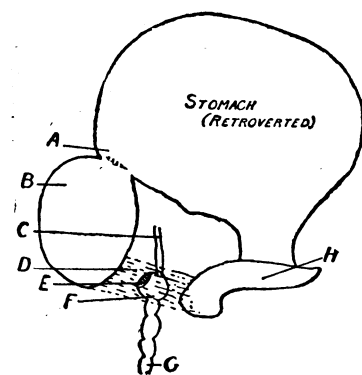


Vomiting persisted after admission in spite of medical treatment. After a feed, or sometimes not until after two or three feeds, food welled up into the mouth in large quantity. It was composed of curdled milk and was not bile- or blood-stained. The capacity of the stomach was very great, and gastric "wash-outs" returned unstained.



A, Pyloric valve. B, First part of duodenum. C, Common bile duct. D, Fibrous band. E, Mass of lymphoid tissue. F, Remainder of duodenum. G, Small intestine. H, Pancreas.

The stools, which were passed with ease, were composed of meconium, glairy mucus, and bile.

The nature of the lesion was suspected, and surgical treatment (gastro- or duodeno-enterostomy) was considered, but the child had already undergone five days' starvation, and was in a condition of dehydration and inanition. It was therefore put in an incubator and rectal and subcutaneous salines given every four hours. Two days later (seventh day of life) it died, effortless vomiting persisting until the end.

Post-mortem Examination.

The liver reached to just above the umbilicus, and the lower border of the stomach nearly to the symphysis pubis. The gall bladder was distended and the part of the stomach wall in contact with it was bile-stained. The stomach was greatly dilated and contained curdled milk. The pyloric valve was fully dilated.

The first part of the duodenum ended in a dilated, dome-shaped diverticulum. The occluded end was firmly connected by a strong fibrous band to the head of the pancreas. The remainder of the duodenum (second and third parts) began, at the upper end, as a bulbous dilatation, into which, almost at right angles, ran the common bile duct. A firm, nodular mass in the wall of the gut near the entrance of the duct proved, on histological examination, to be a mass of lymphoid tissue. A band, composed entirely of fibrous tissue, stretched from the occluded end of the first part of the duodenum to the head of the pancreas. Midway in its course it enveloped the bile duct and remainder of the duodenum. The pancreatic duct, although not traced, did not enter the gut in the region of the bile duct.

The remaining organs in the body appeared normal.

Early diagnosis is essential in these cases. Unfortunately, in the case recorded more than five days elapsed before the child was brought to hospital and a diagnosis made.

I have to thank Dr. J. D'Ewart, medical superintendent of the infirmary, and Mr. Robert Ollerenshaw, consulting surgeon to the Manchester Union, for permission to publish these notes. I have also to thank Dr. G. D. Dawson, pathologist to the Manchester Union, for the histological examination and identification of the various parts removed at the post-mortem examination.

REFERENCES.

¹ BRITISH MEDICAL JOURNAL, April 25th, 1925, p. 765 et seq. ² Ibid., November 28th, 1925, p. 1005.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

SPONTANEOUS REDUCTION OF ACUTE INTUSSUSCEPTION.

SPONTANEOUS reduction of an intussusception and the verification of the diagnosis by laparotomy is of sufficiently uncommon occurrence to merit record.

A male child, aged 1 year and 6 months, was seized at 1.30 p.m. on March 3rd, 1926, with acute abdominal pain. It vomited on four occasions during the next four hours, and a motion passed was blood-stained. The child had always been constipated, but there was no history of previous attacks.

The child when first seen at 6 p.m. was suffering from agonizing abdominal pain. Across the abdomen, just below the umbilicus, a well marked tumour was present, and examination by the rectum revealed typical red-currant jelly.

The patient was admitted to the infirmary at 7.30 p.m.; it was screaming, and the legs were drawn up to the abdomen. A tumour was palpable below the umbilicus, and on rectal examination the glove was blood-stained, but no typical red-currant jelly was found.

Operation was arranged for 9 p.m., but soon after the last examination the patient fell asleep, and remained asleep until 8.45 p.m. When seen at 9 p.m. it was quiet and contented and abdominal palpation and rectal examination were completely negative. No enemata had been given, but in view of the

definite findings at 6 and 7.30 p.m. it was decided to perform laparotomy.

The abdomen was opened by a paramedian incision. The small intestine for a length of 5 to 6 in. from the ileo-caecal valve was markedly thickened, congested, and rather distended, with haemorrhagic spots present at various points on the peritoneal surface. The thickening and congestion were most marked in the last 1 to 2 in. of the ileum, and the proximal portion of the intestine implicated presented a ring-like appearance as if one part of the intestine was invaginated slightly into the next part. The gut was quite viable, but the mesentery was congested, inflamed, and swollen, and the glands in the mesentery were enlarged. The "dimple" characteristic of the reduced intussusception was present on the lower outer wall of the caecum. The abdomen was closed, and on the next day one blood-stained motion was passed. On March 21st the patient was discharged after an uninterrupted convalescence.

Presumably, had no operation been performed this case would have been labelled "gastro-enteritis" or a vague "food poisoning," and one can only conjecture how many more such cases have been likewise labelled. In this case the definite physical signs at 6 and 7.30 p.m. made one chary of leaving well alone when the child was again examined at 9 p.m.

I am indebted to Mr. K. M. Duncan, F.R.C.S., for permission to publish this case.

DAVID J. DAVIES, M.R.C.S., L.R.C.P.,
Resident Surgical Officer, Preston Royal Infirmary.

CYSTIC DEGENERATION OF A UTERINE FIBROID WITH PARTIAL EXTRUSION.

THE patient whose case is recorded below was brought to the Royal Salop Infirmary, Shrewsbury, in a condition so serious that no detailed history could be obtained.

A woman, aged 46, was admitted to the infirmary suffering severely from shock, with signs of haemorrhage. She stated, that, having been much troubled by "pains in the stomach and constipation," she had taken an aperient the previous evening, and on waking during the early hours of the morning had found her "bowels lying out on the bed."

A large mass of what at first appeared to be decomposed coils of intestine was seen lying between her thighs. She was immediately taken to the theatre and an anaesthetic administered. The prolapse, which weighed about 4 lb., consisted of a horribly putrid, grey, semisolid mass, held together by interlacing fibrous bands. There was very little haemorrhage, and no blood vessels could be seen. The external portion of the prolapse was clamped and excised. It was then seen that it had come down through the vagina, which was distended by a continuation of the growth. On introducing the hand into the vagina alongside the prolapse, the cervix was found to be dilated sufficiently to enable the hand to be passed into the uterus. The interior of the uterus was filled with a soft friable growth which was densely adherent to the uterine walls by tough fibrous bands. The uterus formed part of a hard rounded tumour filling the pelvis and extending up to four inches above the umbilicus. At the upper margin of the tumour a pedunculated fibroid could be felt.

It was decided to perform hysterectomy. A considerable amount of blood clot and offensive serum was found lying among the coils of intestine; this was seen to be coming from the right Fallopian tube, which was distended and had ruptured. The uterus was pale and oedematous. In front it was adherent in its upper part to the parietal peritoneum by recent adhesions and to the omentum and transverse colon by much firmer adhesions. The omentum was clamped and tied off, but it was necessary to dissect a flap of peritoneum off the uterus to free the colon. This flap was then folded over on itself and sutured, thus covering in the raw surface. The veins of the broad ligament were very dilated, especially on the left side.

Owing to the uterus being firmly fixed in the pelvis some difficulty was experienced in securing the uterine vessels. This was overcome by working down the broad ligament on one side, dividing the cervix, and securing the broad ligament on the opposite side from below upwards (Kelly's method). The peritoneal cavity was drained by a large tube brought out through the vagina.

Examination of the uterus showed that it was the site of numerous fibroids. The small pedunculated fibroid situated on the fundus had undergone calcareous degeneration. One large interstitial fibroid showed typical red hepatization. The main portion of the growth, however, consisted of a large submucous fibroid, which had undergone cystic degeneration. This filled the uterine cavity, and had sloughed; it was this sloughing mass that had been expelled from the uterus.

The pathologist reported that sections taken from the uterine wall, and the fibroids, had the appearance of a fibromyoma undergoing necrosis, and that there was no evidence of any malignant change.

I was afterwards able to get a more detailed history. The patient had had a child nineteen years previously, but no further pregnancies. Menstruation had been regular, but during the last four years had been excessive, lasting eight days. She stated that thirteen months ago she passed a "fleshy lump." She had noticed enlargement of the abdomen for two years, but had suffered no inconvenience until a month before admission, when she was much troubled by backache and abdominal pain accom-

panied by a slight but very offensive vaginal discharge. This, however, was not sufficiently severe to prevent her doing her usual household work.

As might be expected, the patient's convalescence was not uneventful. There was profuse purulent discharge from the drainage tube, but the temperature became normal on the third day; on the sixth day it rose again slightly, and this was accompanied by pain and some swelling of the left leg and thigh. This rapidly subsided under treatment, and all went well until the twenty-first day, when she suddenly died of pulmonary embolism.

WILLIAM EDMOND, F.R.C.S.,
Surgeon, Royal Salop Infirmary, Shrewsbury.

British Medical Association.

CLINICAL AND SCIENTIFIC PROCEEDINGS.

ST. PANCRAS DIVISION.

THE TREATMENT OF HEART FAILURE.

At a meeting of the St. Pancras Division of the British Medical Association, held at the Association House, Tavistock Square, on April 20th, Professor F. R. FRASER delivered an address on digitalis in the treatment of heart failure. Dr. GEOFFREY EVANS, chairman of the Division, presided over a large attendance.

Professor FRASER said that he intended to confine his remarks practically to the action of digitalis in auricular fibrillation. Pharmacologists, studying the effects of digitalis on animals, gave a great number of possible actions of the drug, but in the human subject, with therapeutic doses, the actions were really reduced to three, and possibly two of these were identical. The first of these actions was to slow the sinus node, the pacemaker of the heart, but it was no use to expect in this way to slow the heart when it was quickened by any cause other than heart failure, and even such slowing action as was brought about was not very powerful. The second action of digitalis, a powerful and constant one, was to cause delay at the auriculo-ventricular node in the conduction of the impulse from the auricle to the ventricle. About the third action there was a good deal of controversy. Some authorities maintained that digitalis increased the force of ventricular contraction; others denied this stoutly. Most of the British school were rather sceptical about any action of value in therapeutics upon the ventricular muscle, but evidence seemed to be accumulating that there was some such action, and if the action existed it meant that digitalis was of some use, not only in auricular fibrillation (which followed from its second action just stated), but in all cases of heart failure when the ventricular action was not so good as it ought to be. But this third action, like the first, was in any case a very poor action compared with the second. Like all powerful drugs, digitalis could do harm, and the maximum beneficial dose was very near to the toxic dose. Workers in New York had stated that with 15 c.cm. of good tincture, comparatively fresh, for every 100 pounds of body weight, a patient would be fully digitalized. Digitalis was completely absorbed from the stomach within six hours, therefore there was no purpose in giving digitalis hourly or two-hourly, nor, on the other hand, in waiting for a day before giving a second dose. Six hours was the right interval, so that there was a logical basis for the customary procedure of giving digitalis three times a day. Digitalis was excreted by the kidneys and bowels, and destroyed in the liver and heart muscle. It was calculated that the tincture of digitalis was eliminated or destroyed at the rate of 22 minims a day. Thus a dose of, say, 15 or 20 minims a day would not result in an increasing concentration of the drug in the body. Some patients could take 30 minims a day without accumulating it, but it was necessary to watch larger doses very carefully, because more digitalis was being given than could be destroyed. The toxic phenomena of digitalization were, in normal persons, drowsiness, nausea, and vomiting, occasionally diarrhoea. If digitalis were pushed still further actual heart-block would be caused. In the case of persons with a diseased heart, digitalis affected the diseased portion of the heart before the other effects were produced, and here dropped beats due to blocking indicated toxicity. In auricular

fibrillation, where a dropped beat would not be recognized, the first sign might be coupling. Apart from the limitations thus suggested, there were certain types of cases which did not seem to respond to digitalis as well as might be expected. A patient whose heart beat did not become slower was a patient who had an active infection. Another patient with auricular fibrillation and acute rheumatism might even have nausea and vomiting with digitalis before a slowing effect was perceived. Professor Fraser showed a number of charts to illustrate different types of cases. An additional output of urine, he said, was not due to any diuretic action of digitalis, but simply to an improvement in the circulation. With a mild degree of heart failure the pressure was even higher than when the patient was comparatively well; apparently there was a reaction in the periphery, and the pressure increased as the patient got worse. If digitalis were given in that state the pressure would fall. Under digitalis the pressure would rise or fall or remain constant according to the need of the patient. A raised blood pressure was never a contraindication to digitalis; usually it was the reverse. If digitalis were given whatever the abnormality in pressure it would bring about a closer approximation to the normal. He also advised that whatever preparation of digitalis was chosen, one preparation alone should always be employed; the necessary experience would not otherwise be acquired. He personally preferred the tincture, for reasons which he gave. He also mentioned the danger of intravenous injections of strophanthin if the patient within a period up to three weeks previously had had digitalis.

Dr. P. P. DALTON recounted a case of auricular flutter with senile changes in the heart, which he regarded as an ideal case for intensive digitalization. The patient, however, did not react at all well, and toxæmia was suspected; now Professor Fraser had made it plain that in cases where the heart was being poisoned digitalis would not act in doses short of toxic. Professor Fraser had mentioned only three actions of digitalis; Mackenzie thought there was another—namely, that the afferent fibres of the vagus were stimulated by digitalis to receive more impressions than they otherwise would. He asked whether the giving of digitalis for two or three days before operation would be likely to excite the vagus and increase the danger from anaesthesia.

Dr. A. J. CLARKE asked whether there was a nervous plexus in the auricle, or whether the conductivity was purely muscular. He asked also over what time the 15 c.cm. of digitalis per 100 pounds of body weight was given, and Professor FRASER replied: Rapidly, so as to prevent elimination. Another question referred to the risk of giving large doses of digitalis if the previous quantity of digitalis taken was not known; in a case of high blood pressure, in which there were signs of heart failure, was there any danger of apoplexy in giving digitalis?

Professor FRASER, in reply, said that digitalis had the same actions in acute infections as in other states, but the order of the actions was disturbed, so that the toxic actions preceded the beneficial, and the patient would vomit before the pulse rate slowed. In pneumonia he gave digitalis continuously, because he believed in the third action to which he had alluded. In high blood pressure there was no danger from digitalis at all; the tendency was for the pressure to come down. As to any danger in giving digitalis after previous unknown digitalization, the case was rather different from that of strophanthin; strophanthin was administered intravenously, whereas digitalis was given by the mouth, and then vomiting afforded a safety-valve. The auricle, so far as was known, had a purely muscular conductivity. With regard to vagus inhibition during anaesthesia, it was supposed that if a patient were digitalized completely there would be a vagus inhibition, and it was a good tradition that atropine should be given to the fully digitalized patient. With regard to stimulation of the afferent fibres of the vagus, there was no evidence for or against this theory; it was purely a hypothesis.

The CHAIRMAN commented upon the way in which scientific findings had been correlated in the lecture with clinical medicine; and a hearty vote of thanks was accorded to Professor Fraser.

generally be made at other hours upon payment of a disturbance fee if there was a responsible person on the premises. Such calls were rare.

Death Penalty for Cowardice in the Field.—In Committee on the Army Annual Act, Mr. Thurtle moved a new clause to abolish the death penalty for all cases of cowardice and desertion on active service, reserving it for treachery and desertion to the enemy. He said there were great differences of physique, nervous system, and will power among men, and it was unfair to take an individual who had been meagrely treated by Nature and subject him to this terrible penalty. Let them contrast the physique and nervous system of a man brought up in the slums, undernourished almost from birth, and subjected to long spells of unemployment, with those of a man from Australia, well nourished all his life and with body and nervous system toned up by an open-air life. The latter must inevitably be better adapted to stand the strain of modern battle. Captain King, Financial Secretary of the War Office, said the Committee which considered the question two years ago pointed out that only 11 per cent. of the death sentences passed during the late war were carried out. Certainly 999 out of 1,000 officers and men who served in that war knew fear. After three years' overseas experience in the war he could count less than ten men whom he knew to be without fear. Some men had less self-control than others, and it was necessary to give a final fillip to their will power. Mr. Attlee said courage failed suddenly, and the man was not then in a position to weigh the consideration that if he went back he would be shot. The death penalty was not a deterrent, but a failure to recognize the psychology of men under modern conditions. Major Hills said that in the Peninsular war when a British regiment had lost 10 per cent. of its effectives that regiment was finished. In the late war a battalion of 500 men might lose 50 per cent. in taking up its position before an attack, but who thought of going back? After losing half its effectives a battalion would still go on. Either the present generation was braver than the generation which fought in the Peninsula, or modern war was less terrible than the old wars. A man who was a coward and wanted to go back from the front line could usually do so. He could always go to the medical officer and say he had a pain in his stomach. He might have that pain or not, but he was a nuisance to his fellows, and his commanding officer was glad to get rid of him, so in the end that man went back. Mr. Viant said some men could not climb to great heights; their nerves would not permit them. The same thing must hold true on the battlefield. The proposed clause was defeated by 269 to 125.

Answers in Brief.

The mid-year population of England and Wales for 1925 is estimated by the Registrar-General at 38,890,000.

Asked, on April 29th, whether he proposed to hold an inquiry into the purity of drugs supplied to panel patients, Mr. Chamberlain said arrangements were in operation for the systematic analysis of sample prescriptions with the object of testing the purity of ingredients and the accuracy of dispensing. He saw no need for the suggested inquiry.

The House of Commons has voted an estimate of £348,200 for expenditure on Employment and Health Insurance buildings in Great Britain, including the Ministry of Health.

Universities and Colleges.

UNIVERSITY OF LONDON.

The following candidates have been approved at the examinations indicated:

DIPLOMA IN PSYCHOLOGICAL MEDICINE (with special knowledge of Psychiatry).—D. E. Cameron, E. C. T. Emerson, C. O. Perera, J. S. I. Skottowe, R. Thompson.

Postponement of Examinations.

The Vice-Chancellor of the University of London announces that the Final Examinations for internal and external students, which are normally held in June, have been postponed to a date to be subsequently fixed. This date will not be earlier than September 1st. The following examinations for internal students normally held in June or July have also been postponed to a date to be announced later: All intermediate examinations; all examinations in agriculture, laws, engineering, commerce, medicine, dentistry, veterinary science; examinations for diplomas. The following examinations for external students normally held in June or July have also been postponed to a date to be announced later: Examinations in commerce, medicine, dentistry, and veterinary science. An announcement will be made later regarding other examinations for external students. The following examinations will be held at the dates given in the regulations: Matriculation and certificate in religious knowledge, general school examination, M.A. and M.Sc. (internal and external), and exhibitions examinations.

NATIONAL UNIVERSITY OF IRELAND.

UNIVERSITY COLLEGE, DUBLIN.

The following candidates have been approved at the examinations indicated:

M.B., B.Ch., B.A.O.—P. H. Cummins (second-class honours), C. F. Carey, J. Coghlan, J. J. Craig, T. Daly, E. R. Devlin, Alice H. Duff, T. Duffy, P. Dwyer, J. F. J. Kelly, Kate A. Moran, Marguerite S. O'Mahony, Eileen M. O'Neill, J. I. N. O'Sullivan, K. Phelan, T. J. A. Ryan, J. Vesey, G. J. Waters.

The following are exempted from further examination as indicated:

In Part I (Medicine and Pathology): T. N. Fogarty, J. J. Glyn, E. Kilmartin, Jane A. M. Nagle, T. H. Quinn, J. G. O'Donnell. **In Pathology:** P. J. Byrne, M. J. Dunne, T. J. Kirby, J. G. McGilligan, J. J. Maher, J. C. Manning, J. P. Marx, E. Moran. **In Part II (Surgery, Ophthalmology, and Midwifery):** M. J. Dunne, T. J. Kirby, T. S. McDevitt, J. G. McGilligan, J. C. Manning, Catherine Purcell.

UNIVERSITY OF BOMBAY.

THE Bombay University Handbook for the current year contains the provisions of the Acts relating to the University and the general regulations by which it is governed. A list of officers is given for the present and the previous year, and also the rules and regulations of the University library, a list of scholarships and prizes, and the syllabuses of all the various examinations. A list of textbooks for the arts, science, and law examinations is included.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

An ordinary quarterly comitia of the Royal College of Physicians of London was held on April 29th, when the President, Sir John Rose Bradford, was in the chair.

Fellowship.

The following were elected to the Fellowship:

Donald Rose Paterson, M.D.Ed. (Cardiff), George Eric Campbell Pritchard, M.D.Oxf. (London), Sir Henry John Forbes Simpson, K.C.V.O., M.B.Ed. (London), Wilfred Edgecombe, M.D.Lond. (Harrogate), Harold Pritchard, M.D.Lond. (London), Frederick George Thomson, M.D.Lond. (Bath), William Johnson, M.C., M.D.Lond. (Liverpool), Charles Wilfred Vining, M.D.Lond. (Leeds), Richard Robins Armstrong, M.D.Camb. (London), John Josias Conybeare, M.D.Oxf. (London), John Cuthbert Matthews, M.C., M.D.Camb. (Liverpool), Julian Lionel Pridon, M.B.Lond. (London), John Alexander Drake, M.D.Lond. (London), Francis Richard Fraser, M.D.Ed. (London), Ambrose Thomas Stanton, M.D., Toronto (Kuala Lumpur), Sir George Seaton Buchanan, C.B., M.D.Lond. (London).

Nominated by the Council under By-law XL (b):

Arthur Edwin Boycott, M.D.Oxf. (London), John Thomson, M.D.Ed. (Edinburgh).

Membership.

The following candidates, having satisfied the Censors' Board, were elected:

W. L. Ackerman, M.B.Lond., H. C. Beccle, L.R.C.P., F. B. Byrom, M.B.Lond., A. M. Cooke, M.B.Oxf., W. E. Cooke, M.D.Liverp., W. S. C. Copeman, M.B.Camb., E. R. Cullinan, M.B.Lond., A. J. Davies, M.B.Birm., C. F. Fernando, M.B.Lond., W. Fletcher, M.D.Camb., H. Fraser, M.D.Aberd., C. J. Fuller, M.B.Oxf., B. N. Hajra, M.B.Calcutta, H. W. Hetherington, M.B.U.Toronto, G. C. Millis, M.B.Camb., M. Newman, M.D.Liverp., A. B. S. Owen, M.B.Sydney, S. W. Patterson, M.D.Melb., H. V. Phelon, M.B.Leds., K. Playfair, M.B.Camb., T. W. Preston, M.B.Lond., T. A. Rose, M.D.Edin., E. B. Strauss, M.B.Oxf., H. F. Turney, M.B.Oxf., Gladys M. Wauchope, M.D.Lond., J. Whitby, M.B.Lond., J. F. Williams, M.B.Melb.

Licence.

Licences to practise physic were granted to the following 194 candidates, who have passed the Final Examination of the Conjoint Board and have complied with the by-laws of the College:

M. O. Abdeen, C. E. Allen, *Marion L. Bainbridge, J. C. H. Baird, M. Barer, R. E. Barrett, O. H. Bellerby, P. G. Bentlif, O. E. Bigger, C. E. Birnie, L. R. B. Birt, A. D. Blackwell, B. Blaxill, J. L. Blostein, W. R. Blunt, J. D. Borham, *Kathleen M. Bowman-Manifold, D. G. Bown, G. J. O. Bridgeman, G. H. Brown, H. Bruce, P. R. Buckton, H. A. Bulman, F. Bunje, A. Burlingham, C. H. Burridge, H. A. Byworth, E. Carew-Shaw, *Elizabeth J. Carpenter, A. G. Chamberlain, G. P. Chandler, J. C. K. Chilcott, *Enid Clarke, S. M. Coleman, A. B. Connell, R. A. P. Corkery, J. G. Cox, *Lucy M. Cranage, G. H. Crisp, *C. E. Croft, B. R. Crossley, *Olive C. Crowley, P. C. Cumber, P. C. Datta, T. L. Davies, J. E. Debono, J. H. de Jager, T. S. Dewey, D. A. Dewhurst, A. F. Downie, I. A. Dubinsky, R. A. M. Dyke, W. G. P. Dyson, R. P. S. Edden, A. G. Eddison, G. Edwards, G. C. Edwards, M. N. El-Din, E. Evans, E. S. Evans, J. P. Evans, J. A. Eyres, *Alice B. Field, B. A. Fitzsimons, R. G. Flower, J. N. C. Ford, R. M. Forsayeth, E. L. Fothergill, A. R. French, J. Freudenheim, *Margaret L. A. Galbraith, W. L. Gillbard, R. S. Glennie, L. D. Golomb, J. Gray, R. M. Greenop, E. J. Greenwood, T. W. Griffiths, H. L. Groom, G. J. Gross, K. H. A. Gross, B. Guyster, A. F. W. Hall, H. J. Heathcote, T. H. Hobbes, A. Hobson, L. E. Houghton, J. E. Howard, E. G. Howe, M. L. Hutchinson, D. Imber, F. F. Imianitoff, J. H. F. Jayasuriya, *Iris A. Jenkin-Lloyd, D. McL. Johnson, B. G. Johnston, A. W. Kondall, J. W. Kendall, *Eileen M. King, S. N. Lahiri, *Alice B. Laker, J. R. E. Lee, H. P. Lehmann, H. L. Lello, D. H. Lewis, P. C. K. Lewis, L. Lipschitz, G. H. Livingstone, *Elsie Lyon, *Margaret B. Macdonald, *Mary A. C. MacHugh, R. M. Maher, A. R. Marsh, C. W. Marshall, *Florence I. J. Masterman, A. N. Mathias, C. A. L. Meredith, J. H. Miller, H. L. Miles, J. McN. Milroy, D. E. J. Mitchell, E. D. Moir, J. W. Monro, E. W. Morgan, J. B. O. Morton, C. E. H. Moykopf, M. Murad, B. L. S. Murtagh, A. H. Musgrave, H. P. Nelson, C. S. Netscher, D. A. Newbery, R. Okell, E. R. S. Owen, *Evelyn M. Pakeman, *Marion G. Palmer, S. C. St. G. Parry, W. E. Parry, A. Patrick, P. H. Perkins, E. K. Pritchard, *Henrietta Procter, M. M. Racuf, W. H. G. Reed, J. H. Ripka, M. E. D. Roberts, R. I. Roberts, *Janet McL. Robertson, E. Robinson, *Alice L. Robson, E. H. Roche, *Sibyl D. Rodgers, F. C. Roles, E. P. Ross, H. W. Sadlier, J. de la M. Savage, J. W. Schofield, J. W. Schollum, J. A. Screech, S. T. Seccombe, M. Sendak, *Nancie A. Simmons, J. F. Simpson, W. E. Shell, A. W. E. Foyas, *Heryl M. Stevens, *Dorothy E. Stewart, E. C. N. Strong, *Ma M. Su, T. H. Taylor, S. E. Theis, J. W. de W. G. Thornton, G. P. Thorold, O. B. Tisdall, E. M. Town-Jones, *Mary M. Tulloch, W. J. D. Twort, C. C. Ungley, E. F. C. Wadge, H. Walden, F. H. A. Walker, E. Walsh, *Betty C. Waters, T. E. Watkins, J. G. Weston, J. G. Wigley, J. I. Williams, H. Winch, *Eileen O. Wise, W. R. Wood, *Rosa S. Wordsworth, Hon-Ping Yew, H. R. Youngman, A. B. Zimmler.

* Under the Medical Act, 1876

Research Prize in Metabolism.

It was reported that the late President, acting on behalf of the College, had expressed the willingness of the College to bestow a fellowship, scholarship, or prize out of the income of some £8,000, to be left as a legacy to the College, for research work in disorders of metabolism, but with a preference for the study of their occurrence in children and adolescents, and particularly for diabetes.

Appointments.

It was announced that Mr. Dighton Pollock has accepted the office of junior standing counsel, and Dr. S. W. Wheaton that of delegate to the Jubilee Conference of the Royal Sanitary Institute in London in July, 1926.

Dr. H. Morley Fletcher was elected Senior Censor.

The President was appointed to represent the College at the celebration of the bicentenary of the Faculty of Medicine of the University of Edinburgh on June 10th and 11th, 1926.

It was left to the President to appoint a Fellow to represent the College at the twelfth annual Conference of the National Association for the Prevention of Tuberculosis at Glasgow on July 1st, 2nd, and 3rd, 1926.

Sir Humphry Rolleston was elected a member of the Executive Committee of the Cancer Research Fund.

Portrait of the late Sir Richard Douglas Powell.

Sir Douglas Powell, Bt., offered to the College a replica of a portrait of his father, the late Sir Richard Douglas Powell, Bt., painted some thirty years ago by Spencer Watson, A.R.A., the replica to be painted by the same artist. This offer was accepted and the thanks of the College accorded to Sir Douglas Powell.

Conjoint Examinations.

Three reports from the Committee of Management of the Conjoint Examining Board in England were received and adopted.

I. *Revision of Regulations (1925).*—The Committee reported that its attention had been called to certain restrictions in the new regulations which adversely affect Conjoint students as compared with students who are following the curricula of various universities. Certain alterations were made to meet this.

II. *Examiners in Pathology.*—In order that the examination in pathology should be related as far as possible to clinical medicine and surgery, an examiner in special pathology will in future be associated with a physician or a surgeon, and the papers will be set by the examiners in pathology conjointly with the appointed physicians and surgeons, who will also take part in the practical and *viva voce* examinations. As pathology will cease to be a subject included in the examination in medicine and surgery, the *viva voce* examination in these subjects will be reduced from twenty to fifteen minutes. In this way there will be a *viva voce* examination in medicine of fifteen minutes' duration for each candidate, with the preliminary period of ten minutes for the examination of excreta and of the microscope specimens, while in surgery there will be one period of fifteen minutes' *viva voce* examination instead of two periods of ten minutes.

III. *Examiners in Tropical Medicine and Hygiene.*—Owing to alterations in the distribution of the examination for the Diploma in Tropical Medicine and Hygiene, there will in future be two examiners described as "examiners in pathology and tropical hygiene" and two described as "examiners in tropical medicine and surgery," one of each description to be appointed by each College as at present.

Regulations for Membership Examination.

The Registrar gave notice that at a forthcoming general meeting of the College he will propose, on behalf of the Censors' Board, additional regulations for the Membership Examination, as follows:

Every candidate for the Membership shall furnish proof:

- (1) That he has been engaged in work in a clinical laboratory for a period of at least three months subsequent to qualification, and that he has received instruction in modern methods of clinical pathology.
- (2) That he has held a house-physicianship at a hospital approved by the Censors' Board for a period of at least six months, or some other appointment involving personal responsibility for patients, which shall be considered by the Censors as equivalent.

Tenure of Office of President.

A proposal that the tenure of the office of President should be limited to three years was defeated after some discussion.

Medical News.

THE Prince of Wales has chosen Friday, July 16th, as the date on which he will preside at the dinner in aid of the funds of the National Association for the Prevention of Tuberculosis, which was postponed in December last owing to the death of Queen Alexandra.

WE are asked to remind readers that the complimentary dinner to Sir StClair Thomson, President of the Royal Society of Medicine, arranged by the Section of Laryngology, will be held at the Hotel Victoria, Northumberland Avenue, on Friday, June 4th, at 7.30 p.m. The dinner will be followed by a dance. The price of the dinner and dance, exclusive of wine, is 21s. Tickets may be obtained from Mr. Norman Patterson, 82, Portland Place, W.1.

THE Röntgen Society and the Electro-Therapeutics Section of the Royal Society of Medicine announce that the seventh Mackenzie Davidson Memorial Lecture will be delivered by Dr. A. Dauvillier of Paris in the Barnes Hall (1, Wimpole Street) on Thursday, May 20th, at 8.15 p.m. The subject of the lecture is "The measurement of x-ray dosage."

THE Maudsley Lecture will be delivered before the Royal Medico-Psychological Association on Tuesday, May 18th, at 3 p.m., in the Great Hall of the British Medical Association House, Tavistock Square, W.C., by Professor George M. Robertson, President of the Royal College of Physicians of Edinburgh; the title of the lecture is "The prevention of insanity: a preliminary survey of the problem." The President, Sir Frederick Mott, K.B.E., F.R.S., will take the chair. Admission is free without ticket.

THE Fellowship of Medicine announces that the Royal Northern Hospital will give a fortnight's intensive all-day course in medicine, surgery, and the specialties, beginning on May 31st, and the Children's Clinic will start a special three weeks' course on the same date. During June the following courses will also be held: a two weeks' course in chest diseases at the City of London Hospital for Diseases of the Heart and Lungs, Victoria Park; a three weeks' course in gynaecology at the Chelsea Hospital for Women; a course in urology at the All Saints' Hospital three afternoons weekly for a month; a course in bacteriology at Charing Cross Hospital; and a general practitioners' course at the London Temperance Hospital, lasting a fortnight, with daily lectures and demonstrations 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.

AT the meeting of the Royal Society of Tropical Medicine and Hygiene, to be held at 11, Chandos Street, W.1, on Thursday, May 20th, a paper on the treatment of surra in India will be read by Mr. J. T. Edwards, B.Sc., M.R.C.V.S., Director of the Imperial Bacteriological Laboratory, Muktesar.

DR. JOHN COWAN of New Galloway, Kirkcudbrightshire, the smallest Royal Burgh in Scotland, has recently been presented with a silver loving-cup from the councillors and others to commemorate the completion by him of twenty-five years as provost.

THE date of the annual dinner of the Harveian Society of London has been altered from June 10th to Thursday, June 17th.

A CONFERENCE on milk in relation to public health will be held in the King George's Hall, Caroline Street, Great Russell Street, W.C., on Tuesday, June 8th, under the presidency of the Minister of Health. The morning session (10 to 1) will be opened by a short address by the chairman, Mr. Wilfred Buckley, C.B.E., after which the reports of public authorities on the present-day conditions of the milk supply will be considered. Dr. Harriette Chick will read a paper on milk in relation to public health, which will be followed by a discussion to be opened by Dr. W. G. Savage. The afternoon session (2.30 to 5.30) will be opened by the Minister of Health. Consideration of suggestions received by the Conference Committee regarding the steps to be taken for the improvement of the milk supply will be followed by a general discussion. Further particulars can be obtained from Miss J. E. Holland, the secretary of the conference, 3, Bedford Square, London, W.C.1.

THE Rockefeller Medical Fellowships for the academic year 1926-27 will shortly be awarded by the Medical Research Council, and applications should be lodged with the Council not later than June 10th. These Fellowships are provided from a fund with which the Medical Research Council has been entrusted by the Rockefeller Foundation. Fellowships are awarded by the Council, in accordance with the desire of the Foundation, to graduates who have had some training in research work in the primary sciences of medicine or in clinical medicine or surgery and are likely to profit by a period of work at a university or other chosen centre in the United States before taking up positions for higher teaching or research in the British Isles. A Fellowship will have the value of not less than £350 a year for a single Fellow, with extra allowance for a married Fellow, payable monthly in advance. Travelling expenses and some other allowances will be made in addition. Full particulars and forms of application can be obtained from the Secretary, Medical Research Council, 15, York Buildings, Adelphi, London, W.C.2.

AN election to Beit Memorial Junior Fellowships will take place in July. The Fellows then elected will be required to begin work on October 1st. The Fellowships are of the annual value of £350. The usual tenure is for three years. Applications must be received on or before June 1st. Forms of application and all information may be obtained by letter only, addressed to Sir James K. Fowler, honorary secretary, Beit Memorial Fellowships for Medical Research, 35, Clarges Street, London, W.1.

MR. RICHARD LAKE, F.R.C.S., Geoffrey E. Duveen lecturer in otology in the University of London, and surgeon to the Ear, Nose and Throat Department at University College Hospital, will give three lectures during June on Thursdays at 5 p.m., at University College Hospital Medical School—the first (June 3rd) on deafness and occupations, the second and third (June 10th and 17th) on middle-ear disease. The lectures are open to all practitioners and to medical students.

THE Board of Education has published a new edition of the list of certified special schools, recognized institutions for the training of blind and other defective students, and nursery schools in England and Wales included under its special services regulations. The pamphlet also contains information about certain technical classes for defective students. The schools for physically defective children are divided into groups as far as possible, so as to indicate the type of case dealt with. The addresses of the schools are given, and particulars of the average attendance at each during the year 1924-25. The list may be obtained from H.M. Stationery Office, Adastral House, Kingsway, W.C.2, price 1s., postage 1d.

THE thirty-fifth annual report of the Nurses' Co-operation indicates satisfactory progress during 1925. The number of cases attended increased and the fees paid are larger than those of the previous year, in spite of there having been a smaller number of nurses on the staff. The Nurses' Co-operation was established to provide fully trained hospital nurses and to secure full remuneration for them. It has a sickness benefit fund and a benevolent fund, and nurses are insured against accidents.

DR. J. GLAISTER, of the Inner Temple, was called to the Bar on April 28th.

A TUBERCULOSIS congress will be held at Düsseldorf, under the presidency of Dr. Ziegler of Hanover, on May 28th and 29th, when the following subjects will be discussed: (1) The chemotherapy of tuberculosis, introduced by Drs. Feldt of Berlin and Ulrici of Charlottenburg. (2) The modes of dissemination of tuberculosis, introduced by Drs. Bruno Lange of Berlin and Beitzke of Graz.

DR. LAIGNEL-LAVASTINE has succeeded Professor Menetrier as president of the Société française de l'histoire de la médecine.

MESSRS. PICKFORDS, LTD., 206, High Holborn, London, W.C.1, are issuing a programme, which can be obtained from any of their branches, entitled "Holiday Tours, 1926." They have arranged for motor tours, both in Britain and on the Continent, and we are asked to state that the baggage of passengers booking Continental tours through them is automatically insured to the value of £50 for the duration of the holiday.

UNDER the name of Journées médicales de Paris a congress of an essentially practical nature, appealing to all branches of the profession, will be held in Paris from July 15th to 19th under the presidency of Professor Fernand Vidal. There will be an exhibition at the same time of books, instruments, drugs, etc. Excursions are being organized to Rheims, the battlefields of Champagne, and hydromineral spas. The subscription will be 50 francs for practitioners and 20 francs each for members of their family. Further information can be obtained from the general secretary, Dr. Dujarric de la Rivière, 18, rue de Verneuil, Paris.

THE thirty-first Dutch Congress of Public Health will be held at Utrecht on June 25th and 26th, when the following subjects will be discussed: (1) The risk of tuberculous infection in various occupations, introduced by Drs. R. N. M. Eijkel and M. K. Hijnslus van der Berg. (2) The value of terminal disinfection in infectious diseases, introduced by Dr. L. Heijermans.

THE Oriental Medical Association, like the British Medical Association, has this year started a new *Oriental Journal of Diseases of Infants*. At the end of 1922 Dr. Suzuki of Kyoto, Japan, founded the *Journal of Oriental Medicine*, which has become so popular with Japanese contributors that papers on infant disorders have been crowded out. Hence the new journal, of which Dr. Suzuki is editor. The first number is a tribute to Professor I. Hirai, who attained his sixtieth birthday on October 31st, 1925. Professor Hirai was the founder of the children's clinical section in the Kyoto Imperial University. He has contributed much to the literature of pediatrics, and has in particular elucidated the nature of serous meningitis in infants, a disease which causes a high mortality in Japan. He is now succeeded by Dr. Suzuki. The first issue contains seven papers, two in English and five in German, as well as a Japanese section. Of the papers the first and longest is in English; it is on congenital bone syphilis, is written by the editor, and is profusely illustrated by skiagrams. The second paper also is in English; it is on the control of beri-beri, and is by two medical officers of the Manchurian Plague Prevention Service—Dr. J. W. H. Chun, senior medical officer, and Dr. Wu Lien Teh, director and

chief medical officer. They insist on the importance of obtaining legislative and educational measures, and point out that the two in fact overlap, but consider the latter the more important. They lay particular emphasis on the value of vitamin-containing foodstuffs, such as fresh vegetables, beans, sprouts, and fresh fruit. If these are consumed in sufficient quantities, they say, beri-beri may be avoided, even though white rice is eaten. They attach more importance to education than to legislation because the latter may have the effect of increasing the cost of living. The papers in German are short; two of them deal with child dysentery and two with pneumonia. The new periodical is to be published quarterly by the Children's Clinic of the Kyoto Imperial University. No price is mentioned.

Minerva Medica, which is devoted to the early diagnosis of cancer, has recently published original articles by the editor, Professor F. Michelé, on the serum diagnosis of cancer, by Professor Monpurgo on histological diagnosis, by Professors A. Carle and G. M. Fastani on early diagnosis of cancer of the breast, and by various specialists on the early recognition of cancer in other parts of the body.

DR. JEAN CHARCOT, who was recently elected a member of the Académie des Sciences, has been awarded the prize of 100,000 francs founded by Prince Albert I of Monaco in recognition of his numerous scientific expeditions and as a grant for the oceanographic researches which he will shortly undertake.

ON the occasion of the fiftieth annual meeting of the German Society for Surgery the issue of the *Zentralblatt für Chirurgie* of April 10th published a series of letters addressed to von Langenbeck the founder, and Gurlt, for many years secretary of the society, by numerous well known German surgeons, including von Bergmann, Billroth, Esmarch, Thiersch, Hagedorn, and Volkmann. A brief account of their life and works has been prefixed to the letters by Dr. August Borchard, one of the three editors of the *Zentralblatt*.

PROFESSOR S. NIKANOROV, director of the Institute of Microbiology at the Saratov Faculty of Medicine, has recently been awarded the decoration of the "red flag of work," which is the highest distinction in the Union of Soviet Republics.

COMMENTING on the fact that neither the German Ophthalmological Society nor the German Society for Gynaecology will hold a congress this year, the editor of the *Deutsche medizinische Wochenschrift* expresses the hope that many other societies will follow their example to prevent the excess of scientific publications in general and of congress proceedings in particular.

A FURTHER series of articles, entitled "Occupation and Health," have been issued by the International Labour Office as part of the *Encyclopaedia of Hygiene, Pathology, and Social Welfare*, which is being compiled. The present series, Nos. 22-29, relates to poisonous woods, calcium cyanamide, the superphosphate industry, ankylostomiasis, the rubber industry, asbestos, the felt hat industry, and methyl bromide. When the whole series has been published the complete *Encyclopaedia* will be issued in a bound volume.

THE annual report for 1925 of the National Baby Week Council shows that about 500 local baby weeks were arranged during the year, and that there was an increasing tendency for local authorities to undertake continuous propaganda by film displays, lectures, and demonstrations. Many local health weeks also devoted much attention to questions relating to welfare work. Accounts are given of the various competitions arranged by the Council during the year. We referred to some of these a few weeks ago when mentioning (p. 461) the annual general meeting early in March.

THERE has recently been an increasing number of cases of rabies throughout Germany, 44 municipalities having been attacked in Lower Franconia, 23 in the Upper Palatinate, and 18 in Lower Bavaria. A serious outbreak of anthrax due to contamination of the pastures has occurred in Omsk, Siberia.

THE jubilee of the Association pour l'Avancement des Sciences will be celebrated at the 1926 congress of the association, which is to be held at Lyons from July 26th to 31st. A large scientific exhibition has been organized in connexion with the congress, with pharmacological, radiological, psychological, and other medical sections.

A HYDROBIOLOGICAL station has recently been established on the Danube at Vienna under the direction of Dr. A. Czerny.

DR. FERNANDO CASADESÓS has been nominated professor of oto-rhino-laryngology in the Barcelona Faculty of Medicine.

THE seventh Italian Congress of Radiology will be held at Naples next October.

THE graduation dinner of the University of London, which was to have been held on May 12th, has been cancelled in consequence of the strike.