Sheldon F. Dudley, O.B.E., M.D., D.P.H., for the distinguished professional zeal and ability displayed by these officers throughout their service career.

Universities and Colleges.

UNIVERSITY OF CAMBRIDGE.

At a congregation held on May 19th the Public Orator read an address which it is proposed to present to the Earl of Balfour, Chancellor of the University, conveying the Senate's appreciation of his work as British representative at the Washington Conference, and their congratulations on his appointment as a Knight of the Order of the Garter and on his elevation to the peerage.

The honorary degree of D.Sc. was conferred on Baron Anatole von Hugel, late Curator of the Museum of Archaeology and of Ethnology.

The following medical degrees were conferred:

M.D.—W. Thomas.
M.B., B.Ch.—E. S. Orme, N. S. Hewitt.
M.B.—A. O. Courtis.

UNIVERSITY OF LONDON.

THE Bucknill Scholarship of the value of 135 guineas, and two Entrance Exhibitions of the value of 55 guineas each, tenable in the Faculty of Medical Sciences at University College, London, will be awarded on the results of an examination beginning on Tuesday, June 27th. Entry forms, which can be obtained from the Secretary of University College, Gower Street, W.C.1, must be sent in not later than June 6th.

ST. THOMAS'S HOSPITAL.

The following scholarships and prizes have been awarded for 1922: Peacock Scholarship, M. W. P. Hudson; Grainger Testimonial Prize, D. A. Davies; Hadden Prize, C. V. Patrick and C. P. R. Gibson (equal); Mead Medal, J. F. Hackwood; Toller Prize, J. F. Hackwood; Cheselden Medal, C. V. Patrick.

UNIVERSITY OF MANCHESTER.

THE University Court on May 17th resolved to confer the D.Sc. degree upon Professor H. B. Dixon. The Vice-Chancellor announced the approaching resignation of Professor H. R. Dean from the chair of Physiology and Professor Dixon from the chair of Chemistry.

In October next the fiftieth anniversary of the amalgamation of Owens College with the Manchester School of Medicine will be celebrated.

UNIVERSITY OF LIVERPOOL.

At a congregation of the University of Liverpool held on May 19th the degree of D.Sc. (*honoris causa*) was conferred upon Sir Charles Sherrington, G.B.E., M.D., Waynflete Professor of Physiology in the University of Oxford and President of the Royal Society.

ROYAL COLLEGE OF SURGEONS OF EDINBURGH.

At the meeting of the College held on May 19th Lieutenant-Colonel Sir Joseph Fayrer, Bt., on behalf of the officers of the 2nd Scottish General Hospital, presented to the College a silver bowl as a memento and a permanent record of the services rendered by its Fellows during the great war.

The following having passed the requisite examinations were admitted Fellows:

H. N. Bethune, R. B. Boston, E. D. D. Dickson, May E. Glancey, L. W. Innes, D. A. Laird, S. F. Lee, D. A. Miller, K. P. R. Pillai, S. H. Pugh, T. H. Richmond, B. Thangamma, E. Watson-Williams, L. A. Wilson, Captain O. Wilson, I.M.S., J. M. Wishart.

The Bathgate Memorial Prize, consisting of bronze medal and microscope, has, after a competitive examination in *Materia Medica*, been awarded to Mrs. Grace Laubscher, and the Ivison Macadam Memorial Prize in Chemistry, consisting of bronze medal and set of books, has been awarded to Mr. D. B. Cruickshank.

Medical News.

SIR CLIFFORD ALLBUTT, Regius Professor of Physic, Cambridge, has been elected a Foreign Honorary Member of the American Academy of the Arts and Sciences (Boston, Mass.).

DR. GEORGE REID, O.B.E., who retired recently from the post of medical officer of health for Staffordshire (and who has been appointed consulting medical officer of health for that county), was the recipient on May 21st of a handsome presentation from the district medical officers of health in Staffordshire. Dr. Reid, who is a former President of the Staffordshire Branch of the British Medical Association and of the Society of Medical Officers of Health, was not only the first medical officer of health of Staffordshire, but the first county medical officer of health to be appointed in the kingdom. He is the author of the well-known textbook *Practical Sanitation*, now in its twentieth edition. During the war he served as a divisional sanitary officer, with the rank of Major R.A.M.C.(T.).

THE 196th dinner of the Edinburgh University Club of London was held at the Connaught Rooms on May 17th, with Lord Dunedin of Stenton in the chair, when among the members and guests present were the Spanish Ambassador, the Lord Chancellor, the Marquis of Dufferin, Lord Justice Atkin, Sir G. Lenthal Cheate, Sir Henry Craik, Sir James Dundas Grant, Sir John Goodwin, Sir Robert Hill, Sir W. G. Macpherson, Dr. Nathan Raw, M.P., Sir Arthur Sloggett, Sir James Purves Stewart, and Sir John Thomson Walker. Lord Dunedin, in proposing the toast of "Alma Mater and the Edinburgh University Club of London," spoke of his own student days at Edinburgh when he was a member of the Speculative Society with Robert Louis Stevenson and Lord Guthrie. The toast of "The Guests" was proposed in an amusing speech by Dr. Walter Jagger. In response H.E. Señor Don Merry del Val made an eloquent plea for the study of Spanish literature at the Scottish Universities, where it was neglected; their countries had many resemblances, for on the hills of both blue-bonneted men played bagpipes, while their universities were alike in being democratic institutions. Lord Birkenhead and Dean Inge also responded. The health of the Chairman was proposed by Mr. Alexander Macmorran, K.C. Graduates of Edinburgh University who wish to join the club are invited to write to the honorary secretary, Dr. R. S. Frew, 73, Wimpole Street, W.1.

THE fifth lecture in the series of post-graduate lectures arranged by the Fellowship of Medicine will be given on Tuesday, May 30th, at 5 p.m., in the West Lecture Hall of the Royal Society of Medicine, 1, Wimpole Street, W., by Sir Arbuthnot Lane, on the subject of stasis. The lectures are open to members of the medical profession.

A CIRCULAR has been issued by the Minister of Health stating that he has decided to recognize as official certificates for the purpose of the Public Health (Foreign Meat) Regulations certain labels and marks (which are illustrated and described in the circular) issued by the governments of the United States of America and the Argentine Republic.

A PRESENTATION was made recently at Sheerness to Dr. George Aldridge, who has retired temporarily from practice. Dr. Aldridge was in practice at Sheerness since 1903, and was formerly part-time medical officer of health for the district; he held other public medical appointments and was the founder of the St. John Ambulance Brigade in Sheerness.

THE annual dinner of the Federation of Medical and Allied Services will be held at the Café Royal, Regent Street, London, W.1, on Wednesday, June 7th, at 7.15 p.m. Sir Berkeley Moynihan, the President, will take the chair, and Sir Alfred Mond, Minister of Health, and his predecessor, Dr. Addison, are expected to be present. Further particulars can be obtained from the Medical Director, 12, Stratford Place, London, W.1.

ON April 13th the retail business which the Society of Apothecaries of London has hitherto carried on at Apothecaries' Hall, Water Lane, E.C., was closed, and the society has handed over to the firm of Cooper, Son, and Co. the prescription books, formulae, and special preparations.

THE House and Library of the Royal Society of Medicine will be closed from Saturday, June 3rd, to Monday, June 5th, both days inclusive.

THE annual dinner of the Harveian Society of London will be held at the Café Royal on Thursday, June 15th, at 7.30 p.m.

THE annual general meeting of the Lebanon Hospital for Mental Diseases will be held at the rooms of the Royal Society of Medicine on Thursday, June 1st, at 4 p.m.

THE Harrogate Corporation has issued a handbook giving information for visitors in regard to the mineral waters and other attractions of the place. Copies may be obtained, free of charge, from the Publicity Manager, Royal Baths and Wells, Harrogate.

MR. W. HARRISON MARTINDALE, Ph.D., has prefixed to the new price list of the firm of W. Martindale a note in which he appeals to the profession to support British chemical and pharmaceutical industries. He states that the Safeguarding of Industries Act, 1921, though a step in the right direction, only attacks the merest fringe of the subject.

A MEETING of the International Council of Nurses opened in Copenhagen on May 22nd. The delegates, who were the guests of the Danish Council of Nurses, were welcomed by the President, Mrs. Kenny Tscherning. The Council was founded in 1899 by federation of the National Councils of Nurses of Great Britain and Ireland, the United States of America, and Germany, to which the National Associations of Canada, New Zealand, India, Holland, Denmark, and Finland have since affiliated.

A GROUP of American surgeons is to make a clinical tour to Europe this summer under the direction of Dr. James L. Smith of Chicago. They have arranged to spend three days in Liverpool (June 19th to 21st), three in Edinburgh, two in Leeds, and four in London. The party—the members of which will be accompanied by their families—will then proceed to the Hague, Paris, Switzerland, Italy, Tyrol, Bavaria, Dresden, and Berlin; they expect to reach New York on their return journey on August 26th.

THE Council of the Medical Officers of Schools Association has decided to suspend the issue of the journal, *School Hygiene*, until such time as the cost of printing falls. In order that members may be provided with the papers read before the association's meetings and be kept in touch with the subject of school hygiene, a yearbook will be issued at the end of 1922.

UNDER the auspices of the National Association for the Prevention of Infant Mortality and National Baby Week Councils a series of conferences on infant welfare will be held at Carnegie House, 117, Piccadilly, London, from Monday, July 3rd, to Wednesday, July 5th, culminating in a public meeting in the council chamber of the Caxton House, Westminster. Discussions will take place on "The position of the district nurse and midwife in relation to public health services in rural areas," "Rickets," "How far should treatment be undertaken at an infant welfare centre?" and other subjects. Arrangements will be made for conducted tours by motor car to a number of typical maternity and child welfare institutions of various kinds in London. Particulars and tickets may be had on application to the honorary secretary, Miss J. Halford, Carnegie House, 117, Piccadilly, W.1.

MESSRS. BAIRD AND TATLOCK have sent us a copy of the 1922 edition of their *Standard Catalogue (Vol. II) of Physiological, Histological, and Biochemical Apparatus and Instruments*; in it are included autoclaves, sterilizers, surgical instruments, polygraphs, sphygmomanometers, ophthalmoscopes, and other instruments, and models of the eye, brain, etc., for teaching purposes. The catalogue has been prepared, we are informed, with the help of a number of physiologists; it appears to be very comprehensive and it is well illustrated.

THE *Internationales Centralblatt für Laryngologie, Rhinologie und verwandte Wissenschaften*, founded by the late Sir Felix Semon in 1884, has ceased publication with the March number, and will reappear under the title of *Centralblatt für Hals-, Nasen- und Ohren-Heilkunde*. Dr. Georg Finder, who succeeded Sir Felix Semon in 1908, will continue to be editor of the new journal.

A BRONZE memorial tablet has been erected in an operating theatre dedicated to Dr. J. Marion Sims in the Woman's Hospital, New York. The inscription on the tablet reads as follows: "Sims Operating Theatre, dedicated to the memory of James Marion Sims, M.D., LL.D., 1813-1883, the Founder of the Woman's Hospital and of Modern Gynecology."

THE firm of John Bell and Croyden, Ltd., incorporating Arnold and Sons, have acquired the lease of No. 52, Wigmore Street, which adjoins the existing premises at 50 and 50A, Wigmore Street. It will be used as showrooms for hospital furniture, surgical instruments, orthopaedic appliances, and invalid furniture.