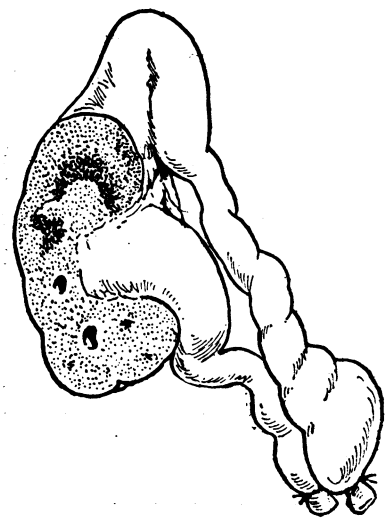
elements have been described. This so-called congenital sarcoma is best explained by Wilms's hypothesis, which maintains that it contains three parts—a carcinomatous, a sarcomatous, and a myomatous. All these elements can sometimes be found in the same growth if sections are taken from various portions.

Nephrectomy has been practised for many years with unsatisfactory results, the mortality rate being at least 50 per cent. In those that survive the shock of the operation recurrence is rapid, but from time to time an exception is met with in which clinical evidence is forthcoming that surgery has produced an apparent cure. So long, however, as diagnosis is delayed until pressure symptoms arise, there is more hope for the prolongation of life in the exposure of these tumours to irradiation than in submission to the surgeon's knife.

Experience has shown that if the kidney fails to develop normally during foetal life it is prone to become diseased. All kinds of operations have been devised to restore the kidney to its normal function. Their multiplicity proves that none produce the desired result, and when they are practised nephrectomy is merely delayed. Within the first decade of life hydronephrosis of congenital origin, uncomplicated by infection, causes vague abdominal symptoms which can only be diagnosed accurately by the aid of pyelography. On the other hand, if infection occurs there is little difficulty in determining the site of the lesion. Recently there has come under the care of my colleague, Dr. Adolphe Abrahams, an infant, aged 7 months, suffering from a structural defect of the right kidney.

A child, aged 7 months, healthy and robust-looking, was admitted to hospital on October 10th, 1925, with a history of an attack of diarrhoea and vomiting on October 5th. On October 9th straining and pain during micturition was noticed and the urine was observed to contain a white deposit.

On admission the temperature was 104.2°, pulse 160, respirations 60. The stools were normal. The urine gave an acid reaction, had a smoky appearance and unpleasant odour; specific gravity 1025; microscopically coliform organisms and some pus cells were reported.



Drawing to illustrate abnormal kidney in an infant of 7 months.

The tongue, mouth, and pharynx were clean, and apart from the abdomen being tender and phimosis being present there were no other physical signs.

The alkali treatment of pyelitis was adopted; the temperature and respirations fell steadily, and by October 16th the temperature was normal; urine 30 oz. per diem and alkaline.

On October 29th circumcision was performed. The temperature rose with the onset of bronchitis; a definite deposit of pus appeared in the urine, which had again become acid. The child went off his feeds, and on November 6th the respirations were slow and sighing; temperature 103°, pulse 168. The urine contained a heavy deposit of pus; no acetone and no diacetic acid present. On November 7th a tender tumour the size of a hen's egg was palpated in the right loin, the bladder was distended, and incontinence with overflow was present. Ten ounces of urine were drawn off by catheter and the bladder washed out with boric acid lotion (half strength), much muco-purulent material being present. On November 8th the above procedure was again attempted, but failed owing to the blocking of the catheter with muco-pus.

Operation.

A small incision was made to the right and above the umbilicus. Intraperitoneal palpation revealed a right kidney enlarged and cystic and a left kidney normal in consistence and size. This incision was then closed and suprapubic cystostomy performed, a malacot tube being left in the bladder.

The condition of the child improved, and on November 18th the right hydronephrotic kidney with 3 inches of distended and coiled double ureters was removed through a curved lumbar incision; the perirenal tissue was drained by a small tube and a fresh malacot catheter inserted into the bladder.

On November 24th this catheter was removed and the bladder washed out suprapubically. An attempt was then made to cystoscope the patient through the suprapubic fistula, but owing to the small size of the bladder and its inability to retain fluid the ureteric orifices could not be seen. The wounds healed rapidly, and though another attack of bronchitis supervened the child is now doing well and gaining weight. This patient has been kept under observation since discharge from hospital. His general state of health is excellent and the urine is normal.

The accompanying illustration demonstrates the chief features of the abnormal kidney. It will be noted that the lower ureter is dilated and opens into a large pelvis and that the calyces are almost entirely absent. The upper ureter is also dilated and opens into an accessory pelvis perched on top of the upper pole. There is no communication between the two pelves. At the operation the two ureters were discovered to unite just before entering the bladder.

In the *Transactions* of the Royal Society of Medicine (vol. xiv, No. iv) Jocelyn Swan records a case of double ureter in a man aged 33, where the accessory duct opened into a cyst at the lower pole of the kidney. I believe that this cyst was really a second pelvis.

It is interesting to inquire why, if the ureteric bud on one side divides to form two ureters and two pelves, the mesonephros on the same side, from which the renal cortex is developed, does not likewise split up into two portions. A case has yet to be recorded of a man with three fully developed kidneys.

I am indebted to Dr. G. L. S. Kohnstam for the compilation of the case notes.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

BROMISM: THE SODIUM CHLORIDE TREATMENT.

Two types of eruptions due to the administration of bromides are described: (1) an acneform (bromacne), usually seen on the face, chest, or back; and (2) a granulomatous hyperplastic variety which occurs most often on the extremities.

An occasional peculiarity is the relatively long latent period between the last dose of the drug and the appearance of the symptoms, which once they are established may "persist for a considerable time after it has been discontinued."[1] These points were well illustrated by a case to which I was called by Dr. D. H. Fraser on January 7th.

The patient, a lady aged 65, was suffering from a left-sided incomplete hemiplegia with some aphasia—her fourth stroke since 1914. Both bromide and iodide of potassium had been administered, the latter continuously for some weeks, and up to the moment of our consultation. The last dose of bromide, in the form of bromoglidin (gr. 5), was given on December 22nd. Its administration had not been regular, but not more than 125 grains of bromoglidin had been given during the period of her illness—seven weeks. The eruption consisted of: (1) Reddish, raised, grouped acneform papules on the front of the chest. They were larger and much brighter in colour than acne vulgaris. There was no tendency to pustulation, and there were no subjective symptoms. The face was not affected. (2) The more typical raised granulomatous, discoid plaques, varying in size from that of a shilling to half a crown, were present on the backs of the hands, the dorsa of the feet, and sides of the little and big toes. The first of them had been noticed by Dr. Fraser on the forefinger of the left hand on December 23th—that is, a full week after cessation of the bromide. These lesions were of a dull red colour, and discharge was oozing freely from a number of points on the surface of each. Three such lesions were present on the right hand, two on the left, and a larger number of less typical patches on the feet. The temperature was not raised, there was no pain or irritation, and the associated glands were not notably enlarged. The case seemed to me, without any doubt, to be a classical example of bromide eruption as suspected by Dr. Fraser.

The duration of such cases may be prolonged. In one of my own cases—a chronic alcoholic who had taken bromide after an attack of delirium tremens for some months, and had in consequence developed severe granulomatous lesions on both legs—in spite of many different applications, and the internal administration of arsenic, healing did not take place for five weeks. I was therefore glad to have the opportunity of testing the efficacy of the salt treatment devised on an experimental basis by Wile, Wright, and

[1] MacLeod: *Diseases of the Skin*, 1920, p. 718.

Smith,[1] and later perfected by Stevenson.[2] The first named, relying on the principle of "mass action" of salts in solution, administered intravenous injections of deci-normal sodium chloride to three cases of bromism. "Bromides were detected in the urine when none had been present before, and rapid regression of the skin lesions and improvement of the nervous symptoms were noted."

Stevenson found that oral administration of the salt in salol-coated tablets was even more effective in both respects. A reference to his urinary observations, which are very convincing, will show that the excretion of bromide occurred most rapidly from the fourth to the eighth hour after taking the tablets. In our case the salt was put up in doses of 10 grains in gelatin capsules, and 20 grains were given thrice daily after food, from the morning of January 8th to the evening of January 11th. On this date I saw the patient again. No ill effects, not even thirst, were complained of, and all the lesions had completely flattened down and dried up. Only scaly, slightly brownish patches remained to show where the protuberant lesions had appeared. The local application used was dermatol, which consists mainly of bismuth tannate. That this could not have caused the involution is evidenced by the fact that there was a simultaneous and equal improvement of the acneform papules on the chest, which had received no local treatment whatever. We were much interested by the nurse's observation that the patient disliked salt, and never took it with any of her food.

Although I have only this one case to report I am satisfied that Drs. Wile and Stevenson have found a specific for the treatment of bromism, which is comparable in the rapidity of its effects to the action of salvarsan in secondary syphilis. Its administration in iodism (which may conceivably have complicated the case here reported) will probably be found equally valuable. Dr. Stevenson states that nephritis is a contraindication to sodium chloride treatment.

London, W. HENRY C. SEMON, M.D., M.R.C.P.

OPERATIVE TREATMENT OF CANCER OF THE COLON.

SOME two months ago I had occasion to collect statistics of the cases of cancer of the colon upon which I had operated during the past eight years. After reading Professor Pannett's article in the BRITISH MEDICAL JOURNAL of January 2nd (p. 1), it occurred to me that the figures might be of sufficient interest to publish. The number of cases is small, but the results are to some extent encouraging.

The series is made up of twenty-five cases of carcinoma and one of sarcoma. The oldest patient, a case of colostomy, was 84 years of age, while three patients were under 30.

OPERATIONS PERFORMED.

Resection.—Fourteen cases, of whom eight were suffering from acute obstruction at time of operation. Of these fourteen cases there were:

Two cases of primary resection, both for growths of caecum, with no deaths.
Three cases of axial anastomosis, after preliminary drainage, with one death.
Nine cases of resection by Paul's two-stage method, with one death.

Lateral Anastomosis.—Seven cases with no death:

Caecum to transverse colon	...	3 cases.
Transverse colon to transverse colon ...	...	2 ,,
Transverse colon to sigmoid	...	1 case.
Ileo-colostomy *plus* appendicostomy ..	...	1 ,,

Colostomy.—Five cases with no death.

Total.—Twenty-six cases with two deaths.

RESULTS.

Resection.—Two died as a result of operation. Five died of recurrence after periods varying from one to four years. Seven are still alive, one after eight years, the others after fifteen months or less. The patient who has survived eight years is a woman, now aged 67. At the time of operation she was suffering from acute obstruction due to a growth in the sigmoid. She is able to get about the house, but has symptoms which suggest secondary deposits.

Anastomosis.—One died after three years, one after eighteen months, two after six months. Three are still alive, one after seventeen months, one after fourteen months, and one more recent.

Colostomy.—No attempt was made to trace the cases of colostomy. They all left hospital in fair health.

Deaths.—The first case was an army sergeant, aged 29, operated on after acute obstruction had existed for several days. A sigmoid growth was resected and Paul's tubes tied in. He died three days later. A preliminary drainage would have been wiser. The other case was a stout unhealthy man of 50 suffering from acute obstruction due to a growth in the splenic flexure. Caecostomy was performed by invaginating a rubber tube. Eight days later the growth was resected and axial anastomosis performed. Unfortunately the caecostomy ceased to drain and leakage occurred at the suture line. It would have been better to have fixed the caecum to the skin at the first operation so as to ensure adequate and prolonged drainage. The valvular caecostomy tended to close too quickly.

For growths situated in the distal half of the colon I think Paul's operation is still the operation of choice. Its ease and safety more than counterbalance its drawbacks.

The case of sarcoma of the caecum was that of a man of 30; an appendicular abscess had been drained during the war. Lately he had had attacks of pain and vomiting which were thought to be due to the appendix, which had not been removed. On opening the abdomen the caput caeci was found to be thickened and hard and the mesenteric glands enlarged. The caecum, together with the ascending colon and affected glands, was removed. Histological examination showed the growth to be a sarcoma. The patient was alive and at work six months after the operation.

The value of lateral anastomosis does not seem to be sufficiently appreciated. Colostomy was done only in cases of fixed growth low in the sigmoid. I quote cases illustrating the value of lateral anastomosis.

A frail woman, aged 69, had a growth in the hepatic flexure which caused symptoms of obstruction. I anastomosed the caecum to the transverse colon, and her doctor told me that she lived in comfort for three years, taking to her bed only a fortnight before she died.

Within the course of three months I operated on two old ladies, each 77 years of age, and each having a growth in the middle of the transverse colon. In each I anastomosed the bowel on either side of the growth. They are both alive, active, and free from discomfort, one seventeen months and one fourteen months after operation.

In July, 1921, I operated on a man of 49 suffering from acute obstruction due to a growth in the ascending colon. I relieved the obstruction by appendicostomy. Nineteen days later I divided the ileum, 6 inches from the caecum, and inserted the proximal end into the transverse colon. The growth was irremovable and I left the appendicostomy to drain the excluded bowel. He went home weak and emaciated and I thought he would not live long. Nine months later he turned up looking plump and well. He wanted to be relieved of the mucous discharge from the appendicostomy. He seemed so well that I reopened the abdomen in the hope that removal of the growth might be possible. I found it impossible, but he lived another six months.

I hope these somewhat discursive notes may help to prove that surgery may do much to alleviate, if not to cure, even advanced cases of cancer of the colon.

C. C. HOLMAN, M.B., F.R.C.S.,
Surgeon, Northampton General Hospital.

APPENDIX IN HERNIAL SAC.

A MAN, aged 60, admitted for the radical cure of inguinal hernia to the War Memorial Hospital, Congleton, gave a history of four months' duration. A well defined hernia of about the size of a hen's egg presented at the right external abdominal ring. The hernia could be easily reduced, and evidently contained intestine, from the gurgling sound accompanying reduction. A soft mass which remained behind in the inguinal canal and could not be reduced was taken to be an unusually thick sac or an omental lipoma.

At the operation the inguinal canal was found to contain a fatty lobulated mass rather larger than a duck's egg, and embedded along its lateral border was the appendix, which was firmly adherent to the fatty mass, especially at the tip. Careful examination of the surrounding parts showed that the fatty mass did not arise from the omentum, but was the appendix mesentery in a lipomatous condition. A small portion of the caecum surrounding the base of the appendix could with difficulty be pulled through the internal abdominal ring, and it was just possible to get a purse-string suture in position and invaginate the stump of the appendix after removal. If the caecum could not have been pulled through the internal abdominal ring, thus allowing complete removal of the appendix, it is doubtful if the lipomatous mass could have been returned inside the abdomen.

Congleton. A. J. PIRIE, *M.C.*, M.B., Ch.B.

[1] A Preliminary Study of the Experimental Aspects of Iodide and Bromide Eruptions, *Amer. Arch. Derm. and Syph.*, November 6th, 1920.
[2] Sodium Chloride in the Treatment of Bromism, Ibid., October 12th, 1925.

A CASE OF PERNICIOUS ANAEMIA.

THE extremely low blood count in this case seems to make it worthy of record. Though several cases have been reported with a lower cell count they are comparatively rare.

A woman, aged 57, was admitted on November 21st, 1925, complaining of jaundice and weakness, which had only commenced twelve weeks before. Previously she had been a healthy woman.

The symptoms were: jaundice, which had never been intense, great weakness and lassitude, severe headaches, no appetite, marked thirst, occasional nausea and vomiting, loss of weight, and troublesome constipation. There was no history of haemorrhage, and no shortness of breath. The menopause occurred when she was 47 years of age. She had had nine children and five or six miscarriages. She was extremely weak, and seemed to be rather wasted. The tongue was clean and smooth, but not glazed. The mouth was edentulous; all mucous membranes were very pale. The skin was lemon-yellow in colour, and there were no petechial haemorrhages. The pulse was weak, and the blood pressure 70/38. The heart was not enlarged, and there were no bruits. The edge of the liver was just palpable below the costal margin; the spleen could not be felt. The knee-jerks were present, and were not exaggerated. Other reflexes were normal.

After admission her general condition became rapidly worse. She was delirious, and was incontinent of urine and faeces. Blood transfusion, performed as a last resort, was followed by slight improvement, but she soon collapsed, and died a few hours later, four days after admission. A *post-mortem* examination could not be obtained.

The pathological report on the blood was as follows: Red cells 300,000 per c.mm., white cells 23,200 per c.mm., haemoglobin 8 per cent., colour index 1.2. Differential count: Polymorphs 46, lymphocytes 51, eosinophils 0, mononuclears 2, myeloblasts 1. The film showed many normoblasts, a fair number of megaloblasts, and a few myeloblasts. Anisocytosis and polychromatophilia were marked, poikilocytosis less marked.

The interesting features in this case were: the short history with final acute exacerbation of symptoms and rapid termination, the low red cell and haemoglobin percentage, and the absence of many of the classical physical signs.

I am indebted to Dr. Cleveland, to whose ward the patient was admitted, for permission to publish this case.

D. B. SUTTON, M.B., M.R.C.S.,
House-Physician, Norfolk and Norwich Hospital.

BILATERAL RENAL ANEURYSM.

OSLER states that renal aneurysm is not very uncommon, but gives no statistics. In *Allbutt's System of Medicine* the same statement is made. The following case was the only example of renal aneurysm found in a series of 112 consecutive *post-mortem* examinations, and hence deserves mention.

A woman, aged 57, was admitted to hospital on November 22nd, 1923, as a case of dementia. There was a history of her having had a stroke in 1918, with subsequent development of slow, thick speech. On August 13th, 1925, she had an apoplectic seizure with convulsions and tremors of right face, arm, and leg. Blood pressure 240/140. The urine showed a light cloud of albumin and some hyaline casts. Both the blood and cerebro-spinal fluid gave a negative Wassermann reaction. Death occurred in five days from pneumonia.

Post-mortem Examination.

The right renal artery was tortuous and presented a firm swelling, the size of a Tangerine orange, at the entrance to the hilum. Three swellings, the size of peas, were present on subdivisions of the artery. On section the main swelling showed a thickened and calcified wall, with a lumen about the normal size of the artery, and occupied by recent blood clot. The smaller aneurysms also showed calcified walls. The left renal artery had tumours in the same position, but on a slightly smaller scale.

Both kidneys were small, with capsules thickened and densely adherent. The surfaces were coarsely granular and exhibited numerous small clear cysts. Section showed atrophy of the cortex with loss of radial markings, pallor of pyramids, increased hilar fat, and prominent open-mouthed vessels. Microscopic examination showed marked increase of well formed fibrous tissue and degeneration of tubules and epithelium; all vessels showed sclerotic changes. Section of the aneurysmal wall showed proliferation of subintimal connective tissue, with calcareous deposits, thinning of media, and loss of elastic tissue fibres in adventitia. Thus it is evident that the aneurysmal dilatation of the renal vessels was a sequel to arterio-sclerotic changes.

Examination of the heart showed marked concentric hypertrophy of the left ventricle, and atheroma of the coronary arteries. The brain showed sclerosis of all arteries, particularly of the basal. Three haemorrhagic sites were present: the oldest, the size of a walnut, in the right internal capsule; the intermediate, the size of a Spanish nut, in the left internal capsule; and the most recent, the size of a walnut, just anterior to the genu of the left internal capsule.

I am indebted to Dr. G. Hamilton Grills, medical superintendent, for permission to publish this case.

F. H. HEALEY, M.B., Ch.B., B.Sc.Birm.
County Mental Hospital, Chester.

Reports of Societies.

GALL STONES: ETIOLOGY AND DIAGNOSIS.

A MEETING of the Medical Society of London was held on February 22nd, with Sir HOLBURT WARING in the chair, to discuss the etiology and diagnosis of gall stones. The three openers dealt with the subject from the medical, surgical, and radiological aspects respectively.

Sir HUMPHRY ROLLESTON began by remarking that it had been epigrammatically said that gall stones were most often reported in "females over forty, fat, flatulent, and fertile." The reference to fertility was on account of the tendency for pregnancy to produce an increased content of cholesterin in the blood. He did not propose to discuss at any length the two theories of etiology—the infective theory on the one hand, and the metabolic or biochemical theory on the other. Roughly, it might be said that pure cholesterin stones, which were single, and which seldom gave rise to any symptoms except when they happened to be impacted in the cystic duct, were formed metabolically, while the common mixed calculi seemed to depend to a considerable extent—perhaps entirely—upon an inflammatory process. In passing, he mentioned the effect of famine conditions upon gall-stone incidence. Statistics from a hospital in Leningrad showed that in 1914 the incidence of gall stones was 0.47 per cent., and in 1919, as a result, no doubt, of deprivation of food among the population, it had fallen to below 0.1 per cent. The same thing had been observed with regard to other metabolic diseases, such as diabetes. Sir Humphry Rolleston passed on to speak of diagnosis from three points of view: clinical observation, radiological methods, and laboratory methods. Calculi in the gall bladder very seldom set up purely mechanical effects, but the physician had to deal with masked or inaugural symptoms, reflex effects, which only with great difficulty were to be distinguished from dyspepsias due to other causes. It had always been a matter of surprise to him that so few people traced the existence of gall stones to an infection derived from the colon. An American observer, speaking of 400 gall-stone cases, in 170 of which he incriminated the alimentary canal, said that of these 170 no fewer than 100 were to be referred to infection from the colon. With regard to the various migrations of calculi from the gall bladder, giving rise to symptoms more definitely related to irritation of the alimentary canal, the speaker referred to those curious manifestations of biliary colic which might imitate angina pectoris. In some of these cases it was possible that there was a definite cardiac lesion, perhaps secondary to infection absorbed from the gall bladder, which rendered the myocardium more susceptible to referred pain than it otherwise would be. With regard to radiological diagnosis, *x*-ray examinations were becoming of increasing value in gall stones and gall-bladder disease. The ordinary direct method of showing the gall stone on the plate, which gave positive results in about 50 per cent. of cases, had been progressively improved, and by the use of certain bromine and iodine compounds some still more interesting results had been obtained. The intravenous injection of these drugs, however, had given rise to such severe reactions that he thought it had been abandoned in preference for a method whereby the salts were given orally in the form of a pill. Laboratory tests, he thought, were less helpful in gall-bladder diseases than in many other conditions. The idea that a high cholesterin content of the blood pointed to the presence of gall stones had been recently contested. However this might be, most clinical observers would agree that in a doubtful case if there was a definite increase in the amount of cholesterin this fact would incline them in favour of gall stones as against, perhaps, duodenal or gastric ulcer. He did not think test meals helped very much. It had been stated that the vast majority of cases of gall stones showed a diminished content of hydrochloric acid, but this was not at all a unanimous view.

Mr. R. P. ROWLANDS, speaking as a surgeon who had had many opportunities of confirming or contradicting the diagnosis of gall stones, said that at present the chief

bailiff, and for many years his counsel and co-operation could be depended on in everything that concerned the welfare of the district. In 1893 he was made a justice of the peace for the county of Oxford. In his younger days he held a commission in the Volunteers, and looked forward with delight to the annual training in camp. He was keenly interested, too, in the work of the St. John Ambulance Association, and took infinite pains to make his first-aid classes practical and interesting. Outside his professional and public work he had many interests and pleasures. He loved his home and his children, and the outdoor life of the country; he swam in the river every summer morning, was a keen cyclist, an enthusiastic horseman, and a well known figure in the hunting field. His wife's death in 1905 was a blow from which he never fully recovered, and thenceforward gradually failing health limited his activities. During the early days of the war he was, however, able to act as commandant of the local Red Cross V.A.D., and assisted in the maintenance of the Belgian refugees sheltered in the town. In 1919 he was extremely ill, and had a severe operation, and the remaining years of his life were passed as an invalid.

Dr. Batt's death, after a long and full life of service to his fellow-men, breaks a professional connexion between his family and Witney which had lasted for nearly two centuries. The practice was started by Augustine Batt, apothecary, who was born in Wiltshire in 1713 and was buried at Witney in 1779; it passed to his son Edward (1742-99), who had studied medicine at St. George's Hospital. An old ledger covering the years 1774 to 1778 contains many interesting entries, among others a list of "inoculations," presumably direct inoculations with lymph from small-pox vesicles. Edward was succeeded by Augustine William Batt (1774-1847), who seems to have joined his father in partnership, for a ledger dated 1795 is headed "Batt & Son." In the next generation, Edward Augustine (1801-53) carried on the practice, and was the father of a family of seventeen, of whom three sons became doctors and practised at Witney. Edward Batt succeeded to the family practice, and in 1854 entered into partnership with his brother Augustine. The third son, Charles Dorrington Batt, the subject of this memoir, was in partnership with Augustine until the latter's death in 1883. He himself, the last of this large family, had eight children, of whom two (Dr. Bernard Batt of Bury St. Edmunds and Dr. J. D. Batt, *M.C.*, of Wickhambrook) are members of the medical profession.

M. B. R. SWANN, M.D., D.P.H.,

Demonstrator in Pathology, University of Cambridge, and Fellow of Caius College.

WE regret to record the death, on February 16th, of Dr. Meredith Blake Robson Swann, as the result of a streptococcal septicaemia contracted while making a *post-mortem* examination. He was the son of Mr. Frederic Swann, at one time headmaster of Ilkley Grammar School, and subsequently a member of the staff of the *Times*. On leaving Dulwich College, Meredith Swann was elected to a scholarship at Caius College, and matriculated in October, 1912. He was placed in the first class in the Natural Sciences Tripos in 1914, and proceeded to King's College Hospital. He obtained the diplomas M.R.C.S., L.R.C.P. in 1917, the D.P.H. in 1920, and graduated M.B., B.Ch.Camb. in 1921, proceeding M.D. in 1924. After holding the posts of house-physician in the children's department and assistant casualty officer at King's College Hospital, he was gazetted as surgeon lieutenant to H.M.S. *Bacchante*, when she was stationed in the Atlantic and off the West Coast of Africa. In 1919 he returned to Cambridge, and was shortly afterwards appointed demonstrator in pathology. In 1923 he was elected to a Fellowship at Caius College, and was awarded the Raymond Horton Smith prize for the best M.D. thesis. He married in 1917 Marjorie, daughter of Mr. Alfred H. Dykes of Beckenham.

His colleagues in the department of pathology and the medical school have lost a friend who was very dear to them. His pupils have lost a teacher who has had a great influence on the students of Cambridge University during the years which have followed the war. Swann took a deep and varied interest in the experimental side of pathology, and had published papers on the germination period and mortality of anthrax spores, and on the effects of x rays on the functional activity of various organs. His interest in morbid histology and histological methods was very keen, and during the last twelve months he was engaged on a very complete and careful study of the microscopical changes associated with an epizoötic disease of rabbits. As a teacher Swann's success was beyond question, and he was never more at home than in the classroom or happier than when surrounded by a group of students who had left their places to hear what he had to say about some specimen or experiment. He was keenly interested in teaching, and always determined to make every class a success. He had a great capacity for organization, and found full opportunity for the exercise of his powers in the arrangement of the class work in general pathology for Part II of the Natural Sciences Tripos. The planning of a course in experimental morbid histology for the Tripos was just the kind of work which appealed to him, and he devoted himself with great enthusiasm and success to the task. Swann's influence on medical students was not limited to his work in the department of pathology; as supervisor of medical studies at Caius College he came into contact with a large number of men who were reading for the medical degree. In college, as in the laboratory, his popularity was the result of the genuine and untiring interest which he took in his pupils. His advice was readily sought and as readily obeyed, and lost nothing of its effect from the vigorous brevity with which it was often delivered.

His death, at the early age of 32, is a grievous loss to his college, the department of pathology, and to the university. The funeral service was held on February 19th at Cambridge; the first part was conducted in Caius College Chapel by the Dean, assisted by Canon E. S. Woods, and the Master, Sir Hugh Anderson, M.D., read the lesson; many members of the university attended. The burial followed at Trumpington. H. R. DEAN.

Universities and Colleges.

UNIVERSITY OF CAMBRIDGE.

SIR HUMPHRY ROLLESTON, Bt., Regius Professor of Physic, has been appointed to represent the University on the general council of the Fellowship of Medicine.

At a congregation held on February 19th the degree of B.Chir. was conferred on J. C. Hogg and R. L. Rhodes.

UNIVERSITY OF BRISTOL.

THE dissertation on "Primitive instincts in insanity," submitted by Elizabeth Casson, M.B., Ch.B., has been approved by the examiners.

LONDON SCHOOL OF HYGIENE AND TROPICAL MEDICINE.

DIVISION OF TROPICAL MEDICINE AND HYGIENE.

THE following passed the school examination at the termination of the seventy-ninth session (October, 1925, to February, 1926):

*R. M. Morris (Duncan medal), *W. A. Young, *H. L. Batra, *T. Y. Li, *T. P. Noble, *A. K. El Shurbagi, *M. A. H. Attia, *J. C. Pyper, *A. G. Taylor, H. B. Boucher, E. C. Chitty, C. S. Mence Chataway, W. H. Watson, J. H. H. Chataway, A. K. Abdel-Khalik, S. C. Gomes, B. N. V. Bailey, F. G. Greenwood, H. Mostert, E. A. Penny, E. E. Claxton, L. M. Jacobs, L. G. W. Urich, E. K. Will, E. Struthers, M. B. Hall, M. Holliday, B. E. M. Newland, M. A. H. Azim, A. S. M. Douglas, R. D. Reid, D. Bell, P. Ross, I. J. Woodhouse, B. E. Khoo, J. D. L. Perera, K. W. Todd, E. Burke, H. W. Brassington, D. W. G. Faris, R. McFiggans, M. Rustomjee, J. J. O'Grady, C. M. Churcher, Sherwood Hall, J. J. Keevil, G. D. Gordon, C. S. Wylde, T. V. FitzPatrick, Y. N. Lal, W. L. Gopsill, C. R. Subryan, T. James, R. A. Heatley, R. Huey, V. F. Dougherty, P. L. Gray.

* With distinction.

SOCIETY OF APOTHECARIES OF LONDON.

THE following candidates have passed in the subjects indicated:

SURGERY.—J. Dywien, M. Escovar, A. C. Hill, J. E. Howard, J. Mindess, L. A. Rostant, J. Shibko, V. R. Smith.

MEDICINE.—G. H. Bickmore, T. K. Clifford, E. W. Hayward, W. Johnson, J. M. Moran, C. E. Nicholas, I. Rivlin, G. H. Weeber, J. M. F. Whitby.

FORENSIC MEDICINE.—C. B. Ball, T. K. Clifford, E. W. Hayward, C. H. St. Johnston, G. H. Pereira, J. Shibko, J. W. Whitney.

MIDWIFERY.—N. H. C. Allen, F. W. Barton, V. G. Crowley, M. Escovar, H. I. Jones, D. P. Mitra, G. H. Pereira.

The diploma of the Society has been granted to Messrs. T. K. Clifford, V. G. Crowley, E. W. Hayward, J. Mindess, G. H. Pereira, L. A. Rostant.

without being told that it was voluntary and were led to assume that if they did not undergo medical examination their claim to benefit would be prejudiced, and whether the Minister would withdraw his consent to the experiment. Sir A. Steel-Maitland said Mr. McLean must not infer that women were led to undergo examination without being told that it was voluntary. He would send to Govan to ensure that the fact should be made clear that the experiment was voluntary and unconnected with benefit. On the other hand, he said willingly that inquiries by the Fatigue Research Board were for the general good, and he would be very sorry to stop them. These answers were received with protests from the Labour benches, and Mr. McLean demanded to know by what right the Minister asked women to undergo, even voluntarily, this examination in a Government office set aside as an employment exchange. He asked leave to move the adjournment of the House to call attention to "the illegal action of the Minister of Labour in placing the employment exchanges at the service of the Industrial Fatigue Research Board, and in asking unemployed women to undergo medical examination in a manner which leads these women to believe they would lose benefit if they refused." The Speaker would not accept the motion, and informed Mr. McLean that if there had been any illegal action the courts were open.

Social Hygiene.—A memorandum on the imperial aspect of social hygiene, signed, among others, by Dr. Vernon Davies, Dr. Fremantle, Dr. Thomas Watts, Dr. Haden Guest, and Sir Richard Luce, has been considered by the Parliamentary Medical Committee and circulated to members of Parliament. It urges members to keep before the Government the importance of allocating a percentage of the East African Development Loan to enable adequate medical measures to be taken in areas where development work is undertaken; the importance of immediate action for the improvement of the medical service in the West Indies; the need for adequate measures against venereal disease there and in the Straits Settlements; and the need for contributions from the Imperial Government towards the cost of port clinics when the Colonial Governments cannot adequately provide these.

Notes in Brief.

The anomaly whereby graduates of the University of London who are women are debarred from the parliamentary franchise until they attain the age of 30 can, the Home Secretary informed Dr. Little, be considered by the proposed conference on the general question of the franchise of women.

Reports of medical officers of health for 1923 show that 14,367 houses in England and Wales were reported during that year as unfit for human habitation. The number condemned but still occupied cannot be given.

No conference has been called of countries within the British Empire to decide a united policy on anthrax. The question cannot come up for discussion at the next International Labour Conference.

Between November 1st, 1925, and February 17th, 1926, 172 outbreaks of foot-and-mouth disease were confirmed in England and Wales.

In England 35 institutions provide full-time courses of trade instruction for the blind, and in Wales 3. Eight institutions in England provide part-time courses for the blind.

During the last week of 1925, 206,800 persons, excluding casuals, were receiving relief in institutions under Poor Law authorities in England and Wales.

There were in Glasgow on April 1st, 1925, 1,517 blind persons, exclusive of 96 of school age. The present numbers probably exceed this total.

There were 1,048 fatal accidents in the coal and iron mines of the United Kingdom in 1925, and 1,134 persons lost their lives.

The Services.

HONORARY SURGEON TO THE KING.

COLONEL A. N. FLEMING, D.S.O., I.M.S., has been appointed Honorary Surgeon to the King, with effect from June 9th, 1925, in succession to Colonel P. Dee, I.M.S., who has retired.

PROMOTION EXAMINATIONS IN THE R.A.M.C.

THE following campaign has been selected for examinations of officers for promotion in 1927: For majors of the Royal Army Medical Corps (March and October examinations), the Great War on the Western Front from the beginning of the Somme battles, 1916, to the end of the operations at Cambrai in 1917, as covered by the official history of the war, *Medical Services—General History*, vol. ii.

Surgeon Vice-Admiral Sir Robert Hill, K.C.B., K.C.M.G., who retired from the post of Medical Director-General of the Navy in 1923, has been awarded the Good Service Pension of £100 a year, in succession to the late Inspector-General, Sir Henry Norbury, K.C.B.

Medical News.

THE anniversary dinner of the Medical Society of London will be held at the Grand Hotel, Trafalgar Square, W.C., on Friday, March 12th, at 7.30 p.m.

ON May 20th Professor A. V. Hill, Sc.D., F.R.S., will deliver the Croonian Lecture before the Royal Society on the laws of muscular motion.

THE ninth Silvanus Thompson Memorial Lecture will be delivered by Sir John Thomson-Walker, F.R.C.S., on radiology in urinary surgery, at a general meeting of the Röntgen Society to be held in the Barnes Hall of the Royal Society of Medicine, 1, Wimpole Street, W.1, on Tuesday, March 30th.

THE Overseas Medical Officers' annual reunion dinner will be held at the Exchange Hotel, Liverpool, on Thursday, March 4th, at 7.30 p.m. Tickets, price 12s. 6d., may be obtained from the honorary secretary, Dr. John William Burns, 49, Rodney Street, Liverpool.

UNDER the auspices of the British Institute of Philosophical Studies a lecture will be delivered at the Royal Anthropological Institute, 52, Upper Bedford Place, W.C., on March 5th, at 5.30 p.m., by Professor T. H. Pear, on the concept of the unconscious.

THE Fellowship of Medicine announces that on March 4th, at 5 p.m., a lecture will be given on dyspepsia by Dr. E. P. Poulton, at 11, Chandos Street, W.1; this lecture is free to all members of the medical profession. Beginning on March 1st there will be a special series of demonstrations on the diagnosis and treatment of disease of the eye at the Royal Eye Hospital, Southwark, at 3 p.m. daily, for a fortnight. On Tuesdays and Thursdays throughout the month there will be a special course in bacteriology at the Westminster Hospital, and on March 8th the Chelsea Hospital for Women will commence a three weeks' daily course in gynaecology. From March 15th to 27th the Brompton Hospital will hold an all-day course in diseases of the chest; and beginning on March 16th the London School of Tropical Medicine will give a series of eight clinical demonstrations, extending over four consecutive weeks, on Tuesdays and Thursdays at 2 p.m. The Hampstead General Hospital is holding a special post-graduate course for practitioners from March 15th to 26th with daily sessions from 4.30 to 6 p.m. Copies of all syllabuses and of the general course programme may be had from the secretary of the Fellowship of Medicine, 1, Wimpole Street, W.1.

THE King has granted to Dr. Arthur E. Scott, assistant medical officer in the Egyptian Ministry of Public Health, authority to wear the Insignia of the Fourth Class of the Order of Ismail conferred upon him by the King of Egypt in recognition of valuable services rendered.

DR. W. NORWOOD EAST has been appointed inspector of retreats under the Inebriates Acts.

THE January number of the *Kenya Medical Journal* is almost entirely taken up with a report on the mosquito breeding areas within the Nairobi municipality, compiled by Mr. V. G. L. van Someren and Dr. H. S. de Boer, medical officer of health for the district.

AT the University of Geneva 819 students have been enrolled this winter session. Of these 77 were Germans, 33 Poles, 23 French, 18 Russians, 17 Jugo-Slavs, 15 Hungarians, 13 Bulgarians, and 13 Egyptians.

THE late Dr. William Frank Colclough of Sidmouth has left estate valued at £32,174, with net personalty £26,439. In his will he stated that he desired his body to be sent to the pathological department of Guy's Hospital for a pathological investigation, because, when 9 years of age, he was trephined for middle meningeal haemorrhage, and he thought his skull and brain might be of interest for the museum. He bequeathed £50 to the pathological department for this purpose and £200 to the anatomical department. Sidmouth Cottage Hospital receives under his will £250, in addition to his microscope and instruments; his medical books he bequeathed to the Devon and Exeter Medico-Chirurgical Society.

MR. G. BUCKSTON BROWNE has presented to the Manchester University a bust of his father, Dr. Henry Browne, for many years a teacher in the Pine Street and Faulkner Street Royal School of Medicine, and physician to the Manchester Royal Infirmary.

THE infantile mortality in Holland was 5.7 per cent. in 1919–23, as compared with 12.5 per cent. in the previous fifteen years.

PROFESSOR LÖHE has been elected successor to Professor Wechoelmann as director of the department for skin diseases at the Rudolf-Virchow Hospital, Berlin.