

strong, is placed at the correct angle to the shaft. The distal end of the shaft is as fine as possible compatible with strength; in Sluder's first step in the operation it is fine enough to separate the tonsil from the tongue should they be continuous, as well as to separate easily the lower pole. The fenestra is oval, and in the recent pattern, when the blade is driven home with the thumb, a small lever is raised which locks the blade against the concavity of the fenestra, a solid piece of soft metal taking the place of the usual slot into which the blade enters. The instrument being locked can be kept on the tonsils as long as is desirable, provided the anaesthetic is ether or a combination.

Instruments made without a small slot are more difficult to manipulate, in that the tonsil capsule is not cut through when the blade is driven home, and Sluder's seventh step is often needed, the instrument being rapidly and forcibly raised out of the mouth at a right angle to the tension of the palate. This movement transforms the action of the blade from that of a chisel to that of a knife, facilitating its cutting power. This guillotine gives an almost bloodless operation in a large percentage of cases, the adenoids being removed by a Beckman curette, which I consider the safest of all.

For patients between the ages of 13 and 17 the anaesthetic is ether with oxygen, and the locked guillotine is retained in position for three minutes after removal of the tonsil. Should there be any oozing the enucleated tonsil is fixed on a volsellum, the raw surface being distal, while the buccal surface is rapidly rubbed with 5 per cent. tincture of iodine. The tonsil is then replaced in its fossa and retained there rather firmly for two minutes. This will arrest all the general oozing, and in most cases when the tonsil is again removed the fossa is perfectly dry, any bleeding that continues coming usually from the upper pole (descending palatine artery), more towards the middle line and anteriorly. While the fossa is being kept dry with a small Soronsen's electrical exhaust pump the tonsil is picked up with a long pressure forceps and tied with a slip-knot. A full description by Coakley of this method appeared in the *Journal of Laryngology* for January, 1922. After dealing with both tonsils the adenoids are removed by Kelly's direct-vision adenotome, with which the adenoid mass is plainly seen; it removes all the tissue in about 85 per cent. of the cases. As is known, the contour of the post-nasal space varies, and occasionally a small mass may require removal with an ordinary curette, particularly if it is situated at the upper and outer angle of the space.

In patients over 18 years of age I prefer removal of the tonsils by dissection under local anaesthesia, the posterior accessory palatine nerve being blocked as it emerges from the tip of the pterygoid plate, followed by infiltration with novocain and adrenaline. Unfortunately, about ten minutes must elapse before the operation is commenced. The tonsil capsule is then seized above and below with a powerful volsellum and drawn out; it is divided with a Mayo curved scissors, also used as a plain and expanding dissector. After separation of the upper pole a long strip of gauze is inserted and carried behind and externally until the tonsil is hanging by its lower pole. A strong French snare (Lermoyez) of No. 7 piano wire is then slipped round it and the thumb-screw tightened, but not so as to cut through. It may then be left hanging from the angle of the mouth while the other tonsil is dealt with. Should bleeding occur the tonsil is slipped back into its place and held there for a couple of minutes. If either of the three vessels requires ligaturing it is picked up and tied in the usual way. The cocaine gauze packing which was previously inserted into the post-nasal space is now removed, and any adenoids excised by the direct-vision adenotome. The blood lost by this method is seldom more than half an ounce. The patient is kept under the influence of morphine for the first twenty-four hours, and pain is relieved by gargles of aspirin or antipyrin; frequent hot Vichy water gargles are given, followed by salol.

In every tonsil operation, whether in a child or an adult, the patient should be re-examined during the subsequent six to twelve weeks and a note made of the throat condition. In a town like Johannesburg it is comparatively easy to follow up such cases, and it is surprising

to see the results of some tonsil operations. Usually the condition of the throat is all that could be desired, but in an appreciable number of cases the lower pole of the tonsil—or, at any rate, tissue like that of the tonsil—remains present. It is difficult to say whether some part has been overlooked at the operation, or whether an inroad from the lingual tonsil has occurred, Nature endeavouring to compensate by depositing adenoid tissue. It is sometimes comparatively easy to see that tonsil tissue has been left; this is of little importance, as it can be readily removed. What is far more serious is an entire absence of the anterior pillar, which materially interferes with the singing voice, both in the child and adult.

When the crushing guillotine was first placed on the market many thought it would obviate most of the bleeding, but it was quickly discovered that both primary and secondary haemorrhage was far more frequent than with the single-bladed guillotine, and that about 10 per cent. of children had no vestige of the anterior pillar left, though the difficult tonsils mentioned above had scarcely been touched. The loss of the anterior pillar cannot, however, be wholly attributed to the crushing instrument, as it is occasionally found with a single-bladed one, no matter how carefully the operation is performed. Recently I saw a small boy whose tonsils had been removed by dissection. The anterior pillars had completely disappeared; so there must be other causes for this than the actual operation. I believe it will be found that these children are of a special type from the endocrine point of view, and, from my own limited observation, I look upon them as belonging to the status thymico-lymphaticus group, allied to the vagotonic (constitutional inferiority) class of Eppinger and Hess. These children are more vulnerable to infections, and on their tissues slight traumatism has far-reaching effects.

My experience, derived from many visits to schools in England, Scotland, and America, was that in children the guillotine was the method of choice, while in adults favour was equally divided between the guillotine and the dissection methods, with a slight bias towards the latter. In the Mayo Clinic dissection under local anaesthesia in the sitting-up position in a tonsil chair is favoured; in the Sluder Clinic at St. Louis the guillotine; in the North Chicago Hospital Beck's guillotine snare; in the Philadelphia Skillern Clinic the La Force crushing guillotine is used, but since the guillotine is retained from five to seven minutes before being released this may be called a bloodless method.

## Memoranda :

### MEDICAL, SURGICAL, OBSTETRICAL.

#### INGUINAL HERNIA CONTAINING A RUDIMENTARY HORN OF A BICORNUATE UTERUS.

THE following case is considered worthy of record owing to its comparative rarity, for Latteri<sup>1</sup> in 1923, in describing a case, was able to find only seventy-seven other cases in the literature. He concludes that the uterus can only enter a hernial sac when some congenital abnormality is present, either of the uterus, or in the development of the canal of Nuck and the genito-inguinal ligament. He considers that diagnostic points are: pain and increase in volume of the hernia at the menstrual periods; lengthening and narrowing of the vagina, with marked inclination to the side of the hernia, which is usually on the left and irreducible, while on bimanual examination the movements imparted to the vaginal walls and cervix are transmitted to the contents of the sac. Latteri considers that operation should be undertaken as soon as the condition is diagnosed, to obviate the possibility of complications, and in particular the complications which may ensue if pregnancy should supervene; the procedure adopted should aim at reduction of the contents rather than hysterectomy.

A married woman, aged 32, was admitted to the Royal Infirmary, Sheffield, on October 17th, 1925, for operation on an irreducible left inguinal hernia. The rupture was first noticed after a fall at the age of 9 years, but gave rise to no trouble

<sup>1</sup> Latteri, F. S.: L'Ernia Inguinale dell'Utero, *Arch. Ital. di Chir.*, 1923, 7, 39.

until puberty, after which it became painful and increased in size at the periods, and during her one pregnancy. For five months she had had attacks of pain localized in the swelling, and occasional vomiting, particularly at the menstrual periods. The bowels were constipated, and there was nocturnal frequency of micturition. For the same period menstruation had occurred twice monthly, for two or three days, and had been painful. She had one child, aged 4½, and had had no miscarriages. Morning sickness was troublesome and persistent, and the hernia was painful and swollen during the whole pregnancy. Delivery was instrumental, but, apart from the hernia, nothing abnormal was then noticed by her medical attendant (Dr. Michael Pettigrew).

Examination revealed an irreducible inguinal hernia in the left groin, which was tender on palpation; and from the history and examination it was thought that the left ovary might be contained in the sac.

At operation the sac was dissected out after separating off well developed muscular and internal fascial coverings. On opening the sac the fimbriated end of the Fallopian tube was recognized, and the tube and its mesentery were found to be continuous with an elongated rounded muscular structure which also occupied the sac and ran back into the abdomen through the internal abdominal ring; near the external ring, where it joined with the Fallopian tube, it became adherent with the apex of the sac, and its muscular fibres appeared to run into the round ligament which continued through the external ring outside the sac. On gentle traction on the tube and its mesentery the ovary slipped out through the internal ring. On bimanual examination it was apparent that the cervix was continuous with a larger right cornu and with this smaller left cornu, which could be traced into and dragged on as it lay exposed in the open sac.

The apex of the uterine horn was freed and replaced with the tube and ovary inside the abdominal cavity, and the sac and canal were dealt with in the usual way.

T. B. MOUAT, M.D., Ch.M.Ed., F.R.C.S.Eng.,  
Honorary Assistant Surgeon, Royal Infirmary, Sheffield.

#### A VAGINAL CALCULUS.

An instance of this extremely rare condition, recorded by Lieut.-Colonel W. F. Brayne, was published in the *JOURNAL* of January 2nd (p. 17). It is of interest that a small vesico-vaginal fistula was present both in Colonel Brayne's case and in that recorded below.

The patient, married six months previously, complained of dyspareunia. On examination a large cone-shaped calculus was found filling the vagina. It weighed 5½ oz., and was densely hard. Urine flowed from the vagina during the examination. An anaesthetic was given and a perineal section performed before the calculus could be removed. A portion broke off revealing a nucleus as large as an acorn, and section showed that it was an oxalate calculus, the surrounding deposit being of hard phosphatic material impregnated with blood. A fistula, admitting the tip of a finger, was found at the junction of the urethra and bladder. Careful inquiry elicited no history of bladder trouble other than incontinence, from which the patient had suffered since childhood.

E. FARQUHAR MURRAY, M.D., F.R.C.S.,  
Assistant Gynaecologist, Royal Victoria Infirmary,  
Newcastle-upon-Tyne.

#### ACTINOMYCOSIS OF THE APPENDIX.

THE following case is of some interest in view of the comparative infrequency of the condition, and also in demonstrating the response of the disease to appropriate medicinal treatment.

A cowman, aged 50, when admitted to hospital stated that two days previously he had been seized with diffuse and generalized abdominal pain. Later he began to vomit frequently. Next day the pain became localized to the right iliac fossa. His bowels had been open regularly without difficulty and there was no abnormality of micturition. He looked very ill, the temperature was subnormal and the pulse 90. Nothing abnormal was discovered in the chest. The abdomen was distended and moved very little with respiration. It was generally rigid and very tender in the right iliac fossa.

At the operation, which was performed by Dr. T. Turner, the lower part of the peritoneal cavity was found to contain some brownish pus. The appendix, which was removed, was very inflamed and contained a whitish concretion. A large drainage tube was put down to the pelvis.

The pathological report, by Dr. A. G. Shera, stated that films from the pus showed many streptothrix threads, but on culture only a few colonies of *Bacillus coli* were obtained. The concretion was faecal in nature and was infiltrated with streptothrix actinomycetes.

The wound was very slow in healing, and it was observed that there was a rapid tendency to the closing of the sinus following on the administration of potassium iodide in large doses combined with irrigation with tincture of iodine, 1 drachm to the pint.

Within five weeks the patient was quite well.

No history of any lesions in the common regions of the tongue, jaws, or lungs could be obtained, nor were any

signs in these places apparent. The patient's occupation is interesting in considering the etiology of the disease, as is also the remarkable response to specific treatment.

C. F. J. BARON, M.R.C.S., L.R.C.P.,  
House-surgeon, Princess Alice Hospital, Eastbourne.

#### MIDDLE MENINGEAL HAEMORRHAGE IN A BOY.

IN view of the comparative rarity of such cases, and the importance attached to diagnosis, the following case is thought worthy of record.

A boy, aged 12, was sliding between 10 and 11 a.m. on December 6th, 1925, when he tripped and hit his head on the ice; he lost consciousness at once, and was taken home. He recovered consciousness in two hours, and was able to sit up and answer questions; he complained of intense vertical headache, and felt sick, but did not actually vomit. At 3 p.m. he was growing irritable, and at 4 p.m. he became very drowsy, and paid no attention to his surroundings. He was seen by his doctor and sent to Preston Royal Infirmary for observation.

On admission at 6.30 p.m. he was unconscious. Respirations were 20 a minute and stertorous; the temperature was 98° F., the pulse full and bounding, 90 a minute. There was no facial paralysis. Marked spasmodic twitching of the right arm and leg was present; the right knee-jerk was exaggerated, and the plantar response flexor. The left arm was rigid and motionless; the left leg was motionless, but could be flexed at the hip and knee. The left knee-jerk was markedly exaggerated, and the plantar response extensor. The right pupil was dilated, irregular in outline, and did not respond to light. The left pupil was circular, not dilated, and reacted to light.

A diagnosis of right middle meningeal haemorrhage was made, and a subtemporal decompression over the bifurcation of the right middle meningeal artery was performed by Mr. McKerrrow at 8.30 p.m. No anaesthetic was used, as the boy was still unconscious. A large extradural pulsating clot was exposed; the artery was not seen owing to continuous oozing from the wound. As much clot as possible was removed, and the wound irrigated with hot saline, and packed lightly with gauze soaked in adrenaline. There were signs of returning consciousness at the end of the operation.

Anti-shock treatment was given on return to the ward, and haemostatic serum administered every four hours, but the boy died at 6 o'clock the following morning, without having regained consciousness.

Permission for a *post-mortem* examination was refused.

I am indebted to Mr. McKerrrow for permission to publish this case.

W. A. SIMPSON, M.B.,  
House-surgeon, Royal Infirmary, Preston.

#### ACUTE APPENDICITIS IN THE AGED.

IN the *BRITISH MEDICAL JOURNAL* of September 26th, 1925 (p. 584), Dr. Brian B. Metcalfe reported a case of appendicitis in a man aged 80, and asked for information as to the greatest age at which operation had been done. The following case may be of interest.

In March, 1921, a rather stout lady, aged 88, a sufferer for many years from diabetes, became ill with the usual symptoms of appendicitis. She had had a slighter attack about a year previously. On the third day, after consultation, Dr. George Clemens operated by the usual oblique incision and removed an acutely inflamed appendix which was adherent to the surrounding bowel by masses of lymph. The wound was closed without drainage. As the patient was subject to bronchitis, eucaine was injected along the line of incision and I gave chloroform throughout.

The general condition was critical for about a week after operation, and in the second week an area of about 1½ square inches of skin and underlying fascia sloughed. Subsequently recovery was complete and she lived three years, surviving an intracapsular fracture of the femur about eighteen months.

Westbury, Tasmania.

B. ANDERSON, M.B., C.M.Aberd.

#### OSSIFICATION OF THE CONOID LIGAMENT.

SOME time ago I attended a man who fell off his bicycle and struck the ground with the point of his shoulder (the tip of the acromion process). He had considerable pain on making any attempt to move his arm; the pain was situated over the outer third of the clavicle. The skin was discoloured over the seat of injury, and crepitus was very distinct when the outer part of the clavicle was moved. A skiagram showed no fracture of any part of the clavicle or acromion process, but there was a fracture of the conoid ligament, which was ossified, and the crepitus on moving the bone was transmitted through the clavicle.

Dublin.

G. E. PALMER.

to the staff of the Eye Infirmary in 1911. As an officer in the R.A.M.C.(T.) he was mobilized on the outbreak of war, and volunteered for foreign service, which took him to Gallipoli, Salonica, Egypt, and the Russian front; he suffered from several of the tropical illnesses incidental to service in the Levant. Soon after the armistice he was appointed visiting surgeon to the Eye Infirmary, and in 1920 was elected to the chair of ophthalmic medicine and surgery at the Anderson College of Medicine. At both these centres, by his practical methods and his enthusiasm as a teacher, he soon gathered round him a large class of students.

When the British Medical Association met in Glasgow in 1922 he took an active part in the work of the Annual Meeting, and acted as local honorary secretary of the Section of Ophthalmology.

He was a man who made many friends and few, if any, enemies. Possessed of a buoyant disposition and a genial and humorous manner, he was not readily perturbed. During a friendship that has existed for over twenty-five years the writer of this note has never seen him lose his temper. He was married soon after the outbreak of war, and leaves a widow and one son, to both of whom he was devoted.

CHARLES EDWARD ROBERTSON, M.D.,  
Glasgow.

WE have to record with regret the death of Dr. Charles E. Robertson of Crosshill, Glasgow, who died on January 16th. Born in Ayrshire in 1850, he qualified as a teacher and taught for a number of years before taking up the study of medicine. He graduated M.B., C.M. at Glasgow University in 1888, and soon after settled in general practice in the south side of Glasgow, where he spent the rest of his life. He proceeded to the M.D. degree in 1898.

A man of varied attainments and many interests, he was early attracted by medical politics, and for many years was an outstanding figure in public medical life in Glasgow. He was a justice of the peace, a governor of the Victoria Infirmary, and a member of the Glasgow Burgh Insurance Committee from its inception. He was also an active supporter and office-bearer of the Southern Medical Club and the Southern Medical Society.

In the British Medical Association Dr. Robertson was, in turn, chairman of his Division (Glasgow Southern), president of the Glasgow and West of Scotland Branch, member of Council, and a representative for over twenty years. During his two periods of service upon the Central Council of the Association he was most regular in his attendance at the meetings in London. He never spared himself in the public service. Whatever cause he espoused, he advocated it strenuously and effectively; his pertinacity in controversy commanded the respect, even as his bonhomie earned him the regard, of his fellows. He is survived by his widow.

JOHN H. ALEXANDER, M.B., C.M.,  
Late of Dundonald, Ayrshire.

MANY of our readers whose recollections of Glasgow University go back to the late seventies of last century will have shared our regret at the announcement last week of the death of Dr. John H. Alexander, which occurred at Colinton, near Edinburgh, on January 20th.

Owing to failing health Dr. Alexander had to relinquish practice some years ago, but in earlier life he had been associated with, and ultimately succeeded, his father, Dr. William Alexander, whose reputation as a singularly gifted and trusted physician extended far beyond the picturesque little village of Dundonald in Ayrshire where he resided. During a long life of active work Dr. Alexander, sen., had built up, what nowadays seems scarcely possible, a consulting practice from a rural centre, and it was under such auspices that his son began his medical work. But after a few hopeful years progressive impairment in health set in, and ultimately led to his retirement from practice.

It was not in his nature, however, to stand aside and look at life solely as a spectator, and for some years afterwards he reverted to an early interest in applied physics, and delivered several courses of lectures on electrical

engineering to the evening classes held in Kilmarnock Academy under the auspices of the local education authority. Ultimately even this proved more than his failing strength permitted him to undertake, and some twelve years ago he removed to Edinburgh, and then to Colinton, where he died.

Although much of his life was thus passed in retirement, his interest in the progress both of the medical and of the mechanical sciences remained active.

Almost by instinct he was an engineer, and a volume on *Model Engine Construction*, published by Whittaker and Co., went through two editions; while another on *Elementary Electrical Engineering* reached its fifth edition in 1925. He issued another volume on *Model Balloons and Flying Machines*, and constructed a model aeroplane which found a place in one of the Glasgow International Exhibitions in the early days when knowledge of heavier-than-air machines was still in its infancy. He also published a series of newspaper articles on mechanical inventions from before the Christian era till the present day, and, as an illustration of another aspect of his many interests, he wrote a volume of *Gleanings about Christ and Early Christianity*.

Patience and charitableness ran through his life like silver threads relieving the shadows of his physical weakness, and his life was a bright example of what may be accomplished amidst such limitations. He leaves a widow and two daughters, to whom deep sympathy will be extended.

Dr. WILLIAM PERCY HILLIAM of Wyke, near Bradford, died on January 14th. He was the eldest son of the late Captain Thomas Hilliam, and was born at Willesby Hall, Spalding, in 1859. From Malvern College he went to the University of Edinburgh, and continued his medical studies at St. Thomas's Hospital Medical School. He took the diploma of L.S.A. in 1893, and that of L.M.S.S.A. in 1907. After serving as assistant to a medical practitioner in Sheffield, he commenced practice at Wyke some thirty-five years ago. He was a member of the Bradford Division of the British Medical Association and of the Bradford Medico-Chirurgical Society, and a Fellow of the Royal Society of Medicine. Dr. Hilliam is survived by his widow and one son.

Dr. GEORG THIEME, founder of the *Deutsche medizinische Wochenschrift* and head of the publishing department, has recently died at the age of 65. He received the degree of doctor *honoris causa* from the Leipzig faculty of medicine on the occasion of the fiftieth anniversary of the journal in 1924.

The deaths of the following eminent foreign medical men are announced: Dr. H. Fehling, formerly professor of clinical gynaecology at the University of Strasbourg, at the age of 78; Dr. Edouard De Smet, honorary professor of Brussels University, aged 83; Dr. Georg Puppe, director of the Institute of Medical Jurisprudence and formerly dean of the medical faculty of Breslau, aged 58.

## The Services.

### DEATHS IN THE SERVICES.

Colonel Herbert Eustace Cree, Army Medical Staff (ret.), died suddenly of heart failure, while travelling on the Metropolitan railway, on January 25th, aged 66. He was born at Budock, Cornwall, on November 27th, 1859, was educated at the Middlesex Hospital, and took the L.S.A. in 1882 and the M.R.C.S. in 1883. Entering the army as surgeon on August 1st, 1885, he became lieutenant-colonel after twenty years' service, and was promoted to colonel in the long war promotion list of March 1st, 1915, retiring on December 26th, 1917. He served in the Chitral campaign of 1895, with the relief column, gaining the Indian frontier medal with a clasp; in China in 1900, when he was mentioned in dispatches in the *London Gazette* of May 14th, 1901, and received the medal, and in the recent great war.

Lieut.-Colonel Hazlett Allison, Madras Medical Service (ret.), died on November 15th, 1925, aged 74. He was born on April 30th, 1851, at Drumraha, Ireland, and was educated at Queen's College, Belfast, graduating as M.D. and M.Ch. in the Queen's University in 1873. Entering the I.M.S. on September 30th, 1883, he became surgeon lieutenant-colonel after twenty years' service, and retired on December 23rd, 1903.

## Universities and Colleges.

### UNIVERSITY OF LONDON.

DR. ANDREW BALFOUR, C.B., C.M.G., and Dr. M. E. Delasfield have been appointed representatives at the Imperial Congress of the Royal Sanitary Institute to be held in London in July, 1926, to celebrate the jubilee of the institute.

The degree of D.Sc. in cytology has been conferred upon Mr. R. J. Ludford for a thesis entitled "Studies in normal and pathological cytology," and other papers.

### ROYAL COLLEGE OF PHYSICIANS OF LONDON.

AN ordinary comitia of the Royal College of Physicians of London was held on Thursday, January 28th, when the President, Sir Humphry Rolleston, Bt., was in the chair.

The minutes of the Censors' Board were read and confirmed.

#### The late Queen Alexandra.

The address of condolence from the College to H.M. the King on the death of Queen Alexandra was read, together with the official reply received from the Home Office.

#### Membership.

The following were admitted to the Membership:

Douglas Kinchin Adams, M.D.Glasg., George Allison Allan, M.D.Glasg., John Ford Anderson, M.D.Aberd., George Vincent Ashcroft, M.D. Manch., Hugh Barber, M.D.Lond., L.R.C.P., Harry Beddingfield, D.S.O., M.B.Edin., John Anthony Birrell, M.D.Lond., L.R.C.P., Ernest Bulmer, M.D.Edin., Ernest William Henderson Cruickshank, M.D.Aberd., Manindranath De, M.B.Calcutta, Henry Bryan Frost Dixon, M.C., M.B.Dubl., Daniel Martin Baden Evans, M.B.Lond., L.R.C.P., William Moses Feldman, M.D.Lond., L.R.C.P., Gwenvron Mary Griffiths, M.B.Lond., L.R.C.P., Arthur Harrison Hall, M.B. Birm., L.R.C.P., John Thornton Ingram, M.D.Lond., L.R.C.P., Leslie Middlemiss Jennings, M.B.Lond., L.R.C.P., Frank Alexander Knott, M.D.Lond., L.R.C.P., Robert Knox, M.D.Edin., L.R.C.P., David Krestin, M.D.Lond., L.R.C.P., Alexander Lyall, M.B.Aberd., Thottakat Bhaskara Menon, M.B.Madras, Trevor Owen, M.B. Toronto, Albert Edwin Hayward Finch, F.R.C.S., L.R.C.P., George Harold Rossdale, M.D.Oxf., L.R.C.P., Percy Selwyn Selwyn-Clarke, M.D.Lond., L.R.C.P., George Simpson, M.B.Melb., Byron Lionel Stanton, M.B.Melb., Alexander Jarvis Hood Stobo, M.B.Sydney, Selwyn Edward Tanner, M.D.Lond., L.R.C.P., John Thomas Patrick Tansey, M.B.Sydney, Norman Bruce Williamson, M.D.Edin., Claude Wilson, M.D.Edin.

#### Assistant Registrar.

The President consulted the College as to the desirability of appointing an Assistant Registrar, and Dr. R. O. Moon was nominated for appointment at the next meeting.

#### Licences.

Licences were granted to the following candidates, who had passed the required examinations and conformed to the by-laws and regulations:

P. W. A. Agnew, S. A. Antoun, N. A. Arnold, A. Ashworth, A. L. Banks, C. M. Barker, L. H. Belcher, R. J. I. Bell, S. B. Benton, S. Bernstein, M. Bonze, \*Elsie Boyton, R. Broomhead, A. Byrne-Quinn, \*Irene F. Callender, A. L. Canby, De L. Carey, S. Chazen, R. Childs, J. H. Chitty, J. H. Clapp, A. Clark, G. C. W. Clarke, H. N. Collier, \*Violet H. Comber, R. V. Cooke, W. F. Cooper, A. B. Cox, S. T. Davies, T. W. Davies, T. E. Davies, \*Hilda C. Dean, A. E. de Fonseca, \*May W. de Livera, G. C. Dewes, H. V. Dicks, \*Mary G. H. Dickson, \*Margaret H. Duncan, G. H. Dymond, \*Elaine CE. H. Earengery, R. W. B. Ellis, D. C. McC. Ettles, J. Evans, B. Fink, C. W. Flemming, T. D. W. Fryer, S. W. Gabbe, S. C. Gawne, P. Gibbin, \*Dorothy Godden, P. J. Gonsalves, A. F. Gorham, \*Agnes H. Gray, D. P. Gray, \*Margaret K. Green, W. H. Green, C. R. M. Greenfield, L. A. N. Greenway, B. J. Griffiths, A. A. M. Groot, A. Gross, F. P. Guilfoyle, K. H. Hadley, R. N. Hall, C. W. Harrison, L. Hartston, H. G. Harvey, J. P. Heliwell, T. R. Hill, R. L. Holt, B. B. Hosford, \*Mary H. McC. Huggett, N. C. Hypher, D. E. Iago-Jones, R. J. Isaac, G. L. C. Jones, T. Jones, J. Kahanas, J. A. Kerr, \*Hilda M. King, R. H. Knight, P. H. Knowles, T. P. Lalonde, F. J. L. Lang, F. W. Law, D. F. Lawson, R. L. J. Le Clézio, \*Margaret E. Ledger, \*Anne T. Leigh, E. A. Lewis, R. A. V. Lewys-Lloyd, \*Leonora M. K. Lines, T. M. Ling, \*Edith M. Little, G. F. H. McCormick, G. L. M. McElligott, L. J. McGregor, \*Evelyn T. D. MacLagan, A. J. McMillan, P. Malpas, \*Ruth E. Mansfield, \*Mary A. Marshall, Iorwerth O. Martin, S. R. Matthews, H. R. R. Mavor, W. Mayne, S. Mellins, R. H. Metcalfe, G. C. Milner, J. Mintzman, F. E. Montague, P. Morton, M. Mundy, D. H. P. M. Q. Mylechreese, C. B. Nicholson, J. R. P. Norman, G. F. Oakden, E. J. O'Keefe, J. E. J. Palser, C. H. Parker, G. E. G. Peirce, H. A. Pictou, H. P. Pieris, N. R. Pooler, W. G. Porter, D. C. Price, \*Winifred E. Probert, D. M. Pryce, \*Muriel A. Pugh, F. W. F. Purcell, \*Nellie L. Pyman, J. H. Randall, \*Marjorie D. Reddan, \*Margaret G. P. Reed, H. G. St. M. Rees, J. L. Reeve, A. M. Rhydderch, O. Richardson, L. Roberts, \*Victoria A. Roberts, D. J. L. Routh, \*Andrew E. Russell, J. W. Schabert, \*Gitta Schewel, F. L. G. Selby, T. H. Sellors, D. W. Seth-Smith, A. de M. Severne, W. D. Sheldrake, M. Sidky, H. J. A. Simmons, W. S. Slater, E. V. \*laughter, \*Beatrice G. Smith, L. G. Smith, A. Sourasky, Hyla B. Stallard, C. A. Stanley, B. L. Steele, A. F. H. Stewart, R. K. Stockbridge, \*Dorothy S. Tait, G. M. Tanner, \*Constance P. Thomas, D. W. R. Thomas, R. Thorpe, G. O. Tippet, R. S. Tooth, \*Rose A. H. Traill, R. M. Walker, L. H. F. Walton, H. D. Weatherhead, \*Janet Welch, \*Violet M. Weston, E. A. White, J. E. B. Williams, J. H. Williams, H. Williamson, D. B. Wilson, \*Jessie Wiltshire, \*Ada R. Winter, J. Wiseman, \*Joan Worsfold, \*Dorothy E. Wright.

\* Under the Medical Act, 1876.

#### Diplomas in Special Subjects.

Diplomas in the subjects indicated were granted jointly with the Royal College of Surgeons to the following:

D.P.H.—P. L. T. Bennett, Margaret Eliza Björkegren, M. A. B. Brito-Mutunayagam, A. B. Davies, Sylvia V. Elman, W. D. Forgrave, Janet M. Gillison, A. W. Grace, F. V. Jacques, C. R. Lane, J. H. Porter, W. O. Pou, A. S. Sachdev, J. Singh, B. K. Vardya, H. C. M. Williams.  
DIPLOMA IN TROPICAL MEDICINE AND HYGIENE.—Winifred D. Cargill, O. F. Conoley, R. A. Mansell, C. H. H. Robertson.  
DIPLOMA IN PSYCHOLOGICAL MEDICINE.—N. A. Albiston, H. E. August, A. A. Bell, Eleanor M. Creak, J. H. Cuthbert, H. S. Forbes, T. R. Forsythe, E. F. Hewlitt, R. M. Macfarlane, J. McGarvey, E. D. T. Roberts, F. C. M. Taylor.  
DIPLOMA IN OPHTHALMIC MEDICINE AND SURGERY.—Esmé V. Anderson, J. B. Baird, A. Bajaj, D. P. Bilimoria, C. G. H. Blakemore, Victoria E. Brander, J. A. Browne, A. Caddy, H. R. Dive, R. R. Garden, P. N. Gokhale, G. McN. Hargreaves, K. R. Hill, A. MacRae, J. Marshall, J. N. Piplani, Portia K. Taylor, Doris Todd, S. T. Wong.  
DIPLOMA IN LARYNGOLOGY AND OTOTOLOGY.—P. V. Cherian, J. M. Damany, W. J. McNally, N. C. Ramchandani.

#### Psycho-analysis.

Dr. Major Greenwood moved the following resolution:

The College, taking note of the fact that members of the medical profession have stated in the public press that the practice of certain methods of diagnosis and treatment generally known as "psycho-analysis" is open to grave objections, requests the President to appoint a committee to inquire into the truth of such allegations, so far as they relate to the practice of members of the medical profession, and to report what instructions, if any, it may be in the public interest to impose upon the use of these methods by Fellows, Members, and Licentiates of the College.

This was not carried.

#### Appointments and Resignations.

On the nomination of Council, Dr. James Collier, Dr. S. W. Wheaton, Dr. J. S. Fairbairn, and Dr. C. J. Martin were elected Councilors to take the place of Dr. W. S. Lazarus-Barlow, Sir John Broadbent, Dr. T. W. Eden, and Sir George Newman.

On the nomination of the Council, Sir Francis Champneys was reappointed a representative of the College on the Central Midwives Board for England and Wales.

Dr. Drewhitt was reappointed representative of the College on the committee of management of the Chelsea Physic Garden for four years, and Sir Thomas Barlow a representative of the College on the executive committee of the Imperial Cancer Research Fund.

Dr. Arthur Shadwell was appointed a representative of the College on the Queen Victoria Jubilee Institute for Nurses.

The resignation of Mr. Bryan Farrer as junior standing counsel to the College was received. The President nominated Mr. Dighton Pollock for election. It was directed that a letter should be sent to Mr. Bryan Farrer thanking him for his services during a quarter of a century.

The resignation of Sir Dyce Duckworth as representative governor of the University of Liverpool was received. The Council expressed its high sense of the services he has rendered. Dr. Abram was appointed in his place.

#### Lecturers.

The President announced that he had appointed Dr. F. G. Crookshank to deliver the Bradshaw Lecture for 1926, and that the Council had appointed Mr. W. F. Dearden, M.R.C.S., L.R.C.P., to be Milroy Lecturer for 1927.

#### Licentiates and Diplomates in Special Branches.

The Registrar moved for the first time that by-law 160 be amended to read as follows:

A list of all Fellows and Members of the College, and a list of the new licentiates and diplomates in the special branches of medicine admitted during the preceding twelve months, with their places of residence, shall be printed annually under the direction of the Censors' Board, and a copy of such lists certified under the College seal shall be sent to the Registrar of the Branch Medical Councils for England, Scotland, and Ireland.

#### Reports.

The following reports from the Committee of Management, dated December 23rd, 1925, were received and adopted:

The Committee of Management recommend that certain universities which were removed in the year 1918 from the list of recognized places of study, and graduates of which are admissible to the Final Examination of the Board, be now reinstated in the list, as follows:

*Austria:* Graz, Innsbruck, Vienna. *Czecho-Slovakia:* Prague. *Germany:* Berlin, Bonn, Breslau, Erlangen, Freiburg, Giessen, Göttingen, Greifswald, Halle, Heidelberg, Jena, Kiel, Königsberg, Leipzig, Marburg, Munich, Tübingen, Würzburg. *Hungary:* Budapest. The Committee also recommend that the University of Hamburg be added to the list of recognized German universities.

The Committee of Management recommend that the following additional clauses be added in chapter I of the Regulations of the Examining Board in England, namely:

- X. Any representation which a candidate may desire to make with regard to the conduct of his examination must be addressed to the secretary, and not, under any circumstances, to any of the examiners.
- XI. The Committee of Management may refuse to admit to examination or to proceed with the examination of any candidate who infringes a regulation of the Examining Board in England, or is considered by the Committee to be guilty of behaviour prejudicial to the proper management and conduct of the examination.

In accordance with the conditions relating to special diplomas laid down by the Royal Colleges in April, 1920, the Committee of

Management now report that they have recognized courses of instruction at the following institutions—namely:

- D.P.H.*—Newport Borough Isolation Hospital (fever hospital practice).  
*D.T.M. and H.*—Royal Army Medical College (laboratory course).  
*D.O.M.S.*—Cork Eye, Ear, and Throat Hospital (complete courses).  
*D.P.M.*—Bethlem Royal Hospital (neurology, pathology, and bacteriology).  
*D.L.O.*—Royal Naval Hospitals at Chatham, Haslar, and Plymouth (hospital practice only under special conditions).  
 Norfolk and Norwich Hospital (hospital practice only).

The report of the representative of the College on the General Medical Council on the proceedings of the Council at its session held in November last was received.

Books and other donations to the library presented during the last quarter were received and thanks returned to the donors.

The comitia was constituted into an extraordinary comitia, and, on a report from the Censors' Board, it was resolved:

That Charles Bertrand Wagstaff be declared to be no longer a Licentiate of the College: that he forfeit all the rights and privileges of a Licentiate; and that his name be expunged from the list of Licentiates—during the pleasure of the College.

After some formal College business the President dissolved the comitia.

#### ROYAL COLLEGE OF SURGEONS OF ENGLAND.

THE *London Gazette* for February 2nd announces that the petition of the Royal College of Surgeons of England for a supplemental charter has been referred to a Committee of the Lords of the Privy Council. All petitions for or against such grant should be delivered to the Privy Council Office, Whitehall, S.W.1, on or before March 1st.

#### CONJOINT BOARD IN SCOTLAND.

THE following candidates have been approved at the examination indicated:

**FINAL EXAMINATION.—Medicine:** Gwendoline R. Andrews, C. A. Basil, S. N. Chatterjee, J. L. Clark, W. L. P. Dassanayake, B. J. Hallion, S. A. Hunt, E. T. Shadforth, T. A. P. Wynter. **Surgery:** W. B. Anderson, R. J. Hallion, D. Isaacs, G. M. Johnson, J. Margolyes, J. P. T. Mills, K. B. Scott, V. D. Sevaratnam, J. B. Stomler, E. Stungo, C. H. Wickremesinghe. **Midwifery:** W. B. Anderson, Gwendoline R. Andrews, W. L. P. Dassanayake, H. Ellison, S. A. Hunt, G. M. Johnson, T. Kalaihar, J. Lees, Jennima M. McKendrick, W. Robinson, W. B. Russell, A. W. Scott, K. R. Scott, E. Stungo. **Medical Jurisprudence:** A. S. Arora, A. W. M. Battersby, O. D. Beetham, G. V. Boyle, W. J. Cudahy, N. M. Eadie, Anna N. Edward, A. E. F. L. Forbes, J. Gilchrist, W. Graham, B. Gunawardena, J. S. T. Isbister, M. G. Lucas, J. M'D. McKendrick, E. Stungo, N. Wijeyesekera, M. M. Wright.

The following twenty-seven 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. Glas.:

J. L. Dearberg, N. K. Menon, Marian E. Owen-Morris, J. K. Steel, C. K. Dowson, I. Chesser, K. S. Lum, J. W. Wylie, W. M. Kim, G. O. Bergman, M. D. Beem, L. Barber, E. D. T. Smith, A. Rankin, R. H. McKinnon, N. Valerio, J. B. Pantou, W. T. Baker, M. Youakim, J. J. Gilchrist, S. Thiagarajah, D. D. N. Selvadurai, M. R. Soni, D. B. Cruickshank, C. J. G. Hunter, W. E. Williams, A. C. Bagchi.

#### SOCIETY OF APOTHECARIES OF LONDON.

THE following candidates have passed in the subjects indicated:

**SURGERY.**—E. W. D. Long, P. B. B. Mellows, D. P. Mitra, M. N. Nicolson, G. H. Pereira.  
**MEDICINE.**—C. H. S. Johnston, P. H. L. Moore, G. H. Pereira, B. A. Perott.  
**FORENSIC MEDICINE.**—W. Hinds, M. Pettigrew.  
**MIDWIFERY.**—H. Bannounah, W. H. D. Priest, L. A. Rostant, J. W. Whitney.

The diploma of the Society has been granted to Messrs. M. Bannounah, E. W. D. Long, P. B. B. Mellows, and B. A. Perott.

## Medical News.

AT 5 p.m. on February 11th, at 11, Chandos Street, W., Dr. S. A. Kinnier Wilson will lecture for the Fellowship of Medicine on "Sudden cerebral lesions." This lecture is free to medical practitioners. The Queen Mary's Hospital (Stratford) will give a general intensive course in medicine, surgery, and the special departments from February 15th to 27th. Daily sessions will be held from 10 a.m. to 5 p.m. (excepting Mondays, when they begin at noon). Opportunities will be afforded those attending the course to visit the new gynaecological and obstetrical department at this hospital. Courses in progress are a combined course in diseases of children at Paddington Green Hospital, Victoria Hospital, and the Children's Clinic, and a comprehensive course in venereal diseases at the London Lock Hospital. The London Temperance Hospital will hold a general course for general practitioners in the various departments of the Hospital from February 8th to 19th at 4.30 to 6 p.m. The March courses are as follows: Bacteriology, diseases of the chest, gynaecology, ophthalmology, tropical medicine, and a course for general practitioners. Copies of all syllabuses and of the general course programme may be had from the Secretary to the Fellowship of Medicine, 1, Wimpole Street, W.1.

PROFESSOR J. C. DRUMMOND, D.Sc., will give a lecture on modern views of vitamins at the Royal Society of Arts, John Street, Adelphi, W.C.2, on Wednesday, February 10th, at 8 p.m. Dr. C. J. Martin, F.R.S., will preside.

THE sixteenth annual Hospital, Health, and Nursing Exhibition will be held in the Central Hall, Westminster, from April 12th to 16th and will contain a hospital section organized by the Hospital Officers' Association.

THE regulations of the Dental Board of the United Kingdom made under Section 7 of the Dentists Act, 1921, as approved by the Privy Council in January, 1922, and amended by regulations similarly approved in March, 1922, December, 1923, and July, 1925, have now been published by H.M. Stationery Office as one of the series of Statutory Rules and Orders. Copies may be obtained through any bookseller, price 1s. net, the key number being S. R. and O. 1923, No. 1615 (as amended). An outline of the provisions of the Dentists Act, 1921, the constitution of the Dental Board, and the arrangements for dental education and examination, appeared in the Educational Number of the BRITISH MEDICAL JOURNAL published on September 5th, 1925.

THE report of the Distribution Committee adopted at the meeting of the Hospital Saturday Fund on January 30th recommended awards to the amount of £71,503 to 234 institutions, as against £70,488 to 230 institutions in 1924. It was announced that the bed accommodation for 1924 was 8,874, of which 7,066 were in daily use, and the cost ranged from £1 18s. to £7 12s. 1d. per bed per week.

THE KING has appointed Dr. Cyril Hartley Durrant, chief medical officer St. Kitts-Nevis Medical Service, to be a member of the Council of the Presidency of St. Christopher and Nevis for a further period.

IN the note headed "Laboratory for Glasgow Maternity Hospital" in our Scottish news last week (p. 217) it should have been stated that the late Mr. William Robertson gave the money to the Royal Maternity and Women's Hospital for the erection of the laboratory on the understanding that Dr. D. J. Mackintosh, superintendent of the Western Infirmary, along with Mr. Robertson's sons, would represent him in building the laboratory and would co-operate with the architect. The work was placed under Dr. Mackintosh's direction, particularly in view of the fact that a similar laboratory had been erected in the Western Infirmary and also in the Victoria Infirmary under his advice.

THE Medical Committee of Queen's Hospital, Birmingham, on January 21st, passed a vote of thanks to Professor J. T. J. Morrison for his work in connexion with the writing of the book *William Sands Cox and the Birmingham Medical School*, published on the occasion of the centenary of the Birmingham Medical School, and presented to him an artistically bound copy of the volume containing an appreciative address on parchment signed by every member of the medical staff. The book is reviewed at page 248 of this issue.

A COURSE of advanced lectures with practical work in surgical urology will be given at the Necker Hospital in Paris, from May 25th to June 4th. The course will include pathology, diagnosis, and treatment, operations on the cadaver, and the use of the uretero-cystoscope. The fee for the whole course is 600 francs; further information may be obtained from Dr. Fey, at the Necker Urological Clinic, 151, rue de Sèvres, Paris.

DR. ROSE JORDAN, tuberculosis officer for Lewisham, pleads in the *Medical Officer* of January 30th for the free treatment of all tuberculous patients throughout Great Britain. Treatment is free in the whole of Wales under the King Edward VII Welsh National Memorial Scheme, and in several English counties, but at a recent meeting of the London County Council the motion in favour of a proposal to make treatment free in London was not carried. At a meeting of the Metropolitan Branch of the Society of Medical Officers of Health last November a similar resolution was carried unanimously.

ABOUT 7,000 children exposed to infection have been inoculated against scarlet fever in Italy with Caronia's vaccine, and only about 2 per cent. have contracted the disease.

PROFESSOR W. FISCHER, director of the Pathological Institute at Rostock, has been elected rector of the Rostock Medical Faculty.

A MANUAL on the use of the Leitz microtome, including the preliminary treatment of tissues and the preparation of sections, has been written by Dr. S. Becher, professor of zoology and comparative anatomy at Giessen University. An illustrated English translation may be obtained from Ogilvy and Co., 20, Mortimer Street, W.1.

THE late Sir Richard Douglas Powell, Bt., Physician in Ordinary to Queen Victoria, King Edward, and King George, who died on December 15th last, aged 83, left estate of the gross value of £43,679 with net personalty £41,769. He directed his executors to burn or destroy all his case books and letters relating to his private patients.