

the abdominal muscles on the same side. Söderbergh<sup>8</sup> (1919) described a case of herpes involving the fifth and sixth thoracic segments with slight paralysis of the external oblique on the same side. Several cases of ocular palsies following herpes ophthalmicus and of facial paralysis complicating facial herpes have also been recorded.

In the following case a typical attack of herpes zoster affecting the area of the twelfth thoracic nerve was followed twelve days after the appearance of the herpetic eruption by paralysis of the muscles in the lower part of the abdominal wall of the same side.

A man, aged 61, in December, 1921, while in Australia, had an attack of pain originating in the precordium and radiating down the inner side of the left arm. About a week later he suddenly developed right-sided hemiplegia and aphasia. Both the paresis and loss of speech, however, rapidly improved, and by the time he left Australia in February, 1922, his speech was practically normal and he complained of no weakness in either the arm or leg.

When first seen (May 19th) the only signs indicating that the patient had had hemiparesis was that the right ankle-jerk was considerably brisker than the left, and the right plantar reflex was less definitely flexor than the left. The cranial nerves, arm and knee jerks, and abdominal reflexes were all normal. He had a certain degree of chronic middle-ear deafness, bone conduction being greater than air conduction, and the tympanic membranes opaque and somewhat indrawn.

The cardiac apex beat was not felt; the area of cardiac dullness extended half an inch external to the nipple line; the first sound was normal, the second accentuated in the aortic area. Pulse 80, regular, right equal in volume to the left; palpable arteries not unduly thickened; blood pressure, systolic 130 mm. and diastolic 80 mm. Hg. X-ray examination showed a slight uniform dilatation of the aortic arch. The patient complained of no particular symptoms.

When seen again (August 5th) he had a typical left-sided herpetic eruption extending from the spine in the lumbar region across the crest of the ilium to the upper gluteal region and round to the groin, just reaching the anterior aspect of the thigh—the area corresponding to the total distribution of the twelfth thoracic nerve. The history was that eight days earlier (July 28th) the boat on which he was leaving England to return to Australia collided with another in mid-channel during the night. He received no injury, but being awakened put his overcoat over his night attire and went on deck to ascertain what had happened. The collision necessitated his return to England. Two days later he began to experience severe pain of a neuralgic character in the left loin which radiated towards the groin; the eruption appeared on the fourth day of pain. The patient was not taking arsenic.

Ten days later (August 15th) he stated that a "rupture" had developed in the affected region, and that for the last few days the side had felt somewhat numb. There was a marked "bulge" in the lateral abdominal wall, immediately above the iliac crest. The local musculature was flaccid and failed to contract either on voluntary effort or on coughing; either act resulted in the umbilicus being drawn over towards the right side. To faradism there was no response in the affected muscles. The patient now complained of pain radiating from the loin to the hypogastrium, but said that the region of the hip and groin felt numb. On testing a narrow area of cutaneous hyperaesthesia was found just above and almost parallel with the groin, while below this area and extending backwards to within two inches of the spine was a zone—corresponding with the now fading eruption—of anaesthesia to light touch (cotton-wool) and pin-prick, the area of loss to pain being slightly larger and enclosing that of loss to light touch (anaesthesia of root type over a portion of the cutaneous area supplied by the twelfth thoracic nerve).

Other physical signs—nervous and circulatory systems—showed no change from those previously described, with the exception that the systolic blood pressure was now 120 mm. The Wassermann reaction (blood-serum) was negative.

## REFERENCES.

- <sup>1</sup> Von Bärensprung: *Ann. des Char. Krankheit.*, 1861, ix, 41. <sup>2</sup> Head and Campbell: *Brain*, 1900, xxiii, 353. <sup>3</sup> Montgomery, D. W.: *Arch. of Dermatol.*, 1921, iv, 815. <sup>4</sup> Gowers, W.: *Diseases of the Nervous System*, 1839, vol. 1, 188. <sup>5</sup> Ebstein, W.: *Virchow's Archiv.*, 1895, cxxix, 505. <sup>6</sup> Hewlett, A.: *Californian State Journ. Med.*, April, 1906. <sup>7</sup> F. Taylor: *Guy's Hospital Reports*, 1895, lii, 37. <sup>8</sup> Söderbergh, G.: *Acta Med. Scandinav.*, 1919, cii, 225 (*Med. Science Abstr.*, 1920, i, 515).

THE International Congress of Medical Hydrology and Climatology will be held at Brussels from October 20th to 22nd.

ACCORDING to the official report recently published, during the first six months of 1922 29,264 cases of cholera occurred in the three Soviet republics of Russian Europe, 4,963 in Caucasia, 1,864 in Asiatic Russia, 2,139 on the railways, 45 on the rivers and canals, and 840 in the Red army.

THE triennial prize of 1,800 francs instituted by Mme d'Ault du Mesnil in honour of her husband for the best unpublished work on prehistoric anthropology will be awarded for the first time in 1924. Candidates are required to send three typewritten copies of their manuscript to the Secretary, Ecole d'Anthropologie, 15, Rue de l'Ecole de Médecine, Paris, before December 31st, 1923.

## Memoranda :

### MEDICAL, SURGICAL, OBSTETRICAL.

#### HAY FEVER TREATED BY SINUSOIDAL CURRENT TO THE SPINE.

THE following record, which applies to a case treated last summer, may be of interest at a time when this distressing malady is prone to attack its victims.

On June 2nd, 1922, a man aged 33 came to me in a typical attack of hay fever. In previous summers he had tried all the usual remedies, and had been examined and treated by competent nose and throat specialists, but in spite of treatment the trouble was wont to run its course without abatement. He knew exactly the week in which the complaint would commence every year, and it was severe enough to keep him from business while it lasted.

An indifferent pad 4 by 6 inches was applied over the sacrum, and an active electrode, 1 inch in diameter, held over the seventh cervical spine. The sinusoidal current was gradually turned on until he took as much as he could stand without discomfort. Within three minutes there was an improvement. He commenced to take deep inspirations, the general distress lessened, the tickling in the throat and the inflammation and irritation in the eyes subsided. In an incredibly short time, certainly not more than five minutes, he pronounced himself quite normal. The current was turned off, then reapplied twice at intervals of five minutes.

There was no unpleasantness from the current, but he noticed a peculiar metallic taste in the mouth. At subsequent sittings he stated that the relief seemed to come as soon as he felt this metallic taste. We discovered later that the metallic taste could be produced by applying the active electrode to various areas in the cervical region, but the relief only came when the pad was held over the seventh cervical spine.

On the day following his first treatment he motor-cycled to business and back without goggles, and felt perfectly well till on his way home, when the symptoms returned, but in a mild degree. Similar treatment was employed, with the same beneficial result. He remained free from trouble till June 9th, and was treated on June 10th. Subsequently he received treatment on June 13th, 14th, 17th, 26th, 29th, and again on July 10th—altogether nine treatments. During this time the discomfort was much less, he slept well and went to business daily.

The result is probably produced by some action on the sympathetic system. Whether one may hope to produce a permanent cure is problematical, but the method seems worthy of extended trial.

THOMAS MARLIN, M.D.,

Medical Officer in charge Electro-therapeutic Department, University College Hospital.

#### TWO CASES OF ACUTE INTUSSUSCEPTION IN CHILDREN: RESECTION: RECOVERY.

ON March 7th, 1923, at the Royal Liverpool Children's Hospital I operated on a boy, aged 2 years, who had suffered from periodic attacks of pain in the umbilical region and vomiting which had become persistent. The symptoms had lasted for seventy-two hours. He showed signs of abdominal distension, had visible peristalsis, and a tumour palpable in the subumbilical region. At the operation I found an ileo-ileal intussusception which was irreducible and gangrenous. I resected 18 inches of ileum and performed a lateral ileo-ileal anastomosis. He made a complete recovery.

On March 22nd, at the same hospital, I operated on a boy, aged 10 years, who for thirty-six hours previously had suffered from periodic attacks of severe abdominal colic accompanied by vomiting which had become persistent. In this case there was a large visible tumour extending from below the umbilicus to the right iliac fossa. This intussusception was also quite irreducible and gangrenous. On attempts being made to effect a reduction, the outer coat commenced to split in several places. I removed the whole mass (which consisted of 3½ feet of ileum), infolded the ends, and as the distal infolded end was close up to the ileo-caecal valve I performed lateral ileo-colic anastomosis. This boy has also made a complete recovery.

In a paper I read before the Liverpool Medical Institution in November, 1922, I stated that 66 per cent. of such cases began as ileo-ileal intussusception. These are examples of cases that remain ileo-ileal. An interesting feature of these two cases is that neither patient passed any blood per rectum.

The importance of the periodicity of the colic in intussusception cannot be exaggerated. It is invariably present in the early stages of the attack.

Liverpool.

W. A. THOMPSON, M.Ch., F.R.C.S.Ed.

consultants and specialists. That is where it begins, and that is where it ends; it never gets down to the general practitioner, who as such seems outside of it, payment for his services being left to private arrangement between him and his patient, though the practitioner may in addition find a part-time place in the local health centre. Such centres would be established in suitable localities, and the cost would be borne by the State to the extent of about 25 to 35 per cent., and partly by the municipal authorities, while patients would contribute according to their means. Even in the United States, however, economy in public expenditure seems to have become an acute question, and, as already pointed out, the New York bill has not so far become an Act. The author considers various questions which would probably arise were the bill passed; they include the establishment of centres, the adequacy of treatment, and the relation of a centre to the patient, the doctor, and the taxpayer. The essay, in spite of its defects, is well worth perusal by those interested in the problems of medical sociology, which occupy so much attention in the present day.

#### ALMONER'S WORK.

THE annual report of the Samaritan Fund and the Lady Almoner's Department of St. Thomas's Hospital for 1922 contains an interesting account of the social service work of the hospital. The social service office was opened first in the casualty department, but in 1909 its work was extended to the wards with the assistance of trained workers supplied by the trustees of the Northcote Trust. The lady almoner rejoices in the "reproach" that is sometimes heard that "St. Thomas's Hospital makes a fetish of social work"; and her report certainly justifies her attitude. The work began with the appointment of an almoner to help the out-patients to carry out the recommendations of the medical staff, to arrange for convalescence, to raise funds for the urgent needs of the patient, as well as for the subsidiary purpose of directing patients ineligible for hospital treatment to suitable medical centres. As the work extended the governors placed the Samaritan Fund in the almoner's hands, so that its distribution might be based on an intimate knowledge of the patient's home circumstances. In the casualty department patients are sorted out, and many are returned to their panel doctors. Assistance, social advice, or financial help is given to convalescents. In the special departments for out-patients much work is done in supplying instruments, visiting and reporting on homes, keeping up attendances for physico-therapy, sending the district nurse to babies with ophthalmia, and so on. Work is done in connexion with a speech centre, a Northcote Trust hostel for women with venereal disease, and the tuberculosis department. Patients who have left the wards are followed up, and for this purpose the Northcote Trust office keeps a register of all cancer patients. The records of the lady almoner's office in maternity cases for the last ten years have been used in a special research for the Medical Research Council on the effects of maternal conditions and nutrition upon birth weight. From a perusal of the report the treasurer of the Samaritan Fund's pride in the thoroughness and efficiency of the lady almoner and her staff seems fully justified.

THE prizes at the London School of Medicine for Women were presented on June 1st by H.R.H. Princess Mary, Viscountess Lascelles. Miss Aldrich-Blake, Dean of the School, said, in an introductory address, that since the foundation of the school nearly fifty years ago more than 1,000 students had gone through it, of whom some 700 were at work in the United Kingdom and the rest in India, China, and the Dominions. Princess Mary subsequently took tea with the Dean and other members of the teaching staff, and afterwards the seven students who had taken the chief honours were personally presented to her.

#### BIRTHDAY HONOURS.

THE birthday honours list issued on June 2nd, in anticipation of the King's birthday on June 3rd, contains the list of honours the King has conferred on the recommendation of the authorities of the Navy, Army, and Air Force, of the Colonial and Foreign Offices, and of the Government of India.

##### *K.C.B. (Military).*

Major-General Owen Edward Pennefather Lloyd, V.C., C.B. (ret. pay), Colonel Commandant R.A.M.C.

##### *C.B. (Military).*

Surgeon Rear-Admiral Joseph Chambers, C.M.G.  
Colonel Walter Holland Ogilvie, C.M.G., I.M.S., Assistant Director of Medical Services, Presidency and Assam District, India.

##### *Knighthood.*

Dr. Hector W. G. Mackenzie, Consulting Physician to St. Thomas's Hospital, and a member of the Board of Examiners for the I.M.S.  
Professor William J. Ritchie Simpson, C.M.G., member of the Colonial Advisory Medical and Sanitary Committee.

##### *C.M.G.*

Dr. David Alexander, Director of Medical and Sanitary Services, Gold Coast Colony.  
The Rev. Robert Laws, D.D., M.D., Principal of the Livingstonia Mission, Nyasaland Protectorate.

##### *C.I.E.*

Lieut.-Colonel Asher Leventon, Indian Medical Service, Superintendent, Campbell Medical School and Hospital, Bengal.  
Lieut.-Colonel Thomas Hunter, Indian Medical Service, Civil Surgeon, Lucknow, United Provinces.  
Lieut.-Colonel Robert McCarrison, Indian Medical Service, Medical Research Department, India.  
Major David Patrick Johnstone, O.B.E., Surgeon to his Excellency the Governor of Madras.

##### *M.V.O. (Fourth Class).*

Henry Linnington Martyn, F.R.C.S.  
Frederic Jeune Willans, M.R.C.S.

##### *O.B.E. (Military).*

Major and Brevet Lieut.-Colonel Ralph Bignell Ainsworth, D.S.O., R.A.M.C.  
Lieut.-Colonel Gerard Irvine Davys, M.D., I.M.S.  
Flight Lieutenant Christopher Thomas O'Neill, M.B., R.A.F.

##### *O.B.E. (Civil).*

Captain Thomas John Hallinan, R.A.M.C., M.O.H. Basra.  
Eldon Harvey, Medical Superintendent of the Lunatic Asylum and Health Officer, Western District, Bermuda.  
Dr. Benjamin William Quartey-Papafio, Member of the Legislative Council of the Gold Coast Colony and formerly Assistant Colonial Surgeon.

##### *M.B.E.*

Captain Antonelli Francisco Bartholomeu Saldanha, I.M.S.  
Sardar Bahadur Diwan Singh Duggal, Civil Surgeon, Punjab.  
Dr. Agnes Henderson (Central Provinces).

#### THE ETIOLOGY AND PREVENTION OF RICKETS.

OBSERVATIONS IN VIENNA BY THE BRITISH MISSION. Special Report Series, No. 77,<sup>1</sup> of the Medical Research Council, just published, gives the final and complete account of the investigations on rickets in Vienna, carried out from 1919 to 1922 by Dr. Harriette Chick and her colleagues under the auspices of a special joint committee of the Medical Research Council and the Lister Institute. It is, perhaps, the most complete study of human rickets from the side of prophylaxis that has ever been undertaken; and it is in the addition to our knowledge of those conditions of diet and environment that will prevent rickets that the greatest value of the report lies. But it also gives a careful description of the early clinical signs of rickets, controlled by radiographs of the bones, which constitutes a really important contribution to the diagnosis of the disease.

The appearance of this scientific clinical study of rickets is a counterpoise to the great mass of work on experimental rickets in animals in recent years, and may, perhaps, settle some points of controversy that have emerged from these laboratory investigations. Indeed, the first object of the Vienna inquiry was to investigate the influence of diet in the production of rickets, and especially with regard to the fat-soluble antirachitic vitamin of Mellanby; and only later was the scope of the inquiry broadened by the consideration

<sup>1</sup> Medical Research Council. Special Report Series, No. 77. *Studies of Rickets in Vienna, 1919-1922*. Report to the Accessory Food Factors Committee of the Medical Research Council and the Lister Institute. By Harriette Chick, D.Sc.; Elsie J. Dalyell, M.B.; E. Margaret Hume; Helen M. Mackay, M.D.; M.R.C.P. (Beit Memorial Fellow); H. Henderson Smith, R.R.C.; Hans Wimbberger, M.D.; and M. Tarr, M.D. London: H.M. Stationery Office. 1923. (230 pages; 12 plates, and numerous charts and figures. 7s. 6d. net.)

being given to patients before they are sent into hospital. I do not know on what foundation this belief exists, if, indeed, it does exist, but I do know that the fact is quite to the contrary. Speaking on behalf of all my colleagues in the Fever Service, I am able to assert that if serum were to be given to every case of suspected diphtheria at the earliest possible moment before being sent into hospital, such action on the part of the certifying practitioner would be warmly welcomed. It is with the object of removing any misconception on this point which may exist that I venture to trouble you with this communication.—I am, etc.,

F. FOORD CAIGER,  
Chief Medical Officer, Infectious Hospitals  
Service, Metropolitan Asylums Board.

London, S.W., June 1st.

#### THE COASTAL MOSQUITO NUISANCE.

SIR,—I should be grateful if you would allow me to supplement briefly certain portions of the letter by Surgeon Commander D. H. C. Given, R.N. (May 26th, p. 915), in which he refers to the work of the Hayling Mosquito Control.

The "control" of mosquitos is a task which must be undertaken in three successive, and entirely distinct, stages. We have (1) to discover which kind or kinds of mosquitos are responsible for the nuisance existing in the district concerned; (2) to obtain the fullest information available relating to the life-histories, habits, etc., of the offending species, in addition to ascertaining to what extent such habits are influenced by local climatic and topographical conditions; and (3) to devise and apply measures of extermination based upon the knowledge thus gained.

As regards (1), special mention must be made of Mr. F. W. Edwards (Natural History Museum, London), who, as long ago as August, 1920, predicted that the salt water mosquito, *Ochlerotatus detritus*, would prove to be one of the species prevalent in a seaside district such as ours. Since that time a mass of evidence has been obtained showing this particular species to be practically the entire cause of the mosquito nuisance, not only of Hayling, but also of a large number of other seaside places on the south and east coasts of England.

As regards (2), any reference to the investigations carried on at Hayling would be incomplete, not to say misleading, unless associated with the name of Colonel S. P. James, of the Ministry of Health, the leading authority upon the subject of mosquito control. The assistance which we have been receiving from Colonel James during the past year and a half is of so diverse and extensive a character that it is impossible to do more in a letter such as this than to state that, but for the help in question, no work of any value could have been accomplished.

As regards (3), I need only mention that we are making steady progress with the task of applying the various remedial measures available, in the face of a variety of difficulties, of which those relating to the purely scientific branches of the work are perhaps the least formidable. Commander Given advocates that the inhabitants of mosquito-infested districts should proceed "on the lines initiated at Hayling and just recently adopted at Gosport, through the medium of a mosquito control committee consisting of interested residents assisted by the health authorities concerned." It is very important that the functions of public health officers in regard to the mosquito nuisance should be defined, for we should greatly welcome in Hayling any assistance which our health authorities might see their way to provide; up to now no aid of this kind has been forthcoming.—I am, etc.,

JOHN F. MARSHALL, M.A., F.E.S.,  
Hon. Director, Hayling Mosquito Control.

Hayling Island, May 27th.

#### GENERAL PRACTITIONER AND CONSULTANT.

SIR,—There appears to be a growing tendency, especially among the younger specialists, to adopt a course, when patients are sent to them for consultation, which I and many other general practitioners consider objectionable. I refer to the practice of transferring a patient sent to them for their opinion to another specialist, without first

communicating with the patient's own medical man. This has occurred twice fairly recently in my own practice. The first case, a child sent to a physician, was transferred to a surgeon, without my knowledge and consent, an operation, which in my opinion was most unadvisable, being urged. Again, an obscure eye case sent to an ophthalmic surgeon was immediately transferred to a gynaecologist for examination and an opinion. The irony of this case was that the gynaecologist, not knowing that I was her doctor, wrote to and transferred her to a local colleague of mine. Now I am on the telephone and live within twenty-five miles of London and thirty-four minutes by rail, yet no attempt was made to consult my wishes in either case. I wrote expostulating to the ophthalmic specialist, and received a curt reply saying it had not even occurred to him to consider my opinion on a gynaecological point.

If this practice of transferring patients without their doctor's consent to another specialist is to grow, I am afraid it will make the majority of men in general practice less inclined to send their cases to their professional brethren, which, in my opinion, would be most unfortunate. One cannot help feeling that at a time when private clinics run by a number of specialists are being started in London, it would be most undesirable if the general practitioner felt that his cases would be transferred from one to another specialist without his consent. In conclusion, I should like to bear testimony to the fact that in my experience these cases are the exception, and that the majority of consultants treat one with every courtesy and consideration.—I am, etc.,

Woking, May 28th.

R. THORNE THORNE.

#### REGISTRATION OF NURSES.

SIR,—The suggestion that women who have been nursing the sick for three years before November, 1919, should be admitted to the Register without taking any training into account seems to me deplorable. In my opinion the Register resulting will be absolutely farcical.

I suppose nurses, in self-defence, will have to register, but I hope they will one and all take good care to let the public know on every possible occasion that this registration is a "delusion and a snare."

The only status that a nurse should feel at all adequate to protect her high calling is membership of the College of Nursing. I for one will, on all occasions, draw a very material distinction between a so-called registered nurse and an adequately and fully trained nurse as proved by her membership of the College of Nursing.

May I appeal to the better instincts in our ranks to voice their indignation on behalf of those women who have taken the trouble to go through a course of severe and arduous training in our hospitals.—I am, etc.,

G. W. R. SKENE,  
Chairman, Medical Committee, Willesden General Hospital.  
London, N.W., May 21st.

### Universities and Colleges.

#### UNIVERSITY OF OXFORD.

At the commemoration to be held on June 27th it will be proposed in convocation to confer the honorary degree of Doctor of Science on Dr. Louis Lapicque, professor of physiology in the University of Paris, and on Sir Ernest Rutherford, F.R.S.

#### UNIVERSITY OF CAMBRIDGE.

At a congregation held on June 2nd the following medical degrees were conferred:

M.D.—A. E. Clark Kennedy.  
M.B., B.Ch.—L. B. Cole, C. C. R. Downing, C. P. Oliver, C. E. Whitting.  
M.B.—F. Allen.

#### UNIVERSITY OF LONDON.

A MEETING of the Senate was held on May 16th. The following were constituted the boards of examiners for the first and second examinations for medical degrees in the session 1923-24; the examiners whose names are marked with an asterisk have been appointed chairmen of their respective boards:

*Chemistry*.—\*Mr. H. C. H. Candy (London Hospital Medical College) and Mr. J. A. Gardner (St. George's Hospital Medical School and London School of Medicine for Women), together with the external examiners.  
*General Biology*.—\*Dr. Doris L. Mackinnon (King's College) and Dr. E. J. Salisbury (University College), together with the external examiners.

**Physics.**—\*Mr. J. H. Brinkworth (St. Thomas's Hospital Medical School) and Mr. B. L. Worsnop (King's College), together with the external examiners.

**Anatomy.**—Professor E. Barclay-Smith (King's College) and Professor F. G. Parsons (St. Thomas's Hospital Medical School), together with the external examiners.

**Physiology.**—Professor H. E. Roaf (London Hospital Medical College) and \*Professor W. D. Halliburton (King's College), together with the external examiners.

**Pharmacology.**—Dr. V. J. Wooley (St. Thomas's Hospital Medical School) and Dr. O. F. F. Leyton (London Hospital Medical College), together with the external examiners (\*Professor A. J. Clark).

The following were appointed associate examiners for the M.B., B.S. examination for the session 1923-24:

**Medicine.**—Professor F. R. Fraser, Dr. Gordon M. Holmes, Professor F. S. Langmead, and Professor H. Maclean.

**Surgery.**—Mr. T. P. Legg, Mr. Gordon-Taylor, Mr. W. H. Clayton Greene, and Mr. H. S. Souttar.

**Obstetric Medicine.**—Dr. Eardley Holland and Mr. Miles H. Phillips.

**Pathology.**—Mr. T. W. P. Lawrence and Dr. S. Macdonald.

With reference to the medical curriculum for internal students it was resolved:

That, for the first medical examinations for medical students held in July and December, 1924, and for the second medical examinations, Part I, for the internal students held in March and July, 1924, and March, 1925, arrangements be made to provide alternative sections of questions on the old and on the new syllabuses.

A similar resolution for external students was adopted by the Senate on March 21st, 1923.

Regarding the diploma in psychological medicine it was resolved:

That in the syllabus in anatomy, histology and physiology of the nervous system in the regulations for the examination for the diploma in psychological medicine for the words "Origin, chemistry and cytology of the cerebro-spinal fluid" the following be substituted: "Chemistry of the nervous system and cerebro-spinal fluid; Metabolism, vitamins and food in relation to nervous and mental diseases; Physico-chemical methods as applied to biochemical research; Blood and urine analysis; Acidosis, uraemia, uric acid; Physical concomitants of emotion; Methods of recording reflexes and tremors in man."

Regulation 3 for the diploma was amended as follows:

The examination for the diploma is open to any candidate whose name is in the *Medical Register*, provided that, before being admitted to Part B, the candidate shall have held for not less than six months a resident or whole-time appointment at an institution (or institutions) for mental diseases recognized for the purpose, or shall have attended for not less than twelve months the practice of such institution (or institutions), or such other practice as may from time to time be approved by the University.

The note prefixed to the regulations for the diploma in psychological medicine was amended by the addition of the following:

A candidate who has already been awarded the diploma in psychological medicine with special knowledge of either of the two branches, psychiatry or mental deficiency, will be permitted to offer himself for examination in Part B (ii) psychological medicine only at a subsequent examination, with a view to special qualification in the other branch of the subject, on payment of the full fee ordinarily payable for Part B of the examination, and if successful, shall have added to the diploma already awarded to him a statement that he has passed the examination with special knowledge of that branch also.

Sir Cooper Perry and Mr. H. J. Waring were appointed governors of the Imperial College of Science and Technology as representatives of the University.

Sir Joseph Verco, M.D., was appointed to represent the University at the Pan-Pacific Science Congress to be held at Melbourne in August next.

The following have been appointed staff examiners in the subjects of examinations for medical degrees for 1923-24:

**Anatomy.**—Professor T. Yeates and Professor E. Fawcett.

**Bacteriology.**—Professor J. W. H. Eyre.

**Chemistry.**—Professor W. H. Lewis and H. Forster Morley.

**Forensic Medicine and Hygiene.**—Professor A. Allison and Professor E. W. Hope.

**General Biology.**—Mr. A. Eastwood and Miss P. C. Esdaile.

**Medicine.**—Drs. J. Calvert, J. Fawcett, R. T. Williamson and C. R. Box.

**Mental Diseases and Psychology.**—Drs. R. H. Cole and W. H. B. Stoddart.

**Neurology.**—Sir Frederick Mott and Dr. E. Farquhar Buzzard.

**Obstetric Medicine.**—Professor T. Wilson and Dr. T. G. Stevens.

**Oto-Rhino-Laryngology.**—Sir William Milligan and Dr. Herbert Tilley.

**Pathology.**—Professor L. S. Dudgeon and Sir Bernard H. Spilsbury.

**Pharmacology.**—Professor J. A. Gunn and Professor A. J. Clark.

**Physics.**—Mr. A. Wood and Professor S. Russ.

**Physiology.**—Professor M. S. Pembrey and Professor G. A. Buckmaster.

**State Medicine.**—Dr. A. G. R. Foulerton and Dr. T. M. Legge.

**Surgery.**—Mr. O. H. Fagge, Mr. E. W. Hey Groves, Professor G. E. Gask and Mr. C. A. R. Nitch.

**Tropical Medicine.**—Dr. G. C. Low.

The following candidates have been approved at the examination indicated:

THIRD M.B., B.S.—†Una C. Garvin, †Winifred M. Gray, †Dulcie H. Lukis, †D. H. Patey (University Medal), Elsa Y. Adams, Sarah E. Andrews, O. A. Baker, J. C. Blake, Gladys L. Buckley, K. S. Captain, Gertrude B. G. Carden, Eva D. Cook, D. C. Corry, Eleanor M. Creak, A. J. Dodd, A. H. G. Down, Helen W. Duncan, V. Feldman, R. K. Ford, Christine P. Francis, A. J. Gardham, F. C. G. Garnham, F. A. Gaydon, G. N. Golden, Evelyn E. Gourlay, E. E. D. Gray, Gwenvyn M. Griffiths, C. F. Harris, Marjorie F. Hayward, Evelyn N. Heather, Nancy M. Hield, E. G. Housden, G. H. Howells, Dorothy M. Howgate, Margaret G. Jones, Kathleen H. B. King, Edna I. Langston, B. L. Laver, E. A. Leviser, J. L. Livingstone, W. E. Lloyd, Barbara V. Lucas, A. N. Macbeth-Morland, A. C. Maconie, N. S. Macpherson, R. A. Madgwick, Phyllis M. Manson, Edith T. Marshall, Mary Michael, J. B. G. Muir, Ruth N. Parker-Gray, G. P. Patel, Enid M. Powell, Muriel Rawlinson, Dorothy S. Russell, Emily V. Saunders-Jacobs, C. D. Shapland, F. G. A. Smyth, Emma M. Store, E. O. Swaine, A. Walk, W. R. Ward, Cicely Weatherall, H. N. Williams.

\* Distinguished in Medicine.

† Distinguished in Surgery.

‡ Distinguished in Forensic Medicine. § Distinguished in Midwifery.

## UNIVERSITY OF MANCHESTER.

### Diploma in Bacteriology.

At the annual meeting of the Court of the University of Manchester approval was given to the institution of a special Diploma in Bacteriology. This is the first diploma in this subject instituted in this country, and the courses of instruction, which candidates will be required to attend before presenting themselves for examination, are designed to supply a thorough training in the general principles of the subject, together with advanced courses in one or more special branches.

Graduates in medicine and in science of any approved university may enter for the course, and the syllabus has been designed to meet the requirements of medical graduates who wish to qualify for bacteriological posts or to obtain a special knowledge of medical bacteriology, and of graduates in science who desire to take up some branch of bacteriological work.

The diploma will be awarded to candidates who have, after graduation in science or in medicine, attended the prescribed courses over at least one academic year, satisfied the examiners in the written and practical examinations, and presented a satisfactory thesis on an approved subject.

The course of study includes (a) courses of instruction in general bacteriology, including the morphology and physiology of bacteria and bacterial classification, the history of bacteriology, quantitative methods of bacteriological investigations, and elementary bacteriological chemistry.

(b) Special courses of instruction in two or more of the following subjects must also be taken: (1) bacteriological analysis of water, milk, food, etc., (2) advanced bacteriological chemistry, (3) biometry, (4) parasitism, infection and resistance, (5) epidemiology, (6) comparative pathology.

The examination will consist of two written papers on the general subjects, together with an oral and practical examination, a written paper on each of the special subjects selected, together with such oral and practical examination as may be required by the examiners. Candidates must, during the second half of their course of study, select some subject to be approved by the professor, on which they must submit a thesis at the time when they present themselves for examination, or within three months from that date. This thesis must include a report on personal observations carried out in the laboratory.

The increased importance of bacteriology in human and veterinary medicine, in agriculture, and in other branches of applied science, makes it very desirable that an adequate course of training should be available for those who wish to undertake bacteriological work of any kind. It is impossible to include in the ordinary medical curriculum more than the rudiments of this subject, and practically no provision is at present made for non-medical students, such as those studying biochemistry and kindred subjects, to whom a knowledge of bacteriological methods would often be of the greatest service. It is hoped that the action of the University in instituting this new diploma will meet the needs of a considerable number of post-graduate students, for whom no adequate provision has hitherto been made, and will help to supply efficiently trained bacteriologists for the numerous posts for which they are now required.

### Delepine Research Fellowship.

Applications from medical graduates for the Sheridan Delepine Research Fellowship in preventive medicine, value £300 per annum, must be received by the Internal Registrar of the University by June 15th. The fellowship, which is for one year from October 1st, 1923, is founded in memory of the late Professor Delepine, and the candidate elected will be required to register as a research student of the University, and to devote the whole of his time to research in the department of bacteriology and preventive medicine.

## SOCIETY OF APOTHECARIES OF LONDON.

The following candidates have passed in the subjects indicated:

**SURGERY.**—B. Basuny, W. A. Drake, E. W. Hicks, \*L. K. Htoo, W. J. Jameson, C. S. Laurence, J. Totton.

**MEDICINE.**—†B. Basuny, A. J. Dowek, A. Gullertein, M. Hawke, J. Totton.

**FORENSIC MEDICINE.**—W. A. Drake, O. Sinaides, M. A. E. Somers, B. Zeitoun.

**MIDWIFERY.**—W. J. Jameson, W. R. H. Pooler, A. Vasudev, H. Whitby.

\* Section I. † Section II.

The diploma of the Society has been granted to Messrs. B. Basuny, M. Hawke, W. J. Jameson, C. S. Laurence, J. Totton, A. Vasudev.

A LONG series of post-graduate lectures in general medicine and surgery, and in various specialties, have been arranged by the University of Vienna for the months of July, August, and September. There will also be a refresher course from September 17th to 29th. Programmes can be obtained on application to the Bureau des Fortbildungskursus, Frankgasse 8, Wien IX.

The Central Midwives Board for England and Wales met on Thursday, May 24th. A special meeting was held first, followed by the ordinary monthly meeting. Sir Francis Champneys presided at both. The business dealt with at the latter meeting consisted of the usual routine. The Standing Committee reported the receipt of a letter from the Registrar of the General Medical Council stating that the Penal Cases Committee of the Council, in a recent case before it, recognized the importance of ensuring that certified midwives should not be induced by medical practitioners to undertake operative procedure outside their province.

## Medical News.

EXCELLENT work has been done on behalf of the chemical industries of this country by the Association of British Chemical Manufacturers during the short period of its existence as an organized body. The members of the association are manufacturers, but the association is not a trading institution and is not concerned with profit earning for itself; its principal object is the advance of British chemical manufacturing industries as a whole. Nearly one hundred and fifty firms, representing a capital of over £100,000,000, are members. A sign of the activity of the association in promoting business facilities between manufacturers and purchasers is seen in the issue of a directory of its members with a classified list of their products and manufactures, including many medicinal articles and fine chemicals. Under the name of each article in the list appear the names of the firms who manufacture it. The directory also contains indexes to the list in French, Spanish, Italian, Portuguese, and German. The association offers to advise on all matters relating to the chemical trade and to make inquiry on behalf of intending purchasers for materials they have had difficulty in obtaining.

IT will be remembered that last year (JOURNAL, July 1st, 1922, p. 26) the Council of the British Medical Association made an appeal for the starving doctors of Russia, and this appeal was repeated at the end of December (SUPPLEMENT, December 30th, 1922, p. 233). Subscriptions were limited to five shillings, and nearly £2,000 has been raised. The condition of the members of the medical profession in Russia has not improved in the meantime, but, if anything, their want and misery have become worse. An appeal is being made in aid of Russian doctors and Russian medical institutions by an influential international committee; subscriptions should be sent to the secretariat of Dr. Fridtjof Nansen, 54, Rue du Rhône, Geneva, Switzerland. Another appeal, in aid of the Russian doctors and medical staff in the famine-stricken regions, has been issued by the Medical Aid Committee, of which Miss Margaret Llewelyn Davis is president; donations in money and in kind should be sent to the secretary of the Medical Aid Committee, 68, Lincoln's Inn Fields, London, W.C.2. It may not be amiss also to remind our readers that the fund opened by the Council of the British Medical Association is still open; subscriptions (of five shillings and multiples of five shillings) should be sent to Mr. Ferris-Scott, Financial Secretary, British Medical Association, 429, Strand, London, W.C.2.

THE annual meeting of the University of Durham Medical Graduates Association will be held in the College of Medicine, Newcastle-on-Tyne, on Monday, June 25th, at 5 p.m. The annual dinner will be held the same evening in the King's Hall, Armstrong College, Newcastle-on-Tyne, at 7.45 p.m. Durham medical graduates who are not already members of the association and who desire to join are requested to communicate with the Hon. Secretary (North), Royal Victoria Infirmary, Newcastle-on-Tyne.

IN connexion with the courses of lectures arranged by the Fellowship of Medicine to which reference was made last week (p. 957), courses in ophthalmology have been arranged at the Royal London Ophthalmic Hospital and in dermatology at the St. John's Hospital for Diseases of the Skin, beginning on Monday, June 11th. These courses will consist of lectures and clinical demonstrations each day in the wards and out-patient departments. The programme for July includes a refresher course at the Royal Northern Hospital, in conjunction with the Central London Ophthalmic Hospital and the Royal Chest Hospital, from July 2nd to July 14th; a fortnight's intensive course in cardiology at the National Hospital for Diseases of the Heart, commencing on July 2nd; and a course of dermatology at the Hospital for Diseases of the Skin, Blackfriars, from July 16th to July 28th. Full particulars can be obtained on application to the Secretary, Fellowship of Medicine, 1, Wimpole Street, W.1.

THE League of Nations Union has arranged a conference on the international labour organization and industrial health to be held at the Royal Sanitary Institute, 90, Buckingham Palace Road, S.W.1, on June 19th and 20th. The conference will meet each day at 10.30 a.m. and adjourn at 1 p.m. for luncheon; it will reassemble at 2.30 p.m. and continue its sitting till 5 p.m.

A POST-GRADUATE course on tuberculosis (including surgical tuberculosis, by Professor A. Broca) will be held at the Hôpital de la Charité, Paris, under the direction of Professor Émile Sergent, commencing on June 13th. The fee is 150 francs.

PROFESSOR LEATHES is unavoidably prevented from delivering the Croonian Lectures before the Royal College of Physicians on the dates announced. The course is therefore postponed.

MR. NEVILLE CHAMBERLAIN, the Minister of Health, was the principal guest at the annual dinner of the Federation of Medical and Allied Services, which took place at the Langham Hotel on May 29th. Sir Berkeley Moynihan, who presided, referred to the family tradition of public service in this country as exemplified in the Chamberlains and others. It was surely a remarkable thing that Queen Elizabeth's great Minister should have had a direct descendant to serve Queen Victoria, and that the son (Lord Robert Cecil) of the Victorian Minister should be the latest but not by any means the weakest of the recruits to the new Ministry. Of all the men in the Government, Sir Berkeley Moynihan thought that the Minister of Health was least to be envied. Around the question of health had arisen many conflicts of opinion, and the Minister had to walk warily. On many questions upon which the medical profession had a right to pronounce, any further progress was limited by the extent to which the public was willing to co-operate; he instanced the campaigns against cancer and against tuberculosis. Mr. Chamberlain, in responding to the toast of his health, remarked that he had heard it said of a certain journal that it contained more truth on its cover than in its pages, and so far as his experience at the Ministry of Health had gone, he began to think that there was more "health" in its title than in its functions. He gave an amusing list of the varied questions, chiefly rent and rating matters, with which he had had so far to deal, and expressed the hope that presently he might arrive at some questions of health. Ever since he had taken any interest in public work he had felt that there was no greater benefit which statesmanship could confer than some measure which might lead to a general improvement in the health of the people, for upon their health depended their enjoyment of life and their prosperity. He was specially impressed by the extent to which research stood in need of encouragement. He once asked an eminent authority why there were so many more specialists on the Continent than in this country, and he was told that on the Continent there were many more endowments, whereas men in this country who were fitted for research had to carry on general practice for a livelihood. Some day a complete health policy for this country might be forthcoming, but it would have to be under a Minister who was fortunate enough to remain in office for more than a few months. It would require more adequate institutional accommodation, or, rather, a better distribution of the institutional accommodation already existing. We had in this country physicians and surgeons second to none, but the best use was not being made of their services. Sir Thomas Horder proposed the health of the other visitors, and responses were forthcoming from Lord Riddell and from Sir William Hale-White. The toast of "The Chairman" was proposed by Mr. Ernest Clarke and very heartily honoured.

THE KING has sent a donation of £100 to the fund that is being raised by the British Empire Cancer Campaign.

AT a meeting of the Royal Sanitary Institute, to be held at Cambridge on June 23rd, Mr. J. E. Purvis, M.A., Secretary to the State Medicine Syndicate, will open a discussion on the grading of milk.

THE Association of Economic Biologists will hold its annual field meeting at Cambridge on Friday, June 15th. Visits will be paid to the School of Agriculture, the National Institute of Agricultural Botany, and the University Farm and Plant Breeding Institute.

THE Section for the Study of Disease in Children of the Royal Society of Medicine will meet in Bristol on June 22nd and 23rd. On Friday afternoon (June 22nd) cases will be shown at the Bristol Children's Hospital, and afterwards, at a meeting in the department of pathology of the university, papers will be read by Dr. J. A. Nixon on the Schick reaction and diphtheria anaphylaxis, by Dr. O. C. M. Davis on certain urinary conditions in childhood, and by Mr. E. Watson-Williams on acute sinus disease in young children. There will be a dinner in the evening, and on Saturday a visit will be paid to Mr. Vesey's farm, Wincanton, to see the production of certified milk.

MESSRS. WATSON AND SON (43, Parker Street, London, W.C.2) have issued a list of second-hand x-ray and electro-medical apparatus.

APPLICATIONS for the Henry George Plimmer Fellowship in Pathology must be sent to the Rector, Imperial College of Science and Technology, South Kensington, S.W.7, by June 25th. Candidates must be qualified to pursue research in pathology (including morbid anatomy, protozoology, bacteriology, and allied subjects in either zoology or medicine or botany).