

## PARKINSONISM TOGETHER WITH THE "APACHE TYPE" IN ENCEPHALITIS LETHARGICA.

BY

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AMONG the many late manifestations of encephalitis lethargica those met with in children and young adults are most striking and varied, and victims of this disease are found attending the out-patient department of most hospitals in increasing numbers. Whether such late manifestations are sequelae of the disease is doubtful; it seems more probable that they are rather the effects of a still active virus living in the nervous system, like that of syphilis—a view held by Netter, Mott, Wimmer, and others. A classification by Hall has put such juvenile cases under one of the following classes: (1) idiot type; (2) Parkinsonism; (3) apache type; (4) naughty child type. Of these Nos. 2 and 4 are especially common, and there are many of type 4 which nearly approach the true apache type, although not really bad enough in their moral defect. Such cases, however, cause great anxiety in their homes, and institutional care is usually called for. It is agreed by observers in this country, and on the Continent, that a combination of the apache type with Parkinsonism is of rare occurrence, and it is for this reason that it is felt that the following case, in which certification was necessary, may be of interest.

A labourer, aged 19, had a history of "influenza" in November, 1922, was "ill in bed for ten weeks"; "would sleep all day," and "has been sleepy ever since." After this illness he showed great moral deterioration. His report from school was an excellent one, and in it he was described as "diligent, attentive, regular, punctual, and respectful." After leaving school he was described as "of steady habits, hard-working, and a pleasant lad." In June, 1924—that is, nineteen months after his acute attack—he began to change in his attitude towards his relatives, who say that he "became bad-natured, excitable, punched and kicked his mother and his small sister, threw knives about." In October, 1924, he was admitted to a mental hospital, his certificate stating that he had been charged at a police court with making a murderous attack on his mother. Inquiry showed that this was the third time he had been before the court on a similar charge. On the first occasion he was "remanded for medical examination"; on the second he was given "fourteen days' hard labour"; while on the third he was again remanded and sent to hospital, where he was certified.

On admission he was dull, retarded, sullen, and suspicious, and fabricated freely when his past was discussed. He was irritable in manner and abrupt in speech, and usually answered questions shortly and in an explosive manner. He was well nourished, pale of face, and had a greasy skin. His face was fixed and expressionless, his head bent forward towards the ground. Heart, lungs, and kidneys appeared normal. The knee-jerks were brisk, equal; plantars, flexor response; abdominal reflexes, present and equal. Pupils: react to light and accommodation, equal, regular outline, and not eccentric; no diplopia; movements of eyes complete. Ophthalmoscopic examination revealed no abnormal findings.

His gait was slow and stiff, and, when walking, he showed an absence of the normal swing of the left arm, which was held rigidly at the side. Myoclonic movements of the right shoulder were present, as were rapid blinking of both eyes. When agitated he showed frequent and regular sucking of the teeth, quite different from that observed in certain people when "on the defensive." His mother states that all these movements were not present prior to his illness. No abnormal sensory changes were detected. As is generally found in this disease, examination of the cerebro-spinal fluid showed no marked changes. It was clear; there was slight increase of pressure; Pandy's test was negative; protein not above 40 per cent.; the Wassermann test was negative; there was no excess of cells; Lange's test 0001110000; sugar 0.05 per cent.; chlorides 0.71 per cent.

Since admission he has shown some improvement at times, but remains bradyphrenic, rather slow and explosive in speech, and markedly bradykinetic. The Parkinsonian facies persists, but he has shown no violent tendencies and his behaviour has been satisfactory, although he has always been irritable and abrupt when addressed or examined.

The history of this case goes to show that this distressing disease is one that may raise difficult questions from a medico-legal point of view.

## Memoranda:

## MEDICAL, SURGICAL, OBSTETRICAL.

## HYDATIDIFORM MOLE.

HYDATIDIFORM mole is sufficiently uncommon to make the following case appear worthy of record.

The patient, aged 22, was admitted to a nursing home on October 26th, 1924; she gave a history of first pregnancy dating from about the middle of June. She had been losing blood for rather more than two weeks, and had been kept in bed under medical supervision, the case apparently being one of threatened miscarriage. On admission, after an uncomfortable journey of about forty miles by train and car, the pulse was 80 and the temperature 97.6° F. There was a slight brownish discharge not accompanied by pain. The uterus was enlarged to an extent corresponding with the history. The cervix, which was high up and quite soft, was only slightly dilated. The ovaries appeared normal. On October 28th an anaesthetic was administered and the cervix dilated. Pituitrin and quinine were given and the uterus massaged, but expulsion did not result. On October 30th the cervix was further dilated under an anaesthetic and the uterus carefully emptied of its contents—a vesicular mole. The patient made an uninterrupted recovery.

With regard to the frequency of this complication of gestation the figures of different observers vary from 5 in 4,000 pregnancies (=1 in 800) given by Engel, to 1 in 20,000 recorded by Madame Boivin. At the Rotunda Hospital, Dublin, in a series of 46,700 pregnancies the condition was found 22 times (=1 in 2,122.72); Fairbairn considers the average incidence to be 1 in 5,000. The condition is found most often in multiparous women towards the close of the child-bearing period.

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## CONGENITAL FAMILIAL JAUNDICE.

THE note by Dr. T. R. Thomson on congenital familial jaundice, in the JOURNAL of January 10th (p. 72), prompts me to record a similar family history from my own practice.

The father and mother both belong to families of two only. Neither knows of any family tendency to jaundice of the newborn, haemolytic jaundice, or haemophilia. Their ages are now 38 and 34 respectively. The history of their children is as follows:

1. Girl, born August, 1911. No jaundice; healthy.
2. Boy, born April, 1913. No jaundice; healthy.
3. Girl, born March, 1916. No jaundice; healthy.
4. Boy, born March, 1920. Jaundice from second day. Haemorrhages (of blood that did not clot) from umbilicus and bowels, beginning on eighth day. Died on tenth day.
5. Girl, born June, 1921. Jaundice from birth. Similar haemorrhages, beginning on eighth day. Died on tenth day.
6. Girl, born June, 1922. Slight jaundice for a few days. Survived; healthy. For four months prior to the birth of this child I got the mother to take calcium (syrup. calcii lactophos. 3ss daily).
7. Girl, born December, 1924. Jaundice from second day. Haemorrhages from axilla and bowel beginning on eighth day. Subcutaneous ecchymoses over the whole body. Died on the fourteenth day.

The last baby was given 1 grain of calcium chloride every three hours from the second day, and an injection of 2 c.cm. of haemoplastin (P. D. and Co.) on the thirteenth day. The latter had not a fair trial. I had to get it from London after trying Glasgow unsuccessfully, and so lost a few days after making up my mind to use it. The mother had no ante-natal treatment, for a double reason. Owing to a housing difficulty and the possibility of having to leave the district, she did not engage me till five or six weeks before her confinement was due. I had—and still have—doubt as to whether the fact that the sixth child survived was really due to the prolonged treatment of the mother with calcium, and for the few weeks remaining it did not seem worth while to commence it again.

The age of the mother makes it probable that there will yet be opportunity of testing the effect of the calcium treatment. I have advised her that if she becomes pregnant again she should take it throughout the whole period of gestation.

JAMES K. DUNLOP, M.A., M.B., Ch.B.

Sanquhar, Dumfriesshire.

## MELAENA NEONATORUM TREATED BY INJECTION OF PATERNAL BLOOD: RECOVERY.

THE reports which have appeared recently in the *BRITISH MEDICAL JOURNAL* of the successful treatment of melaena neonatorum by injection of paternal blood made me think it worth while to record the following case.

On March 27th a multipara was delivered of an apparently healthy female child after a normal labour. I was called in on March 29th, at 1.45 p.m., to see the baby, who had been losing blood by the rectum almost continuously since 3 a.m. The child was blanched and cold. There had been no vomiting of blood. I withdrew 10 c.cm. of the father's blood and injected it deeply into the gluteal region of the child. While making the injection I noticed the free discharge of dark blood from the bowel, due to the child's straining because of the prick of the needle. Next morning there had been no more haemorrhage, and no further injection was necessary—a point to be noted, as one case reported required as much as 40 c.cm. of paternal blood.

The child's weight at birth was 8 lb. 4 oz. On March 31st it weighed 7 lb. The weight on April 19th was 8 lb., and the child is doing well.

There is nothing to note in the family history; there are seven other children, all healthy. The mother, however, tells me that prior to and during her pregnancy she had been living on a staple diet of bread, tea, and margarine, because of the unemployment of her husband.

JANETTE C. MORRISON, M.B., Ch.B. Edin.

Campbelltown, Argyll.

## MITRAL STENOSIS IN PREGNANCY: CAESAREAN SECTION.

DR. GUY BELLINGHAM SMITH's article, "The Ante-natal Clinic" (*JOURNAL*, March 7th, p. 440), induces me to publish a case of mitral stenosis in a pregnant woman on whom I performed Caesarean section some three years ago.

I attended the patient as a child for acute rheumatism, and during her teens I frequently gave her digitalis on account of attacks of auricular fibrillation. She married in the early twenties and became pregnant. During her pregnancy she frequently required digitalization for attacks of auricular fibrillation with orthopnoea. I had a consultation with a colleague, Dr. Frank Hichens, and we decided that the best treatment, for both mother and child, was Caesarean section at term. We agreed that, if pregnancy went to term, a prolonged etherization with more or less accouchement forcé would be more dangerous than the short etherization necessary for a rapid Caesarean section.

Neither mother nor child caused any subsequent anxiety, and both are alive and well to-day. This method was adopted only after seeing many painful cases of decompensation (cardiac) in pregnancy and labour.

Camborne, Cornwall.

JOHN H. TONKING, M.B. Lond.

## RETROPHARYNGEAL ABSCESS: SECONDARY HAEMORRHAGE:

### LIGATURE OF COMMON CAROTID: RECOVERY.

A MAN, aged 24, was admitted into the hospital with a history of dysphagia for fourteen days and fever. A tender mass was felt on the left side of the neck, which bulged visibly. The temperature was 103° F. and the pulse 115. Chloroform was administered, and, as the incision was being made, he suddenly ceased breathing; judging from his colour he was suffering from respiratory embarrassment. Meanwhile he had regained consciousness and his respiratory distress was such that a high tracheotomy was instantly performed. This gave him immediate relief; the anaesthesia was resumed and the abscess evacuated. A drainage tube was inserted but replaced next day by gauze drainage. No pus was formed after the fourth day, and the temperature and pulse fell to normal. All went well till the seventh day, when blood was found pouring through the dressing. A thorough search was made for the bleeding vessel without success. As the bleeding continued the left common carotid artery was ligated. In a week he was sufficiently well to return home.

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C. H. LEI.

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## Reports of Societies.

### RADIATION THERAPY.

THE discussion on radiation therapy in the Section of Electro-Therapeutics and Radiology of the Royal Society of Medicine was resumed on May 15th, Dr. STANLEY MELVILLE presiding. The opening of the discussion on March 20th was entirely occupied by the introductory papers of Dr. Gilbert Scott and Dr. J. H. Douglas Webster (see *BRITISH MEDICAL JOURNAL*, March 28th, pp. 596 and 601), who on this second occasion briefly recapitulated their points.

Dr. N. S. FINZI said that x-ray treatment was in a state of some uncertainty, but until recently he was not aware that there was any doubt as to the natural history of new growths. Dr. Gilbert Scott had expressed the view that all new growths were general in origin, with local manifestations. He had heard only one other radiologist express that view, and he had imagined that nobody took him seriously. All surgeons and the majority of radiologists would certainly be of opinion that neoplasms were originally local and only subsequently became generalized. He wished that Dr. Scott would tell those present whether his general treatment of a case of carcinoma had ever proved successful in the sense that the patient had lived two, three, or more years afterwards. All radiologists were able to point to cases which had remained well for five or ten years. All his (the speaker's) own cases which had remained well for a long period after x-ray treatment were cases of sarcoma; he had also cases of carcinoma which had remained well for a long period, but these had been treated by radium or by a mixed method (radium and x rays). It looked, therefore, as if the softer radiations would answer the purpose in sarcomas, but that in carcinomas, and especially in epitheliomas, a harder radiation was necessary. Lately in Paris he had seen a series of cases, proved by sections to be cases of epithelioma, in which, following radiation treatment, the growth had disappeared for from two to five years. These had been treated at the Radium Institute in Paris by the use of filtered radium and filtered x rays. The filtration in the case of the x rays was on a scale never attempted in this country—2 mm. copper—and a current of 200 kilovolts was used. In the speaker's own experience, local treatment, provided an area of sufficiently wide extent were taken, was successful in a certain number of cases—not in all, because the methods had not yet been absolutely mastered. The local treatment of metastases was also successful. Lymphosarcoma in particular was one of the growths which responded readily to any type of radiation; the less penetrating radiations were often sufficiently effective in this condition. But the hard or more penetrating radiations had given the radiologist the power of getting effective radiant action at the seat of the disease without damaging the intermediate tissues to any extent, although, of course, it was always possible that those tissues might be damaged by wrong technique or careless work. It was also necessary to remember that with these very penetrating radiations there was a late effect, appearing, in some cases, three or four months after treatment, even though nothing had been done in the interval, and this fact had to be brought into the reckoning when it was proposed to use other treatment later on. With intensive doses radiation sickness was likely to occur; the upper abdomen could not be irradiated without getting radiation sickness. But, apart from that area, he found radiation sickness occurring but seldom now in his own practice; he had avoided it by thorough ventilation of the room, and by getting rid of corona discharges in the neighbourhood of the tube, and of ozone and nitrous oxide as far as possible. In cases likely to have sickness the administration of chloretone was helpful. Another precaution was to refrain from giving too much radiation at one time. He had spread treatments over several days, and even weeks, and yet had got an intensive dose. His tendency was still to push the radiation higher and higher. He treated certain cases with rays of low penetration, but the results he obtained with the higher penetrations seemed to him infinitely better.

and £20,000 against Dr. Adam and Dr. Bond jointly, who, they say, were in their several degrees held responsible for the injuries that he sustained. The only question is whether Dr. Bond and Dr. Adam, together or separately, are legally liable for these sums. Dr. Bond is one of the Commissioners in Lunacy, whose offices are in 66, Victoria Street. Dr. Adam is the licensed proprietor of a home for the reception of persons of unsound mind at West Malling, in the county of Kent. On November 10th, 1912, Dr. Adam received the plaintiff in this establishment under a reception order which has not been challenged in these proceedings. On December 12th, thinking the plaintiff sufficiently restored to justify his release upon a probation order, the plaintiff was permitted to leave the establishment in company with his brother. The brother, however, was not responsible for his safe keeping, nor was the plaintiff placed under his control. On the morning of December 14th, at about 10.15, the plaintiff appeared at the offices of the Commissioners in Lunacy with £30 in a handbag, and asked to see a Commissioner. He said that he desired that the money should be deposited with the Commissioners to pay for a man to be sent to his house to prevent his being returned to the asylum. The statement as to what actually occurred and the true sequence of events is far from plain. The plaintiff's own account is not consistent, nor does Dr. Bond's memory agree exactly with the memorandum taken at the time. Dr. Bond appears to have thought that the plaintiff had eluded his brother's custody, and this may be explained by one of the plaintiff's statements in evidence when he said he told Dr. Bond, "I am to be under my brother for twenty-eight days." Influenced, it may be, by this, Dr. Bond communicated with Dr. Adam on the telephone, informing him that the plaintiff was there, and stating that he did not think he ought to be at large. The plaintiff stayed at the offices from 10.15 to 1.30; at 1.30, when he proposed to go for lunch, he was informed that he was not at liberty to go, and two efforts that he made to leave were prevented, but it is not suggested that any actual force or violence was exercised. He was, however, detained until about 2.30, when two attendants, sent by Dr. Adam from West Malling, arrived in a motor car, when he was given into their custody and by them taken back to Dr. Adam, and he remained under restraint at one institution or another from that time until his escape in 1923. The detention by Dr. Bond was an unlawful act for which he is responsible in damages. And it was decided by the learned judge that the measure of these damages might be taken in terms of the whole period of the plaintiff's confinement. I am unable to see how this can be supported. Dr. Bond had no power and no authority over Dr. Adam, and when once the plaintiff was returned to West Malling the duties with regard to his custody devolved upon and were discharged by Dr. Adam alone. If Dr. Adam had thought that, whatever appearance the plaintiff had presented at Victoria Street, he was none the less fit to be at liberty, it was his plain duty to have acted accordingly, nor can I think that any statement made by Dr. Bond upon the telephone as to what he thought can have caused Dr. Bond to share in or be party to the judgement that Dr. Adam formed. From the time when Dr. Adam reassumed control Dr. Bond's responsibility ceased. The Court of Appeal had held that this was the time when the plaintiff actually returned to West Malling; there has been no appeal from this judgement, and it is, therefore, unnecessary to consider whether it did not cease at the earlier moment, when the plaintiff was placed in the charge of Dr. Adam's assistants at Victoria Street. The jury have, however, found that Dr. Bond did not honestly believe that the plaintiff was of unsound mind, and an attempt is made to explain this verdict by saying Dr. Bond acted on the belief that the plaintiff had escaped from his brother's custody. The explanation appears to me inadequate; whatever mistake Dr. Bond may have made, I can find nothing whatever in the evidence that on any interpretation of the word can cast the least question on his honesty, and I think it is to be regretted that a question should have been left to the jury in such a form that the verdict taken upon it must, in the plain meaning of the words, cast a reflection upon Dr. Bond's character which no sophistry can explain away. One injustice cannot be remedied in committing another.

Returning now to the case against Dr. Adam, the first thing to decide is what were his powers after the plaintiff had been liberated under the probation order. I have no desire to repeat what has already been said upon this point; when once it be accepted that such an order is in the nature of an experiment to try whether a man is fit to be restored to complete liberty, it appears to me to follow that the powers conferred by the reception order, including complete control of the person named in the order, are merely in abeyance, and at any time if the custodian honestly thinks it is in the interest of the patient the control can be resumed and the patient taken back. Any other contention would result in this: that if the patient completely broke down during the period of probation, it would require a new reception order before he could be taken back, and of this I can find no trace in the provisions of the statute. Dr. Adam was, therefore, at liberty to retake the plaintiff, and however deplorable may have been the mistakes which the verdict of the jury has decided were made, they have completely acquitted Dr. Adam in taking him back of doing any act except in what he honestly believed to be the interests of the plaintiff.

I am not impressed with the criticism about the entry in Dr. Adam's book as to the plaintiff's delusion with regard to drugs. It has never been suggested that the book was fabricated, nor is it impossible that the apprehension which the plaintiff admitted he entertained after the removal of the strings of his pyjamas might have been both felt and expressed at an earlier date. However this may be, I can find no evidence that Dr. Adam so failed in the discharge of his duties as to render him liable in damages, and I agree with the judgement of the Court of Appeal that as against him the proceedings fail.

## Universities and Colleges.

### UNIVERSITY OF CAMBRIDGE.

THE Vice-Chancellor announces that applications for the E. G. Fearnside scholarship for clinical research into organic diseases of the nervous system must be sent to the Registry of the University before June 20th. The scholarship is open to graduates in Medicine or to graduates in Arts who have passed Part II of the Natural Sciences Tripos.

At a congregation held on May 15th the following medical degrees were conferred:

M.D.—H. J. Paterson, G. A. Harrison, T. L. Hardy.  
M.B.—E. G. Holmes,  
B.CHIR.—W. Brockbank.

### UNIVERSITY OF LONDON.

#### Senatorial Election.

THE result of the election for a representative of medical graduates on the Senate was the re-election of Dr. E. Graham Little, M.P. for the University; he received 827 votes, against 281 for the other candidate, Mr. T. B. Layton, D.S.O., M.S.

### ROYAL COLLEGE OF PHYSICIANS OF LONDON.

AN extraordinary comitia of the Royal College of Physicians was held on May 14th, when the President, Sir Humphry Rolleston was in the chair.

The minutes of the Censors' Board were read.

#### Lectureships.

The following appointments were made to lectureships: Dr. Bernard Hart to deliver the Goulstonian lectures, Dr. A. Shadwell the FitzPatrick lectures, and Sir Thomas Horder the Lumleian lectures in 1926.

#### Fellowship.

The twelve Members elected to be Fellows, at the comitia on April 30th (BRITISH MEDICAL JOURNAL, May 9th, p. 905), were admitted.

#### Licence.

The following supplementary list of 96 candidates to whom licences had been granted was submitted:

\*Agnes L. Adam, D. Aserman, E. L. Auguste, C. W. Bamford, P. S. Bell, R. H. Bestawros, A. T. Bettinson, \*Margaret Bowstead, P. D. Braddon \*Gwenddolen J. Brooke, \*Stella M. Brown, \*Dora M. Cadman \*Mary E. Campbell, W. E. Chiesman, \*Eileen M. Clarke, \*Gladys M. Clarke, \*Winifred M. Clement, D. R. T. Clendon, I. Cohen, R. W. Cunningham, S. H. Daneel, Gwylion Davies, H. J. Davies, D. S. Dixon, J. V. Dockray, D. C. Drake, W. Egan, V. H. Ellis, A. J. K. Finch, \*Barbara Finch, \*Winifrede M. Fish, V. L. Fisher, M. Footerman, G. V. Gollerkeri, A. S. Gough, R. Green, C. J. Grosch, R. F. Guymer, L. B. Haye, J. B. Hayes, \*Barbara J. Hick, \*Nancy M. Hield, A. R. Hill, A. T. Howell, J. U. Human, \*Dorothea A. C. Hunt, J. N. Jacobson, H. Kessel, A. M. Lazarus, S. Lerner, S. Levy, C. J. Lovering, D. A. Lubbock, J. W. McGuire, A. C. MacLeod, D. H. MacLeod, D. R. Martin, A. Mead, G. C. Michael, \*Ruth I. Milne, E. F. Molony, J. P. Monkhouse, H. Moore, A. H. Morley, V. M. Morris, I. S. Moscow, G. W. Murray, G. H. Pringle, P. E. Pym, \*Fanny Rabinowitz, D. I. Rees, T. Rees, \*Nellie H. Reynolds, A. W. Riddolls, C. E. Roberts, A. E. Ross, \*Edith M. Ross-Johnson, T. W. E. Royden, \*Martha N. Russell, H. H. E. Schulz, H. J. Selby, C. F. J. Smith, \*Beatrice M. Smithies, K. A. Soutar, J. MacN. Stirling, S. V. Strong, \*Sylvia Sworn, J. E. Swyer, K. H. Tan, J. G. S. Thomas, P. G. Trafford, N. A. A. van Buuren, T. E. Walsh, \*Helen D. Watson, R. A. K. Wiener, H. G. Wimbush.

\* Under the Medical Act, 1876.

#### Membership.

Dr. Hugh Roger Smith, who relinquished his membership in 1919, was granted permission to resume it.

#### Appointments.

Dr. Raymond Crawford was appointed a member of the Committee of Management, to fill the vacancy caused by the death of Dr. Ormerod.

The President announced the appointment of Sir Percival Horton-Smith Hartley as representative of the College at the Conference of the National Association for the Prevention of Tuberculosis.

#### By-laws.

It was decided to appoint a small subcommittee to codify the by-laws, in view of recent alterations in them.

The President then dissolved the comitia.

### ROYAL COLLEGE OF SURGEONS OF ENGLAND.

AN ordinary Council meeting was held on May 14th, when the President, Sir John Bland-Sutton, was in the chair.

#### The late Sir Rickman Godlee.

The death of Sir Rickman John Godlee, Bt., K.C.V.O., F.R.C.S., past president and past member of the Council and of the Council of Examiners, was reported, and the following vote of condolence was passed:

That the Council hereby express their regret at the death of Sir Rickman Godlee and their very sincere sympathy with Lady Godlee in the great loss which she has sustained. The Council also express their grateful sense of the many services to the College by Sir Rickman Godlee as an Examiner and a Member of the Council, and especially record their appreciative recognition of the distinction and ability with which he fulfilled the duties of President during his three years of office. The Council feel that the surgical profession has lost one of its ablest leaders, whose skill in practice and many accomplishments will cause his name always to be held in honoured remembrance.

*Diplomas.*

Diplomas of Membership were granted to 234 candidates. Jointly with the Royal College of Physicians, diplomas in public health were granted to 15 candidates and in tropical hygiene and medicine to 22 candidates. (The list of names appeared in part in the report of the meeting of the Royal College of Physicians published in our issue of May 9th, p. 905; the remainder are printed in the present issue.)

*Court of Examiners.*

The vacancy on the Court of Examiners caused by the resignation of Mr. G. Percy Dodds-Parker will be filled at the ordinary Council in June.

*Honorary Fellowship.*

Professor Antonin Gosset of Paris, who was elected an Honorary Fellow of the College on June 12th, 1919, was introduced and signed the Roll of Honorary Fellows and was presented with the Diploma of Honorary Fellowship.

## Medical News.

THE next session of the General Medical Council will begin on Tuesday, May 26th, when the President, Sir Donald MacAlister, Bt., K.C.B., M.D., will take the chair at 2 p.m. and give an address. The Council will continue to sit from day to day until the business is finished.

THE KING has approved the reappointment of Sir David J. Galloway, M.D., as an unofficial member of the Executive Council of the Straits Settlements.

A COURSE of four lectures on physic will be delivered by Sir Robert Armstrong-Jones, M.D., at Gresham College, on Tuesday, May 26th, and three following days, at 6 p.m. on each day. Admission is free. The subject is the history of medicine from the earliest times to the mediæval period (about A.D. 1400).

THE annual dinner of the West London Medico-Chirurgical Society will be held at the Trocadero Restaurant, Piccadilly, to-day (Friday, May 22nd), at 7.30 for 8 p.m.

THE annual meeting of the supporters of the Lebanon Hospital for Mental Diseases, Asfuriyeh, near Beyrout, Syria, will be held in the rooms of the Medical Society of London, 11, Chandos Street, W., on Wednesday, May 27th, at 3.30 p.m. The chair will be taken by Dr. E. W. G. Masterman, who has recently visited the hospital, and the speakers will include Sir Wyndham Deedes and Pastor Hoffmann de Visme. Tea will be served at 4.30.

THE Fellowship of Medicine announces a lecture by Mr. G. Gordon-Taylor on May 25th on the prevention and treatment of shock in the surgery of the abdomen. The following courses have been arranged: A course in venereal disease, at the London Lock Hospital, Dean Street, and in dermatology, at St. John's Hospital, each beginning on June 2nd and lasting four weeks; clinical demonstrations at the London School of Hygiene and Tropical Medicine, from June 3rd to 25th; a course in gynaecology at the Chelsea Hospital for Women, June 8th to 27th; lectures and demonstrations on sunlight treatment, artificial pneumothorax, the electrocardiograph, etc., at the Victoria Park Hospital, from June 8th to 20th; a course in urology at St. Peter's Hospital, from June 15th to July 11th; an intensive course in medicine, surgery, and the specialties, at the London Temperance Hospital, from June 22nd to July 4th. The syllabus of each of these courses, and the programme of the Fellowship of Medicine, may be obtained from the Secretary at 1, Wimpole Street, W.1.

THE International Conference for the Use of Esperanto in Pure and Applied Science, which was held in Paris from May 14th to 16th, was attended by delegates of 112 societies, the representative of the British Medical Association being Dr. A. A. Martin of Eastbourne. M. Agourtine of Paris reported on the progress made since the first meeting of Esperanto doctors held in Cambridge, and the formation of a medical association (known as "Teko") in 1908. The activity of this association, suspended during the war, was revived in 1922, and considerable interest had been shown by many medical practitioners, especially in Japan. Another report on Esperanto and pharmacy related the progress of the International Pharmacopoeia proposed in 1910, the associated federation being established in 1912. It was reported that the difficulties in establishing an international nomenclature were being gradually overcome.

DR. OSCAR M. HOLDEN, on relinquishing the medical officership of health for Dewsbury to take up a similar post in Blackburn, has been presented by the staffs of the public and school medical departments of the Dewsbury Corporation with a silver flower vase.

THE house and library of the Royal Society of Medicine will be closed on Whit-Monday, June 1st.

A FESTIVAL dinner in aid of King's College Hospital was held at the Savoy Hotel on Wednesday, May 20th, with H.R.H. the Duke of Connaught in the chair.

THE British Social Hygiene Council is the name by which the National Council for Combating Venereal Diseases will be known in future. This change, we are informed, does not mean that any less attention will be given to direct propaganda and public enlightenment on the medical aspects of venereal disease, but that it is recognized that the medical field is not the only one in which efforts can be made towards building up conditions calculated to lead to a permanent diminution of disease.

THE annual report for 1924 of the Society for Relief of Widows and Orphans of Medical Men shows that the invested income has increased by £1,000, and now amounts to £148,650. By the by-laws only the income of this investment may be used for the payment of grants and expenses. The total income during the year was increased slightly, reaching the figure of £5,136 0s. 10d., the working expenses being £359 19s. 1d. Of this income, £349 15s. was received from subscriptions and donations, £68 5s. from life subscriptions, and £600 from legacies. The sum of £4,961 18s. was distributed in grants of different kinds, and on December 31st there were fifty-one widows and seven orphans in receipt of them. During the year five widows had died, including one who had been in receipt of assistance since 1847; her late husband paid in subscriptions £37 16s., and she received £3,250 in grants. Another widow, whose husband had paid £12 12s., received in grants £1,885. Such examples illustrate the great advantages gained by medical men becoming members of the society, which was founded in 1788. Membership is open to any registered medical practitioner who at the time of his election resides within twenty miles of Charing Cross. Should a member remove outside this radius, even beyond the British Isles, he nevertheless remains a member of this society if he conforms to the by-laws. Relief is granted to the necessitous widows and orphans of deceased members of three years' standing and to life members. Further information may be obtained from the secretary of the society, 11, Chandos Street, Cavendish Square, W.1.

THE third congress of the Italian Association of Hygiene will be held at Cagliari and Sassari in Sardinia from June 5th to 14th under the presidency of Professor Achille Sclavo. Further information can be obtained from the general secretary, Dr. Giovanni Palomba, via Vittorio Veneto 96, Rome.

THE seventeenth Russian Congress of Surgery will be held at Leningrad from May 26th to 31st, at the same time as the Congress of Therapeutics. The principal subject for discussion is the treatment of acute infective osteomyelitis and its sequelae, which will be introduced by Dr. F. N. Krasnobalev. The clinical aspects and surgery of the vegetative nervous system will be discussed at a conjoint meeting of the two congresses by Drs. S. D. Pletnev, S. P. Fedorov, and E. R. Hessé. The subject of transplantation of endocrine glands will be opened by Professor V. A. Oppel.

THE fifth International Congress for the Protection of Childhood, which was to have been held in Madrid from April 12th to 19th, was postponed. Further information can be obtained from Dr. A. Bandelac de Pariente, 10, Square Moncey, Paris.

THE German Society for Combating Venereal Disease has arranged for the production of Brioux's play *Les Avariés* in several Berlin theatres.

THE medical faculty of Montpellier has celebrated the fourteenth anniversary of the nomination of Professor Forgeue to the chair of clinical surgery by presenting him with a volume containing sixty papers by his students and friends.

THE monthly magazine, *The Temps*, which was originally the publication of the patients and ex-patients of Wooley Sanatorium, near Hexham, has now been extended to include propaganda and the general health activities of Northumberland. All profits from its sale are devoted to the Wooley Settlement Scheme, whereby employment under ideal hygienic conditions is provided for the patients at the sanatorium. The April number contains a summary of the health services of the county of Northumberland, articles on general health topics, tuberculosis, and the Wooley Sanatorium and Settlement.

THE value of the Zambaco prize awarded by the Société Française de Dermatologie et de Syphiligraphie has been raised from 800 to 1,500 francs. Candidates should send in their essays to the General Secretary, Hôpital St-Louis, Paris, not later than November 30th.

A RUSSIAN Society of Endocrinology has been founded at Moscow. It is proposed to start a journal and a library. Medical men and biologists are invited to send copies of their publications of the last ten years to the secretary, Dr. N. A. Schereschewsky, Arbat 26, Moscow.