

patient, coupled with circumstances which are favourable to good personal hygiene. The care of the teeth, of the nose, nasal sinuses, and throat, the regulation of the bowels, scrupulous attention to the feet, are details which in the diabetic assume great importance. Careful routine overhauling to discover and eradicate focal sepsis should be an essential in the after-care of every diabetic patient, whether treated with insulin or not.

As regards the diet, I have used slight modifications of the scale which I have already described (*BRITISH MEDICAL JOURNAL*, March 15th, 1924, p. 457), and my aim has been to keep the patients at work at a weight a few pounds less than the average for their age and build; the dose of insulin has been adjusted accordingly, but I do not exceed 40 units daily for general use, and the diet and weight are reduced when necessary.

Whether it is essential to keep the blood sugar normal and the urine constantly free of sugar is a question of interest and practical importance; on theoretical grounds it is desirable to do so, and all those in whom this aim has been attained have done well; but I am bound to confess that they are few, and I have been surprised to find that in spite of the fact that the greater number do at times pass sugar they nevertheless remain in good health. I insist that no effort should be spared to keep the first specimen passed in the day free from sugar, as by that means it is possible to make sure that the blood sugar is normal or nearly so during the hours of sleep, and as an ideal this has been of practical value. Conscientious patients become very worried about occasional glycosuria, which, in the many vicissitudes of their daily lives, seems to be almost unavoidable, and it is a relief to be able to tell them that they need not worry provided the early morning specimen is free. Elaborate blood sugar control is unnecessary once the condition has been stabilized.

Certain other points emerge which are of importance. As a general rule those patients have done best in whom insulin treatment has been instituted soon after the symptoms of diabetes have first appeared. This is particularly true of the younger cases; it is, I think, significant that there is no record in this series of satisfactory subsequent progress in a patient under 25 years who put off insulin treatment for more than four months from the onset of symptoms, even when dietetic treatment had been stringent and efficient during the early period of the disease. The conclusion is warranted that all young diabetics should be treated with insulin without delay.

I have been compelled to revise my former opinion that insulin treatment in the elderly and long-standing cases of diabetes was not of much value, for I am bound to admit that several cases of this type have shown remarkable mental and physical improvement with it. In early days I was misled by the fact that in this class of patient improvement comes more slowly and much less dramatically than in the young, and it may be some months before the advantage is manifest.

There appears to be no definite relationship between the rate of early progress and the ultimate prognosis. Recovery of tolerance undoubtedly occurs in a greater proportion of cases and to a far greater degree than in the days of simple dietetic treatment. Four of my patients (all of them over 40) have given up insulin after varying periods of treatment, and have now a tolerance for an adequate diet with nearly 100 grams of carbohydrate. The most striking case is that of a man who, on leaving hospital over a year ago, took 60 units daily and yet did not remain sugar-free. He has now been without insulin for three months and remains sugar-free with a more liberal diet. It is unwise for the border-line case to give up insulin; several patients have attempted to do this and to continue treatment by dieting alone, but almost without exception they are glad to renew the irksome injections for their "tonic effect."

#### Summary.

1. Of 100 cases of diabetes of all types treated with insulin and dieting 75 survive—61 in good health and 14 in poor or moderate health. This result will almost certainly improve in future, as during this period the treatment was mainly limited to the more severe cases. Of the 25 deaths that occurred, 1 resulted from the treat-

ment and 10 others were not directly due to diabetes but may have been accelerated by it; in 17 of the fatal cases there were definite complications.

2. Of 21 attacks of coma either actually treated in the stage of full unconsciousness or close to it, 12 recovered. Of the 10 patients concerned, 5 remain in fairly good health; the others have since died.

3. A type of persistent coma which is, I believe, particularly liable to occur in treatment by insulin is described. Recovery from this type of coma after intrathecal injection of insulin is recorded.

4. The importance of early insulin treatment in young patients is emphasized.

5. All cases which have kept a normal blood sugar and have remained free from glycosuria have done well; their condition at this time, however, does not appear materially better than that of those who have shown glycosuria at times but who nevertheless have managed to keep the early morning specimen free.

## Memoranda:

### MEDICAL, SURGICAL, OBSTETRICAL.

#### FISSURED FRACTURE OF THIGH WITH FEW SYMPTOMS UNTIL A MONTH LATER.

THE following history of fracture of thigh in a youth is so unusual as to warrant its being reported.

A lad, aged 16, a pony driver in a pit, met with an accident on October 13th, 1925, which was diagnosed as a contusion of the right hip; he had some discoloration in this region. He was able to walk about after the accident, at first with the aid of a stick; by November 14th the contusion had cleared up, and he could walk and bend his hip perfectly and felt quite well. He returned to work in the pit on November 16th; there was no work in the pit on November 17th, but he worked on November 18th. Whilst out for a walk on November 19th he slipped on frosty ground with his left foot and states that his right leg gave way. He was removed to hospital, where x-ray examination revealed an oblique fracture of the right thigh at the junction of the upper with the middle third, and marked angular deformity.

At subsequent proceedings in the county court, taken under the Workmen's Compensation Act, it was maintained successfully that a result of the accident on October 13th had been a fissured fracture of the right thigh; it was given in evidence that there was callus when the x-ray examination was made six hours after the accident on November 19th, and that the callus was not firm on account of the youth walking about too soon.

I have never before heard of a case where a person with a fractured thigh could walk about, practically without pain, resuming work for two days, and that then a trivial accident should reveal a fissured fracture of a month earlier.

Barnsley.

H. A. L. BANHAM.

#### ACUTE GASTRIC ULCER ASSOCIATED WITH PERNICIOUS ANAEMIA.

THE combination of acute gastric ulcer and pernicious anaemia in the following case seems to be of sufficient interest to be placed on record.

A married woman, aged 42, was admitted, as an emergency case, to the Royal Alexandra Infirmary, Paisley, on March 1st, 1926, with a history of having, on February 25th, while at housework, retched and vomited 10 ounces of dark blood; two brighter coloured vomits of similar amount followed the same day. The next day a mouthful of bright blood was brought up. Her next and last vomit was half an hour after admission—about 6 ounces of partly clotted blood. She stated that she had had "bilious turns" for two years, that she had been yellow for five weeks, but that she had been able to do her household duties quite well.

On admission the temperature was 101° F., pulse 160, and respirations 28; she was a well nourished woman. The skin was decidedly lemon-tinted and the mucous membranes very blanched. She was very collapsed. The pulse was barely perceptible at the wrist; sounds heard easily on auscultation over brachial and femoral arteries; blood pressure 115/40.

She died in thirty-six hours. Examination of the blood showed: haemoglobin 9 per cent., white cells 27,000, red cells 940,000, colour index 0.5. Poikilocytosis, anisocytosis, polychromatophilia,

and basophil degeneration were seen. There were numerous nucleated red cells and megaloblasts (33 of the latter were noted during a count of 100 white cells).

Dr. Mary B. Hannay, pathologist to the infirmary, conducted a *post-mortem* examination, and reported three simple ulcers on the lesser curvature of the stomach; a blood vessel opened into the floor of one of them. The contents of the lower small intestine and of the colon were much blood-stained. The heart was dilated, especially the right ventricle, and the muscle pale and soft, showing faint yellow mottling. The liver was fatty, and gave a faint Prussian blue reaction.

I have to thank Dr. W. Clow, to whose ward the patient was admitted, for permission to report this case, and also Dr. Hannay for permission to quote from her report.

A. M. POLLOCK, M.A., M.B., Ch.B. Glasg.,  
House-Physician, Royal Alexandra Infirmary, Paisley.

#### CHONDRO-SARCOMA OF INDEX FINGER.

THE following case is of sufficient interest to be placed on record since the occurrence of sarcomata of the phalanges and metacarpals is exceedingly rare.

The patient, a single woman aged 21 years, was admitted to hospital on September 29th, 1925, with a large chondro-sarcoma of the left index finger. She stated that, some

eighteen months before admission, the growth started as a white mark resembling a blister, and that it grew slowly. At first it was very soft, but it gradually increased in hardness. During the previous two months it had been growing rapidly. She said she had experienced no pain until a week before she was seen, and that she only came for advice because of the inconvenience caused by the size of the growth. There was no past history of rickets.

On examination a tumour the size of a billiard ball was

seen on the palmar surface of the index finger of the left hand; it was situated on the proximal phalanx. It was fluctuating in parts, had a broad base, and the skin was nowhere adherent (Fig. 1).

An x-ray photograph showed destruction of the shaft of the proximal phalanx of the index finger and a large soft tumour extending outwards; there were several areas of ossification (Fig. 2). Examination of the chest by x rays showed no evidence of secondary deposits in the lungs.

The patient was operated upon by Mr. Rodney Maingot on the day after admission. The index finger and the distal half of the second metacarpal bone were amputated. Microscopical examination of the parts removed showed the tumour to be a chondro-sarcoma undergoing myxomatous degeneration in parts. The central portion of the growth was necrotic.

Examination of the hand on February 28th, 1926, showed a painless scar. The movement and gripping power of the fingers were good, and the patient experienced but little inconvenience. There was no clinical or x-ray evidence of metastases in the lungs, or locally in the region of the scar.

I am indebted to the courtesy of Dr. Cleveland Smith for permission to report this case.

CLIFFORD H. LEE, M.R.C.S., L.R.C.P.,  
House-Surgeon, Southend Victoria Hospital.

## Reports of Societies.

### THE CONTROL OF INFECTIOUS DISEASE.

A DISCUSSION on modern methods of control of infectious disease took place in the Section of Medicine of the Royal Society of Medicine on March 23rd, Dr. HUGH THURSFIELD presiding.

Sir JOHN ROBERTSON (M.O.H. Birmingham) exhibited charts to illustrate the incidence and mortality rates in respect to certain infectious diseases in England and Wales during the last half-century. He said that the mortality from small-pox had reached vanishing point. As to enteric fever, the difficulty was to get a case in hospital for teaching purposes. The mortality from scarlet fever, diphtheria, measles, and whooping-cough had enormously declined, though the decline in incidence had not in all cases been parallel. In dealing with infectious diseases in the past, four methods had been employed—notification, isolation, quarantine, and disinfection. Within recent years immunization methods had been added, although, of course, small-pox prevention furnished an early example of immunization, which was still the most successful. All who had been engaged in small-pox prevention would agree that the disease could be entirely abolished by general vaccination and revaccination. But in a community in which 30 to 40 per cent. of the people were unvaccinated, and an additional number not efficiently protected, it was necessary to bring into operation isolation and quarantine. A number of cases of small-pox were now so mild as to escape notification. Apparently there was very little natural immunity to small-pox—that is, few unprotected people escaped small-pox if exposed to infection. In passing he mentioned a striking case within his experience, in which a book read on his deathbed by a sufferer from confluent small-pox, and not disinfected, was the means of infecting other cases in three different houses within a period of thirteen months.

In scarlet fever natural immunity played an important part. Somewhere between 12 and 20 per cent. of the population under 15 years of age were at one time or other susceptible to scarlet fever, while the rest, either by natural immunity or by reason of non-exposure to infection, escaped the disease. Natural immunity played an important part not only in preventing this disease but in reducing its virulence. Many hospital superintendents were now making use, with very good results, of the recent work done on immunization to scarlet fever, and he had no doubt that in the very near future it would be possible for the medical man to protect entirely any individual from scarlet fever. Isolation was a great convenience to the public, and was of great value to the patient acutely ill, but it had considerable disadvantages; among them the liability, unless the discipline in the fever hospital was exceptional, for the children to contract other infections. Home isolation for all but the poorest or the most severe cases was sufficient for scarlet fever. Scarlet fever was now a mild disease, and reliance must for the present be placed upon the old methods of isolation and disinfection in the hope that in the near future the work done on immunization would yield a satisfactory method of limiting scarlet fever incidence.

Diphtheria was a disease in which hospital isolation, quarantine, and disinfection had apparently accomplished nothing so far as incidence was concerned, although mortality had fallen greatly. Most cases of diphtheria should be removed to hospital for skilled supervision and nursing, though not necessarily to prevent spread. The virulent carrier cases might be divided into two groups: those who were in the carrier condition for a short time only, and the chronic carriers, who were mostly those with tonsils and adenoids needing the attention of the otologist. The Schick test had demonstrated that there existed in many people a natural immunity to diphtheria. He produced some figures relating to the recent experience in New York of immunization to scarlet fever.

In 1915 the number of new cases reported was 15,270, and of deaths 1,278; in 1905 the numbers were respectively 13,686 and 1,544, and those years were at about the usual

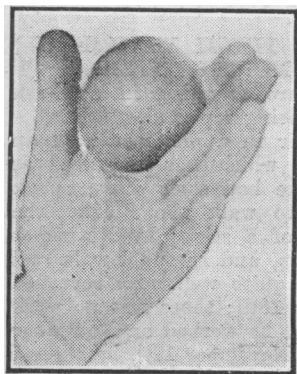


FIG. 1.



FIG. 2.

might lead to a conflict of opinions on factory conditions. The Home Office should make all these appointments and standardize the system. Dr. Watts referred to shuttle-kissing as still being one of the greatest dangers to health in the cotton mills, and thought that the bill did not provide enough security against the danger from the practice. He also argued in favour of a unified factory medical service. Dr. Fremantle complained that the bill did not provide for a staff of Home Office medical officers to collaborate with the officers of the Ministry of Health. Captain Macmillan's amendment being carried by 184 to 109, Miss Wilkinson's bill failed to secure a second reading.

**Artificial Sunlight.**—Mr. Chamberlain told Sir Harry Brittain that he had no complete information on the number of hospitals in this country in which artificial sunlight treatment was provided, but arrangements for this treatment had been approved, in connexion with tuberculosis and maternity and child welfare schemes, in twenty-six hospitals and sanatoriums, exclusive of tuberculosis dispensaries and maternity and child welfare clinics. Reports on the approved schemes were being considered by the Ministry of Health. The treatment, if appropriately applied, was undoubtedly beneficial in many cases, but he was not yet able to give a complete reply to the question whether the treatment was proving successful.

**Encephalitis Lethargica.**—In answer to Mr. Briant, Mr. Chamberlain circulated statistics showing that in England and Wales, including port sanitary districts, 454 cases of encephalitis lethargica were notified in 1922; 1,025 in 1923; 5,039 in 1924; and 2,635 in 1925, the last figure being provisional.

**Hertford Hospital, Paris.**—Mr. A. M. Samuel informed Sir Richard Luce that the medical staff of the Hertford British Hospital, Paris, resigned in November, 1924. They had been replaced and no action by the British Government appeared necessary.

**Bethlem Royal Hospital.**—Objection was again taken to the second reading of the Bethlem Hospital Bill when this was moved in the House of Commons on March 29th.

#### Notes in Brief.

On January 1st, 1926, the persons in receipt of Poor Law relief in England and Wales were 1,441,500, compared with 1,205,267 a year previously.

The Minister of Health has extended till the end of April the time during which he will receive representations on the draft Order proposed to be made under the Milk and Dairies Act, 1915.

Sir Austen Chamberlain states that so far as he knows no foreign Power has yet ratified the Opium Agreement and Dangerous Drugs Convention, signed at Geneva in February, 1925. The agreement will come into force on the ninetieth day after the receipt in Geneva of ratifications by two Powers.

## Universities and Colleges.

### UNIVERSITY OF OXFORD.

ROBERT JAMES BROCKLEHURST, B.M., M.A., of University College (formerly scholar), and of St. Bartholomew's Hospital, has been elected to a Radcliffe Travelling Fellowship of £300 for two years.

Bernard Thomas Bquires, exhibitioner of University College, student of medicine, has been elected to a Christopher Welch Research Scholarship of £100 for four years.

At a congregation held on March 27th the degree of Bachelor of Medicine (B.M.) was conferred on R. H. B. Bettington.

### UNIVERSITY OF LONDON.

At a meeting of the Senate on March 24th regulations were adopted for the award of the recently established Laura de Saliceto studentship for the advancement of cancer research.

It was resolved to institute an academic diploma in anthropology. Sir Holburt Waring was appointed the representative of the University at a meeting to be held next month to consider the steps which should be taken to organize an appropriate celebration in April, 1927, of the centenary of the birth of Lord Lister.

The appointment of obstetric house-surgeon at the Royal Northern Hospital has been approved by the Senate of the University of London for the purposes of the M.D. examination (Branch IV).

### UNIVERSITY OF LIVERPOOL.

THE following candidates have been approved at the examinations indicated:

**FINAL M.B., CH.B.—Part I:** T. Blezard, H. C. Calvey, F. R. Craddock, L. de Jongh, Lillian W. Edwards, E. E. Glenton, L. S. Goldman, A. W. Green, H. E. Hughes-Davies, Edna Morris, T. C. Newman, Muriel S. Roberts, J. B. Rushton, E. F. Thompson, J. L. Walker, A. J. Walsh, Joan Watkins. **Part II:** L. de Jongh, T. Lotter, Ivy H. Rowlands, J. L. A. Webster.

**DIPLOMA IN TROPICAL MEDICINE.**—W. J. Aitken, A. Ashworth, R. N. Bansikar, N. Bligh-Peacock, Effie G. Bolton, E. H. Hoodrie, M. A. B. Brito-Mutunavagan, T. Cullen, H. N. Davies, B. G. V. Dias, E. G. A. Don, H. P. Fower, Isabella J. Fowler, Katharine M. Hodgkinson, R. Jackson, K. H. Kamakaka, D. Lennox, A. W. Lewis, A. G. Mackay, N. McLean, M. Macsweeney, S. R. Malik, M. E. Merchant, E. F. Molony, S. G. Nashikkar, F. Oppenheimer, F. S. Paterson, L. D. Quigley, M. Rodrigues, A. S. Sachdev, B. Singh, J. Singh, S. A. Talib, C. L. Tan, Catharine F. Taylor, N. S. Turnbull, B. K. Vardya, T. N. Varma.

**DIPLOMA IN TROPICAL HYGIENE.**—G. Clark, Ivy Collier, B. L. Davis, A. J. Hawe, D. M. Mackay, D. A. Skan.

**DIPLOMA IN MEDICAL RADIOLOGY AND ELECTROLOGY.**—J. H. Barrett, R. Hermon, J. M. Hosey, Irene E. Kenworthy, H. McE. Morris, D. Ramage.

### UNIVERSITY OF EDINBURGH.

At the graduation ceremonial held on March 25th the degree of D.Sc. was conferred upon Dr. Ronald Gray Gordon (physician to the Royal Mineral Water Hospital, Bath) for his thesis on "Personality"; and the degrees of M.B., B.Ch. upon Roderick Macdonald.

### UNIVERSITY OF ABERDEEN.

At the graduation ceremony on March 24th the following degrees and diploma were conferred:

LL.D. (*honoris causa*).—Dr. Robert Wm. Reid, Professor of Anatomy, University of Aberdeen.

M.D.—Alexander Lyall, \*Charles Reid, \*Charles W. Walker, Alexander A. McIntosh Nicol, Adam A. Turner.

M.B., CH.B.—The names of the successful candidates were published in our issue of last week (p. 598).

D.P.H.—J. F. Davidson.

\*Awarded honours for thesis.

The following prizes were also presented:

Fife Jamieson Memorial Gold Medal in Anatomy: G. A. G. Mitchell. Keith Gold Medal for Systematic and Clinical Surgery: G. Stephen. Shepherd Memorial Gold Medal for the Principles and Practice of Surgery: T. E. Anderson. Dr. James Anderson Gold Medal and Prize in Clinical Medicine: T. E. Anderson and Victoria C. Enslie (equal). Matthews Duncan Medal in Obstetrics: A. W. Forrest and W. Marshall (equal; silver medal each). The Alexander Ogston Prize in Surgery: G. P. Mi dleton. Dyce Davidson Memorial Gold Medal in Materia Medica: M. G. Gibb.

### UNIVERSITY OF DUBLIN.

#### SCHOOL OF PHYSIC, TRINITY COLLEGE.

THE following candidates have been approved at the examinations indicated:

**FINAL M.B., PART I.—Materia Medica and Therapeutics; Medical Jurisprudence and Hygiene; Pathology and Bacteriology:** \*R. R. Woods, \*M. F. N. Griffin, \*T. C. M. Corbet, M. Gerber, E. G. Montgomery, I. Isaacson, S. R. Elmes, R. W. T. H. Stewart, H. Dundon, H. A. Ferguson, J. M. M'Elligott, J. R. Brumberg, I. F. Ratthaus, W. F. Knobel, J. K. Harper, C. F. Cole.

**PART II.—Medicine:** \*H. O. Clarke, \*A. J. Conlin, E. H. Hall, P. F. Palmer, G. A. Walmsley, T. J. W. Keown, W. C. G. Potts, J. M. Seikow, E. W. Bligham, M. A. W. Roberts, Nancie N. Lowther, A. E. A. O'Byrne, Isabella K. M'Neilly, E. Rakoff, Kathleen I. Purdy, T. F. M. Woods, S. Smyth, G. W. H. Townsend, R. T. P. Tweedy, G. V. A. Griffith, G. G. M'Farland, D. B. O'ullivan-Bearre, E. H. Harte, Evelyn E. Connolly, C. P. Wallace, J. Craig, J. G. M'Dowell, R. H. Mitchell, E. E. Malone, D. J. Roux. **Surgery:** \*S. F. Heatley, R. M. Allardice, G. W. H. Townsend, C. R. Boland, G. A. Milner, H. J. Roche, D. N. Power, J. H. M'Lean, Margaret W. Pike, Mary S. Miller, R. G. Keays, J. N. S. Gouws, J. V. Pincus, W. Russell, H. Nelson, G. A. A. Powell, Lucy E. R. Pigott, Mabel E. Brittain, C. G. Nel, G. T. L. Archer, A. B. Brooks, W. C. Sloan, J. F. MacManon, W. G. Maule, A. Sachs, C. L. Taylor, W. Magowan. **Midwifery:** \*E. E. Malone, E. E. Satchwell, S. Smyth, D. St. C. Mackenzie, H. A. Ferguson, J. Quigley, J. B. Patrick, C. F. M. Wilson, M. G. J. Booyen, Norah E. Fenton, J. Johnston, N. J. U. Mather, W. P. Culbertson.

**DIPLOMA IN GYNAECOLOGY AND OBSTETRICS.**—I. V. Yoffa.

\*Passed on high marks.

### ROYAL COLLEGE OF PHYSICIANS OF LONDON.

AN extraordinary comitia of the Royal College of Physicians of London was held on Monday, March 29th, at 5 p.m., the President, Sir Humphry Rolleston, Bt., being in the chair.

The President delivered the annual address, which was much abbreviated because of the large amount of business before the comitia. Reference was made to the changes made in the examination for the Membership. Brief obituary appreciations were made of the nine Fellows who had died during the year, including Dr. Howard Tooth, Sir Richard Douglas Powell, Dr. Edward G. Browne, Dr. J. W. Russell, and Dr. G. H. Hunt.

A vote of thanks to the retiring President, Sir Humphry Rolleston, was moved by Dr. Mitchell Bruce and carried.

The College then proceeded to the election of President. At the first ballot Sir John Rose Bradford received 51 votes, Lord Dawson 37, Sir William Hale-White 19, Dr. Raymond Crawford 14, and Dr. John Fawcett 11. The first two of these names were then submitted to a further ballot, when Sir John Rose Bradford received 81 votes and Lord Dawson 65. Sir John Rose Bradford was then inducted to the President's chair.

Dr. R. O. Moon was elected Assistant Registrar, having been nominated by the President at the last meeting of the comitia.

Dr. J. Walter Carr was elected a representative of the College on the Professional Classes Aid Council, in place of Dr. Newton Pitt, retired.

A letter was received from the Royal Society asking the College to appoint a representative to attend a meeting in the Society's rooms on April 30th for the purpose of organizing a celebration of the centenary of the birth of Lord Lister (April 5th, 1927). The President was appointed.

Diplomas in Tropical Medicine were granted to 27 candidates. (The names were published in the report of the meeting of the Council of the Royal College of Surgeons of England, printed in our issue of March 20th, p. 552.)

Lord Dawson drew attention to the discontinuance of the publication of *Medical Science Abstracts and Reviews*. The College affirmed its appreciation of the value of this publication, and the hope was expressed that the Medical Research Council would resume it.

## Obituary.

DR. THOMAS HORNE, who died on March 8th, at the age of 75, was one of the senior members of the public health service. He received his medical education at Anderson College, Glasgow, where he obtained the diplomas L.R.C.P., L.R.C.S.Ed., and L.M., in 1874, graduating M.D.Durh. in 1892. After holding the post of medical officer of health for Sandwich he went to Stockton-on-Tees, and for twenty-nine years devoted himself to improving the health of the town. The control of infectious diseases first engaged his attention, and after several years' activity he had the satisfaction of seeing a considerable measure of success result. Another reform achieved after persistent effort was the conversion to the water carriage system of the numerous privy middens in the town. Dr. Horne was long handicapped by ill health, which compelled his retirement two years ago, when he was appointed consulting medical officer of health for the borough. For a short period he was temporary medical inspector under the Local Government Board. He was for many years a member of the British Medical Association.

DR. JOHN STEWART HENDRIE, who was killed accidentally on March 8th, at the age of 23, while on his way to an urgent case, was educated at Galston Higher Grade School, Kilmarnock Academy, and Edinburgh University, where he graduated M.B., Ch.B. in June, 1925. He obtained a British Medical Association Prize for an essay on the diagnosis and treatment of chronic intestinal obstruction in the preceding April. He became assistant to Dr. John Brown at Durham in October, and during his short professional career won much popularity. Much sympathy is felt for his mother and two brothers in their sad bereavement.

The following eminent foreign medical men have recently died: Dr. Van de Vloete of Brussels, formerly president of the Société de Neurologie Belge; Dr. Juan B. de Landeta, doyen of the medical profession in Havana; Professor Serafino Patellini-Rosa, professor of social eugenics in the University of Milan.

## Medical News.

THE Fellowship of Medicine announces that on April 15th, at 2 p.m., Mr. W. E. Tanner will give a clinical surgery demonstration at the Prince of Wales's General Hospital, Tottenham, free to members and general course ticket-holders of the Fellowship. From April 19th to May 1st the Bolingbroke Hospital, Wandsworth Common, will hold an intensive course in medicine, surgery, and the specialties. During May there will be two courses lasting the entire month: a course in psychological medicine at the Maudsley Hospital, Denmark Hill, will include lectures on the psychoneuroses, crime, and insanity, and a clinical course in venereal diseases at the London Lock Hospital. From May 3rd to 22nd there will be a clinical and an operative course at the Central London Throat, Nose, and Ear Hospital. The Royal Waterloo Hospital will hold a course in medicine, surgery, and gynaecology from May 3rd to 22nd, and from May 3rd to 15th the Infants Hospital will hold an afternoon course under the direction of Dr. Eric Pritchard. A three weeks' course will be given by the Royal Westminster Ophthalmic Hospital from May 3rd to 22nd. Copies of all syllabuses and of the general course programme may be obtained from the Secretary of the Fellowship of Medicine, 1, Wimpole Street, W.1.

A NUMBER of members of the International Society of Medical Hydrology will visit the spas of Czecho-Slovakia in the middle of April, and other medical men are invited to join the party, which will leave London on Wednesday, April 14th. Medical discussions will be held at Karlsbad on April 16th and at Marienbad on April 17th. The party will be officially received at Prague on April 19th, and there will be a special conference on rheumatism at Pistany, in which Sir William Willcox (London), Dr. Kahlmeter (Sweden), Dr. van Breemen (Amsterdam), Professor Strasser (Vienna), Professor Netousek (Bratislava), and Dr. Baltaceanu (Buda-pest) will take part. Visits will also be paid to spas in the Tatra mountains. Members of the party will be guests of the Czecho-Slovakian Government and of the various spa

municipalities. Full particulars can be obtained from the Honorary Secretary of the International Society of Medical Hydrology, 36, Devonshire Place, London, W.1; application must be made not later than the first post on Monday, April 5th.

ON March 23rd a large silver loving-cup, suitably inscribed, was presented to Lieut.-Colonel A. Alcock, C.I.E., F.R.S., LL.D., by his colleagues at the London School of Hygiene and Tropical Medicine, where, until his recent resignation, he had been director of entomology since 1907. Dr. Andrew Balfour expressed the indebtedness of the school and its students to Colonel Alcock, and referred to the valuable scientific results of his work.

THE twenty-first international post-graduate course will be held in Vienna, from June 14th to 27th, and will deal with tuberculosis, with special reference to treatment. From June 28th to July 3rd there will be a series of practical courses. Applications for membership should be addressed to the secretary of the international post-graduate courses, Dr. A. Kronfeld, Porzellangasse 22, Vienna IX, from whom further information may be obtained.

A TOUR for medical practitioners to the spas and climatic health resorts of Italy is being arranged for September 12th to 28th, and will be conducted by Professor Guido Ruata. The general arrangements will be similar to those of the tours of 1924 and 1925, and the places to be visited include Abbazia, Portorose, Grado, Venice, Merano, Bolzano-Gries, Riva, and Salsomaggiore. Medical lectures will be given at each resort. The party will be limited to 200, but each medical practitioner may be accompanied by a relative if early notice is given. The cost of the tour from its commencement at Abbazia to Salsomaggiore is 1,600 lire, and further information may be obtained from the Ente Nazionale Industrie Turistiche, 6, Via Marghera, Rome.

THE International Society for the Protection of Childhood will hold its fifth session at Rome on May 25th, when the following subjects, among others, will be discussed: situation of children in the colonies, prophylaxis of tuberculosis in families, prophylaxis of rickets, and the statistics of infantile mortality.

THE following appointments have recently been made in the French faculties of medicine: Dr. G. Portmann, professor of oto-rhino-laryngology, in succession to Professor Moure, at Bordeaux; Dr. Desoil, professor of medical and pharmaceutical zoology at Lille; and Dr. Laporte, professor of medical pathology at Toulouse.

DR. DEAN LEWIS, professor of clinical surgery in the State University of Chicago and editor of the *Archives of Surgery*, has been nominated professor of surgery in the Johns Hopkins University in succession to Professor W. S. Halsted.

JOHN WRIGHT AND SONS, LTD., of Bristol will publish in May the first number of the *Cancer Review*, under the direction of the British Empire Cancer Campaign, 19, Berkeley Street, London, W.1. This journal will be devoted entirely to reviews and abstracts of current publications in all countries and languages, dealing with tumours in general and malignant new growths in particular. The abstracts will be arranged under two main headings: (1) General, including experimental and biochemical work on cancer, culture *in vitro* of malignant tissues, association of tumours with parasites and other irritants, pre-cancerous conditions, physiological changes associated with malignancy, radiological and other methods of diagnosis and treatment, prognosis, epidemiology, and statistics; (2) Clinical and regional, including publications on the clinical pathology of tumours of the various organs and systems of the body. Ten numbers will be published each year. Subscriptions (30s. a year) may be sent to the publishers, or to any bookseller.

A PAMPHLET of twelve pages, *The Problem of the Intoxicated Motor-driver*, has been issued, at the price of 2d., by the True Temperance Scientific Committee, Donington House, Norfolk Street, Strand, W.C.2. The pamphlet is signed by Sir James Crichton-Browne, Sir W. J. Simpson, Drs. H. Wansey Bayly, W. H. B. Stoddart, H. W. Southgate, and Mr. Ernest E. Williams. Three aspects of the problem are discussed—the legal, the scientific, and the social—and detailed reference is made to the paper by Drs. Southgate and Carter, published in the BRITISH MEDICAL JOURNAL of March 13th, 1926, on the excretion of alcohol in the urine as a guide to alcoholic intoxication. We may recall here that a representative committee on tests for drunkenness was appointed last year by the British Medical Association, and is now engaged on its inquiry.

APPLICATIONS for the Dickinson Research Travelling Scholarship in medicine, value £300 for one year, and for the Dickinson Pathology Scholarship, £75 for one year, must be sent in by May 1st to Mr. F. G. Hazell, secretary to the trustees, Manchester Royal Infirmary, from whom copies of the regulations governing the scholarships can be obtained.