

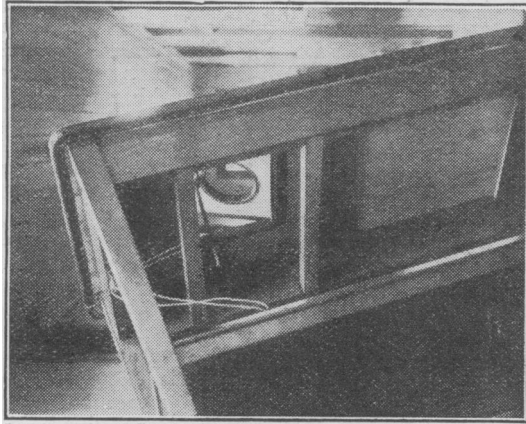
## A TINEA X-RAY COUCH.

BY

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IN x-ray treatment of tinea tonsurans irradiation of the Kienböck-Adamson suboccipital area, and to a less degree the vertical one, often gives some difficulty owing to variation in the shape of heads, and also from the risk of pressure on the nose—and consequent movement of the head—where the prone position on the couch is practised. The alternative position of sitting on a chair with forehead supported on the dorsa of the hands resting upon the couch is oftener than not accompanied by a tendency to slip down somewhat in the chair and so disturb the position of the head. To obviate these contingencies and at the same time retain the prone position, which ensures stability better than any other, I designed a couch which was made by the master of works, County of Dumbarton Education Authority, for the skin clinic, where it has been used since March 17th,



Under surface of tinea couch, showing method of operating hinged flap.

1923. It is constructed as follows. In the top of the couch is introduced a movable flap with circular aperture to accommodate the face, and so hinged as to allow of its being easily raised or lowered, at the free end, in relation to the level of the top of the couch. A screw, technically known as a "Leggott's quadrant," which is operated with a short "endless" cord, is attached at the free end of the flap. The cord passes over two small pulleys attached to the under surface of the head of the couch. The flap remains firmly fixed in the desired position without

having to wind the cord round any part of the couch; it can be altered at any moment by manipulating the cord, and is capable of the nicest adjustment. The accompanying photograph of the under surface of the top of the couch illustrates the mechanism. It will be seen that all pressure on the nose is avoided and variation in cranial shape combated by the hinge adjustment. Experience of working with it has suggested constructional modifications which would to some extent increase its efficiency. One is to change the position of the flap so that its free edge would form part of the end of the couch; another is slightly to alter the shape of the aperture, or, better still, to make it variable; these modifications I am about to introduce.

## Memoranda :

## MEDICAL, SURGICAL, OBSTETRICAL.

## PULMONARY EMBOLISM.

IN view of recent discussions on pulmonary embolism and thrombosis, the following case may prove of interest.

Mrs. H., aged 55, was admitted to the Christie Hospital with epithelioma of the vulva. She was treated with radium, and, ten days later, by diathermy. Her general condition, both before and after operation, was good. Her temperature was raised for three days subsequent to the operation, the maximum being 100° F., and she complained of constant pain at the site of the lesion for the first week or ten days. She felt perfectly well, but was unable to sit up, owing to the tenderness of the raw surface left after the diathermic treatment.

Three weeks after operation she was still in bed and the wound was about two-thirds healed. On the morning of the twenty-second day she complained of high epigastric pain and some dyspnoea. She was noticed to be slightly cyanosed, and the pulse and respiration rates were increased. These both rose rapidly, the cyanosis deepened, the pulse became weak and thready, and collapse supervened. Ten minutes after the onset of symptoms she lost consciousness, the breathing became stertorous, the pulse and respiration rates dropped, and death took place about five minutes later.

*Post-mortem Report* (Dr. Powell White).—The pulmonary artery contained blood clot which was mostly recent and appeared to have been formed immediately before death, but some was of earlier date; it was not adherent. The clot extended to the smallest arterial branches in the upper lobes of both lungs, but not into the lower lobes. The upper lobes were partially collapsed and dry, while the lower ones were normal and moist. The right ventricle and auricle also contained recent blood clot. No distinct embolus could be found. The blood in the left side of the heart, the aorta, the venae cavae, the portal and the iliac veins was quite fluid. The smaller pelvic veins, especially those coming from the uterus and vagina, were distended with blood clot. The external iliac veins on both sides were enlarged and hard.

This case was in all probability one of pulmonary embolism followed by thrombosis in the pulmonary artery; it is probable that the embolus came from one of the pelvic veins in the neighbourhood of the uterus or vagina. An illustration is provided of one certain and another possible etiological factor in pulmonary embolism. The main factor here must have been the patient's enforced recumbency for three weeks; she had lain quite still all day and night, in spite of

being urged to move about as much as possible without causing herself undue pain. The circulation in the veins of the pelvis and lower limbs must have been at an extremely low ebb, especially as the force of her heart beat, though adequate, was never great. The other factor which probably played a part was sepsis. The embolus evidently arose from one of the smaller uterine or vaginal veins, these having been found at the necropsy to be distended with clot. The venous drainage of the site of the necessarily septic lesion, the perineum, is ultimately the same as that of the uterus and vagina—namely, into the internal iliac veins. It is also extremely likely that infection had spread directly from the perineum along the vagina into the parametric tissue, which contains those veins that were found to be affected.

Manchester.

E. S. FRISCHMANN, M.B., Ch.B.

## BILATERAL CYSTIC EMBRYOMA OF OVARY WITH TORSION OF THE PEDICLE OF ONE CYST.

THE following case seems to be of interest on account of the fact that a cystic embryoma existed in each ovary and that there were no definite symptoms until the torsion of the pedicle of one took place.

A married woman, aged 36, sent for me on the evening of November 13th, 1924, complaining of pain in the abdomen and difficulty in passing water. She had been treated for floating kidneys with a Curtis belt. One child, born ten years ago, died at 4 years of age. Her periods were regular and normal.

*History of Present Condition.*

She was quite well until the morning of November 13th, when she awoke with pain in the lower part of the abdomen and difficulty in passing urine. She stated that she had had similar attacks, but had put them down to her floating kidneys. A period was then just ending.

*Condition on Examination.*

When I saw her she was sitting up in bed and leaning forward, as this position gave her relief. The temperature and pulse were normal. She was of spare build and had a goitre with some exophthalmos.

The abdomen showed slight bulging above the symphysis pubis, which on palpation gave the impression of a cystic tumour rising from the pelvis in the mid-line halfway to the umbilicus. On

pressing on the tumour she felt a desire to micturate. The right kidney was palpable and the left distinctly mobile. The uterus was retroflexed and separate from the swelling, which lay between it and the symphysis pubis, and felt like a tense full bladder. Nothing else abnormal was found in the pelvis.

There being no facilities for a hot bath, etc., I obtained the services of a nurse to pass a catheter. She reported that she withdrew only 2 drachms of urine. When I again examined the patient there was no change in the condition. I saw her the next morning, and although she had passed urine in small quantities the tumour persisted.

She was admitted to the Kingston Victoria Hospital, where she first had a hot bath. I then passed a metal catheter. The bladder was empty and the beak of the catheter could be felt in the stretched-out bladder superficial to the tumour. Ovarian cyst, probably on account of its position a cystic embryoma, was diagnosed. The temperature was 99° and the pulse 76. As there appeared to be no urgency, operation was not performed until the following day, November 15th.

#### Operation.

The usual subumbilical incision was made and a greatly engorged ovarian cyst presented. This was delivered intact through the wound and found to arise in the right ovary. It had rotated on its pedicle through two complete turns. The pedicle was clamped and divided, and the stump ligatured and covered with peritoneum. The left ovary contained numerous follicular cysts and one larger one the size of a bantam's egg. The latter was incised and a creamy fluid, followed by hair, exuded. The opening was clamped and the cyst dissected out. The rest of the ovary was left, as it evidently contained a considerable amount of active ovarian tissue. The abdomen was closed in layers. The Fallopian tube was spread over the surface of the larger cyst. It was as large as a full-time foetal head. On incision a quantity of cream-like sebaceous material, with a lump of hair, escaped. The inner wall was smooth, except for one spot, from which a tuft of hair was springing. The smaller cyst showed, projecting from its inner wall, a prominence the shape of a rabbit's heart, from which hair was growing. This prominence had a central cavity apparently lined with mucous membrane. A microscopical section showed a cystic embryoma with great hyperplasia of the sebaceous glands. Sweat glands and hair follicles were also seen, and externally a layer of tissue resembling lung.

There is little doubt that the larger cyst used to become partly twisted on its pedicle, which would account for her previous slight attacks. But even though the torsion was found at the operation to be complete and the cyst and Fallopian tube almost gangrenous, there were none of the usual symptoms and signs of an acute abdomen.

Kingston-on-Thames. L. J. FORMAN BULL, M.B., B.S. Lond.

## Reports of Societies.

### PERFORATION OF GASTRIC AND DUODENAL ULCERS.

A HUNTERIAN Lecture was delivered at the Mansion House on January 19th by Mr. G. GREY TURNER (Newcastle-upon-Tyne), who took for his subject "The perforation of gastric and duodenal ulcers." Mr. H. W. CARSON, President of the Hunterian Society, was in the chair.

Mr. Grey Turner, whose lecture was accompanied by many tables of statistics, said that since 1901 he had had to do with 194 cases of perforation, but these included some cases of localized perforation, incomplete operations, and cases in which it was eventually decided not to operate. Eliminating these, and confining himself to general perforations in which he performed a complete operation, he was left with 147 cases. These cases had resulted in 124 recoveries and 23 deaths, the percentage of deaths being 15.64. But if only those cases were taken which had been operated on within twelve hours of perforation, the death rate was reduced to 8.16 per cent. The actual figures were: perforated gastric ulcers operated upon within twelve hours, 27, with 3 deaths; perforated duodenal ulcers, 71, with 5 deaths. Thus a very essential point in the treatment of this condition was early diagnosis. If a case were taken in hand reasonably early and carried to a successful issue, the credit lay with the general practitioner who had detected the condition and advised the operation, rather than with the surgeon who had actually carried it out. He was sure that there was no new refinement of operative technique which had anything like the value of a reduction in the period elapsing between perforation and operative interference. Of his 194 cases, 147 were males and 47 were females. With regard to age, it had rather surprised him to find how many of the patients were over 50—namely,

6 gastric cases and 40 duodenal. The fact, therefore, that symptoms occurred in a comparatively elderly person need not deter the making of such a diagnosis. He wished also to emphasize the frequency of acuteness in the ulcer which perforated. The perforation which occurred was often that of a second contact or "kissing" ulcer on the opposite wall of the stomach to that of the chronic ulcer. He was convinced that there was an acute ulcer whose principal characteristic it was to perforate. With regard to the after-history of the 120 recovered cases which could be traced, 61 were quite well, 19 had slight digestive trouble, 18 had had to undergo a further operation, 2 had recurrent trouble and required further operation, 8 had died from some sequel of the original trouble and 9 from other causes without recurrence, and 3 were known to be well shortly after the operation and were then lost sight of. With regard to the choice of surgical procedure, he thought that the first duty of the surgeon was to save the life of the patient, and in this connexion his figures with regard to immediate gastro-enterostomy suggested that this resort added to the mortality. He had done primary gastro-enterostomy in 26 cases, with 20 recoveries and 6 deaths, and of the 98 cases without primary gastro-enterostomy 81 had been recoveries and there were 17 deaths. He was of opinion that the best thing to do was to get the patient over the calamity of perforation, and then, if it was evident that a gastro-enterostomy was necessary for the cure of the trouble, to perform this as a delayed operation before the patient left the hospital. He had done such a delayed operation in 11 cases, and there had been no deaths. The average hours of perforation in these cases had been nine, and the longest interval between perforation and gastro-enterostomy twenty-eight days, the shortest interval twelve days. He spoke with enthusiasm of the value, in bad cases of general perforation, of a temporary gastrostomy. He had employed this measure 28 times, and there were 8 deaths, but, although this death rate of 30 per cent. was a high one, it had to be remembered that the average number of hours of perforation in these cases was seventeen. In 22 operations for localized perforation also gastrostomy was used twice, and both patients died. Nevertheless, he felt that this procedure in many cases had been of the greatest possible help. With regard to irrigation of the peritoneum, he had lost his early belief in this procedure, and he exhibited a table showing that in 117 cases irrigated there had been 19 deaths, and in 25 cases not irrigated 4 deaths; but while the percentage of deaths was much the same in both these categories, the average period of perforation in the cases irrigated was eleven and a half hours, and in the non-irrigated cases twenty-two hours. Also, out of 23 cases which developed gross complications, 20 had been irrigated—an incidence of 17 per cent. of irrigated cases. In operating he thought the surgeon should be content with the middle line of incision. Very often the stomach was distended, and in these circumstances great help would be found in passing a stomach tube while on the operating table, when the stomach would go down like a big balloon. With regard to complications, subdiaphragmatic abscess had occurred in 8 cases with 3 deaths, pneumonia and pleurisy in 7 cases with 2 deaths, pelvic abscess in 3 cases with 2 deaths, gastric fistula in 3 cases with 1 death, pulmonary embolism in 1 case which died, and prolapse of intestine in 1 case which recovered.

Mr. JAMES BERRY complimented Mr. Grey Turner on the way in which he had trained general practitioners in Newcastle to recognize gastric and duodenal perforations and send their patients without loss of time to the infirmary. He was of opinion that in the great majority of cases there was no need to drain at all; in a certain number it was well to put in a single drain, but it should be taken out next day. He also believed that irrigation should rarely be done. His own practice had been not to do gastro-enterostomy, which seemed to add a great deal to the risk of the operation.

Mr. JAMES SHERREN said that twenty years ago the acute ulcer which perforated was met with much more frequently than now; the majority of cases which perforated nowadays seemed to be chronic, and to have given symptoms for many years. If the ulcer, whether of the stomach or the

at that time of M.R.C.S. and L.S.A., and shortly after settled down to practice in Liverpool. He was for many years an active member of the Lancashire and Cheshire Branch of the British Medical Association, and as a Divisional Representative on the Branch Council was noted for his punctuality and assiduity in attendance at its meetings. He was honorary anaesthetist to the Liverpool Eye and Ear Infirmary, and as a colleague was much appreciated for his quiet, thoughtful demeanour. Not given to public speaking, he was one of those men who believed he could do more good by persuasion and example, and thus his influence was felt among his professional brethren. The funeral took place on January 22nd at Anfield Cemetery, where many friends and patients attended to pay their last tribute. Dr. Owen Bowen was a widower, but in his last illness was tenderly cared for by his step-daughter, to whom and his other relatives we desire to express sympathy.

Dr. CHARLES MOLESWORTH TUKE died at Chiswick House, Chiswick, on January 24th. He was educated at St. Paul's School and St. George's Hospital, where he was ophthalmic assistant and assistant surgical registrar. He took the diploma of M.R.C.S.Eng. in 1881, and became resident clinical assistant to Bethlem Royal Hospital. He was one of the medical licensees of Chiswick House (for certified patients and voluntary boarders) for thirty-two years. He was a member of the Medico-Psychological Association of Great Britain and Ireland, and in 1904 was president of the West London Medico-Chirurgical Society. Recently he was a member of the Government Committee for dealing with mental derangement among discharged sailors and soldiers. He was, in his youth, a keen cricketer, and is remembered as a bowler. Though he took no active part in politics, he was a ruling councillor of the local Habitation of the Primrose League.

Dr. EDWARD REGINALD TWEED died at his residence, near Honiton, Devon, on January 9th, at the age of 62. The son of the late George Tash Tweed, a solicitor of Honiton, he was educated at St. George's Hospital, where he obtained the L.S.A. in 1885, the M.R.C.S. and L.R.C.P. diplomas in 1887, and the M.D.Bruce degree in 1888. Dr. Tweed practised for many years in Grosvenor Square, London, and was late coroner for East Devon. During the war he served as registrar to the University War Hospital at Southampton in 1916, and afterwards for two years in the 2nd Western General Hospital in Manchester. He was a member of the Honiton Board of Guardians and Rural Council. He regularly hunted with the East Devon Hounds and Axe Vale Harriers.

Dr. ARTHUR G. CHEYNE IRVINE died at Wellington College, Berks, on January 20th after a long illness contracted during war service as a temporary captain R.A.M.C. Born at Coleraine, Ireland, in 1864, he was educated at King Edward's Grammar School, Birmingham, whence he passed to Queen's College, Birmingham, to study medicine, obtaining the diplomas of M.R.C.S.Eng., L.R.C.P.Lond. in 1890. After a year as assistant house-surgeon to the West Bromwich Hospital he set up a practice at Selly Oak, Birmingham, where his clinical acumen, keenness, and sympathy soon won the esteem of a large number of patients and fellow practitioners. For some years he acted as general secretary to the Birmingham and District General Practitioners' Union. In 1914 he was actively engaged in examining recruits, and in 1915 received a commission in the R.A.M.C., serving at Salisbury Plain, and then at the Command Depot, Sutton Coldfield. He was promoted to captain in 1916, but was invalided out of the service in July, 1917, and with great fortitude and patience lived through eight years of ill health in retirement, leaving a widow and one daughter. Fond of reading, and a really good chess player, representing his county in tournaments, Dr. Irvine bravely adapted himself to the limitations imposed by his ill health, and those who knew him were filled with admiration at his courage and feel that his death is a very real loss to the medical profession.

Dr. JOHN HENRY MONTGOMERIE BELL, who died on December 27th, 1924, at the age of 47, was educated in Edinburgh, where he graduated M.B., Ch.B. in 1901, and proceeded M.D. in 1907; he obtained the diploma F.R.C.S.Ed. in 1907 also. His appointments included house-surgeon to the Deaconess Hospital, Edinburgh, house-surgeon to the eye wards, and house-physician to the Edinburgh Royal Infirmary, and senior house-surgeon to Rotherham Hospital. Dr. Bell served with the Canadian Army Medical Corps throughout the war, reaching the rank of major.

Dr. PAUL DELBET, the well known surgeon of the Necker Hospital, Paris; Dr. ZEFFERINO FALCAO, professor of dermatology at Lisbon; and Dr. PIETER VAREKAMP, a well known Dutch balneologist, have recently died.

## Universities and Colleges.

### UNIVERSITY OF OXFORD.

At a congregation held on January 22nd the following medical degrees were conferred:

B.M.—H. E. Harding, A. W. L. Row, M. J. W. Minshull.

*Scholarships in Natural Science.*—A number of scholarships in natural science (for which intending students of medicine are eligible equally with others) are offered for competition as follows: Keble College, examination beginning on March 16th; Merton, Exeter, New, Brasenose, Corpus Christi, and Wadham Colleges, examination beginning on March 17th.

*Romanes Lecture, 1925.*—This will be delivered by Sir William Henry Bragg, K.B.E., D.Sc., F.R.S., Hon. Fellow of Trinity College, Cambridge, and Fullerian Professor of Chemistry at the Royal Institution. The lecture will be delivered in the Sheldonian Theatre on Wednesday, May 20th, at 5.30 p.m.; subject: "The crystalline state."

### UNIVERSITY OF LONDON.

The following course of lectures has been arranged at the colleges indicated, and admission to them is free:

*Middlesex Hospital Medical School.*—Eight lectures on the chemistry of the internal secretions by Dr. E. C. Dodds, on February 3rd, 5th, 10th, 12th, 17th, 19th, 26th, and March 3rd, at 5 p.m. Attendance at this course is recognized in connexion with the B.Sc. (Honours) degree in physiology.

*St. Bartholomew's Hospital Medical College.*—Four lectures on the medullary centres by Dr. J. M. Duncan Scott, on February 11th, 18th, 25th, and March 4th, at 5 p.m.

### CONJOINT BOARD IN SCOTLAND.

The following candidates have been approved at the examination indicated:

**FINAL EXAMINATION.—Medicine:** F. D. Muller, S. W. Tay, W. A. Kemp, R. T. Johnson, A. Chellappa, S. Ramakrishnan, N. K. Menon, J. Houston, A. A. F. Shepherd, J. Paterson, J. S. Whiteside, A. B. Jayasuriya, J. A. Hyde, M. L. Hendrie, M. M. El-Makkawi, M. J. Quraishi, G. F. Maher. **Surgery:** H. B. Wainer, A. Wilson, F. D. Muller, A. E. Williamson, M. Kopelowitz, R. T. Johnson, S. Ghaleb, S. Ramakrishnan, J. Harkness, A. A. F. Shepherd, R. G. V. Dias, J. S. Whiteside, L. K. Htoo, M. E. T. Burke, M. M. El-Makkawi, H. Goldsmith, J. C. Stenhouse, M. J. Quraishi. **Midwifery:** J. R. Hetherington, H. B. Wainer, D. D. H. Craig, S. W. Tay, J. S. Amarasingham, C. K. Dowson, N. K. Menon, D. L. Crawford, J. Houston, J. Harkness, A. B. Jayasuriya, J. A. Hyde, L. K. Htoo, C. Ismail, M. L. Hendrie, H. Goldsmith, A. C. Young. **Medical Jurisprudence:** H. D. J. Lazarus, R. A. B. Leakey, B. J. F. Lambacher, D. Lumsden, C. A. S. Hamilton, M. B. Bronstein, W. E. Williams, Elizabeth C. Mudie, R. T. Johnson, B. S. Ellis, N. Valerio, A. S. Pool, A. Rankin, J. A. Mainus, S. K. Mitra, C. L. Tan, W. Jackson, W. C. Heslop.

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

J. E. Israel, W. A. D. Oliver, V. Vaithalingham, P. J. Badenhorst, E. A. M. McKinney, Florence M. Smith, H. S. Foo, G. E. M. Scott, Kathleen M. R. Dunn, N. Finn, K. Somaskander, K. K. Nayar, N. T. Yusif, H. Krachik, E. G. Douglas, J. M. Rutherford, A. M. Filer, R. W. Crossette-Thamblin, N. Wren, P. A. M. Jayewardene, J. C. Shlach, I. Michaelson, H. A. Newton, A. Vasudev, Mollie F. Churcher, V. V. Narasimham, Eleanor P. Topping, J. T. Smith, W. M. B. Fossie.

### SOCIETY OF APOTHECARIES OF LONDON.

The following candidates have passed in the subjects indicated:

**SURGERY.**—A. J. Dowek, T. McD. Kellough, J. Maingard, E. J. P. McDowell, A. Mishriky, B. L. Steele, C. C. Taffs. **MEDICINE.**—W. Bentley, C. V. Brown, N. E. Challenger, L. Freeman, E. F. Hottinger, R. C. Pratt, C. W. Warne, D. Winstanley. **FORENSIC MEDICINE.**—N. E. Challenger, E. F. Hottinger, W. Johnson, W. I. Pierce, R. J. Rutherford, H. Winstanley. **MIDWIFERY.**—M. R. Burke, F. Carroll, C. E. Hagenbach, E. F. Hottinger, A. J. Moody, K. E. R. Robertson, H. Winstanley.

\* Section I. † Section II.

The diploma of the Society has been granted to Messrs. A. J. Dowek, L. Freeman, E. F. Hottinger, E. J. P. McDowell, A. J. Moody, C. C. Taffs, and C. W. Warne.

## The Services.

### DEATHS IN THE SERVICES.

Colonel Robert James Copeland, Army Medical Staff (ret.), died in a nursing home at St. Leonards on January 11th, aged 62. He was the son of the late Major Copeland, of the Indian army. He was educated at Edinburgh, where he graduated M.B. and C.M. in 1886, and entered the army as surgeon on July 27th, 1887. He became lieutenant-colonel on January 30th, 1912, was on temporary half-pay on account of ill health from March 10th to September 10th, 1912, and was promoted to colonel in the big war promotion list of March 1st, 1915. He served throughout the South African war of 1899-1902, when he took part in the relief of Kimberley; in operations in the Free State, including the actions at Paardeberg, Poplar Grove, Dreifontein, Karee Siding, and Zand River; in the Transvaal, actions near Johannesburg, at Pretoria, Diamond Hill, and Belfast; and in Cape Colony, in the action at Colesberg; and received the Queen's medal with six clasps and the King's medal with two clasps. He also served throughout the recent great war as A.D.M.S. of a division, and in command of a general hospital. He retired on August 10th, 1919.

Lieut.-Colonel Delaware Lewis Irvine, R.A.M.C. (ret.), died on January 14th, aged 71, in Westminster Hospital, of injuries caused by being knocked down by a motor lorry when crossing Whitehall on January 7th. He was born at Jesmond, Newcastle, and entered the army as surgeon on July 31st, 1880, became lieutenant-colonel after twenty years' service, and retired on March 28th, 1908. After retirement he was employed from 1909 to 1913 as staff officer to the A.M.O., North Midland Division, Territorial Force. He served in the Sudan expedition of 1884-85, in the Nile campaign, when he was present at the action of Kirbekan, and received the medal with two clasps and the Khedive's bronze star; and in the South African war in 1899-1900, when he took part in the relief of Kimberley; in operations in the Orange Free State, including the actions at Paardeberg, Poplar Grove, and Dreifontein; in those in the Transvaal, with the actions near Johannesburg, Pretoria, and Diamond Hill; and in Cape Colony, in the action at Colesberg; and received the Queen's medal with five clasps.

Major Arthur George Edward Newland, Madras Medical Service (ret.), died in Edinburgh on December 28th, 1924, aged 67. He was the son of the late Charles Edward Newland, schoolmaster, Coimbatore, was born in India, and educated at the Madras Medical College. After completing his medical course he served for a short time as a civil assistant surgeon in the Madras Presidency, in 1879-80. Coming home, he took the L.R.C.P. and S.Ed. in 1880, and entered the I.M.S. as surgeon on April 2nd, 1881, becoming major after twelve years' service, and retiring on August 1st, 1899. He served at Suakin in the Sudan campaign of 1885; in Burma in 1886-89, receiving the frontier medal with a clasp; in the Manipur campaign of 1891 (clasp); and again in Burma from 1891 to 1896, taking part in operations in the Chin Hills and on the North-East frontier, with the Baungshe, Tlang Tlang, and Tashon columns (clasp). He was the author of *The Image of War, or Service in the Chin Hills* (1894); and a *Handbook of the Languages of the Luis* (1897).

## Medical News.

As will be seen from our advertisement pages, applications for pensionerships and foundation scholarships at Epsom College must be sent in by the morning of February 18th. An examination is also about to be held for the admission of boys as council exhibitors at the College, applications for which must reach the office, 49, Bedford Square, W.C.1, by the morning of February 18th.

The annual dinner of the Hunterian Society will be held at the Hotel Victoria, Northumberland Avenue, on Thursday, February 12th, at 7.30 p.m. The Lord Mayor and Lady Mayoress of London, the Bishop of London, and several other distinguished guests will be present. The price of the dinner is 12s. 6d. (exclusive of wines). Decorations will be worn.

The second annual evening concert, given by the London Stock Exchange Male Voice Choir in aid of the Royal Medical Benevolent Fund Guild, will be held at Wigmore Hall, Wigmore Street, W., on February 24th, at 8.15 p.m. The choir will be assisted by Miss Phyllis Lett, Mr. Edward Halland, Miss Harriet Cohen, solo pianoforte, and Mr. Leonard Dove, accompanist. Tickets—price 10s. 6d., 7s. 6d., and 5s. reserved; unreserved, 2s. 6d.—may be obtained from the box office, Wigmore Hall, or from the honorary organizer, Mr. C. Godwin, 10, Drapers Gardens, E.C.2.

At a meeting of the Royal Sanitary Institute, to be held at 90, Buckingham Palace Road, S.W.1, on Tuesday, February 10th, a discussion on food and health will be opened by Major-General Sir Wilfred Beveridge, K.B.E., who will be followed by Dr. W. M. Willoughby. The chair will be taken at 6 p.m. by Dr. Louis C. Parkes.

DR. MAUD F. FORRESTER-BROWN, M.S., has been appointed for a third year to the William Gibson research scholarship of the Royal Society of Medicine for research in orthopaedics.

THE Fellowship of Medicine announces that Mr. Arthur Giles will lecture, on February 2nd, on the operative treatment of uterine displacements, at 1, Wimpole Street, at 5.30 p.m. During February the following courses will be held: a three weeks' combined course in diseases of children at the Paddington Green Hospital, Victoria Hospital, and the Children's Clinic; a four weeks' course in dermatology at the St. John's Hospital for Diseases of the Skin; a month's course in venereal diseases at the London Lock Hospital (if eight entries are received); and eight clinical demonstrations (twice a week) at the School of Tropical Medicine. In the last fortnight of February there will be a course in general medicine and surgery and the special departments at the Prince of Wales's Hospital, Tottenham. In March there will be a course in diseases of the chest, at Brompton Hospital; in medicine, surgery, and gynaecology, at the Royal Waterloo Hospital; in gynaecology, at the Chelsea Hospital for Women; in infectious fevers, at the North-Eastern Hospital, Tottenham; and an intensive course dealing with medicine, surgery, and the specialties, at the Royal Northern Hospital, with which will be associated the Royal Chest Hospital. Copies of the syllabus of the above-mentioned courses may be obtained from the Secretary at No. 1, Wimpole Street, W.1.

THE following courses of lectures will be given at the Ancoats Hospital, Manchester: On Thursdays, February 5th, 12th, and 19th, Mr. Diggle will deal with the diseases of the oesophagus; Dr. Norman Kletz will lecture on dyspepsia on February 26th, March 5th and 12th.

THE Illogan Division of the St. John Ambulance Association has reconstructed its horse-drawn ambulance as a motor ambulance, as a parish memorial to the late Dr. B. J. Mayne.

AT a meeting of the delegates of the Metropolitan Hospital Saturday Fund held on January 21st, the report of the Distribution Committee recommending awards to participating institutions to the amount of £70,488 was adopted; in 1923 the sum of £71,532 was distributed.

DR. J. T. WILSON of Bothwell has been presented by his friends with a silver salver and two fruit dishes in recognition of his services rendered to public health during thirty years of office as medical officer of health for the county of Lanark.

THE late Dr. Henry Gervis has left estate of the gross value of £100,457, with net personalty £37,233. He has bequeathed to the Royal College of Physicians of London a miniature on ivory of Dr. William Hunter by Cosway.

THE *Journal of Scientific Instruments*, a monthly publication dealing with their principles, construction, and use, produced by the Institute of Physics with the co-operation of the National Physical Laboratory, and hitherto published by the Institute, will in future be published by the Cambridge University Press on behalf of the Institute.

THE Dr. Sophie A. Nordhoff-Jung prize of 1,000 dollars for the best work on cancer will be awarded in 1926. Further information can be obtained from the Director of the Department of Biology, Georgetown University, Washington.

DR. E. F. J. PEREGRINE, of Gray's Inn, was called to the Bar on January 26th.

IT is proposed to establish a medical college for women in the outskirts of Tokyo, to accommodate eventually about 700 students.

THE Universities Bureau of the British Empire has issued a report enumerating the students from other countries who were enrolled in the Universities and University Colleges of Great Britain and Ireland, in October, 1924. The total number of students so enrolled was 4,385, of whom 1,573 came from Asia, 1,144 from Africa, 794 from America, 564 from Europe, and 310 from Australia, New Zealand, and Fiji. India, Burma, and Ceylon sent 1,199; South Africa and Rhodesia, 747; the United States of America, 425; Egypt, 309; Australia, 188; Canada and Newfoundland, 162; and New Zealand, 121. Many students from other countries study in England without so enrolling; law students and students in technical schools and research institutes are not included in the figures given above. The report contains also a note of the interchange of teachers in 1923-24 between the Universities of Great Britain and Ireland and those of other countries.

ON January 21st the death took place at Hatch End of Mr. E. J. Sowerby, chairman of Messrs. H. K. Lewis and Co., Ltd. Owing to failing health he retired from active work in April last. He went to Gower Street in 1872, when Mr. H. K. Lewis was still at the head of the business; from 1880 he was manager under Mr. Morris Lewis; in 1905 a partnership was formed of which he was the senior member. In 1915 the present company was created, Mr. Sowerby being chairman, with the other partners as directors. The interment took place on Monday last at Pinner.