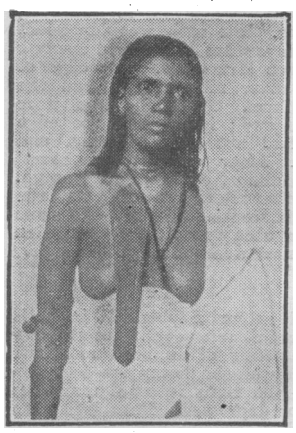
Memoranda;

MEDICAL, SURGICAL, OBSTETRICAL.

SUPERNUMERARY BREAST.

THE following case is of an unusual type, and seems to be of sufficient interest to be placed on record.

An Arab woman of the Northern Sudan, aged 25 years, came to hospital complaining that the appendage seen in the accompanying photograph inconvenienced her when washing.



It was attached to the skin over the second right intercostal space, the base of attachment stretching from the right mammary line to almost the mid-line. It was 26 cm. long, and had a proper nipple. The lower third had the feel of breast tissue; and this was confirmed on removal, when a small amount of glandular tissue (with alveolar glands) and a number of ducts leading to the nipple were found inside. Below the normal right breast and in the nipple line were two tiny rudimentary nipples. On the left side nothing abnormal was noted.

As the woman had had no children, there is no proof that the third breast was capable of functioning.

I am indebted to the Director, Sudan Medical Service, for permission to publish this case.

A. CRUICKSHANK, M.B., Ch.B.,
Sudan Medical Service.
Khartoum.

MALIGNANT THYROID TUMOUR OF THE MANUBRIUM STERNI.

THE following case is worthy of record as the malignant thyroid mass in the manubrium sterni existed without any clinical evidence of disease of the thyroid gland. The true nature of the tumour could not be ascertained before a small portion was excised for microscopical investigation.

A single woman, aged 73, noticed a small "lump" in the centre of the manubrium sterni about a year ago. It caused her no pain or inconvenience, but gradually enlarged in all directions, and especially towards the suprasternal notch and the left sterno-clavicular joint. She stated that two months before she applied for treatment the swelling had become definitely smaller and harder, so that she hoped that it would eventually disappear; it had grown rapidly during the last fortnight. She had no cough, dyspnoea, or dysphagia; neither had she lost weight during the last two or three years.

There was no history suggestive of syphilis, and the Wassermann reaction proved to be negative on two occasions. Two enlarged glands were to be felt in the anterior triangle of the neck on a level with the thyroid cartilage, and another just below the angle of the lower jaw on the left side. They were small, elastic, and freely mobile, and were considered to be inflammatory in nature. The thyroid gland presented no clinical abnormalities; there were no nodular or indurated areas to be made out; it moved freely on deglutition, and on the trachea. The thyroid gland was distinctly separate from the tumour in the sternum. The pupils were equal and dilated; there was no wasting of the upper extremities; the pulses were synchronous; and there was no clinical evidence of disease in the thorax, abdomen, or pelvis.

The tumour itself occupied the upper two-thirds of the manubrium sterni and bulged forwards laterally towards the sterno-clavicular joints, and into the suprasternal notch; it measured 3 inches from side to side, and 2½ inches in the vertical plane. Large veins could be seen coursing over the swelling, and outwards over the right clavicle. The skin in this area showed no signs of inflammation, and was freely movable over the sternal tumour. The growth was inseparable from the bone; and although hard and nodular in places it was distinctly cystic in others. Visible pulsation could be made out, but this was transmitted from the aorta, and not expansile in nature. Skiagrams showed that the greater portion of the manubrium sterni was "eaten away" (eroded) by the tumour. As the clinical findings could throw no light on the true nature of the swelling, a small portion of it was removed under local anaesthesia, and submitted to Dr. Robert Donaldson for microscopic investigation. He reported that the tissue was "malignant thyroid."

Two points appear to me to be worthy of note:

(1) That a large thyroid metastasis can exist without any clinical evidence of cancer of the thyroid gland.

(2) That the temporary retrogression which occurred in this growth might possibly have been due to a partial thrombosis of some of its feeding vessels.

RODNEY MAINGOT, F.R.C.S.
London, W.1.

COMPLETE INVERSION OF THE UTERUS.

COMPLETE inversion of the uterus is, perhaps, a sufficiently rare complication of labour to warrant the recording of the following case.

On September 10th, 1925, I was called to see a native woman who, I was informed, had given birth to a child the day before, but "the after-birth had not come away." Expecting to find the ordinary retained placenta, I hurried to the village, some eighteen miles away, by a good cycle track.

On entering the little grass hut in which the labour had taken place, I found myself confronted with what I can best describe as a "living chain" made up as follows: (1) an old woman, holding in her arms (2) her great-grandchild, a healthy female infant, born about thirty hours previously; it was still united by (3) a shrivelled cord to (4) a complete placenta lying on the mud floor of the hut, and connected in its turn by a few shreds of membrane to (5) a completely inverted uterus, surrounded by swarms of flies, and protruding from the vagina of (6) a native girl about 20 years of age, who was leaning back in the arms of (7) her own mother.

Questioning them as to the history of the case, I accused the relatives of traction on the cord, but this they stoutly denied, the patient herself volunteering "I was just straining to get the after-birth away, when it all came out with a rush." There had been one previous normal confinement, and the present labour had not been unduly prolonged.

My first business, after prayer with the patient and her relatives, was to break the link between the child and the placenta; I heard a suppressed gasp of horror go up from the three women as I snipped through the cord with a pair of scissors. The native custom hereabouts is to burn through the cord with a glowing faggot—an excellent prophylactic against both sepsis and haemorrhage. The membranes were then easily separated from the inverted uterus. An interesting detail was that a small portion of the decidua to which the membranes were still adherent was invaginated on the inverted surface of the uterus, a fact which proved that there had been no traction on the cord or placenta.

The decidua was then disinfected, first with tincture of iodine and then with a dilute lysol, after which reposition was quite a simple business, the uterus returning to position above the closed fist and becoming palpable from the abdomen in the usual situation. It was only after reposition that I discovered what was probably the indirect cause of the inversion—namely, a very extensive tear of the cervix on its posterior aspect.

The puerperium was complicated by a very mild degree of infection, from which the patient made a complete recovery.

JULYAN HOYTE, M.B., B.S.Lond.
Katwevwe Mission Hospital, Katanga, South Africa.

APPENDICITIS COMPLICATING GASTRIC ULCER.

LAST March, when I was house-surgeon to the Chester Royal Infirmary, a boy of 15 was admitted at 11 p.m. with the diagnosis of acute appendicitis. He had worked all that day, but at 7 p.m. had a sudden attack of pain in the abdomen round the umbilicus with vomiting. His last meal was at 6 p.m. The bowels had not been open that day. There was no previous history of any digestive disturbance. He looked very distressed; the temperature was 96° and the pulse 92. The abdomen was rigid all over, but most marked over the epigastrium; maximum tenderness over the right iliac fossa; it was resonant all over; there was no loss of liver dullness. Examination by the rectum gave no information.

Operation.—Under general anaesthesia a pararectal incision was made below the umbilicus. The appendix was found to be large, inflamed, with recent adhesions, and flakes of lymph covering it. There was no pus in the pelvis, but round the appendix region was free fluid, which appeared to be coming down from above. Appendicectomy was performed, and the incision enlarged above the umbilicus. A perforated gastric ulcer was present at the pylorus near the lesser curvature, about one-sixth of an inch in diameter, with an indurated area of a quarter of an inch all round it. The stomach was much enlarged. The ulcer was sutured with a purse-string suture and omentum sutured over it. The boy's condition did not permit of a gastro-enterostomy. A drainage tube was fixed in the lower end of the incision. He made an uninterrupted recovery.

A few days previously we had admitted a similar case in a man aged 26. A typically inflamed appendix with adhesions was found in connexion with an acute perforated gastric ulcer. In neither case was there a previous history of digestive disturbance. The age of the boy certainly made his case unusual.

D. DIAMOND, M.R.C.S.
Margate.

NINETY-FOURTH ANNUAL MEETING
of the
British Medical Association,
NOTTINGHAM, 1926.

THE ninety-fourth Annual Meeting of the British Medical Association will be held at Nottingham this summer under the presidency of Mr. R. G. Hogarth, C.B.E., F.R.C.S., senior surgeon to the Nottingham General Hospital, who will deliver his address to the Association on the evening of Tuesday, July 20th. The Annual Representative Meeting, for the transaction of medico-political business and discussion of the internal affairs of the Association, will open on the previous Friday, July 16th. The sectional meetings for scientific and clinical work will be held on Wednesday, Thursday, and Friday, July 21st, 22nd, and 23rd. The names of the officers of the thirteen Sections are published in this week's SUPPLEMENT, and details of the arrangements for the Annual Meeting will appear from time to time in later issues. On the last day of the meeting (Saturday, July 24th) there will be excursions to places of interest in the neighbourhood. We publish below the second of a series of articles on the past history and present activities of Nottingham; the first appeared in the JOURNAL of December 5th, 1925 (p. 1081).

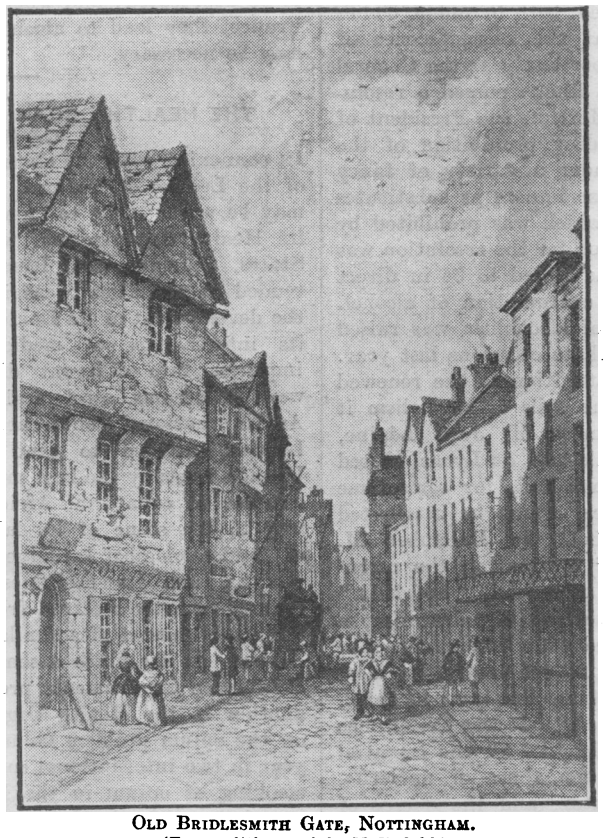
NOTTINGHAM: A BRIEF OUTLINE OF ITS HISTORY.

BY

E. L. GUILFORD, M.A.

WHEN history became a science it lost much of its charm. Many of the most delightful stories have had to be cast aside and the history book of to-day knows them no more. Yet there are few of us who do not cling longingly to some dearly loved personage who, we are told, never existed. Many of our oldest and best friends have thus to be laid up in the lumber room, and it is no longer quite respectable for us to acknowledge their acquaintance.

Modern historians tell us that nothing definite is known about Nottingham until the year 868. Perhaps they are right, but we can see the ghosts of earlier days lingering in the background, looking at us with sad, appealing eyes. What tales John Rous, Leland, and the rest had to tell us. Why should not Nottingham have been founded by King Ebrauk in 980 B.C.? Why should not Lucius have founded it about the time when Troy was suffering from the persistence of the Greeks? Lucius's father was named Coilius, and he was our old friend King Cole of the nursery rhyme. Then we have the Wise Men of Gotham, whose senseless actions have been the delight of endless ages. Are they to pass away too? Robin Hood clings tightly to his footing in popular favour, and it will take more than a few dry-as-dust facts to make us deny his existence. Sherwood Forest still breathes his spirit of reckless yet chivalrous rascality, and long may it continue to do so.



OLD BRIDLESMITH GATE, NOTTINGHAM.
(From a lithograph by M. Enfield.)

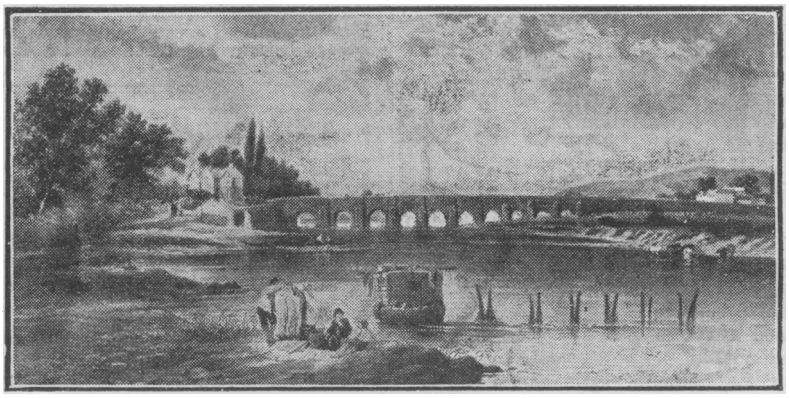
The Romans had several stations in this district, though between Lincoln and Leicester there was no place of first-rate importance. Exploration of some of these sites has taken place, but so far little has resulted except from Margidunum, where results of great importance are being achieved.

The Anglo-Saxons came, and soon all traces of Roman Britain passed away, and the villages we know to-day came into existence, many of them taking their names from the leaders of the parties who settled down there. Nottingham and Newark certainly existed then, even if they had not done so earlier. Both these places occupy important positions guarding the crossings of the Trent by old main roads, and would have been occupied in strength from very early times. The Saxons bowed the knee to the virile Dane, and Nottingham entered upon a period when dates first begin to embellish its family tree. It is a curious period, full of war and destruction, murder and sudden death, and at the end this town emerges with a population composed of the different elements that had lived there. Angle and Dane have mingled and a very virile type evolved.

Then came the Norman—another hybrid, in whom the Dane predominated though the Frank persisted—and all England owned a new master. Nottingham grew rapidly. The feudal stronghold gave that reality of safety which the merchant had never experienced before, and the town, nestling beneath its wooden walls, began to grow rich and to develop. Privileges were claimed, and won; hard cash was paid for charters, fairs were established, monasteries founded. The Norman brought a sense of security and orderliness which England had never known before. The reign of the weakling

Stephen was a rude awakening to the possibilities of unlicensed feudalism, and Nottingham was laid low and its inhabitants experienced all the horrors of civil war. Henry II brought peace, and since then Nottingham has never looked back.

Notwithstanding the statements of many writers, it seems fairly certain that William Peverel built the first castle on the rock to the order of William the Conqueror. It was only a wooden tower defended by a moat and a wooden palisading. As the art of offensive warfare advanced so the art of defence improved, and no doubt improvements were made at Nottingham which were viewed each in its turn as the last word. It was Henry II who first began to build a stone castle, spending enormous sums of money on this stronghold of the Midlands. Nottingham can hardly be called a barrier against the Scots, but it was a barrier against the North, and the North was always restless and full of potential danger. John, in his turn, made many improvements in what seems to have been his favourite home. It was so near to Sherwood Forest, and there he could find plenty to distract his attention from the cares of State, and in the chase no doubt he forgot the things it was unpleasant to remember. No one has succeeded in whitewashing John. He was too unpleasant a person for that ever to be successful, and certainly his death at Newark was a fitting one. At the head of an army of foreign mercenaries he had ravaged the wealthy districts of East Anglia, and then watched all his plunder sink beneath the quicksands of the Wash—and with them any hopes he had of recovering his position in England. Resting for the night at Swineshead Abbey, he overate himself and was forced to break his journey at Newark Castle, where, worn out by his follies, he died.

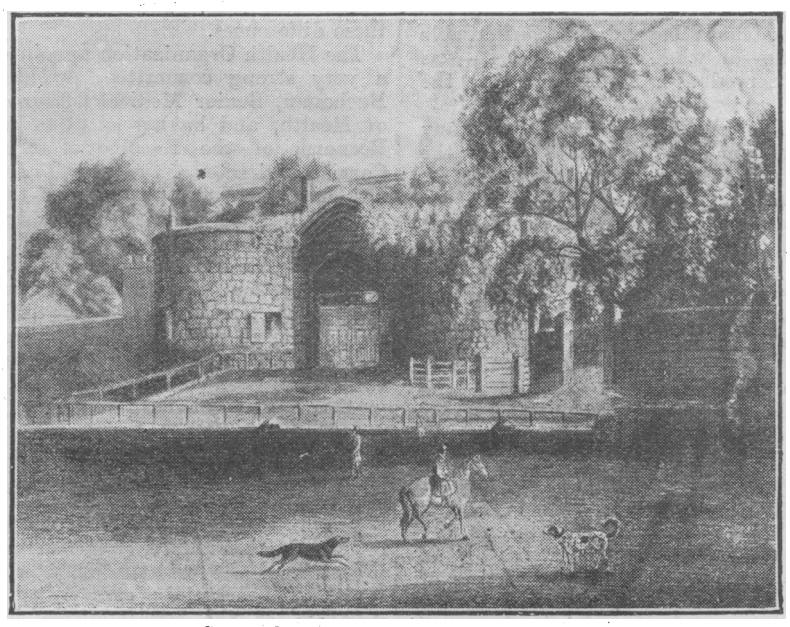


OLD TRENT BRIDGE, NOTTINGHAM.
(From a water-colour by C. MacArthur.)

With the reign of Henry III Nottingham seemed to begin her career as a commercial town, as distinguished from a town that depended on the neighbouring castle for its life's breath. By steps she secured privileges which led eventually in the reign of Edward I to the concession of a mayor to look after the town. Nottingham's geographical position was making itself felt. Here at Trent Bridge was the highest point to which sea-going vessels could sail up the river, and so the wharves became very busy. The lead of Derbyshire, the timber of Sherwood Forest, the stone of the district, were all shipped here. When the fame of Chellaston alabaster spread even to the Continent, the great blocks were brought down the river and carved in the workshops of the Nottingham "kervers." Coal, too, was early mined on the borders of Nottinghamshire and Derbyshire, and brought down for shipping to those parts which wanted this modern but smelly substitute for the more usual charcoal. There must have been a very considerable trade done in the charcoal burned in Sherwood Forest by methods which have been employed by man from the dawn of civilization.

The Great Market Place at Nottingham still stands as it has stood for a thousand years, but now much more orderly than it used to be. The old wall that divided it from east to west, so that each of the two boroughs—the English and the French—might have its share, has disappeared; the horsepond with its ducking-stool, the sawpit, the pillory, and the stocks, are no more. The Malt Cross, the Butter Cross, are but names. In fact, much of Nottingham's past is written in its street names. We can tell where the bridlesmiths worked, where the smithies were, where was done the work for which the smiths of the town were famous. Fletcher Gate shows us where the butchers, or flesh-hewers, lived; Pilcher Gate where the workshops of the furriers were to be found. Wheeler Gate used to be called Wheelwright Gate, and, earlier still, Baxter Gate—the resort of the bakers. Beastmarket Hill, Poultry, and Cheapside remind us of the different classes of goods that filled this great open space.

Unlike many mediaeval towns, Nottingham had little to do with the Church. Beyond an occasional quarrel with its neighbour, the Prior of Lenton, it had none of the difficulties which towns owned by great ecclesiastics had to face. It was a royal town, and proud of it, but Newark was a perquisite of the Bishops of Lincoln and developed under their patronage.



CASTLE GATEWAY, NOTTINGHAM, CIRCA 1800.

History is dumb about many of the things we should most like to know. During the long wars with Scotland there must have been many a day of excitement for the peaceful burghers when some great lord or other, perhaps even the King himself, passed through, or spent a night at the castle. Then would the best the town could provide be called for, and (we hope) sent willingly. On the other side we can picture the processions of wounded and prisoners—the latter treated according to their financial possibilities.

There is a great charm about the mediaeval, and yet few of us would like to go back to those times: narrow, airless streets into which the filth and garbage of the houses were cast to rot, or, if luck served, to be blown away by a friendly wind. Can we wonder at the pestilences that decimated the country when we remember that, for many

the rivers were the drinking water, and into the river the sewage found its way?

When we come to the time of the Tudors we seem to breathe a purer air. Nottingham had been Yorkist in sympathy during the Wars of the Roses, but, like a wise commercial town, it had shed a silent tear for the death of Richard III, and hastened to congratulate Henry VII. Singularly little is known about the town under the Tudors. That it prospered and grew is evident, but it played little part in the nation's story. At the time of the Pilgrimage of Grace Nottingham for a time came faintly into the limelight. The Government was badly scared by the rising—in fact, it was frightened to a degree out of all proportion to the extent of the revolt. Nottingham, Newark, and the Trent were looked upon as a rear line of defence, and the Earl of Shrewsbury was very busy making preparations to meet an enemy who never came. Queen Elizabeth had practically nothing to do with Nottingham; in fact, Wollaton Hall was on her programme for one of her visits, and a certain fame belongs to it because it is one of the great houses in which Elizabeth did *not* spend a night.

James I must have seemed very much of an anticlimax after Elizabeth. He passed through Newark on his way south in 1603, and hanged a thief without trial, much to the horror of law-abiding Englishmen. His son Charles was destined to be closely connected with the county. The troubles with Parliament were eagerly discussed, and the bulk of the people were not strong supporters of either side, so that when Charles I eventually raised his standard outside Nottingham Castle in 1642 he met with a rather chilly reception, and left for Shrewsbury in disgust. With his departure began the struggle between Parliamentarian Nottingham and Royalist Newark with its numerous outposts in the great houses of the county. It is a thrilling period to read in detail. Gradually Parliament and then the Army gained the upper hand, until only Newark remained to Charles. He himself escaped out of beleaguered Oxford and made his way via Stamford to Southwell in disguise and then surrendered to the Scots' commander outside Newark. It was a picturesque ending to a dramatic career. After Charles had paid for his inconsistency and instability with his life, and Cromwell was finding the problem of regulating the chaos beyond his considerable powers, Nottingham Castle—or what remained of it—was destroyed, and no doubt served as a stone quarry to the town for many years.

James II brought trouble here as he did in so many places. His ideas were not in keeping with those of the majority of the citizens, and it was only by cancelling its charters that Nottingham was compelled to receive his nominees. Princess Anne and her friend, the famous Sarah Churchill, took refuge at Nottingham Castle—now rebuilt—when her father fled to France. When the Jacobite troubles came to worry George I and George II Nottingham was found to contain some supporters of the Stuarts. The excitement was considerable in 1745 when Prince Charlie reached Derby with his Highland army, and the fate of England was believed to hang on his decision to march south or north. Like all other troubles, it passed away, and gradually we can see the approach of the Industrial Revolution, which changed the face of England as with a magician's wand. Most of the great inventions in the textile industry, which have made England so great a figure in the commercial world, were connected in one way or another with Nottingham. The town reaped the benefit of its excellent geographical position with the coming of canals and railways. Trade flowed into and through the town, and soon Nottingham was famous for its lace and hosiery factories and its coal mines.

It had long been realized that the old bounds of the town were far too narrow; yet the common lands lay just outside the town, and the burgesses were reluctant to abandon their old rights. However, Enclosure Acts were brought to bear on the problem, and Nottingham overflowed rapidly, and soon, where once had been open fields, appeared streets of houses leading to the villages which had grown up on the far side of the common fields. Thus gradually modern Nottingham has come into being. All the work is not yet done, and there are still many improvements to be made. The streets are being widened, the River Trent is being made deeper, so that Nottingham may once more become a great inland port. Nottingham has this advantage over many towns, that it has in the Great Market Place a central point from which to radiate in all directions.

Such, then, in brief is the story of Nottingham. It has a glorious past, and we, its citizens, believe that it will have a future no less glorious.

The illustrations accompanying this article are reproduced from photographs taken by A. Lineker, Nottingham.

THE CANCER INQUIRY OF THE LEAGUE OF NATIONS.

THE Health Organization of the League of Nations has recently published two volumes[1] describing certain studies of a particular problem of cancer. The origin of the inquiry was the remarkable difference between the rates of mortality from cancer of the female breast and from cancer of the uterus in certain European countries. England and Wales, Holland, and Italy were selected for special study, on the following grounds. In all three the official mortality data reach a high standard of accuracy, and very few deaths are recorded without medical verification. Two of the countries (England and Wales and Holland) suffer from a high death rate from all forms of cancer together; the third (Italy) has a relatively low death rate from cancer. But England and Wales contrasts with both the others in having much higher rates of mortality from cancer of the breast and uterus. Holland suffers from a compensating evil in her high rate of mortality from cancer of the stomach, etc. In Italy there is no such compensating disadvantage. Italy, however, has at most ages a higher rate of mortality than Holland (but a much lower rate than England and Wales) from cancer of the uterus. The contrast, therefore, with England held both in a country with and a country without compensation from another form of cancer, while, for one of the special sites, the country of lowest general cancer mortality did not have the least special site rate. The problem proposed was to explain these differences.

The Health Organization appointed to control the inquiry a very strong committee, presided over by Sir George Buchanan, Senior Medical Officer of the English Ministry of Health, and having as other members Professor Léon Bernard, of the Faculty of Medicine, Paris; Dr. H. Carrière, Director of the Swiss Federal Health Department; Dr. Josephus Jitta, president of the Health Council of the Netherlands; and Dr. Alberto Lutrario, formerly Director-General of the Health Department of the Italian Ministry of the Interior. Dr. Evald Tomaṇek, of the League's Health Section, was secretary of the committee. So far the work done has been largely statistical, and its actual conduct has been entrusted to a special subcommittee, termed the Subcommittee of Statisticians, of which Dr. Major Greenwood (London) was appointed chairman and Professor Methorst (the Hague), Professor Niceforo (Naples), and Dr. Tomanek (Geneva) were the original members, but to which Professor Deelman (Groningen), Dr. Janet Lane-Claypon (London), and Professor Pittard (Geneva) have since been added.

The volumes now published are essentially the conclusions of this subcommittee, together with extremely detailed protocols of the evidence upon which the conclusions are based. It certainly cannot be said that the various members of the subcommittee have succumbed to the temptation, supposed to be especially severe in international inquiries, to furnish more eloquence than information. Thus Dr. Greenwood's *étude* on cancer of the breast and uterus in England and Wales occupies seventy-three foolscap pages, three of which are letterpress, the remainder tables of data and statistical constants; and his colleagues Professor Methorst and Professor Niceforo have been almost as sparing of words and generous in providing statistics.

[1] League of Nations Health Organization, Subcommittee on Cancer. Vol. I, Report on the Demographic Investigations in Certain Selected Countries. Vol. II, Report on the Results of Certain Clinical Inquiries relating to Differences of Cancer Mortality in Certain Selected Countries.

His many friends will hear with regret of the death, on December 24th, 1925, at Mentone, France, of Dr. SUTHERLAND REES-PHILIPPS, the late medical superintendent of the Holloway Sanatorium, Virginia Water. Dr. Rees-Philipps was 78 years of age. Since his retirement he had been actively engaged in outdoor pursuits, and was particularly fond of gardening, but was constrained latterly to go abroad for health's sake. Despite this, his strength had been for the last six months steadily declining, and recently he underwent a serious operation, from which he did not completely recover. Dr. Rees-Philipps was educated at Cheltenham College and the Royal University of Ireland, where he graduated M.D., M.Ch. in 1871. After qualifying he held several hospital appointments; but very soon his interests led him to adopt the practice of psychiatry. He was appointed to the staff of Devon County Asylum, thence to the Three Counties Asylum, Arlesey, as senior assistant medical officer. Later he was appointed medical superintendent of Wonford House Hospital, Exeter, which post he relinquished to become the first medical superintendent of the Holloway Sanatorium. Of this hospital he undertook the organization and equipment with his customary enthusiasm. Dr. Rees-Philipps was an active member of the Royal Medico-Psychological Association until his recent illness, and a Fellow of the Medical Society of London. He leaves a widow, with whom deep sympathy is felt in her loss.

Dr. GEORGE CHAPMAN, who had reached the age of 102, and was probably the oldest medical practitioner in England, died at Hall Green, Birmingham, on January 13th, after an illness lasting only four hours, prior to which he had been in his usual health and was out walking on the previous day. Dr. Chapman received his medical education at Queen's College, Birmingham. He obtained the diploma M.R.C.S. in 1866, and in 1868 the L.S.A. He spent his whole life in the Midlands, commencing practice at Brierley Hill, Staffordshire. He remained there for many years, and was public vaccinator and medical officer to the guardians. Leaving Brierley Hill in 1883, he subsequently practised in Armitage, near Rugeley, and became surgeon to the Rugeley Cottage Hospital. Sixteen years ago he retired from practice, and had since lived with his daughter at Hall Green, Birmingham. Dr. Chapman maintained to the last a keen interest in public affairs and politics, and was able to record his vote at the last parliamentary election. His wife and his son, Dr. H. Dugard Chapman, both predeceased him.

Universities and Colleges.

ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH.

Dr. Axham.

AT a meeting of the Royal College of Physicians of Edinburgh, held on January 19th, the suspension of the licence of Frederick W. Axham, which was imposed on May 7th, 1912, was removed. The motion put before the College and carried by a majority was as follows:

"The College having on the 7th day of May 1912 determined on good cause shown that Frederick William Axham, a Licentiate of the College, of Morden, Dollis Park, Church End, Finchley, N., should be suspended *sine die* and deprived until the said suspension is removed or remitted of all the rights and privileges which as a Licentiate he enjoyed,—it is now resolved by the College (on proof submitted that the said Frederick William Axham has abstained for the last five years from the practices which led to his suspension and will not resume them) that the said suspension be removed as from this date."

UNIVERSITY OF OXFORD.

Degree Days.

THE degree days during the remainder of the present academic year are as follows:—*Hilary Term*: Saturdays, February 13th and March 27th. *Trinity Term*: Thursday, April 29th; Saturday, May 22nd; Thursday, June 24th; Saturday, July 3rd. The congregation will in each case be held at 2.30 p.m.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

A QUARTERLY Council meeting was held on January 14th, when the President, Sir John Bland-Sutton, Bt., was in the chair.

Lecturers.

Sir Berkeley Moynihan was appointed Hunterian Orator for 1927. Sir John Lynn-Thomas was appointed Bradshaw Lecturer for 1926, and Professor G. Elliot Smith F.R.S., was nominated as Thomas Vicary Lecturer for the ensuing year.

Court of Examiners.

Mr. Raymond Johnson wrote a letter resigning from the Court of Examiners. The resignation was accepted, to take effect from March 10th next, and the vacancy thus occasioned will be filled up at the ordinary Council on March 11th.

The Case of Mr. F. W. Axham.

A further application from Mr. F. W. Axham for restoration to membership was considered, but the Council did not see fit to rescind the resolution of July 13th, 1911, removing Mr. Axham from the membership of the College.

The Museum.

It was announced that for the remainder of January and during February the museum will be kept open until 5, instead of being closed at 4 p.m.

L.D.S. Gown.

A gown for Licentiates in Dental Surgery was instituted, the gown to be of black stuff similar in shape to the Fellows' and Members' gowns, with facings of crimson cord and with a sleeve looped with crimson cord.

Diplomas.

Diplomas were granted jointly with the Royal College of Physicians of London in the following subjects: public health to sixteen candidates, tropical medicine and hygiene to four candidates, psychological medicine to twelve candidates, laryngology and otology to four candidates.

Primary Fellowship Examination.

At the examination in anatomy and physiology for the Fellowship concluded on December 17th, 1925, 129 candidates were examined, of whom 40 were successful and 89 were rejected.

ROYAL COLLEGE OF PHYSICIANS OF IRELAND.

AT a special meeting of the President and Fellows held on January 15th the following candidates were admitted Licentiates in Medicine and Midwifery of the College:

Miss Eileen Kiernan, Mrs. Ellen Ryan.

The Services.

NAVAL MEDICAL COMPASSIONATE FUND.

AT the quarterly meeting of the directors of the Naval Medical Compassionate Fund, held on January 19th, when Surgeon Vice-Admiral Sir Joseph Chambers, K.C.B., C.M.G., Medical Director-General of the Navy, was in the chair, the sum of £105 was distributed among the several applicants.

DEATHS IN THE SERVICES.

Fleet Surgeon Alexander George William Bowen, R.N. (ret.), died at Plymouth on January 4th, aged 62. He was educated at Guy's and at Cambridge, where he graduated as B.A. in 1884, and as M.B. and B.Ch. in 1889. Entering the navy as surgeon on November 11th, 1891, he served on H.M.S. *Partridge* in the West Indies, and with the Plymouth Division of Royal Marines. Becoming staff surgeon in November, 1899, he served in H.M.S. *Beagle* on the Cape and West African stations, and later in the cruiser *Amethyst*. He became fleet surgeon in November, 1907, and served as such in the battleships *Canopus* and *Agamemnon*. He retired in 1912. During the recent war he served as a temporary major in the R.A.M.C.

Medical News.

SIR JAMES BERRY will deliver the Hunterian Lecture at the meeting of the Hunterian Society of London to be held in the Hastings Hall, British Medical Association House, Tavistock Square, on Monday next, January 25th, at 9 p.m. The subject of the address will be some clinical aspects of simple goitre, with remarks on its causation; it will be illustrated by the epidiascope. A discussion will follow in which Dr. Strickland Goodall, Mr. Dunhill, and Dr. Scott Williamson will take part.

ON January 28th Dr. H. C. Cameron will lecture for the Fellowship of Medicine on catarrhs and the catarrhal child, at 5 p.m., in the lecture hall of the Medical Society of London, 11, Chandos Street. The London Lock Hospital will hold a comprehensive course in venereal diseases from February 1st to 27th. A two weeks' afternoon course, beginning on February 1st, will be given at the Blackfriars Hospital for Diseases of the Skin. A combined course in diseases of children, in which the Paddington Green Children's Hospital, Victoria Hospital, and the Children's Clinic will be participating, will be given from February 8th to 27th. A late afternoon course (4.30 to 6) for general practitioners has been arranged at the London Temperance Hospital from February 8th to 19th. A general intensive course in medicine, surgery, and the special departments will be held at the Queen Mary's Hospital, Stratford, from February

15th to 27th. A copy of each syllabus of these courses, and of the programme of the general course arranged by the Fellowship, may be had from the Secretary at 1, Wimpole Street, W.1.

PROFESSOR A. V. HILL, F.R.S., will begin a course of six lectures on the physiology of muscle at University College, Gower Street, W.C.1, on Monday, February 1st, at 4 p.m. They will be continued on succeeding Mondays at the same time. Admission to the lectures is free without ticket.

DEMONSTRATIONS are being given at the Maudsley Hospital, Denmark Hill, S.E., on Monday and Wednesday afternoons, at 2.30; clinical discussions are held in the wards on Tuesday mornings at 11.30, and there is a monthly meeting on the last Friday of each month, at 4.30 p.m., at which a group of patients from one of the London County Council mental hospitals is shown. All these meetings are free to medical practitioners and students.

SIR ROBERT CHARLES BROWN, F.R.C.P., F.R.C.S., consulting medical officer to the Preston Royal Infirmary, of whom an obituary notice appeared in our issue of December 5th, 1925 (p. 1093), left estate of the gross value of £80,716. He bequeathed £1,000 free of legacy duty to the Directors of the Cambridge Research Hospital, and made bequests of £100 each to many charitable institutions. Two-thirds of the residue of his estate is left to the Preston Infirmary Convalescent Hospital, Lostock Hall.

THE thirty-eighth Congress of the German Society of Internal Medicine will be held at Wiesbaden, under the presidency of Professor Pässler of Dresden, from April 12th to 15th, when the following subjects, among others, will be discussed: (1) modern treatment of syphilis of the nervous system, introduced by Spielmeyer of Munich and Wagner-Jauregg of Vienna; (2) the blood as a clinical mirror of somatic processes, introduced by von Schilling of Berlin; (3) asthma, introduced by Dr. Klewitz of Königsberg.

INTERNATIONAL post-graduate courses will be held in March in Berlin, and will include clinical lectures on internal medicine, a fortnight's course on diseases of children, a week's course in nerve diseases, and a special course in throat, nose, and ear affections. Further details may be obtained from the International Post-Graduate Course Office, Kaiserin Friedrich-Haus, Luisenplatz 2-4, Berlin N.W.6.

A MEDICAL congress under the name of "Journées médicales tunisiennes" will be held at Tunis this year, from April 2nd to 5th, when the following subjects will be discussed: (1) gastro-duodenal surgery; (2) Mediterranean fever; (3) prophylaxis and treatment of measles; (4) trachoma. The subscription is 100 francs. In connexion with this congress various excursions will be arranged to surrounding centres of interest, including Carthage, La Marsa, El-Djem, and Sfax. Further information can be obtained from Dr. Gerard, Bureau d'hygiène, Tunis.

THE first congress of the medical press of Latin countries will be held in Paris towards the end of 1926, when the following questions, among others, will be discussed: (1) Unification of the terminology and bibliography in medical literature, introduced by MM. Miraude (*Journal de médecine et de chirurgie pratiques*) and Tecon (*Revue suisse de médecine*). (2) Copyright in the medical press, introduced by MM. Gardette (*La Presse thermale et clinique*) and Ribadeau-Dumas of the Paris Court of Appeal. (3) The role of the medical press in the preparation, organization, and transactions of medical congresses, introduced by MM. le Sourd (*Gazette des Hôpitaux*), Beckers (*Bruxelles-Médical*), and J. de Azevedo (*A Medicina Contemporanea*). Further information can be obtained from Dr. L. M. Pierra, 12, Rue de Babylone, Paris VII^{e}.

THE fifty-ninth congress of the learned societies of Paris and the French departments will be held at Poitiers on April 6th.

A CLUB of medical chess players is to be formed in Paris. Those wishing to join should communicate with Dr. Somen, 113, Avenue Saint-Martin, Paris IV^{e}. There is no subscription.

THE centenary of the birth of the celebrated physiologist, Felix Hoppe-Seyler, was recently celebrated in the physiological institute of Tübingen University.

PROFESSOR HANS EPPINGER, formerly the first assistant of Professor Wenckebach in the medical clinic at Vienna, has succeeded Professor de la Camp as director of the medical clinic at Freiburg.

DR. CLAUDIUS REGAUD, director of the Paris Radium Institute, has been nominated doctor *honoris causa* of the free University of Brussels.

AS the result of a matinée organized at Daly's Theatre on January 14th, over £900 was raised on behalf of the Elizabeth Garrett Anderson Hospital for Women. An effort is being made to obtain £75,000 for the building of new pathological and *x*-ray departments and other much needed accommodation.

DR. T. A. MCCULLAGH, Bishop Auckland, has been appointed Deputy Lieutenant for the County of Durham.

APPLICATIONS from over 300 surgeons have been received for the next International Congress of Surgery, which is to be held at Rome from April 7th to 10th, the distribution, according to their nationality, being as follows: Belgium 33, Canada 2, Czecho-Slovakia 6, Cuba 2, Denmark 10, Egypt 8, France 70, French colonies 7, Great Britain 59, Greece 1, Holland 24, Ireland 6, Italy 20, Poland 9, Portugal 6, Rumania 4, Russia 4, Spain 14, Sweden 8, Switzerland 28, United States 12. Two sea voyages for medical practitioners round the Mediterranean have been organized by the *Bruxelles-Médical* in connexion with this congress. The first voyage, lasting thirty-one days, will start from Marseilles on March 5th, and the second, lasting thirty-three days, will leave the same port on April 15th. The places visited will include Naples, Alexandria, Jaffa, Beyrouth, Smyrna, Constantinople, Constanza, the Piraeus, and Malta. The charge for each voyage is 4,200 francs. Further information can be obtained from Dr. Bernard, 62, Rue Froissart, Brussels.

Dr. CHARLES DEJEAN of the Montpellier Faculty of Medicine has been awarded the Cirincione prize in the international ophthalmological competition at Rome.

ACCORDING to the *Japan Medical World* the number of cases of beri-beri in the Japanese army has risen from 3.43 per 1,000 in 1914 to 10.47 in 1923, and in the navy from 1.36 per 1,000 in 1914 to 2.40 in 1923.

THE fall in the birth rate in Sweden, which has been a source of considerable anxiety in that country, is shown by the following figures. During the period 1891 to 1900 there were 26.3 births per 1,000 persons. From 1911 to 1920 this figure fell to 17.8, and in 1924 to 12.6 per 1,000. The death rate, on the other hand, has fallen from 19.1 to 11 per 1,000.

FROM July 26th to September 12th, 1925, 1,959 fatal cases of plague occurred in Java; and 6,268 cases of plague, with 4,421 deaths, and 7,919 cases of cholera, with 4,789 deaths, occurred in British East India from August 16th to September 19th.

Letters, Notes, and Answers.

All communications in regard to editorial business should be addressed to ***The EDITOR, British Medical Journal, British Medical Association House, Tavistock Square, W.C.1.***

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QUERIES AND ANSWERS.

ORAL STENOSIS.

MR. FRANK COLEMAN (London) writes: I would like to suggest a simple method of treatment that would, I believe, be effectual in restoring the patency of the mouth in the case described by Dr. Hoyte (JOURNAL, January 9th, p. 75).

At the position of the angle of the mouth on each side make a circular opening into the oral cavity with an antrum perforator or some similar instrument and enlarge each opening to the size of a lead pencil or slightly larger (approximately 3/8 in.). Insert a piece of drainage tubing (approximately No. 14) through each opening, so that the free end passes well into the oral cavity, then cut off each tube beyond the skin surface and retain in position. Flanged empyema tubes would serve the purpose well and be easy to retain in position. Leave the tubes *in situ* for about three or four weeks, or until the canals are completely cicatrized, changing the tubes when necessary for cleaning. A director is then passed from one lateral opening to the other