

TREATMENT OF FRACTURE OF HUMERUS  
AT BIRTH.

BY

T. WILSON FROGGATT, M.B., CH.B. SHEFFIELD,  
LATE CASUALTY OFFICER, ROYAL INFIRMARY, SHEFFIELD.

A MALE infant, 3 days old, was brought to the casualty room of the Royal Infirmary, Sheffield, on August 1st, 1923, by its godmother, who said that it cried whenever its left arm was handled. Examination revealed a transverse fracture in the middle third of the humerus, but no inability to use the

wrist, or other indication of damage to nerves.

The child's other arm was measured, and a splint made from poroplastic felt, according to the diagram, the A portion

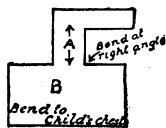


FIG. 1.—Plan of poroplastic.



FIG. 2.

being cut a quarter of an inch longer than the child's humerus, so that by suitable bandaging with a crêpe bandage a degree of elastic extension could be exerted on the lower fragment of the humerus. The arm was thus carried in a position of right-angled flexion at the elbow, with horizontal abduction at the shoulder, the B portion of the splint being fixed by a crêpe bandage passing round the thorax.

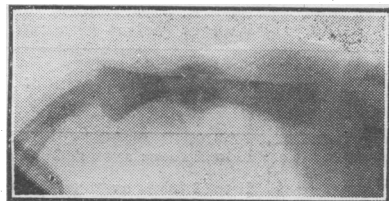


FIG. 3.

The arm was inspected from day to day, and at the end of three weeks was taken down and an x-ray print obtained (Fig. 3). The arm was now massaged three times a week

and bandaged to the child's side by a crêpe bandage to prevent further injury at home. On September 6th the function of the arm was perfect, but a bulge of callus could be felt, increasing its diameter by half at that point.



FIG. 4.

Another skiagram showed very good union with re-formation of the medullary canal (Fig. 4).

The child was discharged after another week's massage, and at Christmas, 1923, it was impossible clinically to detect any abnormality in the arm.

AN APPARATUS FOR DISLOCATION OF THE  
ACROMIAL END OF THE CLAVICLE.

BY

DONALD I. CURRIE, F.R.C.S.,  
COLWYN BAY.

DISLOCATION of the acromial end of the clavicle, resulting from a fall on the "point" of the shoulder, is a somewhat rare injury, and although the reduction of the dislocation is easy and the functional result usually good, yet the appearance of the shoulder is often very unsatisfactory. This in most cases is due to the prominence of the outer end of the clavicle, and can only be avoided by correct and prolonged retention of the two bones constituting the joint in apposition. Treatment should be commenced at once, and the partial redislocation of the joint during manipulation and readjustment of the apparatus studiously avoided.

The simple apparatus shown in the diagrams is made from two buckled webbing straps, which are cut and sewn together as illustrated. The shoulder strap, A, passes over

a pad of strapping, placed over the acromio-clavicular joint, and passes down in front and behind the shoulder and round the padded flexed elbow (which is retained, flexed at right angles, in a sling). The chest strap, B, is fastened to the shoulder strap, as shown, in front and behind the "point" of the shoulder. Its function is to retain the shoulder strap in its correct position and prevent it from slipping outwards off the point of the clavicle and so increasing the deformity.

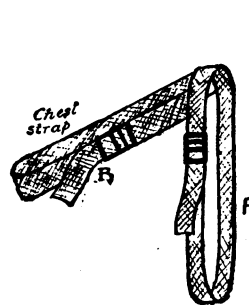


FIG. 1.—Apparatus for dislocated clavicle (acromial end).

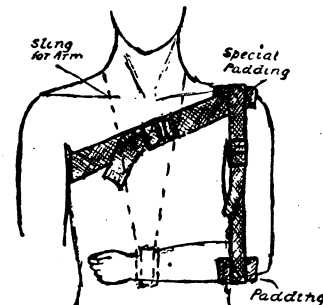


FIG. 2.—Apparatus in position.

In order to obtain the best cosmetic result the apparatus should be worn night and day for a month or longer, the arm muscles being massaged to retain their nutrition and tone. The shoulder should be well supported from the elbow whenever the apparatus is removed for massage or adjustment.

## Memoranda :

## MEDICAL, SURGICAL, OBSTETRICAL.

## PITUITRIN IN ASPHYXIA PALLIDA NEONATORUM.

I HAVE recently had striking results from the use of pituitrin injection in two cases of asphyxia pallida in newly born children.

In the first case the mother, a Chinese, had been in labour for two and a half days when I was called to her; the head of the child was presenting. The child was delivered by low forceps operation. It was exceedingly pale and limp and made no attempt to breathe beyond one slight retraction of the abdomen. I used the various methods of artificial respiration with the child bathed in hot water, and also tried breathing into its mouth through two layers of gauze, but without any result. These measures had occupied about fifteen or twenty minutes, and the friends regarded the child as quite dead and advised me not to trouble further. However, as I could just detect a little heart flutter, I injected about 0.3 c.cm. of pituitrin into the muscle of the buttock, and within less than a minute the child gave a deep sigh, its skin began to flush, and before five minutes it was crying and breathing quite normally. The friends rather regarded the case as one of raising the dead.

The second case was also a Chinese; the mother had a perfectly normal labour without aid of any kind. The cord was round the neck rather tightly when the head was born, but was immediately released. The babe gave a few gasps, but it was quite evident that no expansion of the lung had taken place, for with the retraction of the abdomen the intercostal muscles seemed also to be drawn in and the whole body was pale, flaccid, and lifeless. I used the usual methods of artificial respiration and kept the child in warm water while doing so until the placenta was expelled, before I cut the cord, and continued these efforts for quite a quarter of an hour. As I felt the heart was still beating I gave about 0.3 c.cm. of pituitrin. The result was most striking—the child gave a deep sigh, the lungs expanded, and in a minute or so the body, which had been so pale, became deeply flushed, while the stump of cord, which a moment before was lying limp, flat, and bloodless on the abdomen of the child, began to expand and throb quite strongly.

The explanation that occurred to me was that the pale asphyxia was due probably to something of the nature of "shock," and the action of the pituitrin in contracting the arteries and raising the blood pressure forced a bigger supply to the lungs and at the same time stimulated the intercostal and abdominal muscles to contract. I confess that when I first used pituitrin in this manner it was largely in the hope that something might come from a stimulant that could act quickly. I intend to repeat this method again in like circumstances.

Peking.

J. G. CORMACK, F.R.C.S. Edin.

### LARDACEOUS DISEASE FOLLOWING AN EMPYEMA.

THE following progressive case of lardaceous disease, a condition happily now seldom seen, thanks to the greater efficiency of surgery, is worthy of record as showing how prolonged suppuration will produce this peculiar degeneration despite our modern methods of vaccine therapy.

At the age of 10 years an empyema followed acute lobar pneumonia. Surgical treatment was undertaken at the London Hospital, and through an incision below the eighth rib the pus was evacuated; unfortunately, however, the cavity continued to secrete pus, and a more extensive operation was performed—resection of a portion of the neighbouring ribs, thus allowing the chest wall to fall inwards. Improvement was temporary, and further surgical treatment was refused, as the surgeon could not "guarantee a cure." Hence the long train of events which ultimately led to the development of lardaceous disease.

Five years later the child was placed under my care; he was then a boy of 15, but his physical development was that of a child of 10. There were no signs of puberty. The skin was of a lemon-yellow tint. Emaciation was extreme, and the face had the wizened appearance of an old man. He had a permanent slight rise of temperature, and the wound continued to discharge a thin pale green pus which was now probably tuberculous. Some months later he became troubled with almost uncontrollable diarrhoea. I found complete evidence of lardaceous disease. The more important physical and positive signs were:

1. The liver was enormously enlarged, extending downwards almost to the pubes; it was very hard and smooth and there was no tenderness. The spleen was enlarged downwards and to the right, there being a distinct groove between the latter organ and the liver. The splenic notch was easily palpable.
2. Ascites with all its signs was very marked—shifting dullness, thrill of transmission wave, and "dipping for the liver," etc.
3. The kidneys were not palpable. The urine, however, was of a pale colour, of low specific gravity (1005), and slightly acid. Albumin was present in fair quantities, and the microscope showed hyaline and waxy casts.
4. The diarrhoea was profuse, but it served to diminish the quantity of ascitic fluid, and the discomfort of a distended abdomen gave place to most extreme prostration; consequently the necessity for tapping did not arise. The motions at times were indistinguishable from urine; a combination of lead and opium gave temporary relief. There was little doubt that the lardaceous degeneration had extended to the vascular system of the intestinal tract.

The boy became progressively worse, was kept on stimulants such as strychnine and caffeine, and finally hypodermic injections of camphor. General anasarca supervened owing to the cardiac and renal inefficiency, and death soon followed.

A *post-mortem* examination was not allowed, but I had an opportunity of seeing the body five days after death. The external appearance differed in no essentials from that during life. There was no evidence of cadaveric lividity, no offensive odour, and apparently no decomposition. This is a very interesting point, as it showed that this waxy or lardaceous material was so thoroughly diffused throughout the vascular system and tissues of the body that it acted as a preservative.

Leyton.

A. ROBERT FOX, M.R.C.S., L.R.C.P.

### HAEMORRHAGE IN THE NEWBORN TREATED BY INJECTION OF PATERNAL BLOOD.

A FEW weeks ago I was called to see a baby 3 days old. On the evening of the previous day it began to vomit blood. When I arrived the infant was passing blood very freely by the bowel; it looked very ill. I sent for the father and withdrew from his median basilic vein 10 c.cm. of blood and injected it into the baby's buttock. I only gave 10 c.cm. because I had not a larger syringe. I did not expect much effect from so small a dose, and gave a bad prognosis. Soon after the injection all bleeding ceased. The child took the breast, vomited no more, and now is thriving. The note of a similar case in the *BRITISH MEDICAL JOURNAL* (October 6th, 1923, p. 609) suggested this method of treatment to me. As the amount of blood which effected a cure in this case was so much smaller I thought it worth reporting.

Richmond, Yorks.

H. M. EYRES.

### ACIDOSIS TRACED TO INFECTION BY *B. COLI*.

THE following brief account of a case of non-diabetic acidosis, in which relief followed injections of soluble hexamethylene-tetramine after various methods of treatment had been tried without result, is sent for publication in the hope that it may be of use to others who may find difficulty in relieving the painful and seemingly endless sickness and wasting of this affection.

Mrs. McF., aged 35, was suffering from a severe acidosis. She had great sickness, vomiting, and nausea lasting for many weeks, and was extremely emaciated.

The diagnosis was not very clear. It was thought at first that exophthalmic goitre with gastric crises might account for the sickness; an alternative diagnosis was intestinal intoxication. None of the remedies tried was of any avail. I am of opinion now that the cause was an infection of *Bacillus coli*, which was cultivated from the urine. The breath smelt strongly of acetone. The urine contained 0.2 per cent. of acetone, but no blood, albumin, or sugar.

After trying many modes of treatment I gave her as a last resource injections of a solution of hexamethylene-tetramine. I started with 1 gram intramuscularly each day for two days; very little pain was caused. Then I gave the solution intravenously, ten injections of 1 gram each. The patient preferred the intravenous injections, which were not attended by any discomfort.

The sickness was controlled almost immediately. On the two days succeeding the intramuscular injections she was sick only twice and only slightly. On beginning the intravenous injections the sickness ceased entirely.

Acetone was no longer in her breath and was almost undetectable by delicate tests in the urine. The number of *B. coli* was also greatly diminished; her appetite gradually increased and became excellent.

Ardrossan.

JAMES FRASER, M.B., Ch.B.

### DIAGNOSIS IN ACUTE ABDOMINAL ATTACKS— INTUSSUSCEPTION: APPENDICITIS.

THE two cases here reported show how one may be deceived in the diagnosis of abdominal disease.

#### CASE I.—*Intussusception.*

I was asked by Dr. — to see a patient in private consultation on the afternoon of December 14th. This was a boy of 2 years and 9 months, who, after a meal of cooked peas and gravy some five days previously, had vomited and complained of spasms of pain in the abdomen. There had been loss of appetite and lassitude, but the pulse and temperature had been normal and the bowels open two or three times.

On examination, the child had a filthy tongue, normal pulse and temperature, with a perfectly flaccid abdomen, into which one could put a fist without any discomfort to the patient. There appeared to be no definite sign of an "acute abdomen," so after careful consideration it was decided that no surgical interference was necessary for the time being. The condition of the child did not change much, with the exception that on December 16th the temperature rose to 99.8° and the pulse to 92. Rectal examination revealed nothing; there was no abdominal distension, and vomiting had ceased. I then asked a colleague to see the case with me, and we agreed that, though nothing definite could be diagnosed, it would be better to operate.

*Operation.*—External examination under the anaesthetic revealed no lump of any kind. On opening the abdomen in the mid-line I found an intussusception 3½ inches long, with the caecum and adjacent ileum very oedematous, but fairly easily reduced. The boy made an uninterrupted recovery and left the nursing home within three weeks.

#### CASE II.—*Appendicitis in an Infant.*

The next evening a baby boy, aged 4½ months (breast-fed), was brought into the Royal Hospital, Richmond. The child was vomiting persistently, passed blood and mucus from the rectum several times, had a high temperature, and rapid pulse. The abdomen was very distended and appeared tender on the right side; also, one could apparently feel a small lump on the right about the level of the umbilicus. From these symptoms I came to the conclusion that the child had an acute intussusception. Within half an hour I opened the abdomen. The small and large bowel were enormously distended, but there was no intussusception. Instead, there was a purple inflamed appendix in a pre-gangrenous state. No other abnormal condition was found. The appendix was removed and the abdomen closed without drainage, there being no purulent fluid present. Though very ill for a few days, the infant recovered completely.

It was a curious coincidence that these two cases should follow each other within thirty hours, and so demonstrate the difficulties of exact diagnosis in abdominal disease. Although conditions in the first case did not seem acute, one sensed the necessity for an operation, even if the age seemed a little against intussusception. In the second instance it was, of course, to be expected, as acute appendicitis at the age of 4½ months in a breast-fed child must be extremely uncommon.

JOHN W. HEEKES, M.B., B.S. Lond.,  
Honorary Surgeon to In-patients, Royal  
Hospital, Richmond.

BRITISH MEDICAL JOURNAL during the past two years. Amidst his manifold activities he often found time to report for our columns the proceedings of societies, and in particular acted as our representative at the International Congress of Surgery held in London last July. In all his work for us he was accurate, prompt, and resourceful, and the cutting short of a career of so much promise is a loss to medical journalism.

We regret to have to record the death on March 18th at a nursing home in Exeter of Dr. GEORGE FRANCIS SYDENHAM of Dulverton, at the age of 63. He was the fourth son of the Rev. Charles St. Barbe Sydenham. He was a student of St. Bartholomew's Hospital, and took the diploma of L.S.A. in 1884 and that of M.R.C.S.Eng. in 1885. After working for two years as assistant to the late Dr. Samuel Evans of Harwich, he settled in his native village of Dulverton, where he had practised ever since. His ability and untiring energy made him widely known, and by his death the Exmoor district loses one of its most notable practitioners. The Sydenhams are an old Somerset family, and long ago prospered so much that three or four branches were founded in Somerset. One overflowed into Dorset in the time of Henry VIII, and that Sydenham (of Wynford Eagle, Dorset) was the great-great-grandfather of Thomas Sydenham, the famous physician. Dr. G. F. Sydenham took a great interest in the history and antiquities of his native county, and was the local secretary of the Somerset Archaeological Society. He was the author of an essay on the vulgar errors and superstitions of West Somerset in their relation to medicine. He was a member of the West Somerset Branch of the British Medical Association, and a very welcome attendant at medical gatherings, where he could always be depended upon to contribute to the lighter side. He had a wonderful fund of Somerset stories, some of them going back to Elizabethan days in Somerset, and always told them with inimitable freshness and humour. Dr. Sydenham was active in local affairs and was J.P. for Somerset; he was M.O.H. for South Molton rural district, district medical officer and medical officer to the workhouse of Dulverton union, and a certifying factory surgeon. His loss will be deeply felt by many friends of all classes, and especially will he be missed among the working men and women of Exmoor. The greatest tribute to his work was the presence at his funeral on March 21st of hundreds of men, women, and children of all classes, who came to bear witness to their love and respect for him.

Dr. L. EMMETT HOLT, the well known American paediatricist and author of a textbook of diseases of infancy and childhood, has recently died at Peking, where he had gone to deliver a series of lectures at the Union Medical College.

Dr. AUGUST EWALD, professor of physiology in Heidelberg University, has recently died at the age of 75.

## Universities and Colleges.

### UNIVERSITY OF OXFORD.

**Radcliffe Travelling Fellowship.**—The Master and Fellows of University College announce that the Trustees have elected Charles Frederick Terence East, M.A., B.M., B.Ch., M.R.C.P., New College, and King's College Hospital, to a Radcliffe Travelling Fellowship of £300 for two years.

### UNIVERSITY OF LIVERPOOL.

THE following have been approved at the examination indicated:

**FINAL M.B. AND CH.B.—Part I:** M. M. F. Arthur, Ethel Barrow, E. I. Bieber, H. M. Boston, G. E. Church, N. L. Corkill, O. Dawood, J. L. Donnelly, F. R. Faux, Dorothy A. Gough, J. Graham, R. I. Green-shields, J. Hutton, \*E. Hughes, F. F. Irvine, D. Katz, B. Kay, J. E. S. Lloyd, W. J. Lloyd, H. McGrath, Isabel McKee, D. J. T. Magowan, D. Roberts, J. Tarshish, I. Thomas, J. E. Walker. **Part II:** T. A. Clarke, N. J. Crawford, H. L. Cullen, I. Gordon, A. J. Goss, Catherine E. I. Green-shields, Sarah Leigh, G. W. Paton, F. B. Shevlin, B. J. S. de Villiers.

**D.P.H.—A. C. Crawford, Mary A. Thomas.**

**DIPLOMA IN MEDICAL RADIOLOGY AND ELECTROLOGY.**—J. D. Ingram, J. S. Kellett-Smith, W. J. MacHugh, H. Miller, R. E. Sadleir.

\* With distinction.

### UNIVERSITY OF DURHAM.

THE honorary degree of D.C.L. of the University of Durham will be conferred at the June Convocation upon Sir Frederick William Andrewes, M.D., pathologist to St. Bartholomew's Hospital, and Sir Byrom Bramwell, M.D., late President of the Royal College of Physicians of Edinburgh.

The following candidates have been approved at the examination indicated:

**THIRD M.B., B.S. (Materia Medica, Pharmacology and Pharmacy; Public Health; Medical Jurisprudence; Pathology and Elementary Bacteriology).**—W. G. H. Allen, L. Barber, B. Elliott, H. Gass, J. B. Hetherington, W. Hinds, W. F. Lascelles, J. D. W. McCracken, A. D. Miller, H. O'Connor, W. C. Pinkney, A. de Redder, F. E. Stabler, F. G. Sinclair, R. B. S. Smith.

### VICTORIA UNIVERSITY OF MANCHESTER.

THE following candidates have been approved at the examination indicated:

**D.P.H.**—Beatrice L. Ellison, W. D. Hood, J. G. McKinlay, Margaret Pownall.

**DIPLOMA IN PSYCHOLOGICAL MEDICINE: Part I.**—L. C. F. Chevens, H. D. Cormac, T. W. Davidson, W. J. Lynch, W. R. McGlashan, C. B. V. Walker.

### UNIVERSITY OF EDINBURGH.

A GRADUATION ceremonial took place in the library of the University of Edinburgh on March 20th. The following degrees were conferred:

**D.Sc.**—D. M. Lyon, M.D., James E. McCartney, M.D.  
**M.B., CH.B.**—E. J. K. Weeks.

### UNIVERSITY OF ABERDEEN.

THE following candidates have been approved at the examination indicated:

**FINAL M.B., CH.B.**—A. Aberdein, W. Adams, A. M. Barron, J. H. Bell, Jeannie Benzie, F. J. T. Bowie, J. Boyd, T. C. Burnett, J. Carrie, Laura D. Catto, W. G. Cheyne, G. S. Christie, W. S. G. Christie, T. Clunie, H. Clyne, J. Cooper, W. S. Coutts, J. W. Craig, C. L. C. Crowe, J. Davidson, S. G. Davidson, A. W. Dockar, J. K. Donald, A. Donaldson, A. W. M. Douglas, J. W. Duncan, J. F. Durno, \*A. M. Duthie, E. M. Duthie, W. L. Esson, L. H. Eunson, D. Farquharson, Rhoda G. Findlay, Nelly Flett, A. M. Fraser, R. G. Fraser, E. J. A. W. Fulton, J. H. Gaiter, E. Garden, R. U. Gillan, D. G. Gordon, J. Gordon, J. Grant, J. K. Grant, A. P. Gray, \*W. Greenlaw, \*W. Gunn, J. S. Harper, J. W. Hay, J. Henderson, A. C. Hendry, E. Hutcheon, J. Innes, W. J. Jack, W. J. Leach, D. Levack, Mary R. Levack, J. M. Macfarquhar, W. H. J. McGillivray, A. H. Mackay, G. W. M. Mackay, H. H. Mackay, G. D. Mackenzie, J. M'Kenzie, N. O. Mackinnon, J. W. M'Kinty, L. G. M'Lean, \*D. M'Leiland, D. M'Leenan, A. M'Phail, T. D. Marr, E. Melvin, Betty Mitchell, G. R. Morgan, \*A. M. Morrice, \*A. G. Mowat, J. G. Munro, J. W. Murdoch, W. Niven, J. H. S. Peterkin, W. R. Pratt, A. F. Pringle, F. Retief, A. Roy, Christina Russell, R. A. Simpson, D. Skinner, G. J. Smith, Gladys H. Spark, R. J. Stephen, J. G. Stewart, \*Mary S. Sutherland, W. Sutherland, G. E. Swapp, Margaret A. C. Symon, \*G. C. Taylor, R. M. Thompson, A. Torrie, W. Tweddell, \*J. W. Walker, \*W. W. Walker, J. A. Whyte, C. D. Wilson, M. C. Wright.

\* Passed with much distinction. † Passed with distinction.

### ROYAL COLLEGE OF SURGEONS OF ENGLAND.

CONSTITUTION OF THE COUNCIL, 1923-24.

THE constitution of the Council since July, 1923, is as follows:

**President.**—Sir John Bland-Sutton, C. (1) 1910, (2) 1918, Pres. 1923.  
**Vice-Presidents.**—Sir Berkeley G. H. Moynihan, Bt., K.C.M.G., C.B., C. (1) 1912 (substitute), (2) 1919; Mr. Holburt Jacob Waring, C. (1) 1913, (2) 1921.  
**Other Members of Council.**—Sir Anthony A. Bowlby, Bt., K.C.M.G., K.C.V.O., C. (1) 1904, (2) 1912, (3) 1920, Pres. 1920; Mr. W. F. Haslam, C. (1) 1908, (2) 1916; Sir Charles A. Ballance, K.C.M.G., C.B., M.V.O., C. (1) 1910, (2) 1914, (3) 1922; Sir D'Arcy Power, K.B.E., C. (1) 1912, (2) 1920; Mr. Walter G. Spencer, O.B.E., C. (1) 1915 (substitute), (2) 1918; Mr. T. H. Openshaw, C.B., C.M.G., C. 1916; Mr. Raymond Johnson, O.B.E., C. 1916; Mr. Vincent Warren Low, C.B., C. (1) 1916 (substitute), (2) 1917; Mr. James Sherren, C.B.E., C. 1917; Sir John Lynn-Thomas, K.B.E., C.B., C.M.G., C. 1918 (substitute till 1926); Mr. Ernest W. Hey Groves, C. 1918; Sir Cuthbert Sidney Wallace, K.C.M.G., C.B., C. 1919; Mr. F. J. Steward, C. 1920; Mr. W. Thelwall Thomas, M.B.E., C. 1921; Mr. C. H. Fagge, C. 1921; Mr. R. Pugh Rowlands, O.B.E., C. 1922; Mr. James Berry, C. 1923; Mr. J. H. Fisher, C. 1923; Mr. W. Sampson Handley, C. 1923; Mr. Percy Sargent, C.M.G., D.S.O., C. 1923; Mr. G. E. Gask, C.M.G., D.S.O., C. 1923.

The medical schools are represented as follows:

<b>London:</b>	
St. Bartholomew's	4
Guy's	3
London*	2
Middlesex	2
St. Thomas's	4
St. Mary's	1
University College*	1
Westminster	1
Royal Free	1
<b>Total London</b>	<b>19</b>
<b>Provincial:</b>	
Birmingham*	1
Bristol	1
Cardiff	1
Leeds	1
Liverpool	1
<b>Total Provinces</b>	<b>5</b>
<b>Total Council</b>	<b>24</b>

\* Retires in July and does not seek re-election.

## SOCIETY OF APOTHECARIES OF LONDON.

The following candidates have passed in the subjects indicated:

**SURGERY.**—A. Kotbi, D. G. Robinson.  
**MEDICINE.**—F. H. Armanious, M. K. El Khadem, W. H. G. M. Ling.  
**FORENSIC MEDICINE.**—E. J. Creais, C. E. Donaldson, R. D. Jones,  
 W. H. G. M. Ling, J. P. McGuire, J. G. E. Vachell, A. J. Vickery.  
**MIDWIFERY.**—W. B. Arnold, J. O. W. Bland, W. H. G. M. Ling, J. G. E. Vachell.

The diploma of the Society has been granted to Messrs. M. K. El Khadem, W. H. G. M. Ling, and A. J. Vickery.

## The Services.

## NAVAL MEDICAL COMPASSIONATE FUND.

A MEETING of the subscribers to the Naval Medical Compassionate Fund will be held at 11.30 a.m. on Friday, April 25th, at the Medical Department of the Navy, 68, Victoria Street, S.W.1, to elect six Directors of the Fund.

## DEATHS IN THE SERVICES.

Lieut.-Colonel James Joseph Louis Ratton, Madras Medical Service (ret.), died at Blackheath on February 28th, aged 78. He was born at Malacca, and was the son of Surgeon Major J. A. Ratton, 3rd Madras Light Cavalry, who entered the I.M.S. in 1841 and died in 1865. The subject of this notice was educated in the Queen's University, Ireland, where he graduated M.D. in 1865 and M.Ch. in 1866. Entering the I.M.S. as assistant surgeon in September, 1867, he became surgeon major after twelve years' service, and retired in 1888. He served in the Abyssinian war of 1868, receiving the medal. He was the author of a *Handbook of Common Salt*, 1868; *Tetanus, with special reference to Treatment*, 1878; and a *Syllabus of Lectures on Surgery*.

Lieut.-Colonel John Langdon, R.A.M.C.(ret.), died at Cusop, Herefordshire, on March 21st, aged 87. He was born in Dorsetshire and educated at the Middlesex Hospital, taking the M.R.C.S. in 1860 and the L.S.A. in 1861. He entered the army as assistant surgeon on October 1st, 1862, attained the rank of surgeon major on April 28th, 1876, and retired, with an honorary step as brigade surgeon, on October 26th, 1887. In the old regimental days he served in the 105th Foot, now the 2nd battalion of the King's Own Yorkshire Light Infantry, and in the Royal Artillery. He was employed in the Afghan war in 1878-80, receiving the medal.

Dr. F. N. Kay Menzies has been appointed Medical Adviser to the Council of Management of the United Services Fund.

The Greenwich Hospital pension of £100 a year, rendered vacant by the death of Inspector-General of Hospitals and Fleets Walter Reid, R.N.(ret.), on February 27th, has been awarded to Surgeon General John L. Barrington, R.N.(ret.).

## Medical News.

THE intensive course at the London Temperance Hospital from March 31st to April 12th includes lectures, open to members of the profession, daily at 4.30 p.m., the first to be given by Sir Humphry Rolleston on March 31st on jaundice. Special demonstrations will be given on fevers on Thursday morning at the North-Western Fever Hospital, on mental diseases at Bethlem Royal Hospital on Saturday morning, and on ophthalmology at the Royal Westminster Ophthalmic Hospital in the afternoon. Beginning on March 31st, a three weeks' course in ophthalmology will be held at the Royal Westminster Ophthalmic Hospital, and will include special demonstrations in medical ophthalmology and methods of examination on Tuesdays and Thursdays. For each of the above courses the fee is £3 3s.; copies of the syllabus with further information can be had from the Secretary to the Fellowship of Medicine, 1, Wimpole Street, W.1.

A DINNER of the Queen's University (Belfast) Club, London, will be held in the Connaught Rooms, Great Queen Street, W.C.2, on Thursday, April 10th, at 7.30 for 8 o'clock. Professor Thomas Sinclair, C.B., M.D., M.Ch., F.R.C.S., M.P., president of the club, will take the chair. The charge for the dinner will be 12s. 6d. (inclusive of gratuities but exclusive of wines); it will be collected during the evening. Queen's men and Queen's women intending to be present are requested to notify the honorary secretaries at 152, Harley Street, W.1, or 17, Wimpole Street, W.1, not later than April 7th.

THE King has given permission to the undermentioned to wear the decorations conferred by His Majesty the King of the Hedjaz in recognition of valuable services rendered:—Order of El Nahdi (*Third Class*): William Dunlop, O.B.E., director of the Royal Hospital, Baghdad; George Noel Braham, O.B.E., M.C., surgeon, Royal Hospital, Baghdad; and H. Chapman Sinderson, railway medical officer, Baghdad. (*Fourth Class*): Everard Arnold Mills, chief pathologist, Baghdad.

AN Easter course of instruction will be held at the Hôpital des Enfants Malades, 149, Rue de Sèvres, Paris, from April 14th to 25th inclusive. There will be lectures on various diseases of children, clinical work, and instruction in special forms of examination, including radiology. Further information may be obtained from the secretary.

THE annual meeting of the Royal Medical Benevolent Fund will be held at 11, Chandos Street, W.1, on Tuesday, April 15th, at 5.30 p.m.

AT a meeting of the Tuberculosis Group Committee of the Society of Medical Officers of Health held at 1, Upper Montague Street on March 14th, the honorary secretary (Dr. E. Ward) reported that the Tuberculosis Society and the Society of Medical Superintendents and the Ministry of Health were co-operating cordially in the co-ordination of annual reports and collective research; and that, on the suggestion of the Tuberculosis Society, post-graduate study was also to be considered.

AT the general meeting of the Medical Officers of Schools Association, to be held at 11, Chandos Street, W.1, on Wednesday, April 9th, at 5 p.m., Mr. Ernest Clarke, F.R.C.S., will read a paper on the care of the sight of school children.

THE Wellcome Historical Medical Museum will be closed from April 1st to 30th inclusive for redecoration and cleaning.

THE annual general meeting of the Chartered Society of Massage and Medical Gymnastics will be held at 4.15 p.m. on Saturday, April 5th, at the Court House Restaurant, 1, Marylebone Lane, Oxford Street, W.1. It will be followed by a social gathering. On April 3rd and 4th and on the morning of April 5th the society will hold a members' congress in the Wigmore Hall, Wigmore Street.

THE annual meeting and St. Patrick's Day dinner of the Irish Medical Schools' and Graduates' Association was held at the Hotel Cecil, London, on Monday evening, March 17th. About 120 members and guests spent a pleasant evening. The speakers included Lord Shaw and Senator Marconi. Dr. Corbett, the president, was in the chair, and Sir William Taylor, Dr. Douglas, and Dr. Michael Bulger, past presidents, were also present.

THE tenth annual conference of the National Association for the Prevention of Tuberculosis will be held in London on Thursday and Friday, July 3rd and 4th. The first day will be occupied in a visit to the Burrow Hill Training Colony, Frimley, Surrey, started by the association some years ago. The colony is included in the scheme of the Ministry of Pensions and has sixty places for the treatment and training of tuberculous ex-service men who have already received sanatorium treatment. The course comprises carpentry, market gardening, poultry, pig, and bee keeping, and light farm work. After a practical demonstration of the work of the colony Dr. A. H. Macpherson, the medical superintendent, who has been associated with working colonies for fifteen years, will open a discussion on the part played by training colonies in the treatment of tuberculosis. The discussion will be continued on the following day at the house of the Royal Society of Medicine (1, Wimpole Street, W.1). The conference is open to all bodies concerned with tuberculosis and other interested persons. Further particulars will be published later.

THE Cambridge University Press announces for early publication a reprint, in its original form, of Sir Michael Foster's *Lectures on the History of Physiology during the Sixteenth, Seventeenth, and Eighteenth Centuries*, which has been out of print since 1922.

THE seventh Silvanus Thompson memorial lecture before the Röntgen Society will be given by Professor C. G. Barkla, F.R.S., of Edinburgh, at a meeting of the society on Tuesday next at 8.15 p.m. The subject of the lecture is "Some recent investigations in x rays—the 'J' phenomena." The meeting will be held at the Institution of Electrical Engineers, Savoy Place, Victoria Embankment, W.C.2.

THE late Captain Quintin Dick has bequeathed £8,000 to the Brompton Hospital for Consumption and £4,000 to St. George's Hospital, London, of which £1,000 is for a Quintin Dick bed and the balance "for strictly hospital purposes only."

THE fiftieth anniversary of the Tokyo Imperial University will be celebrated in April.

THE fourteenth international post-graduate medical course will be held at the Vienna medical faculty from September 15th to 28th, and will be combined with a discussion on cancer on September 26th and 27th. The complete programme will be published in June.

THE Ministry of Health has agreed to consider applications for the sanction of the expenses of two delegates from a local authority to attend the annual congress of the Royal Sanitary Institute, to be held at Liverpool from July 14th to 19th, under the presidency of the Marquess of Salisbury.