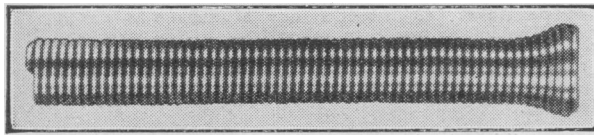


the mass of growth, and it probably never exerts pressure on the oesophageal mucosa. The tubes are made in three sizes: the large size is 3 inches long and 10 mm. in diameter; the smallest tube is $2\frac{3}{4}$ inches long and 6 mm. in diameter. The general appearance is shown in the figure.



Flexible metal tube for intubating the oesophagus in cases of malignant stricture.

The insertion of the tube through the oesophagoscope is a simple matter. The stricture is slowly dilated as far as is considered safe, probably to a diameter of from 8 to 10 mm. A small bougie is passed right through, and along this, as a guide, a tube of appropriate size is passed into position. The tube is inspected, and if it appears satisfactory the oesophagoscope is withdrawn. The tubes are well retained, and appear to cause no inconvenience. Their position can always be verified by an x-ray examination. They may even be inserted through a cardiac stricture into the stomach, but in this case the tube must be slightly bent or it will be expelled by gastric contractions. The bent tube straightens on the bougie and is passed with facility, and its retention appears to present no difficulties.

The method is undoubtedly attractive, and, although I am very conscious that my present experience of its use is limited, it appears to me to offer the best solution so far obtained of a very difficult problem. The rapid recovery of the patients is remarkable, and it is very striking to see a man who was admitted almost in *extremis* going out forty-eight hours after intubation swallowing with facility and looking an entirely different person. We find that these patients can swallow anything which they can masticate properly, and so far no one has returned with a blocked tube. Occasionally it has become displaced, but it has been easily replaced, and a slight bend in the tube has retained it in position.

Of the existence of the tube the patients are quite unconscious, and one man only discovered it from an accidental remark on my part four months after it had been introduced. His case is, I think, sufficiently remarkable to be placed on record. It was as follows.

A man, aged 67, came to see me in May, 1922, complaining of increasing dysphagia. He could only swallow liquids and soft foods. An x-ray examination with barium emulsion showed a tortuous stricture in the mid-dorsal region. On oesophagoscopy a fungating mass of growth could be seen completely surrounding the oesophagus and obstructing its lumen. By means of bougies the stricture was easily dilated up to No. 14. Swallowing was now easier, and he returned every fortnight for the passage of a bougie. He suffered from severe chronic bronchitis and emphysema, and the passage of the bougies became more and more difficult, but a satisfactory lumen was maintained until May, 1923, when he came to hospital desperately ill, having swallowed absolutely nothing for four days.

On oesophagoscopy a tight stricture was found surrounded by a mass of fungating growth. Bougies were passed with great caution, and a tube spiral, 8 mm. in outside diameter, was inserted. Through this the patient has swallowed ever since, apparently without the slightest difficulty, except for a few days some weeks ago. He then found that although he could swallow soft foods without difficulty, liquids induced a violent attack of coughing. I strongly suspect that a communication with a bronchus had been formed, but it must have closed again, for the difficulty has disappeared. He is now 69, and the tube has remained in position without removal for ten months. He has put on weight and is in excellent health.

This method of intubation demands expertness in the use of the oesophagoscope, but, granted that essential condition, it presents no great difficulty. Only further experience can show whether it is applicable to cases of every kind, but so far as I have been able to employ it the results have far exceeded my expectations.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

EXTRAUTERINE PREGNANCY ON TWO OCCASIONS.

THE following case may, I think, be of sufficient general interest for publication.

A married woman was operated upon by me on November 18th, 1923, for ruptured extrauterine pregnancy, the period of gestation being about three months. The tumour was situated in the right tube in close proximity to the cornua of the uterus. It had ruptured into the general peritoneal cavity, and the patient had lost a large quantity of blood. The tumour was excised; she made an uninterrupted recovery, and was discharged from hospital on December 16th.

On Sunday, February 24th, 1924, I was again called, and found her in a condition of some shock. She was pale and her expression anxious. The temperature was subnormal, pulse 80, but small and weak. She described her symptoms as being similar to those she had experienced before her previous operation. The lower part of the abdomen was slightly distended and tympanitic. Pain was referred to the umbilicus. Tenderness on palpation was general over the lower part of the abdomen, greater at first over the left iliac fossa, later over the right iliac fossa. Examination by the vagina gave a negative result. She stated that she had been quite well since her previous operation. The menstrual periods had begun again about December 27th, and she had a normal period about January 27th. She commenced to lose again on February 16th, and continued to lose a large quantity of blood until Saturday, February 23rd, passing numerous clots during the week. On the afternoon of February 23rd she fell into a brook, and in falling twisted herself severely. She was soaked through with water, but was able to take tea in a café and return home later unaided. She began to have pain in the lower part of the abdomen about 7 p.m. the same day, and as this gradually became worse I was called in to see her about 1.30 a.m. the following day. A provisional diagnosis of left-sided extrauterine pregnancy with threatened rupture was made, and the patient was given morphine $\frac{1}{4}$ grain and left in the care of a trained nurse, who was instructed to make hourly records of the pulse and to take methods to combat the shock which was present.

I saw the patient again at 11 a.m. the same day. The pulse rate had remained steady at 80 until about 4.30 a.m., when it increased to 100. It then gradually increased to 120, which was the rate when I saw her; the general condition was then much the same. She was immediately removed to the Victoria Cottage Hospital, where she was seen by Mr. F. D. Saner of London, who diagnosed a ruptured extrauterine pregnancy and decided to operate at once.

On opening the abdomen a large quantity of blood welled up through the wound. An extrauterine pregnancy, about the size of a small pigeon's egg, was found in the left tube, in close proximity to the cornua of the uterus. The sac was excised and the abdomen closed, methods being taken at the same time to combat the shock. The patient improved considerably under the anaesthetic (ether) and after the operation. She made an uninterrupted recovery and was discharged from hospital on March 16th.

The patient, who was 26 years of age, had had two children—the first seven years ago, the second six years ago. The first is a normal healthy child; the second is deformed and imbecile. She had one abortion about four years ago, but otherwise no illness of note.

The points of interest in this case are: (1) The occurrence of ruptured right- and left-sided extrauterine pregnancies in the same person within so short a time. (2) The similarity in the positions of the ruptures on both sides. (3) The very early rupture of the left-sided extrauterine pregnancy.

Kingston-on-Thames.

F. CARSON, M.C., M.B., B.Ch.

OLD-STANDING DISLOCATION OF THE RADIUS.

A SCHOOLMISTRESS, aged 24, was admitted to the Wakefield Hospital on January 15th, 1924, complaining of locking of the right elbow-joint. X-ray examination showed forward dislocation of the radius. She stated that when 7 years of age she had fallen and injured her right elbow-joint. The usual signs of forward dislocation of the radius were then present. The movements of the elbow-joint gradually improved, but at the age of 12 there was still some limitation of movement; eventually there was a return to the normal range and strength.

About a year before admission the joint began to lock when carrying out certain movements—drilling her pupils, riding a bicycle, attending to her hair, or taking food. Infrequent at first, the locking became intolerable from its frequency and the awkwardness of its incidence.

Condition on Admission.

The arms were equally well developed. The range of movement of the right arm was normal, except that a slight degree of hyperextension was possible. There was considerable increase in the carrying angle. The head of the radius could be felt over the front of the lower end of the humerus.

During examination the elbow-joint locked in the semi-flexed position, rendering further movement in any direction impossible. The patient, from long practice, had acquired a method of rapidly unlocking the joint by manipulation with the other hand. There was, she said, a "click" when the joint locked.

Operation.

The head of the radius was excised; on its postero-medial aspect was a deep notch, which was, I think, the cause of the locking of the joint, owing to the engagement in it of some adjoining structure.

Some degree of subsequent drop-wrist caused uneasiness, but this soon passed away. The patient has made a complete recovery.

JOHN W. THOMSON, M.B., C.M.,
Surgeon, Clayton Hospital, Wakefield.

CONGENITAL ABSENCE OF ONE KIDNEY.

THE following two cases appear worthy of record owing to the comparative rarity of this condition, and are perhaps all the more remarkable in that they were discovered on *post-mortem* examination on two cases within the last six months, out of a total of only forty-seven consecutive necropsies.

Both patients were males, aged 52 and 43 respectively, and in neither was the condition suspected during life.

The first case was that of a congenital imbecile who was under treatment for Bright's disease in October, 1918, and again in March, 1919, with marked dropsy of the legs; since then no further symptoms of this disease occurred.

Post-mortem Examination.—The right kidney (weight 5½ oz.) was normal in shape and situation, but found to be subacutely congested. The left kidney was absent, but the left adrenal and its vessels large, and sections examined microscopically revealed no nephritic tissue in its substance. The left ureter had no lumen, and on being traced upwards from the bladder became swollen out, flattened, and lost in connective tissue.

The second case was one of insanity with grosser brain lesions; the patient had never had any symptoms of renal trouble so far as is known.

Post-mortem Examination.—The left kidney (weight 6 oz.) was normally situated and healthy in appearance, but lobulated. A careful search revealed no right ureteral opening into the bladder nor a trace of the right ureter anywhere. The cause of death in this case was a glioma involving both occipital lobes, with secondary pachymeningitis haemorrhagica of some standing.

I have to thank Dr. Bartlett, the medical superintendent, for permission to publish these two cases.

Derby County Mental Hospital,
Mickleover.

E. R. GILMORE,
M.B., Ch.B.Vict., D.T.M.Liverp.

Reports of Societies.

X-RAY DIAGNOSIS OF PYLORIC AND DUODENAL STENOSIS IN INFANTS.

At a meeting of the Section for the Study of Disease in Children, of the Royal Society of Medicine, on April 25th, with the President, Mr. R. H. ANGLIN WHITELOCKE, in the chair, a paper was read by Dr. GEOFFREY FILDES on the x-ray diagnosis of pyloric and duodenal stenosis in infants.

Dr. Fildes's paper was based upon the consideration of six cases of pyloric stenosis and two of duodenal stenosis, all of which had been seen by him during 1923. As the treatment of this condition was now definitely recognized to be surgical, confirmation of the diagnosis should always be obtained by the administration of a bismuth meal before an operation was undertaken. In one case a pyloric tumour was palpable, in four it was indefinite, and in the last one the pylorus was tucked up under the liver.

The procedure adopted in all cases was the washing out of the stomach with a solution of sodium bicarbonate two hours before the meal. A little of the alkaline solution was left in the stomach; it had been found that this occasionally relieved spasm.

The infant was warmly clothed in woollens and wrapped in a blanket before being taken to the x-ray room. One and a half to two ounces of warm, thin, bismuth solution were then poured into the stomach by means of a funnel and tube. If the infant usually vomited immediately after a feed, the tube was left in place until after the screening, which only lasted a few seconds. If, however, the vomiting usually occurred ten minutes after the feed, the tube was removed and the screening done forthwith. A healthy infant of 7 weeks had been used as control.

With the infant held before the screen it was possible to determine (1) the size of the stomach; (2) the existence of any marked peristalsis; (3) whether any bismuth was passing the pylorus. The infant was then taken back to the ward and kept warm. Dr. Fildes had found that the bismuth meal was not usually vomited. One and a half to two hours later the infant was again screened, and the contents of the stomach were then washed out.

The possible disadvantages of this procedure were: (1) shock to the infant from handling and exposure; with care this might be reduced to a minimum; and (2) the use of bismuth—but no ill effects had occurred. After the diagnosis had been made or confirmed in this manner all the patients were operated on within two days, and all were discharged cured except one, which died from an infection then prevalent in the ward. The bismuth meal had proved of value in differentiating pyloric stenosis from pyloric spasm. In spasm the ileum contained most of the meal within two hours.

Dr. BERTRAM SHIRES gave an account of 100 cases dealt with similarly during the past three years. He substituted an opaque meal for the usual feed, one to two ounces of the bismuth mixture being given, according to the age of the child, by bottle or spoon. During screening the erect or prone position was adopted, not the supine, because in this last position two distinct loculi were created in the stomach. In the normal infant some bismuth was immediately seen in the jejunum. There was no true peristalsis, as seen in the adult, and the stomach emptied in one and a half to two hours. Patients in whom there was slight delay only, and practically no residue at the end of two hours, did well under medical treatment. He had found the opaque meal of the greatest use in diagnosing indefinite cases, and in his experience duodenal stenosis generally occurred in the third part of the duodenum. Vomiting very rarely occurred during the examination. Dr. Shires showed a series of slides of the stomach of the normal infant, and various degrees of stenosis during the stages of a bismuth meal. The photographs were taken immediately after the meal, twenty minutes later, and two hours afterwards.

Mr. PAGE asked if there had been any mishaps in Dr. Shires's large series.

Dr. C. GREGORY reported a case in which there had been delay, and a considerable residue in the stomach after four hours. The condition of the infant did not permit of an operation; at the necropsy no stenosis was found. He was doubtful whether the condition had been due to spasm or to atonicity of the stomach as part of the general condition.

Dr. C. G. TEALL stated that in the cases he had observed at the Birmingham Children's Hospital the stomach began to empty at the end of twenty minutes, but there was still a residue at the end of forty-eight hours. He therefore considered that a later screening than the two-hour one was advisable. The conclusion he had reached was that x-ray diagnosis was not essential for stenosis or for spasm, and should only be undertaken on the grounds that everything possible should be done to confirm a diagnosis before submitting a tiny infant to a severe operation.

Dr. C. G. WHORLOW thought it possible that the skin of infants was more radio-sensitive than that of adults, and that great care should therefore be exercised in submitting them to the rays.

Dr. E. CAULEY remarked that the x-ray diagnosis of an infant in hospital was a very different matter from that in private practice. He considered also that a diagnosis based on x rays held greater possibilities of error than one based on a palpable pylorus. The rays were really of use in distinguishing between pyloric and duodenal stenosis.

Dr. FILDES agreed that x rays should only be regarded as a further help to the clinician. He preferred tube feeding.

Universities and Colleges.

UNIVERSITY OF CAMBRIDGE.

THE following candidates have been approved at the examination indicated:

SECOND M.B. (Part III: *Pharmacology and General Pathology*).—A. R. Adderley, H. Bell, H. E. Blake, B. Blaxill, E. J. Boschi, W. A. Briggs, P. Brookes, P. R. Buckton, R. H. Buras, G. D. G. Cameron, A. J. W. Chamings, J. E. D. Crozier, R. M. Gilchrist, R. N. Hall, E. W. Hayward, L. E. Houghton, J. H. Humphris, C. F. Kirby, D. M. Lang, F. J. Milward, J. L. Morgan, M. D. Nosworthy, G. E. Parker, C. L. Potts, W. P. Purvis, E. E. F. Ro-e, T. R. Stevens, W. G. Tilleke, H. B. Trumper, F. B. Turner, R. J. Vince, W. J. Wilkin.

UNIVERSITY OF LONDON.

THE following candidates have been approved at the examination indicated:

DIPLOMA IN PSYCHOLOGICAL MEDICINE (with special knowledge of *Psychiatry*).—N. H. M. Burke, R. N. Craig, Elizabeth C. Eaves, Anne Fairweather, N. Moulson, A. Walk, Isabel G. H. Wilson.

Lectures.

A lecture on accommodation will be given at the Charing Cross Hospital Medical School by Dr. J. van der Hoeve, Professor of Ophthalmology in the University of Leyden, on Friday, May 9th. The chair will be taken by Mr. E. Treacher Collins, F.R.C.S., at 5 p.m. The lecture will be delivered in English, and admission is free.

A course of four lectures on the development of the human embryo up to the appearance of the primitive segments will be given at King's College (Strand, W.C.2) by Dr. T. H. Bryce, F.R.S., Professor of Anatomy in the University of Glasgow, at 5.30 p.m., on Thursday, May 15th, Friday, May 16th, Monday, May 19th, and Tuesday, May 20th. The chair will be taken by Professor J. P. Hill, F.R.S. The lectures will be illustrated by lantern slides, and admission is free.

Dr. M. Greenwood began a course of lectures on epidemiology and vital statistics at University College on Thursday, May 1st.

The course of Geoffrey E. Duveen lectures in otology to be given at University College Hospital Medical School by Mr. Richard Lake on Thursdays at 5 p.m. began on May 1st, when the subject was prophylaxis and general symptoms. The course will be continued on May 8th and 15th, and then on June 5th and subsequent Thursdays up to and including July 17th. The lectures are open to all qualified practitioners and medical students.

UNIVERSITY OF GLASGOW.

A GRADUATION ceremony was held on April 22nd and 23rd, when the following degrees were conferred and prizes distributed:

M.D.—Margaret H. Grant, J. M. W. Morison, T. D. Miller, Elaine B. S. Stocquart.

M.B., Ch.B.—W. Thomson, H. S. Russell, D. Hynd, A. S. Bagg, F. D. Morphy, J. Montgomery, T. A. Fyfe, J. C. Alexander, J. R. Graham, A. D. Mack, R. A. Kennedy, A. Brown, J. Ross, J. G. M. Whirter, J. Morrison, H. Macdonald, C. M. Brown, R. Black, J. A. McGregor, M. Fadzean, K. A. Mackay, J. C. Gilles, R. G. Cochran, J. Adam, R. H. Abercrombie, W. G. Allan, Margaret M. Allison, Janet H. Anderson, J. Anderson, W. C. Armstrong, W. G. Arthur, J. W. Baxter, S. Baxter, Mary V. Beattie, J. Beck, J. S. Bell, Marion H. Black, A. Bowie, Janet S. Brooks, Alex. Brown, Andrew Brown, D. K. Bruce, J. Caldwell, Alexandrena F. Cameron, D. Cameron, D. MacG. Cameron, R. M. Chalmers, G. Collier, H. B. Cordner, A. L. Cowan, J. Crawford, Janet I. A. Cullen, J. Cunningham, D. E. S. Cunningham, B. E. Davis, S. S. Dordjevitich, R. S. Doig, R. S. Donaldson, Lily S. Duncan, G. H. Edgecombe, N. F. Edgecombe, H. Fairbairn, Christina G. Findlater, D. MacD. Fraser, T. Fulton, F. MacR. Fyfe, L. H. Gilchrist, W. Gilchrist, W. Gillespie, V. N. M. Goldie, O. Gray, R. A. Gray, A. A. Grierson, G. L. Grievie, B. K. Hanlin, D. M. Harper, W. A. Harper, T. Heffron, J. D. Hempstead, Gertrude Henderson, Mary Hendrie, J. W. M. Humble, A. M. Jones, G. C. Kelly, D. L. Kerr, H. P. Kerr, R. A. W. Kerr, W. A. Kerr, A. Kirk, W. E. Laing, Sarah D. Lamb, A. Lamont, J. R. Langmuir, A. Law, E. S. Lawrie, E. W. Lindeberg, S. Lindsay, J. Lithgow, T. C. Lonie, W. M. Adam, E. M. MacAlpine, P. A. M. Arthur, A. Macbeth, J. M. Bride, C. O. McCallan, M. M. Cann, R. B. M. Coll, E. W. McCormick, I. J. McCormick, I. McCormick, A. McCormick, A. W. McCormick, J. Macdonald, K. M. Macdonald, R. Macdonald, J. W. McGowan, C. L. M. Harg, D. D. M. Harg, A. Macinnes, R. McIntosh, W. McIntosh, D. N. Mackinnon, E. J. Mackinnon, A. MacLaine, A. H. Maclean, A. Maclean, A. J. M. Lellan, W. A. M. Lellan, Katharine G. C. Macleod, P. J. Macleod, A. Macmillan, D. B. M. Millan, J. S. M. Millan, R. J. M. Nab, R. M. Macphail, D. M. Phee, L. MacQueen, J. A. M. Quistman, Florence C. Macrae, D. M. M. Swan, A. R. M. Whinney, A. V. Magee, W. B. G. Mair, A. Marshall, Rhoda W. Marshall, W. M. Martin, J. A. Matheson, F. P. Meehan, Mary A. J. Melville, G. A. Mitchell, J. O. Moffat, D. A. Montgomery, S. A. Muir, J. H. Murdoch, J. M. Murray, F. J. Newall, J. W. Nicolson, M. Nicolson, H. C. Orr, Elsie H. Parker, T. Paton, W. Patrick, Elizabeth A. Pennycook, F. Pettigrew, R. W. Rae, J. S. Ralston, W. A. Ramsay, A. K. Rankin, B. Reid, G. S. Reid, R. Hall Reid, R. Howard Reid, A. C. Richmond, A. Robertson, A. M. Robertson, J. Scott, W. J. Scott, W. Shankland, T. D. Shanks, G. I. Shaw, J. S. Smith, W. S. Stephen, A. Stewart, H. Stewart, J. P. Stewart, Mary L. Stewart, T. T. Stocker, G. J. Summers, Alison L. Taylor, G. L. Thomson, J. M. Thomson, J. Totten, Dorothy A. Towart, J. G. S. Turner, J. W. Tweedle, Adeline G. Vallance, W. B. Wallace, J. A. Watson, D. J. B. Wilson, G. L. Wilson, J. W. Wilson, Sarah B. Wilson, Ruby E. Winning, R. M. Wylie, Ida Wylie, J. W. Young.

Bellahouston Gold Medal for Eminent Merit in Theses for M.D.—Dr. Grace H. Anderson, Dr. John N. Cruickshank.

Asher Asher Gold Medal for Laryngology and Rhinology.—Tina Gray.

* With commendation.

† With honours.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

An ordinary quarterly comitia of the Royal College of Physicians of London was held on Thursday, April 24th, at 5 p.m., Sir Humphry Rolleston, the President, being in the chair.

Fellowship.

The following were elected to the Fellowship:

Clifford Sidney White, M.D.Lond., Hugh Take Ashby, M.D.Camb., Eric Bellingham Smith, M.D.Lond., Rawdon Augustus Veale, M.D.Lond., Lancelot Stephen Topham Burrell, M.D.Camb., Matthew John Stewart, M.B.Glasg., Richard Alun Rowlands, O.B.E., M.D.Lond., Edgar Douglas Adrian, M.D.Camb., Charles Putnam Symonds, M.D.Oxon., George Carmichael Low, M.D.Edin., John Alfred Ryle, M.D.Lond., Major Greenwood.

Nominated by the Council under By-law XLI (b):

John Charles Grant Ledingham, C.M.G., M.B.Aberd., D.Sc., F.R.S.

Membership.

The following candidates having passed the necessary examination were admitted as Members:

Guy Waterman Elkington, M.B.Lond., L.R.C.P., Alexander William Hendry, M.D.Aberd., William Ernest Lloyd, M.B.Lond., L.R.C.P., Enrico Moll, M.D.Rome, Annis Guy Hale Springthorpe, M.B.Melb., Charles Evander Vass Sutherland, M.D.Melb., Miss Amelia MacDougall Thoms, M.D.St.And.

Licence.

Licences to practise physic were granted to the following 153 candidates who had conformed to the By-laws and Regulations and passed the required examinations:

S. Abadir, M. A. H. Abdel, M. C. V. Abraham, J. N. Alexander, H. G. Alderson, J. H. Anderson, F. Asker, R. T. Bannister, V. Barkin, R. Bauwens, *Margarida R. Bensaude, M. Bersin-ki, H. B. Boucher, R. H. Bradley, R. A. Brews, S. G. Brown, J. R. Burrows, *Edna V. Butler, L. W. Cann, R. J. Cann, J. A. Canman, A. M. Clave, H. G. Close, G. E. C. Collis, B. F. Connell, Elizabeth M. Cowie, J. R. B. Davies, G. I. Davies, *Gwladys D. Davies, H. C. Dawson, J. R. B. Dearden, E. J. C. de Silva, C. H. Devreux, B. Dous, *Ethel Dowling, E. F. Duck, W. L. Dunlop, W. H. du Plessis, *Kathleen H. Durand, L. C. Edwards, W. S. D. Elder, C. L. Elgood, A. Elliott-Smith, S. W. Eveson, H. H. Flocks, J. H. Francis, A. T. Frapp, E. H. Garrett, A. Gilberg, J. F. Goodenough, C. A. H. Green, J. L. Griffin, N. W. Hammer, I. Harris, *Greta Harley, H. N. Hearle, F. Heckford, E. F. Hewitt, R. A. Hickling, *Florence R. Hodges, *Barbara M. Hope, *Margaret Rossell, L. W. Houghton, D. V. Hubble, M. W. B. Hudson, W. S. Hunt, I. M. Hurwitz, *Dorothy P. Hytch, E. Jacobson, J. P. W. Jamie, D. Jones, D. S. M. Jones, H. M. H. Jones, I. S. Jones, R. Jones, A. J. Jowell, Dorothy L. N. Keats, H. N. C. van G. Kelaart, A. C. King, F. H. King, J. H. Kok, R. Lang, O. B. Lean, H. Lord, *Elsa P. Lunn, W. E. Lupton, E. M. McCausland, *Lily C. MacKinnon, W. W. McLean, J. G. McMenamin, D. Magrath, *Dorothy B. Marling, D. G. Martin, W. A. Mill, K. F. T. Mills, G. G. Milne, S. M. Milner, W. E. Moody, G. D. Morgan, E. G. Morris, *Ethel W. Morris, L. N. Moss, B. S. Mote, G. Murray-Shirreff, M. Nazmi, E. V. Newling, *Nancy B. Ockenden, *Doris M. Odium, G. F. S. Parker, K. O. Parsons, E. A. T. Pateman, J. N. D. Paulson, J. F. Payan, T. Pairsop, E. Perkoff, Evelyn B. Pollard, *Winifred M. Proctor, *Eleanor M. Pullaine, F. K. B. Quimbrough, G. Ralston, M. R. R. R. Rich, W. M. Roberts, F. Robinson, R. E. Robinson, *Dorothy W. Roughton, F. E. E. Schneider, M. B. Seng, T. H. Sims, I. Spire, C. R. Steel, G. G. Stewart, M. H. Steyn, G. E. F. Sutton, H. Taylor, J. H. G. Thompson, P. H. T. Thorlakson, W. G. Thwaites, R. J. Toeman, A. Tom, *Mary M. Turnbull, *Cicely N. Twining, *Hermione M. Usborne, G. M. Wadsworth, J. L. Warner, P. B. Wilkinson, T. M. Wilks, D. H. Williams, G. Williams, *Dorothy Wood, T. E. W. R. Wood, B. H. H. Wooderson, H. G. Wyatt, Z. M. Yusuf.

* Under the Medical Act, 1876.

Diplomas in Tropical Medicine and Hygiene.

Diplomas in Tropical Medicine and Hygiene were granted, jointly with the Royal College of Surgeons, to eleven candidates, as follows:

M. K. Afridi, E. H. Black, S. E. Borah, C. V. Brainbridge, N. H. Chubwa'a, A. Y. Dabbokar, Mary Ellison, Lily G. Hiff, J. G. Johnstone, F. Stevenson, E. S. Walls.

A communication from the Secretary of the Royal College of Surgeons, dated April 11th, reporting proceedings of the Council of that College on April 10th, 1924, was received and entered on the minutes.

An application from Dr. J. A. Hayward, asking that the membership which he resigned in 1896 should be restored to him, was granted.

CONJOINT BOARD IN SCOTLAND.

THE following candidates have been approved at the examination indicated:

FINAL EXAMINATION.—*Medicine*: A. J. Gans, M. Goldberg, S. Lewenson, L. Maclean, V. C. G. Menon, H. Schulgasser, M. M. Tannahill, *Surgery*: S. N. Bandyapadhyay, V. Bell, M. Goldberg, E. S. Greaves, L. Maclean, *Midwifery*: V. Bell, A. J. Gans, G. F. Maher, D. R. Paterson, C. C. Robson, I. Sanderson, H. Schulgasser, M. M. Tannahill, *Medical Jurisprudence*: Sarah Boyle, J. L. Dearberg, K. M. Ismail, B. C. F. Leembruggen, A. F. B. Mackay, W. M. Kim, E. A. M. McKinney, R. H. Mackintosh, F. D. Miller, Marian E. O. Morris, K. Skulberg, J. C. Stenhouse, J. M. Rutherford.

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

W. A. Bartholomew, D. M. Beaton, J. S. Caldwell, M. Clouts, J. C. Colvin, J. Courtney, C. J. Coventry, F. W. Duthie, H. M. Hobson, R. F. Home, W. D. Howat, J. A. A. Hunter, M. Kelman, D. J. Kynoch, D. D. O. M'Loughlin, H. Myers, G. C. Philips, W. J. Rankine, F. W. Robinson, I. Rostowsky, R. D. Scorgie, G. H. Sellers, Annie H. Sutherland.

Ch.B. in 1905, and M.D. in 1910. In 1922 he obtained the degree of D.Sc. in the same university. He joined the Indian Medical Service on September 2nd, 1906, and four years later entered the Bacteriological Department as an assistant to the Director of the King Institute of Preventive Medicine, Madras. In this appointment he had excellent opportunities of following his predilection for entomological studies, and the result was a fruitful output of scientific papers which have proved of great service both to specialist workers in that branch of zoology and to medical men and others to whom entomology is mainly of interest as an applied science. In 1913, in collaboration with Lieut.-Colonel W. S. Patton, I.M.S., now lecturer at Edinburgh University, he published a comprehensive *Textbook of Medical Entomology*. During the war he served in the Egyptian Expeditionary Force from December, 1914, to January, 1916. On his return to India he became Assistant Director of the Central Research Institute at Kasauli, and took an active part in the study of malaria, relapsing fever, typhus, and plague. This work involved epidemiological inquiries in the field as well as laboratory research, and it was during one of these local epidemiological inquiries that he contracted the disease from which he died. He leaves a widow and two children to mourn his loss.

Dr. JAMES GLENDINNING of Abergavenny died on April 2nd at the age of 77. He was educated at the University of Glasgow, where he graduated M.B. in 1871 and M.D. in 1873. For the long period of forty-two years he was associated with the Monmouthshire Asylum, Abergavenny, first as assistant medical officer, and for thirty years as medical superintendent. He retired in 1913, but continued to reside in Abergavenny, interesting himself in many local affairs; he was much esteemed for his wide knowledge and kindly sympathy. Dr. Glendinning was a member of the British Medical Association; he was president of the South Wales and Monmouthshire Branch in 1910-11, and chairman of the Monmouthshire Division in 1905-6. He was a member also of the Medico-Psychological Association of Great Britain and Ireland.

The Services.

NAVAL MEDICAL COMPASSIONATE FUND.

At the quarterly meeting of the directors of the Naval Medical Compassionate Fund, held on April 25th, under the chairmanship of Surgeon Vice-Admiral Joseph Chambers, Medical Director-General of the Navy, the sum of £125 was distributed among the several applicants.

Medical News.

SIR HUMPHRY ROLLESTON, K.C.B., M.D., President of the Royal College of Physicians of London, will formally open the new natural baths at Buxton on Saturday, May 17th, at 3 p.m. In the evening the Mayor and Corporation of Buxton will give a dinner at the Palace Hotel.

A MEETING in support of the British Empire Cancer Campaign will be held at the Mansion House, London, on Tuesday next, May 6th, at 3 p.m., under the chairmanship of the Lord Mayor. The speakers include H.R.H. the Duke of York, the Colonial Secretary, the Minister of Health, the High Commissioner for Canada, the Minister of Labour of the New South Wales Government, Sir John Bland-Sutton (President of the Royal College of Surgeons of England), and Professor W. S. Lazarus-Barlow, of the Middlesex Hospital Cancer Research.

FROM May 19th to 31st an intensive post-graduate course will be given by the North-East London Post-Graduate College in association with the North-Eastern Fever Hospital. Courses in special hospitals will be held from May 5th to the end of the month in venereal diseases at the Lock Hospitals; in ophthalmology at the Central London Ophthalmic Hospital, including an operative surgery class; in psychological medicine at the Maudsley Hospital. On May 12th will begin a special course at the Infants Hospital (Vincent Square); a course in proctology at the St. Mark's Hospital for Diseases of the Rectum; and a course in laryngology, rhinology,

and otology at the Central London Throat, Nose, and Ear Hospital. Further information about these courses may be obtained from the secretary of the Fellowship of Medicine, 1, Wimpole Street, W.1.

THE annual dinner of the Federation of Medical and Allied Services will be held at the Langham Hotel, London, W.1, on Friday, May 30th, with the President, Sir Berkeley Moynihan, Bt., K.C.M.G., in the chair. Individual members of the Federation and members of co-operating bodies are invited to make early application to the secretary at 12, Stratford Place, for tickets, price 12s. 6d. each.

A XXTH Century Association of Graduates of the University of London has been formed to encourage an active interest in the government of the University and the business of convocation, and to maintain contact with the University Union Society and the Collegiate Unions. The first meeting was held on Thursday, May 1st.

THE first number of the *Australian Journal of Experimental Biology and Medical Science* was issued on March 15th. It will be published quarterly, and the annual subscription, which it would appear may be paid to the librarian of the University of Adelaide, is one guinea. It is edited by J. B. Cleland, professor of pathology in the University of Adelaide, and T. Brailsford Robertson, of the Laboratory of Physiology and Biochemistry, Adelaide.

DR. J. CARSWELL will deliver the fifth Maudsley lecture of the Medico-Psychological Association of Great Britain and Ireland at 3 p.m. on May 22nd at the Royal Society of Medicine. The subject is "Some sociological considerations bearing upon the occurrence, prevention, and treatment of mental disorders."

THE annual medical missionary breakfast of the Medical Prayer Union will be held on Wednesday, May 14th, at the Refectory, University College, Gower Street, W.C.1, at 8 a.m., under the presidency of Mrs. Scharlieb, M.D. An address will be given by Dr. J. A. Liley of Tangier. An intimation of intention to be present will be welcomed by the honorary secretary, Dr. Tom Jays, Livingstone College, Leyton, E.10.

It is proposed to establish an international society open to all medical officers of health taking part in the various interchanges organized by the League of Nations. A provisional committee composed of representatives from Great Britain, Russia, France, Germany, Poland, Italy, and Ecuador has been formed to draw up the constitution. The society will have its headquarters at Geneva, and all public health officers who have already taken part in League interchanges—namely, 240 from forty-three different countries—will be invited to become original members.

At a meeting of the Central Midwives Board for Scotland for the hearing of penal cases, Dr. James Haig Ferguson in the chair, a midwife of Govan, Glasgow, was found guilty of negligence and breaches of the rules and of having allowed an uncertified woman to do her work, etc., and the secretary was instructed to remove her name from the Roll of Midwives and to cancel her certificate.

A CHAIR of oto-rhino-laryngology has been founded at the Faculty of Medicine of Vilna University, with Dr. Jan Szmurzo as its first occupant.

ON April 8th, at the Académie de Médecine, Dr. G. Luys of Paris read a paper describing the results of treating 115 cases of prostatic hypertrophy by electro-coagulation. In ninety-nine of these cases all obstruction had been completely removed, and amongst the statistics furnished by the author was the report that several of those thus treated had remained healed for nearly ten years. He claimed that this operation was both radical and non-mutilating whilst being effective.

THE annual meeting of the Maternity and Child Welfare Group of the Society of Medical Officers of Health will be held at Caxton Hall, Westminster, S.W.1, on July 3rd, at 5 p.m. A discussion on the treatment of babies suffering from malnutrition and the results obtained by ward provision, whether municipal or voluntary, for such babies, will be opened by Professor Edward Mellanby, who will speak as to his experience at the Royal Infirmary, Sheffield.

THE KING has granted Dr. Reginald Gower Kirton, late Principal Medical Officer to the Egyptian Prisons Department, authority to wear the insignia of the Order of Ismail (Third Class) conferred upon him by the King of Egypt.

WE are informed that the name of the All-India Sub-assistant Surgeons' Association has been changed to the All-India Medical Licentiate's Association.

THE Sir William Dunn Laboratories, School of Biochemistry, Cambridge, will be opened by the Earl of Balcan, K.G., Chancellor of the University, on Friday, May 9th, at 3.30 p.m.