

Memoranda :

MEDICAL, SURGICAL, OBSTETRICAL.

FLOATING APPENDIX.

DURING the last few years I have operated upon three cases of appendicitis, the pathology of which I have not seen described, though the symptoms are very characteristic of the condition.

The patient complains of a very acute pain in the abdomen, not specially located to the right iliac region; in two of the cases there was vomiting. Seen shortly afterwards one finds a board-like condition of the whole of the abdomen; there is perhaps more pain on palpation towards the appendix region, but the noticeable point is the extremely marked rigidity. The temperature and pulse rate are slightly raised, or may be unaffected. The patient's appearance is not that of anxiety, or of being very ill, such as is expected in a case of ruptured viscus, nor is there any sign of collapse.

Operation.—On opening the abdomen the appendix is seen to be quite free, erected and of a vividly scarlet colour, especially towards the tip; there is no sloughing. In the peritoneal cavity is some clear odourless fluid and some congestion of the surrounding peritoneum, but no adhesions of any kind, nor any plastic lymph.

Case I was in hospital; it was cleanly sewn up, and made a good recovery.

Case II was in a nursing home. As there was much clear fluid a tube was put in for drainage; general peritonitis supervened, and the patient became gravely ill. As there was no smell or faecal odour I thought the condition might be pneumococcal, and gave three injections of pneumococcus vaccine; six days later an abscess developed in the left iliac region, which I opened; it was found to be between coils of small intestine. The patient made a good recovery.

Case III occurred in hospital recently; it was cleanly sewn up, and recovery was uneventful.

The last case was diagnosed as a floating appendix, from (1) the board-like condition of the whole of the abdomen, which had been observed in the former two cases; (2) the patient did not look ill, compared with what one would expect with such rigidity; (3) there was no collapse to suggest ruptured duodenum or stomach; (4) the patient lay placid with no complaint of pain after the first sudden onset.

Unfortunately I omitted to take a swab in any of the cases, and I am anxious to know whether any surgeon with more experience can identify this condition of appendix, and give an explanation of the causation—that is, whether it is due to any specific organism (the pneumococcus, for example).

C. L. GRANVILLE CHAPMAN, F.R.C.S.Ire.,
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RAW PANCREAS IN DIABETES MELLITUS.

THE following case, which was under the treatment of Dr. C. Vosper in the Kashmir Mission Hospital, illustrates the value of raw pancreas in some cases of diabetes mellitus.

A Mohammedan lad, aged 16, was admitted on March 9th, 1925, with polyuria and progressive emaciation. The urine showed 12 per cent. sugar. He was put on Allen's treatment, with a weekly fast, and the sugar came down to 4 per cent. Insulin was then commenced. As we had no facilities for estimating blood sugar, the initial dose given was 5 units; this was increased on the fifth day to 10 units. During the first fortnight of April the sugar averaged 8 per cent. The insulin was increased to 15 units on April 14th. But the sugar still fluctuated between 4 and 12 per cent. We then stopped the insulin and resolved to try raw pancreas. There was no definite improvement, but I found that what was being given was not pancreas. Fresh orders were issued and minced raw pancreas administered—2 to 3 oz. daily. On April 20th the sugar was 6 per cent., on April 21st 4 per cent., on April 22nd 2 per cent.; on April 23rd there was no sugar and the urine remained free while the pancreas was being administered. The patient left hospital on May 28th much improved.

The question of the relation of insulin treatment to that by raw pancreas is interesting. Hollins considers that raw pancreas is ineffective when given after, or at the same time as, insulin. This case does not support this view. In Harrison's case a patient with a constant administration of 60 grams of carbohydrate, 70 grams of protein, and 150 grams of fat, and who took 20 units of insulin before breakfast and 14 before tea, over a period of six months,

maintained a fairly level blood sugar percentage. He was then also given 2 oz. of raw pancreas daily. There was no further reduction of blood sugar, so Harrison concluded that the pancreas was inert. He repeated the experiment in a child aged 4, with a similar negative result, and is therefore inclined to discount the value of pancreas. George Graham appears to support Harrison and considers raw pancreas inert. In the case recorded above we administered insulin in small doses, with but little effect. The introduction of pancreas was decisive.

The cases published by Drs. Constance Griffiths, W. Dunn, Robertson Young, Helena P. Kelly, and T. J. Hollins strongly support the view that raw pancreas may be of real value in the treatment of diabetes. Its failure in some cases, whether used alone or in association with insulin, calls for further investigation, but in no way negatives its use in other cases.

ERNEST F. NEVE, M.D., F.R.C.S.E.,
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ROUND-CELLED SARCOMA OF PANCREAS IN AN INFANT.

THE following case seems to me sufficiently uncommon and of interest from the *post-mortem* findings to be worth noting.

A female infant, one of twins, at the age of 6 months commenced to vomit occasionally and pass undigested fatty loose stools. The abdomen became distended, with slight dullness in the flanks. Later she had, from time to time, oedema of the eyelids (without relation to crying) and of the feet. She cried a good deal and appeared at times in pain. She became emaciated; her weight varied according to the oedema and abdominal distension, the circumference of the abdomen varying from 14 to 17 inches.

The urine contained no albumin or sugar. Several foods were tried, but certified cow's milk and water suited the child best.

The vomiting increased, but, on reducing the fat in the feeding, both the vomiting and the fatty character of the stools improved for a time. The child became more emaciated and less able to digest its food, even vomiting albumin water. On palpation of the abdomen no tumour could be felt. Death occurred at the age of 11 months.

At the *post-mortem* examination a growth 2½ inches square by 1 inch in thickness, which proved to be a round-celled sarcoma, was found growing from the posterior surface of the pancreas. There was free fluid in the peritoneal cavity. The other organs were healthy.

A. DEANE, M.D., Ch.B.,
Honorary Surgeon, Princess Alice Hospital, Eastbourne.

AN UNUSUAL PRESENTATION.

THE following details of a rare case of compound presentation, resulting in the birth of a live child, seem to be worthy of record.

A woman, aged 42, who had had fourteen children after normal labours and one miscarriage, was admitted to hospital in the early morning of December 23rd, at the thirty-second week of pregnancy. The membranes had ruptured spontaneously, but there had been no labour pains. The os was the size of a florin, and two feet could be felt presenting, though rather high up. No foetal heart could be heard, and on examination there was great doubt as to the position of the head of the foetus. A diagnosis of breech presentation was made. In spite of treatment with castor oil, quinine, and an enema, no definite labour pains commenced till 3 a.m. on December 27th, when strong and regular pains began. At 6.35 a.m. the os was fully dilated, and a few minutes later the foetus was born spontaneously. The head, feet, and legs were born together, the foetus being doubled on itself and the head being in the left occipito-posterior position. The feet were in advance of the head, and the antero-medial aspect of the tibiae rested against the left frontal bone, deeply grooving the forehead; the tibiae showed marks of pressure for several days. The child weighed 5 lb. 6 oz., and was thriving when the patient was discharged from hospital. There was no perineal tear and no delay in the second stage.

D. J. MALAN, M.D.,
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PREGNANCY IN DOUBLE UTERUS.

THE following case is, I think, of sufficient interest to be placed on record.

A married woman, aged 25, British, consulted me on account of dysmenorrhoea and menorrhagia from which she had suffered since the age of 14. The periods started at that age, and had always been irregular, coming at intervals of from two to three weeks. They usually lasted for about a week, and during that time she suffered from headaches, backaches, and often faintness. She had been married for nine months. I found the vagina to be divided by a fleshy septum running antero-posteriorly and

extending for the whole length of the vagina, which was about 5 inches. The clitoris and labia were normal. A separate cervix could be felt protruding into each division of the vagina. On examination under an anaesthetic the condition was found to be that of complete double uterus (uterus didelphys). The cervixes were quite separate, but the bodies of the uteri were fused together. The length of these uteri felt to be about 1½ inches. A sound could be passed into each uterus for a distance of 1 inch. She missed the next period after the examination, and in three months it was obvious that she was pregnant in the right uterus.

The cervix of the right uterus softened, whereas that of the left remained hard. During the earlier months of pregnancy the enlargement was felt mostly on the right side of the abdomen, but during the later months it occupied a more central position. The patient suffered from slight morning sickness during the second month. Apart from that she was very well, and complained of no discomfort. The pregnancy pursued a normal course, but there was a breech presentation of the foetus. This was probably due to the fact that the left uterus had enlarged, pressing on and restricting the space in the lower pole of the right uterus. It was found impossible to change the presentation by version. The pelvic measurements were: interspinous diameter 8½ inches, intercrystal diameter 9½ inches, external conjugate 6½ inches.

On account of the small pelvic measurements, the persistent malposition of the foetus, and the malformation of the vagina, I decided to perform Caesarean section a week before time. I delivered a normal female child of 6½ lb. On opening the abdomen the pregnant uterus was seen to be pear-shaped, with the largest diameter at the fundus. The left uterus, enlarged to a length of about 6 inches, was pressing on the lower uterine segment of the pregnant uterus. The ovaries and tubes were normal. The placenta was situated on the posterior wall of the uterus rather low down. The mother made an uninterrupted recovery and was able to feed her child. Three days after the extraction of the child a decidua, 5 inches in length, in the form of a perfect cast of the uterine cavity, came away from the left uterus.

This remarkable case was also seen by Drs. G. E. Aubrey and J. W. Anderson.

J. C. MACGOWN, M.B., Ch.B. Edin.

Hong-Kong, China.

British Medical Association.

CLINICAL AND SCIENTIFIC PROCEEDINGS.

MONMOUTHSHIRE DIVISION.

A MEETING of the Monmouthshire Division of the British Medical Association was held at the County Hall, Newport, on February 26th, with Dr. D. ROCYN-JONES, C.B.E., in the chair.

Puerperal Mortality.

The Chairman intimated that the meeting had been called to consider the questionnaire issued by the British Medical Association in relation to the contemplated report on the causation of puerperal morbidity and mortality, and they were fortunate that afternoon in securing a visit by Sir Ewen J. Maclean, professor of obstetrics and gynaecology at the Welsh National School of Medicine, Cardiff, to address them upon puerperal mortality. On behalf of the Division he extended a most hearty welcome to Sir Ewen to address the meeting.

Sir EWEN MACLEAN then delivered the address which is published in full at page 469. A discussion followed upon the address and upon the questionnaire of the Association, in which the following members took part: The Chairman, Sir Ewen Maclean, Dr. Hamilton, Dr. Sullivan, Dr. Noel Wade, Dr. Catto, Dr. Candy, Dr. Rufus Thomas, Dr. Frost, Dr. Griffiths, Dr. Donaghy, Dr. Verity, Dr. James, and Dr. Morrell Thomas.

Dr. RUFUS THOMAS gave his views upon infantile morbidity and mortality in individual practices. He had kept a record of the last 150 pregnancies, and the results as far as infantile mortality was concerned were as follows: 144 pregnancies terminated between seven months and full term. The remaining 6 cases were abortions, 5 being in the third month, and 1 in the fifth month, in which labour was induced from pernicious vomiting. Two cases had placenta retained and were running temperatures, which subsided as soon as the uterus was cleared out. The case of pernicious vomiting ran a temperature for two days after delivery, but it subsided of its own accord; 148 babies were born, there being four lots of twins. Of these 148 babies, 10 were born dead or died within forty-eight hours;

5 of these were born dead, all the mothers having albuminuria, pre-eclamptic or eclamptic. One died of convulsions forty-eight hours after birth, this mother also having albuminuria and eclampsia. In regard to Question 9, it was certainly Dr. Thomas's experience that operative intervention was very frequently asked for, either by the patient, her relatives, or the nurse, and more particularly in the case of first labours, which were those requiring much longer time for dilatation, and therefore the very ones in which intervention should be postponed to the last moment, commensurate with safety to mother and child. The difficulty of resisting these requests for too early intervention was often very great.

Dr. ROCYN-JONES drew attention to the serious discrepancy which existed in the administrative county of Monmouth between the notification of puerperal fever cases and the registration of deaths occurring from puerperal fever, and gave the following statistics:

Maternal Mortality in the County of Monmouth, 1915 to 1924.

Year.	No. of Cases of Puerperal Fever Notified by District Medical Officers.	No. of Deaths Registered.		Total.	Death Rate per 1,000 Births.			Infantile Death Rate per 1,000 Births.
		Puerperal Fever.	Other Diseases or Accidents of Pregnancy.		Puerperal Fever.	Other Diseases or Accidents of Pregnancy.	Total.	
1915	22	10	44	54	1.0	4.7	5.7	128.5
1916	14	8	33	41	0.91	3.69	4.6	83.4
1917	4	9	30	39	1.07	3.53	4.6	84.3
1918	6	6	26	32	0.66	2.84	3.5	97.6
1919	19	11	36	47	1.29	4.24	5.53	88.0
1920	24	20	42	62	1.85	3.9	5.75	87.9
1921	17	13	29	42	1.26	2.81	4.07	91.5
1922	11	14	33	47	1.6	3.73	5.33	83.4
1923	19	9	29	38	1.03	3.31	4.34	73.0
1924	15	10	23	33	1.19	2.75	5.94	75.6

It should, he said, be noted that the number of cases of puerperal fever notified was not a true record of the total cases which occurred. Many of the deaths registered as due to puerperal fever had not been notified under the Notification of Infectious Diseases Regulations.

Dr. CANDY gave his experience of x-ray work in pregnancy, and drew the attention of the meeting to a new development which he thought had some bearing on the subject under discussion—namely, the recent advance in radiological technique which rendered x-ray examination of the foetus *in utero* a successful and safe procedure. By the aid of x rays the obstetrician could now obtain information of the utmost importance concerning the course of pregnancy which he could not obtain with certainty by any other means. He could thus be forewarned against difficulties and be prepared to deal with them. Not only would it enable the practitioner to approach a case with less anxiety and help to reduce the mortality rate, but also by the routine x-ray examination of all cases in maternity hospitals and ante-natal clinics much new knowledge would be gained concerning the physiology of normal pregnancy. In this way Röntgen's discovery might eventually prove as great an influence in the advancement of the art of obstetrics as, in the past quarter of a century, it had been in the advancement of surgery. Though the possibilities of x rays in obstetrics were far-reaching, he regretted to say that, so far, they had been little explored in this country. He thought that this was due to lack of information among the profession generally upon the subject, and he felt the occasion was not inopportune to draw attention to it.

The meeting tendered a unanimous resolution of thanks to Sir Ewen Maclean for his admirable address and for his visit, the resolution being moved by the CHAIRMAN, seconded by Dr. HAMILTON, and supported by Dr. MORRELL THOMAS. Sir EWEN MACLEAN briefly responded.

reference to a control series of cases treated on medical lines contains no statement as to whether these included transfusion.

There is probably no disease of childhood where transfusion has a more dramatic and lasting effect than in von Jaksch's anaemia. It may, indeed, be true that splenectomy is also beneficial, but by their procedure Ashby and Southam have clouded the issue. The only logical deduction that can be drawn on their evidence is that it is possible to remove the spleen with safety in this disease.

Of four cases in my personal experience, three recovered—two after transfusion and one with arsenic, fresh air, and sunlight. One patient who was admitted to hospital with a haemoglobin percentage of 12 died, in spite of several transfusions, with a secondary bronchopneumonia. A surgical operation here would not have been tolerated.

Arguing from the splenic anaemia of adults, splenectomy may theoretically be of use also in von Jaksch's anaemia, but there is as yet no evidence.—I am, etc.,

London, W.1, March 5th.

GEOFFREY BOURNE, M.D.

NEPHRECTOMY IN INFANCY.

SIR,—My attention has been drawn by Professor Francis Dixon of Dublin to an error which occurred in my article "Nephrectomy in infancy," published in the JOURNAL on February 27th (p. 371).

He has kindly pointed out to me that he has observed a case of three normally developed kidneys in an adult male subject in the anatomical department of Trinity College, whereas I was unaware that any such case had been recorded. The specimens are described in the *Journal of Anatomy and Physiology*, vol. 45.

Examples of supernumerary kidneys have been reported from time to time, but the accessory organ has been either lobulated or very small.—I am, etc.,

London, W.1, March 4th.

A. CLIFFORD MORSON.

LEUCIN CRYSTALS IN URINE.

SIR,—Under some such title a correspondent in your columns nine or ten years ago described what he thought to be leucin crystals occurring in patients who frequently suffered from colds. I write now to confirm this view, and to extend its scope to a great number of disorders other than just colds or catarrhal affections.

Some four or five years ago, during the routine chemical and microscopical examination of urines, I began to notice, about October and November, that patients suffering from catarrhs, colds, etc., gave evidence of the presence of intestinal toxæmia, with or without evidences of disturbed hepatic function—namely, indican +, oxalates +, bile + or —, *Bacillus coli* + or —, together with round or oval opalescent bodies, mostly homogeneous, but often with faint concentric markings and radiating striations, which I was inclined to regard as impure leucin, as it seemed identical with what is figured as such in Simon's *Clinical Diagnosis* (p. 423).

Numerous attempts to get these verified at several clinical laboratories failed, as nothing like what I described was ever found. The only conclusion I could come to was that they had disintegrated while in transmission through the post. Further specimens were sent to an eminent member of the profession, who found what he thought I was describing, and said that they were degenerate epithelial cells, whose nuclei he had been able to stain. Coming from such a source, I took the decision as final, and had to look out for some other explanation for this "degenerate epithelium." It seemed strange, however, that as the patients' symptoms cleared up these disappeared also, and returned the next year almost in as widely "epidemic" numbers as the catarrhs and other illnesses that the cold season brought with it.

During the past few months, when there have been many catarrhs, influenzal cases, rheumatic and neuritic conditions, and dyspepsias of various types, these bodies have returned. I suggest that this is the true nature of these bodies because of two specimens I have seen lately. One showed bodies of varying size in the same field of the microscope (this would not be the case if they were epithelial in origin, which would require them to be of fairly uniform size) and no other cell present. The other showed, beside the amorphous opalescent bodies, chains of tiny rounded globules, sometimes arranged like gigantic streptococci, others in clusters, like gigantic staphylococci. The cases in which these were present were of the most varied description: catarrhs, colds, so-called gastric influenza, dyspeptic cases, heart irregularities, apoplexy,

haemorrhages (epistaxis, menorrhagia, haematemesis), bronchitis, and laryngeal catarrhs, to mention only some of those seen. A recent French writer on infection *versus* anaphylaxis, who remarks how frequently these nasal catarrhs, anginas, etc., are futilely treated with douches and gargles, because they are a result of anaphylaxis caused by indican, seems to be supported by the urinary findings in this series of cases.

The presence of an increased intestinal toxæmia with hepatic disturbance was indicated by the urinary and clinical findings, but whether they were secondary to the naso-pharyngeal condition I could never be certain. The finding of other cases, however, at or about the same period, showing purely abdominal symptoms without catarrhal signs, suggested that a large factor at any rate was the abdominal source.

That certain atmospheric conditions, such as cold, damp, and high barometric readings, can alter the bacterial activity of intestinal germs I have no doubt; how otherwise can one explain "epidemics of appendicitis," using the term to mean the occurrence of many acute cases requiring operation all in a short space of time? The other side of the question—is it due to disturbance of the liver metabolism as a result of chill?—might also help to explain the appearance of these leucin crystals.—I am, etc.,

Darlington, Feb. 1st.

R. CHALMERS, M.D., F.R.C.S.Ed.

Universities and Colleges.

UNIVERSITY OF OXFORD.

THE electors of the Weldon Memorial Prize have reported to the Vice-Chancellor that they have awarded the prize to Major Greenwood, F.R.C.P. The prize is awarded every three years to the person who, in the six years preceding the date of the award, has published the most noteworthy contribution to biometric science. Dr. Major Greenwood is Reader in Medical Statistics in the University of London.

UNIVERSITY OF CAMBRIDGE.

AT a congregation held on March 6th the degrees of 'M.B. and B.Chir. were conferred on G. W. Bamber.

UNIVERSITY OF LONDON.

Hutchinson Triennial Prize.

THE subject set for the triennial Hutchinson prize, of the value of £60, open to full students of the London Hospital, is suppuration in the lungs and pleura. The dissertations for the prize must be delivered at the hospital not later than March 31st, 1929. Candidates are eligible to compete until the expiration of ten years from the date of registration as a student of the hospital. The number and importance of original facts will be considered principal points of excellence, the object of the prize being to encourage clinical and surgical work and original investigation. No award will be made if, in the opinion of the examiners, the essays have not attained a sufficiently high standard of excellence. Further information may be obtained from the secretary of the London Hospital Medical Council.

UNIVERSITY COLLEGE.

The annual report for 1926 of the committee of University College states that during the session 1924-25 the total number of students enrolled was 3,033. Of these 2,431 were taking day courses, 388 evening courses, and 214 vacation courses. The day-course students included 520 post-graduate and research workers. Of the total 2,415 came from homes in the United Kingdom, and 230, including 83 post-graduate and research workers, from various parts of the empire. From European countries there were 244 students: Germany 51, Switzerland 39, France 32, Holland 21, Russia 19, Sweden 14, Norway and Poland 11 each, Czechoslovakia 9, Italy 8, Belgium and Denmark 5 each; 52 students came from the United States of America (26 undergraduate, 24 research, 1 evening, and 1 vacation course). From other countries the largest number (41) came from Japan, and of them 11 were doing research work. There were 1,294 students in various stages of degree courses. Of these 295 passed examinations leading to degrees, 299 obtained degrees (244 bachelor degrees, 195 with honours), 55 higher degrees (24 masters, 15 Ph.D., and 16 doctors). The College has for many years provided public lectures, at which the approximate aggregate number of attendances during the session 1924-25 was 14,840.

An appeal for £500,000 in connexion with the celebration of the centenary of the College in 1927 was formally launched about six weeks ago. Of the total amount £225,000 is required for the endowment of teaching, £25,000 for the completion of the Gower Street front, and £30,000 for the provision of a great hall. At the inaugural luncheon at the Mansion House, London, on January 29th, under the chairmanship of Prince Arthur of Connaught, gifts to the amount of £39,000 were announced.

ROYAL COLLEGE OF PHYSICIANS OF IRELAND.

AT the monthly business meeting of the College, held on March 5th, the President duly admitted Joseph O'Mahony to the licences in medicine and midwifery. The following candidates have passed an examination for the Conjoint Diploma in Public Health: W. M'Carthy, J. I. E. M'Cormack.

when he attended the International Congress of Physiology, which met in his old department in Edinburgh. He gave then a most interesting cinematograph demonstration on the thyroidectomized sheep. This visit to the home country he enjoyed immensely, as he was able to spend some happy days again on Flotta, and so to recall the days of his youth. After a short visit to certain Continental schools he returned to Ithaca, and up to the end of 1924 he still continued actively engaged on the thyroid researches which have contributed so largely to our knowledge of this subject. His loss will be deeply felt by his numerous friends, not only in America but also in this country.

He is survived by his widow, a daughter, who is on the staff of the Cornell physiology department, and a son, who is a medical graduate of Harvard.

Dr. EDWARD MOLYNEUX, who died at his residence in Little Neston, Cheshire, on February 11th, received his medical education at University College, Liverpool. He graduated M.B., Ch.B.Vet. in 1889, and in the same year obtained the diplomas of the English Conjoint Board and the L.S.A. He was medical officer of the Garston Accident Hospital for some little time, and also held the posts of house-physician and house-surgeon to the Liverpool Royal Infirmary, as well as assistant demonstrator in physiology and histology, and house-physician to the gynaeccological department of this institution. After subsequently practising in Cressington he removed to Southport over sixteen years ago. His professional duties did not prevent him from taking an active interest in local affairs in that town, and he served as a member of the board of guardians. In 1920 he was elected to the town council as a representative of the Craven ward, and was vice-chairman of the health committee. He was a conservative in politics, and had been chairman of the Southport Conservative Club. Dr. Molyneux was a member of the Southport Division of the British Medical Association.

Dr. GABRIEL MAUNOURY, a well known surgeon of Chartres and formerly president of the French Congress of Surgery, has recently died at the age of 76. He was a brother of the celebrated Marshal Maunoury.

The deaths are reported of Professor Piffle, head of the German Ophthalmological Clinic at Prague, on his 60th birthday, and of Professor Julius von Eröss, a well known Hungarian paediatrist of Budapest, at the age of 70.

THE NATIONAL INSTITUTE FOR THE BLIND.

THE annual report of the National Institute for the Blind (224, Great Portland Street, W.1) for the year ended March, 1925, shows a steady progress in the work of that admirable institution. It is the largest institution of the kind working for the blind in any part of the world. Its balance sheet is some indication of its activity, for the grand total of its financial commitments for the year exceeds £300,000.

The institute strives to meet all the needs of the blind not covered by statutory provision, both in the educational and practical fields. It is both a university for the blind and a maid-of-all-work. It includes the publication of Braille embossed books, magazines, and newspapers, and of Moon embossed books and periodicals—Moon type being easily learnt by the aged blind; the preparation by hand of textbooks in Braille for blind students, and the maintenance of a students' library; the publication of embossed music, and of the works of British blind composers; the general welfare of blind musicians; the provision of apparatus for the blind, such as writing machines, mathematical boards, games, Braille watches, models, etc.; the maintenance of three homes for blind babies at Chorley Wood, Southport, and Leamington Spa, a college for blind girls at Chorley Wood, a massage school in London, homes for blind women at Clifton and Brighton, a guest house for the aged blind at Chester, a blind women's hostel in London, and a convalescent and holiday home at

St. Leonards-on-Sea; the relief of the blind poor; training and after-care of the adult blind and of blind ex-service men who are ineligible for pensions, and their blind dependants; the visitation and training of the blind in their own homes; the support of home industries for the blind, including supply of materials at cost price, sale of goods, augmentation of wages, etc.; technical and research work which may tend to lessen the burden of blindness; the employment of the blind; and assistance to local institutions and societies for the blind throughout the country in the form of financial assignments and allocations.

We regret to note that since the publication of this report the institute has lost by death its indefatigable secretary-general, Mr. Henry Stainsby. His memorial is in the institute, which was largely his personal work. It is to be hoped that his successor will be a man of like calibre and devotedness.

ROYAL MEDICAL BENEVOLENT FUND GUILD.

THE annual meeting of the Royal Medical Benevolent Fund Guild was held on February 27th at 47, Brook Street, Lady BLAND-SUTTON presiding over a very large assembly of subscribers and their friends. Lady FRIPP, chairman of the council, reported a great increase in activity, necessitating the appointment of a general secretary-accountant to replace Miss Thomson, whose resignation after fifteen years' zealous work was deeply regretted. Reports were given of the development of the various provincial branches of the Guild, some of which, notably Edinburgh, Glasgow, Bath, Cardiff, Reigate and Redhill, and Preston, had made good progress in obtaining new subscribers or in raising funds by means of entertainments or sales. A new branch had been formed at Great Yarmouth. Among the London districts Hampstead and St. Pancras were prominent, and five new districts had been formed—North London, Harrow, Pinner, Barnes, and Mortlake. In the unavoidable absence of Mrs. Scharlieb, M.D., the report of the honorary treasurer was read by Lady BRADFORD. She said that though donations this year had amounted to the record total of £3,753 the amount (£1,288) derived from annual subscriptions, which formed the only really reliable source of income, did not meet the often inadequate help given to older beneficiaries, quite apart from the money required for educational grants. The Care Committee had appealed for a 50 per cent. increase in the monthly maintenance grants to the older beneficiaries, and new subscribers were urgently needed to this end.

Mrs. A. ORMOND, chairman of the Care Committee, in a moving report of cases relieved, gave examples of the benefits conferred on the younger persons, from a grant to enable a girl left fatherless to complete her medical course, to the provision of one square meal a day to a lad apprenticed to a firm of engineers. During 1925 24 girls and 16 boys had been educated entirely or partially at the cost of the Guild. Observation of children living in homes where money is pitifully short has convinced the committee that, where possible, boarding-schools are to be preferred. The depressing atmosphere of such homes, a too limited and monotonous diet, and the absence of any money, even for trivial amusements such as bus rides, are bad for children, and the care-free atmosphere of school life is much more desirable.

Mr. PETER RIDGE and Miss MADGE TITHERIDGE spoke eloquently on behalf of the Guild; and cordial votes of thanks were given to Sir John and Lady Bland-Sutton and to the officers of the Guild.

At the invitation of the Medical Insurance Agency, which has this year again given a donation of £525, a representative of the Guild, in the person of Mrs. Ormond, has been appointed to serve on the subcommittee of the Agency dealing with the education of girl beneficiaries.

Legacies received during the year include £100 from the late Miss E. J. Humby, £200 from the George Macbain Trust, and £300 from the late Miss Constance Turner. The Stock Exchange male voice choir again, in 1925 and in 1926, devoted the proceeds of their annual concert to the Guild, and in 1925 the sum accruing from the third of the successful golf competitions organized by Lady Rigby, under the auspices of the Ladies' Medical Golfing Society, completed the £200 for an annuity scholarship which these competitions were started to provide. Special efforts such as these are of value, not only for the money they bring in, but for the interest they excite in those previously unfamiliar with the work of the Guild. Those who are prepared to help in propaganda work in any form, or to send parcels of old clothes, are asked to communicate with the Secretary of the Guild, 58, Great Marlborough Street, London, W.1.

Medical News.

AT the meeting of the Metropolitan Asylums Board on March 6th Dr. J. D. Rolleston and Dr. G. A. Borthwick were appointed medical superintendents in the Board's infectious hospitals service. Dr. Rolleston, who has been senior assistant medical officer at the Grove Hospital, Tooting, since February, 1921, took over the duties of medical superintendent of the Board's Western Hospital on March 8th. Dr. Borthwick, at present port medical officer and medical inspector of aliens, Plymouth, will become medical superintendent of the Board's Northern Hospital, Winchmore Hill, in succession to Dr. C. E. Matthews, who will shortly retire on superannuation.

THE Minister of Health received on March 9th a deputation from the Central Committee of Poor Law Conferences. The deputation stated that their desire was to assist and not to obstruct proposals for the reform of the Poor Law. They agreed that the present system led to confusion and overlapping and that some reform was necessary. But they were afraid that the Government's proposals would overburden the councils of counties and county boroughs so that the poor would not get the care and attention which was secured under the present system, and they urged that before the proposals for the reform of the Poor Law, circulated by the Government, were proceeded with, further inquiry should be made into the effect of legislative and social changes which had occurred since the report of the Royal Commission and of the Maclean Committee. The Minister said that he doubted whether any useful purpose would be served by further inquiry. The materials had been thoroughly sifted by the Royal Commission and by the Maclean Committee, and the broad outline of the present scheme was not, he understood, unacceptable to the authorities to whom the control of public assistance was to be transferred. In any event, the proposals he had circulated were only provisional, and his object in circulating them was to get the criticism and help of all bodies entitled to speak on the subject. He thought some inquiry into the principles underlying the Poor Law might be desirable at a later date.

THE January number of the *Revue Franco-Russe de Médecine et de Biologie*, which is published monthly in Paris, and devoted to medical and other scientific progress in Russia, contains an article by Professor Sémachko on the general state of health in Soviet Russia. In Leningrad, whose population in June last year was 1,320,000, the tuberculosis mortality is on the down grade, after having increased by rapid strides between 1911 to 1920; there has been a closely parallel rise and fall in Moscow. Infantile mortality has diminished, not only in the large towns such as Moscow, where the death rate is much lower now than before the war, but also in the provinces, and even in some neighbourhoods, such as Vladimir and Leningrad, where the rate had been previously very high. Elsewhere in this issue of the *Revue* statistical notes are given about the Ukraine; at the beginning of 1925 there were sixty-nine tuberculosis dispensaries and fifty venereal clinics in operation. It is also reported that during the first nine months of 1924 about 23,000 cases of small-pox were notified in the Union of Soviet Republics, as compared with nearly 42,000 during the corresponding months in 1923. In 1925 the number of scarlet fever cases in Moscow had diminished by 40 per cent., as compared with 1924; good results had been obtained by prophylactic inoculation. In Siberian towns there is an average of one hospital bed for 198 inhabitants, and in the country parts one bed for 2,342.

AT a meeting of the Society of Medical Officers of Health to be held at 1, Upper Montague Street, Russell Square, W.C.1, on Friday, March 19th, there will be a discussion on cancer. The point of view of public health administration will be introduced by Dr. W. D. Champneys; that of the surgeon by Professor G. E. Gask; that of the research worker by Dr. W. D. Newcomb; and that of the general practitioner by Dr. F. E. Allen. Others who have promised to take part are Mr. C. J. Bond and Lieut.-Colonel A. B. Smallman. The President, Dr. G. F. Buchan, will take the chair at 5 p.m., and the meeting is open to any member of the profession.

A THREE months' course of lectures and demonstrations in hospital administration, together with clinical instruction in infectious diseases for the D.P.H., will be given by the medical superintendent, Dr. E. W. Goodall, at the North-Western Hospital, Hampstead, N.W.3, on Mondays and Thursdays at 4.45 p.m. and alternate Saturdays at 10.30 a.m., commencing Thursday, April 8th. The fee for the course, which complies with the requirements of the revised regulations of the General Medical Council, is £4 4s., and £3 3s. for the course under the old regulations.

SIR HAROLD STILES has been elected into the Athenaeum under Rule II of the club, which empowers the annual election of persons of distinguished eminence in science, literature, the arts, or for public service.

AT the annual meeting of the Society for the Study of Inebriety, to be held at 11, Chandos Street, W.1, on Tuesday, April 13th, at 4 p.m., Sir William Willcox will open a discussion on the prevention and arrest of drug addiction.

MR. H. W. CARSON will lecture on hernia for the Fellowship of Medicine on March 18th at 5 p.m., at 11, Chandos Street; the lecture is free to members of the medical profession. From March 15th to 27th the Brompton Hospital will hold an all-day course on the various forms of pulmonary diseases. At the London School of Hygiene and Tropical Medicine bi-weekly demonstrations during four consecutive weeks will be given at 2 p.m. by Dr. Low and Dr. Manson-Bahr, commencing on March 16th. The Hampstead General Hospital has organized a late afternoon course (4.30 to 6) with systematic teaching in all departments. From April 14th to May 5th Dr. Heald will give four lecture demonstrations on successive Wednesdays at 5.15 p.m., at the Royal Free Hospital, on recent advances in medical electrical treatment. St. Mark's Hospital will hold an intensive course in proctology from April 19th to 24th, with daily sessions from 10.30 a.m. to 6 p.m., including Saturdays. As the course will not be given unless ten entries are received by April 12th, early application is requested. 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 annual meeting of the Elizabeth Garrett Anderson Hospital, Euston Road, N.W., will be held on Monday, March 15th, at 3 p.m. The chair will be taken by the Countess of Carlisle, and Lady Barrett, M.D., M.S., will speak.

THE next meeting of the North-Western Tuberculosis Society will be held in the surgical theatre of the Medical School, Liverpool, on Thursday, March 18th, at 3 p.m., when the Vice-Chancellor (Dr. Adams) will read a paper. Medical practitioners and students interested in tuberculosis are cordially invited.

THE annual meeting of the Mental After-Care Association will be held at the Fishmongers' Hall, London Bridge, E.C., on Tuesday, March 16th. The chair will be taken by Sir Charles C. Wakefield, Bt., president of the association, at 3 p.m.

THE Secretary of the Department of Scientific and Industrial Research announces that the department has recently established a small research laboratory at Dudley House, Endell Street, in the vicinity of Covent Garden fruit and vegetable market. The laboratory will work in close connexion with the Low Temperature Research Station, Cambridge, which is the headquarters of the fruit and vegetables section of the department's organization for food investigation. The object of the laboratory is to bring the station into closer contact with the trade in fruit and vegetables, and with the practical aspects of the problems of their transport and storage.

WE are asked to state that hospitals in the County of London or within eleven miles of St. Paul's desiring to participate in the grants made by King Edward's Hospital Fund for London for the year 1926 must make application before March 31st to the honorary secretaries of the Fund, 7, Walbrook, E.C.4. Applications will also be considered from convalescent homes which are situated within the above boundaries, or which, being situated outside, take a large proportion of patients from London.

MARTIN HOPKINSON AND CO., LTD., announce for early publication *Medical Aspects of Birth Control*, edited by Sir James Marchant, and containing contributions by Dr. R. C. Buist, Dr. Letitia Fairfield, Dr. Arthur Giles, Professor Leonard Hill, Dr. H. Crichton Miller, Sir Arthur Newsholme, Sir John Robertson, and Dr. Mary Scharlieb.

THE RIGHT HON. STEPHEN RONAN, lately Lord Justice of Appeal in Ireland, has left estate valued for probate at £83,907. After making several bequests he directed that the bulk of the property should go to the Medical Research Council for assisting and promoting scientific research, and, without limiting the discretion of the Council, he expressed the wish that special attention should be given to the relief, cure, and prevention of physical pain by physical means.

DR. THOMAS LAWSON CRAIG has been appointed a member of the Executive Council of Gambia, and an official member of the Legislative Council of that colony.

THE monument to the 323 French pharmacists killed in the war was recently unveiled at the Paris Faculté de Pharmacie by M. Painlevé in the presence of M. Lape, Rector of the Académie de Paris, and Professor Radais, Dean of the Faculté de Pharmacie.

PROFESSOR CHARLES RICHET of Paris has recently been nominated Grand Officer of the Legion of Honour.