

timing the administration should be completed an hour before he is removed to the theatre, which must be done as noiselessly and as smoothly as possible.

In the great majority of cases nothing more is needed. The surgeon finds the anaesthesia very satisfactory, and it lasts for several hours if need be. Often there is a little corneal reflex, but in these cases, beyond perhaps a light movement on the part of the patient when the first incision is made, usually there is no further difficulty. In a few cases it is found necessary to give just a small amount of general anaesthetic on an open mask at the commencement of the operation. This would naturally be ether in most countries, but in this climate we seldom use ether for general anaesthesia, preferring chloroform, which is remarkably safe here. A few drops are usually sufficient, and then it can be discontinued.

At the end of the operation, before the patient leaves the theatre, a rectal speculum is passed and the excess of the mixture run out, and, immediately on return to the ward, very thorough and repeated washing out of the rectum and colon is carried out, and finally saline solution is left in. This cleansing of the rectum is very important, and should not be delayed. Probably neglect of this point has been responsible for the report of gangrene of the rectum which is stated to have occurred in some hospitals. We have never seen rectal complications in any case. Our patients have been of both sexes, and we have used the method in quite a number of children from about 8 years upwards, who take it very well. The cases have included goitre, glands of neck or axilla, mastoid operation, malignant disease of tongue, lip, upper and lower jaw, plastic operations on

nose, face, or ear, amputation of breast, operations on arm, and plating fractures.

It is not our custom to use the method for very small operations, in order to avoid the extra work for the ward staff. One great advantage of spinal anaesthesia for operations below the costal margin is the saving of time in the theatre and lessening the work afterwards in the ward. Rectal anaesthesia means considerably more work in the ward, both before and after.

The advantages of the method are marked both for the patient and for the surgeon. Those for the patient include the absence of apprehension and absence of coughing, straining, and vomiting, both at the operation and afterwards. For the surgeon it is a tremendous advantage to have a clear field in head and neck operations, when so often the anaesthetist is much in the way. In operations on the neck the face can be covered up at the start and not uncovered again. In operations on the nose and mouth the naso-pharynx can be well plugged with a stout tube for respiration through the middle of the plug, and there need be no time lost in continually mopping out the blood or anxiety in keeping the airway open. Also the surgeon has plenty of time. This might possibly be a doubtful advantage if it tended to make the surgeon slow in his work—never a good thing for the patient—but it is a great boon in some ticklish plastic operations on the face. The only real disadvantage is the extra work on the ward staff and the preliminary time involved, as described above.

My colleagues, Mr. F. O. Lasbrey and Mr. J. E. Bateman, are equal advocates of the method with myself.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

SEROUS MENINGITIS: REPEATED LUMBAR PUNCTURE: RECOVERY.

THE following case, recently under my care, seems of sufficient interest to warrant publication.

The patient, a boy aged 9 years, was first seen on March 18th. There was a history of a rash resembling measles four days before (a sister developed typical measles the following week), and on March 17th the child complained of pain in the back of the neck, though he was playing as usual all day. When seen on March 18th he was unconscious and breathing stertorously, all reflexes were abolished, the plantar response being dorsiflexion, the pupils widely dilated, and urine and faeces passed involuntarily. There was very slight rigidity of the back and neck muscles and at times there was nystagmus of a slow rotatory type. There was some bronchitis. The temperature was 103°; the pulse (100) varied greatly in quality, at times being full and strong, at others weak and thready. The urine was normal.

Next day the coma seemed deeper, and there was definite rigidity of the neck. There was no vomiting and the optic discs appeared normal. After lumbar puncture the child could be roused by strong stimuli. Next afternoon he was seen by Dr. Beaumont of Wimpele Street, who removed about 5 ounces of perfectly clear cerebro-spinal fluid under enormous pressure. Bacteriological examination showed this to be sterile, and cells 2 per cubic millimetre.

The child was greatly improved for thirty-six hours, but on March 22nd he was again deeply comatose, and the chest full of moist râles; he was apparently drowning in his own secretions; 2 ounces of cerebro-spinal fluid were removed, still under increased pressure, and after the child had been fed by stomach tube he was placed on his face for the rest of the day with the foot of the bed raised; a considerable quantity of mucus drained away from the lungs. The next day the breathing was much easier and he could be roused, but as there was still great rigidity of the neck another ounce of cerebro-spinal fluid was removed, and immediately he was able to swallow for the first time for six days. The improvement was maintained, and the next day, when the last lumbar puncture was done (half an ounce being removed), he showed resistance. Convalescence was rapid, but he became so irritable and restless that three days later he was transferred to a nursing home, from which he was discharged quite well a week later. As there was a vague history of a possible fracture-dislocation of the cervical region of the spine three years previously he was x-rayed, but nothing abnormal was found. He has remained perfectly well since. The case seems to have been one of serous and not tuberculous meningitis, as we provisionally diagnosed.

Peacehaven.

DOROTHY M. ANDERSON, M.D., D.P.H.

TREATMENT OF YAWS BY NOVARSENOBILLON.

DURING the past year, when stationed in Nigeria, West Africa, where yaws abounds and also large ganglia on the hands, I have treated successfully many cases of yaws, some of them serious, with injections of novarsenobillon, and have been struck with the rapidity of recovery—generally in four or six days, and after one injection.

One patient had large ganglia on the back of the hand, and as the yaws disappeared so did the ganglia, and did not return. When I last saw him, ten months afterwards, there was no sign of either yaws or ganglia. Another case of ganglia on both hands without yaws received one injection and in less than a fortnight was completely relieved of both pain and swelling.

I have used this drug also in contracted tendons, and one patient, who had complete contraction of both knees and was quite unable to walk, recovered complete use of his legs and was doing his ordinary farming after two months. He received two injections.

J. C. FRANKLIN,
West African Medical Service.

ACUTE INTUSSUSCEPTION SUCCESSFULLY TREATED BY RECTAL INFLATION.

THE treatment of acute intussusception by inflation with air by the rectum receives such scant notice in any of the textbooks to which I have referred that it will be worth while to record the following case.

A male child, aged 9 months, perfectly healthy, was suddenly seized with acute pain and vomiting at 11 a.m. on April 2nd. I saw him at 12.30 p.m. He was evidently suffering from paroxysms of severe abdominal pain, as evidenced by the drawing up of his legs and loud screaming, at intervals of a few minutes; his colour was ashen, and he showed the ordinary symptoms of severe shock. The abdomen was quite soft, and he only showed signs of tenderness on palpating the right side; by the rectum nothing abnormal could be felt. Acute intussusception was considered to be the cause of the trouble. At 2 p.m. an anaesthetic was given, and a sausage-shaped tumour extending across the abdomen from the right side, above the umbilicus, could then be distinctly felt. With an ordinary Higginson syringe air was injected slowly into the rectum, until the abdomen was appreciably distended, care being taken to prevent the air escaping by the side of the nozzle of the syringe. The syringe was withdrawn, and a cigarette-holder, the nearest available and suitable article in the house, was inserted into the rectum, to allow of the escape of the air. On examining the abdomen after this had been done, no sign of a tumour could be felt. Half a pint of warm soap and water was now injected into the rectum, and

was returned accompanied by a quantity of blood and mucus. The child, on coming round from the anaesthetic, was apparently much easier and free from pain, and soon went off to sleep. There was no return of the pain or vomiting; a quantity of blood and mucus was passed during the next twenty-four hours, with some faecal matter, and by the end of the second day the baby was taking his usual feeds again.

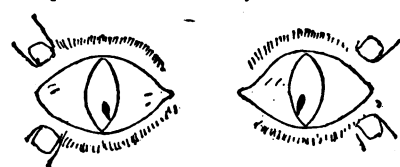
This case serves to show the importance of administering an anaesthetic for the purpose of diagnosis in suspected acute abdominal conditions in infants and children, and also that in cases of acute intussusception, taken in hand sufficiently early, we have a simple and efficient means, especially in remote country districts, of treating a dangerous and often fatal condition, without resorting to a major surgical operation.

BERNARD S. HOLLICK, M.R.C.S., L.R.C.P.
Sturminster Newton, Dorset.

OCULAR MALFORMATION.

THE following cases must be so extremely rare, I think, as to merit their being recorded.

A Tamil woman from a neighbouring rubber estate brought her three children to me to be treated for worms. The mother and a female child, aged 8 years, presented the following interesting ocular conditions. In both: (1) Both corneae were almond-shaped, with the long axis placed vertically. (2) The pupils were pear-shaped, apex downwards, situated eccentrically in the lower nasal quadrant of the cornea. The apex was at the periphery of the cornea at 7 o'clock in the left eye (5 o'clock in the right). The rest of the pupil lay along a line from this point towards the mid-point of the cornea, and extended about two-thirds of this distance. They were equal on each side. (3) They did not react to light stimulus, either direct or consensual. (4) They reacted slightly and slowly with convergence (only noted in the mother's case).



(5) They dilated well with mydriatics, retaining their pear shape. Vision was good, except in the case of the child's left eye, where it was somewhat impaired by a few small white opacities in the lens. Ophthalmoscopic examination revealed normal discs. I could not make out the macular regions definitely. The child's eyes were in a state of constant lateral nystagmus. Its intelligence seemed average.

A second child, aged 9 years, which was being carried in arms, was an emaciated and very undersized little girl, cyanotic and dyspnoeic, with well marked clubbing of the fingers. Examination revealed a congenital malformation of the heart. Her eyes were normal.

The third child, aged 6, a bright, intelligent boy, with normal eyes, and apparently normal in every way, completed a very interesting family.

No history or evidence of syphilis was obtained in the mother's case, and none of her children showed any of the usual stigmata of the congenital variety.

C. F. ASHBY, M.R.C.S., L.R.C.P.,
Medical Officer in charge Batang Padang
Hospitals, Federated Malay States.

TWISTED OVARIAN PEDICLE IN A CHILD.

A GIRL, aged 4½ years, complained of severe pain in the lower part of the abdomen about 3 p.m. on April 4th, 1926. The pain came on at intervals and got worse. I saw her for the first time at 10 p.m. on the following day and made a diagnosis of an acute abdominal condition. She was taken to hospital that night and operated upon. At the operation a twisted ovarian cyst of the left side was found. The pedicle showed three turns clockwise. The ovarian cyst weighed 11 oz.

The child made an uneventful recovery and left hospital on April 24th.

Penrhilwceiber, Glamorgan.

J. MORRIS, M.B.

GANGRENE IN THE NEWBORN.

THE article by Dr. W. R. Grove on gangrene in an infant, published in the JOURNAL of April 24th (p. 738), has been the means of other cases of this very rare condition being recorded—in one instance twins were affected.

I delivered Mrs. T. on March 26th, 1925, of twin girls. Within forty-eight hours of birth the toes and fingers, in varying degrees, of both infants showed signs of gangrene. Both were puny and premature. One died before the gangrenous portions separated, but the other in due course of time lost several toes and fingers (including the phalanges of the big toe of one foot) and is now a very large and bonny baby.

Swansea.

L. W. HEFFERMAN, M.R.C.S.

Reports of Societies.

RESISTANCE TO INFECTIOUS DISEASES.

At a meeting of the Edinburgh Medico-Chirurgical Society, held in the Hall of the British Medical Association Scottish Headquarters on May 5th, with the President, Professor RUSSELL, in the chair, Dr. A. JAMES read a paper on the power of resistance to infectious diseases.

Dr. James said that in the development of disease two factors were at work—the virulence of the infection and the resistance of the patient, or the store of constitutional strength and fitness in relation to environment possessed by the individual. He wished to consider the second factor with reference to infectious disease; it was quite obvious that a good constitution was not enough, for a strong, healthy man from the country might quickly succumb to an infection received in a town. A child brought up in a town might resist certain infections, and the question to be considered was: Did this power of resistance to one particular infectious disease operate against other infectious diseases, and if so, to what extent? In order to study this Dr. James had collected 918 cases of scarlet fever, 610 cases of diphtheria, 238 cases of measles, and 111 cases of diphtheria carriers, all over 6 years of age, and examined their histories. The infectious diseases of 1,000 school children were also studied and the results tabulated. His tabulation showed that the proportion of those who had had no previous infectious disease was high in measles and low in diphtheria. Since measles was a very common disease this might seem to show that those who could resist measles could resist other diseases better than their fellows. To study constitutional fitness the cases were divided according to their severity into two groups and the number of previous infectious diseases recorded for each group. Of 918 cases of scarlet fever, 877 were mild or moderate, 41 severe and fatal. In the group of mild cases the number of previous infectious diseases was 1.73 and for the severe cases 2.12. Furthermore, in the second group there was no case without a history of previous infectious disease. Other diseases gave similar results. Dr. James described a case to illustrate the particular susceptibility of certain individuals. A boy, aged 7, was admitted to hospital suffering from measles; he contracted successively diphtheria, scarlet fever, and chicken-pox, while all the others in the wards he visited remained free. The speaker suggested that if one generation received adequate medical treatment there should be less needed in the succeeding generation. The figures showing that the demands for hospital beds had risen out of all proportion to the increase of the population proved that this was not so. Dr. James suggested that the doctor was not to be blamed for this, but rather the politician in his eagerness to correct the tardiness of Providence in improving the health of the community.

The Tuberculous Diathesis.

Dr. C. McNEIL said that the term "tuberculosis" was of recent origin, and dated from the time of Laënnec; it included glandular and pulmonary tuberculosis, which types were described as scrofula and phthisis in the days of Greek medicine. It was curious that the idea of "constitution" was associated with scrofula and phthisis from the earliest time, and its present survival was the direct tradition from the Hippocratic doctrine of a phlegmatic humour or disposition. In the Middle Ages scrofula appeared under a new guise as "the king's evil," and for a period of nearly 800 years the cure of scrofula by the royal touch was practised by the kings of France and England. In the early period of Greek and Latin medicine scrofula and phthisis were not associated with one another, though in each the doctrine of a "constitution" was taught. But with the revival of a scientific study of medicine, and notably by Cullen, who definitely proclaimed a kinship between scrofula and phthisis, an approximation between these two great clinical types of tuberculosis developed. Laënnec's doctrine of the tubercle as the cause of phthisis was a further and very important stage in progress (1820). But the doctrine of constitution, and especially of a scrofulous constitution, still dominated

NINETY-FOURTH ANNUAL MEETING of the British Medical Association, NOTTINGHAM, 1926.

THE ninety-fourth Annual Meeting of the British Medical Association will be held at Nottingham next month under the presidency of Mr. R. G. Hogarth, C.B.E., F.R.C.S., senior surgeon to the Nottingham General Hospital, who will deliver his address to the Association on the evening of Tuesday, July 20th. The Annual Representative Meeting, for the transaction of medico-political and administrative business, will open on the previous Friday, July 16th. The sectional meetings for scientific and clinical work will be held on Wednesday, Thursday, and Friday, July 21st, 22nd, and 23rd. The names of the officers of the thirteen Sections are published in the SUPPLEMENT this week, together with the provisional programme of arrangements for the Annual Meeting. On the last day of the meeting (Saturday, July 24th) there will be excursions to places of interest in the neighbourhood, some of which are mentioned in the article printed below. Other descriptive and historical notes on Nottingham and the neighbouring country have appeared in the JOURNAL of December 5th, 1925 (p. 1081), January 23rd, 1926 (p. 158), and March 20th (p. 541).

HOUSES, TOWNS AND VILLAGES IN THE NEIGHBOURHOOD OF NOTTINGHAM.

BY

E. L. GUILFORD, M.A.

GREAT houses always have an attraction for modern people. Perhaps this is because nowadays no one thinks of building a Chatsworth or a Blenheim even if he can afford to do so. We are content with something much more serviceable than the vast series of uncomfortable rooms which so often are better suited to a museum than a dwelling place. In the course of a fairly wide intimacy with the great houses of this country the writer can remember few rooms which have any pretensions to real comfort. Years ago I remember exploring a famous house, and after being shown room after room heaped with the gathered treasures of many centuries, I was allowed to enter a small room in which, I was told, the family spent most of the time. It was quite small, but it was comfortable, and did not give the impression that it had been built round a draught.

Houses are famous for various reasons. Some are renowned for their architecture, some for the beauty of their site, some for their associations. There are a few which are famous for all three, and of these in this district pride of place goes to Haddon Hall, with, perhaps, Newstead Abbey following very closely after. Some, perhaps, will place Chatsworth very high in the list, but, after all, any such order must be determined largely by personal preference, and when all is said and done it is impossible to compare one house with another. Chatsworth and Haddon are both gems, but they differ so much in every way that a comparison is impossible.

It is quite out of the question to attempt any description of even a tithe of the large houses in Nottinghamshire, Derbyshire, Lincolnshire, and Leicestershire. The majority of them are private houses, and are never shown to the public. There they stand, often on the top of a slight slope, looking proudly over a rich green well wooded park. Now and then we come across a park surrounded

by a wall or palings, but though our road seems to take us all round it, yet we never get a glimpse of the house.

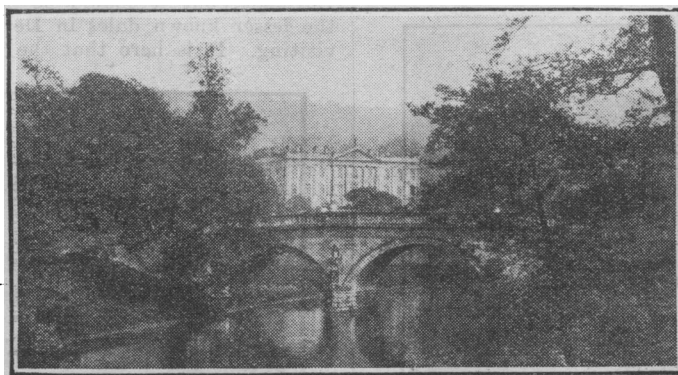
Every stranger visiting Nottingham on a sight-seeing holiday takes an early opportunity of going to the Dukeries. This is a part of Sherwood Forest which has been enclosed. Here are the three great estates of Welbeck, Clumber, and Thoresby, owned respectively by the Dukes of Portland and Newcastle, and Earl Manvers. The latter is a descendant of the Dukes of Kingston, so that the title "Dukeries" is not really a misnomer. These great estates are for the most part open to visitors, though of recent years restrictions have been imposed

because of the fact that this valuable privilege has been seriously abused.

Welbeck is a treasure-house, and well worth a visit for its art treasures. Its associations with Horace Walpole, Lord George Bentinck, and the eccentric fifth Duke of Portland would take far too long to tell here. Clumber House and Thoresby have not so much to show as Welbeck, but their associations are of great interest. Rufford Abbey, the seat of Lord Savile, is only a few miles away from the Dukeries,

and is generally included with them in the popular mind. Here there was a great Cistercian foundation, of which the refectory remains incorporated in the present building. Rufford is not open to visitors, but the main Nottingham-Ollerton road passes through the Rufford woods and by the beautiful entrance gateway, from which a glimpse of the Abbey can be seen.

Just on the outskirts of the city of Nottingham stands Wollaton Hall, certainly the most remarkable piece of domestic architecture in this district. Built in the middle of Queen Elizabeth's reign, this extraordinary example of Renaissance architecture is a reminder of the wealth which the great territorial magnates possessed in the past. It is also interesting because it was largely paid for out of



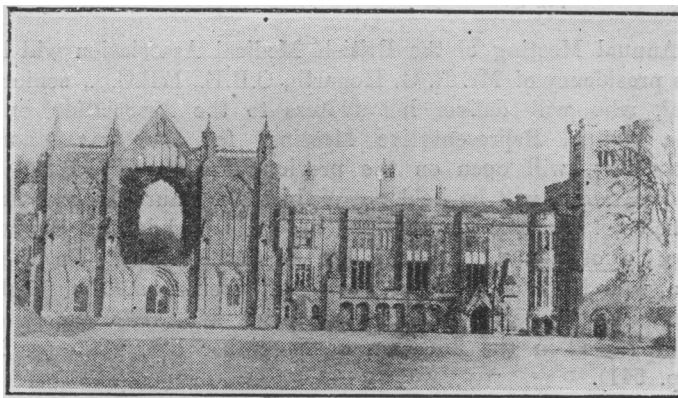
CHATSORTH HOUSE AND BRIDGE.
(Photograph by Drinkwater, Nottingham.)

the sale of coal from the Wollaton pits. This hall and park have been acquired recently by the Nottingham Corporation, and the hall will be used as a natural history museum.

In the north of the county there are a number of large houses, such as Worksop Manor and Serlby Hall, but these are not in any way show places. Just over the borders of Leicestershire is Belvoir Castle, the seat of the Duke of Rutland. Standing on a well wooded hill which commands wide prospects over the Vale of Belvoir and the valley of the Trent, the castle has been described as the "lordliest place in England" with the exception of Windsor Castle. Here a castle was built by the standard-bearer of William the Conqueror, and here the Dukes of Rutland have lived for many years. There can surely be few more beautiful spots than the Belvoir woods, in which the public is free to wander within certain very wide limits. These woods are full of little nooks and corners beloved of picnic parties, and in the spring and early summer they are certainly a joy to behold. Of the castle itself little need be said. It is not open to visitors as a rule, but since the present Duke has decided to live at Haddon Hall, in Derbyshire, it is possible that Belvoir Castle may be more accessible than in the past.

Four houses stand out pre-eminently in Derbyshire: Chatsworth, Haddon, Hardwick, and Wingfield. The reputation of the first two is national. Both are interesting for themselves, for their contents, and above all for their associations. Hardwick Hall recalls to us Bess of Hardwick, a "character" if ever there was one, while at Wingfield Manor, now a ruin, we meet the memory of Mary Queen of Scots, who spent much time here, as she did at Chatsworth.

In each of these Midland counties there are a large

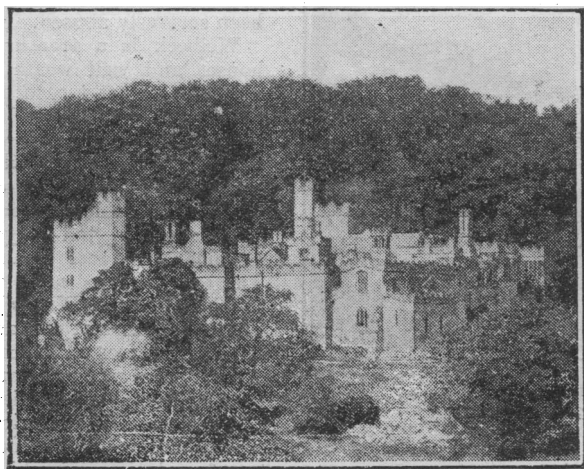


NEWSTEAD ABBEY. (Photo by Drinkwater, Nottingham.)

In Nottinghamshire there is Newark, one of the most picturesque towns in England. The ruins of the castle of the Bishops of Lincoln and the magnificent spire of the parish church, taken together with the quaint narrow streets and the handsome market-place, make Newark a joy to any observant traveller who loves the past. The memories of its loyalty to the King during the Civil War still cling to it, and we are still reminded that it was as

a Conservative member for Newark that Mr. Gladstone first entered Parliament. Here, too, Lord Byron had his first volume of poems printed. Situated on the Fosse Way and Great North Road, Newark has reaped to the full the rich harvest accruing from the all-penetrating motor car. Worksop is another little town that is full of charm. Well known for its proximity to Welbeck Abbey, it has in its Priory Church and perfectly preserved Gateway a relic of the past that is well worth a visit. Mansfield and Retford are modernized out of all recognition, and have little to show to visitors beyond a display of commercial energy that is causing them to grow with considerable rapidity.

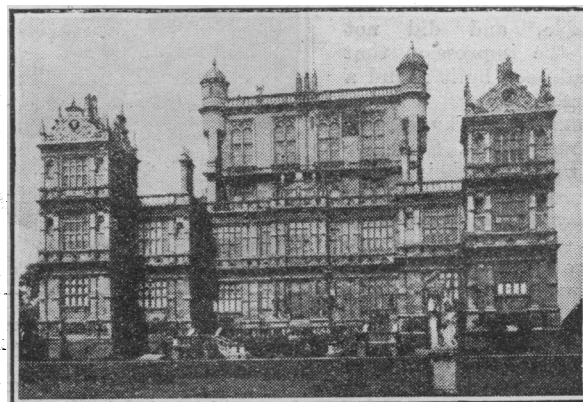
Derbyshire has a large number of towns of interest. Chesterfield has been industrialized, but Buxton is still a very respectable inland watering place of the class of Cheltenham and Leamington, though much more beautiful than either. Standing as it does nine hundred feet above sea-level, it is a favourite resort for winter sports. The Matlocks are very popular, but owing to their proximity to Nottingham and Derby they have become the resort of many excursionists, and are no longer visited so much by those who seek a quiet and peaceful holiday. Melbourne and Ashbourne are two very delightful old-world towns with many historical associations and much that is quaint in their domestic and ecclesiastical architecture. Ashbourne is suitably placed for the exploration of the beauties of Dovedale, but it should be borne in mind that some of the lesser known dales in Derbyshire are very well worth visiting. It is here that the good walker scores over the



HADDON HALL. (Photo by Drinkwater, Nottingham.)

number of houses, many of them of great size, which are not known to the general public because they are, and always have been, private residences—many of them in the possession of one family over a long term of years. It is impossible to deal with these in the short compass of such an article as this, and readers must be referred to the detailed guide-books which exist.

When we turn to the towns and villages in these Midland counties we find that there is much to say. Apart from the county towns, there are many smaller places which have much to attract the visitor.



WOLLATON HALL. (Photo by F. Frith and Co.)

traveller dependent upon a bicycle or motor car. Derbyshire has very many charming villages scattered up and down its length. There is Baslow, close to Chatsworth and Repton, south of Derby, and Eyam, famous for its connexion with the Plague—in fact, the number is far greater than can be mentioned here.

Lincolnshire has such a large area and so many little market towns that it is impossible for any visitor to see them all. The south of the county is certainly more beautiful than the north. Here we have the extensive bulb and potato farms, and some of the most beautiful churches

in the whole country. One village that no one should miss is Tattershall. Here is a fifteenth century brick castle that has been restored in the best manner during the last decade or so. Few, if any, finer examples of brickwork survive in this country.

Leicestershire is above all things a hunting county. Its villages are quietly charming—in fact, the whole district is characterized by gentle green slopes and pleasant streams. Loughborough is the second town in the county and is now a very busy little place. Charnwood Forest, with its granite hills and open moorland, is a beauty spot second only to the woods of Sherwood Forest. The geologist and the naturalist will find much to occupy their attention, and the pedestrian will find all he can wish for in the way of views.

Visitors who make Nottingham their headquarters will naturally have much more opportunity of seeing the villages which lie adjacent to their resting place. Edwinstowe and Ollerton are jumping-off places for the exploration of Sherwood Forest, and not far away is a village

which seems to have been forgotten by time. Laxton lies on the top of a hill, well off the beaten track. Here are the earthworks of a large castle, and here the primitive system of three-field agriculture still remains. The village common is unenclosed, and to see the wide, unhedged fields takes one back a couple of centuries.

On the banks of the Trent are many charming villages beloved of the riverman and fisherman—villages where life glides by as peacefully as the river. Quite near to Nottingham is Clifton, which keeps its old-world appearance and is the most popular picnic resort for the city. Near by is Gotham, a rather unattractive place, whose fame rests on its connexion with the famous fools. In the Vale of Belvoir are many delightful spots which are gradually being popularized by the motorist.

Taking these Midland counties altogether there is much to attract the visitor, though I am afraid many are content to pass through this district without pausing to discover the somewhat hidden beauties that lie off the highways.

NEW SURGICAL DEPARTMENT AT EDINBURGH UNIVERSITY.

On Friday, June 11th, as part of the celebrations of the bicentenary of the Medical Faculty in the University of Edinburgh, the Secretary for Scotland will open formally the reorganized surgical department. This department will in future comprise two parts—a department for teaching and a department of surgical research; these are housed in separate but contiguous buildings. The teaching department has been reconstructed by internal changes in the portion of the New University Buildings, which has for several generations of students been associated with the teaching of surgery. On the ground floor are three

rooms intended for the preparation of museum specimens, and a frigidarium for the preservation of bodies used in the class of practical surgery; here also the various electrical, air pressure, suction, and freezing apparatus are installed. On this flat there is in addition a well equipped photographic dark-room in which are contained apparatus for making lantern slides by reduction, for copying illustrations in textbooks, and for microphotography, along with the usual requisites for development of photographs. An electric lift communicates with the theatre and adjoining rooms used for teaching. Three practical rooms, for the teaching of operative surgery to the class in small sections

and for holding various demonstrations, have been constructed out of the lower part of the old surgical theatre, and a fine museum of surgical pathology, which is already well provided with specimens, is laid out with a lower floor and gallery, and is well lighted from the roof and by means of brilliant electric lights. A comfortably furnished students' common room is provided where students may read, and at their leisure inspect demonstration specimens laid out on a table running round the room. There is also a large retiring room for the professor and assistants where examinations will be conducted. A new theatre, capable of seating 240 students and well lit from the roof, has been provided by constructing a new floor over the practical rooms, so as to utilize the upper

half of the old theatre, familiar to many generations of former Edinburgh students. Part of the fitting of this theatre has been provided by the generosity of a relative of the late Professor Alexis Thomson, and on its wall is placed a memorial bas-relief in bronze of the late professor, designed and executed by Mr. H. S. Gamley, R.S.A.

A new building to the rear of the former university buildings houses a large suite of rooms for original research in practical surgery, surgical pathology, bacteriology, and biochemistry in its relation to surgical subjects. On the

ground floor are situated a common room and library for the use of the research workers, and a large and well equipped laboratory with places for twelve persons engaged in research. The benches provided for the research workers are furnished with various devices for electric lighting, heating, water, and taps by which air under pressure or suction can be obtained. By an ingenious arrangement, the working table, with its drawers provided for each worker, is readily removable, so that in the event of a worker being prevented for some time from utilizing his place the whole table can be wheeled away and a new table substituted in its place for another worker. Another in-

genious feature of the laboratory is a large incubator common to all the workers, but provided with separate drawers, each of which is allocated to a different worker, so that the chance of mixing or losing bacterial cultures is obviated. On this flat also are a reception room for specimens and a large bacteriological and section-cutting room, in which laboratory attendants make the various routine investigations required in connexion with the class and work of the department.

On the upper flat of the research department several rooms are provided for the individual research workers specially attached to the department. These include two operating theatres, which have been equipped with special elaboration. Underneath the operating table are terminals

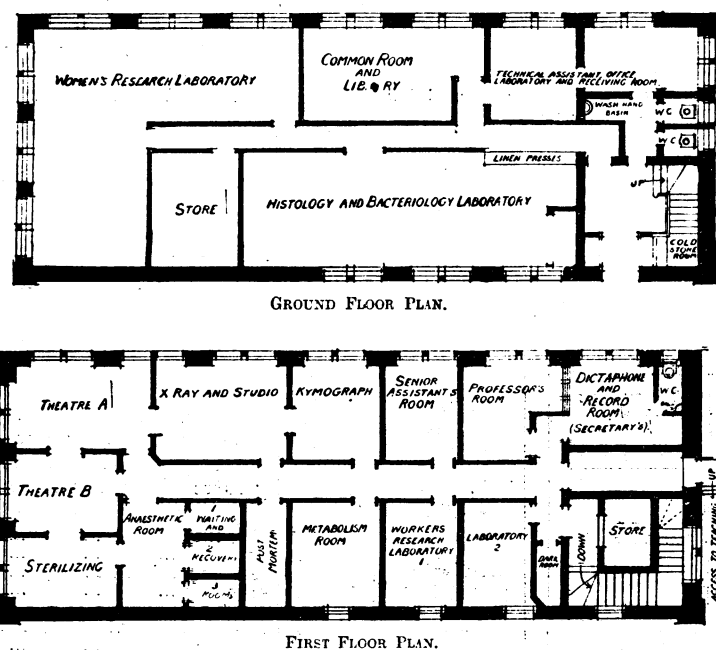


FIG. 1.—Research Department: Plan showing the two floors and entrance to gangway leading to Teaching Department.

Universities and Colleges.

UNIVERSITY OF LONDON.

Annual Report.

THE annual report of Sir Cooper Perry, Principal Officer, on the work of the university year 1925-26 states that the total admissions by all channels numbered 7,577, as compared with 7,603 in the previous year, and 3,852 in the last year before the war. The great majority (5,485) of the entrants came in through the matriculation examination. There were 3,819 candidates for degrees, as compared with 3,420 in 1924. The number who obtained degrees and diplomas was 2,908, as compared with 2,642 in 1924.

The new scheme, approved provisionally for one year, for the conduct of the second examination for medical degrees allows the practical examinations to be held at the schools. Similar arrangements have been applied to the examinations in botany, chemistry, physics, and zoology for the final examinations in arts and science. A scheme for the conduct of the final B.Sc. (special) and B.Sc. (engineering) examinations for internal students at the Imperial College has been approved. As the result of an arrangement with the London County Council the Senate has adopted the principle that, save in exceptional cases, the minimum salary of a university professor shall be £1,000 a year, and of a university reader £500; this will apply retrospectively for three years to the salaries of professors and readers paid or mainly paid out of the Council's grant. The visitation of schools of the University is being continued, and during the year reports of inspectors were received with regard to the London School of Tropical Medicine, the Lister Institute of Preventive Medicine, the Royal Dental Hospital and the London School of Dental Surgery, and the Royal Naval Medical College. In touching on the financial side Sir Cooper Perry said that the Treasury, acting upon the recommendation of the University Grants Committee, had increased the total annual grant to the University, its colleges and schools, from £377,000 to £462,000; in addition, non-recurring grants, amounting in all to £26,000, had been made towards meeting pressing needs. By the decision of Buckinghamshire to make a grant the tale of Home Counties which contribute to the cost of students' education in London is about to be completed.

In concluding his report Sir Cooper Perry made reference to three matters which, he said, were of great importance to the life of the University as a community. The first was that the Senate had purchased a sports ground at Motpur Park and was negotiating for a boat-house at Chiswick. The second was the existing position with regard to the Bloomsbury site, which had been offered back to the Duke of Bedford's trustees, who had accepted the offer. The third matter was the report of the Departmental Committee on the University; the President of the Board of Education had announced that the Government was in general agreement with the recommendations of the Committee and proposed to introduce legislation for the purpose of setting up a statutory commission for the University accordingly.

University College Hospital Medical School.

Three scholarships will be awarded during this month: (1) The Bucknill Entrance Scholarship, entitling the holder to the course of intermediate medical studies at University College, and the final course at University College Hospital and Medical School. The examination will be held on Tuesday, June 29th. (2) Two Goldsmith Entrance Exhibitions, entitling the holder to the final course, are open to students preparing for the degrees of the University of London, or other British universities, or for the diplomas of the Royal Colleges of Physicians and Surgeons, or for the licence of the Society of Apothecaries. Full particulars can be obtained from the Secretary, University College Hospital Medical School, University Street, Gower Street, London, W.C.1.

UNIVERSITY OF LIVERPOOL.

At a meeting of the Council held on May 26th it was agreed to confer the title of Associate Professor on Dr. W. J. Dilling, lecturer in pharmacology and general therapeutics.

UNIVERSITY OF EDINBURGH.

IN consequence of the recent announcement by Professor B. P. Watson of his intention to resign the chair of midwifery and diseases of women as from September 30th next, the Curators of Patronage of the University are prepared to consider applications for the chair. Intending candidates may obtain particulars from the Secretary to the Curators, 4, Albyn Place, Edinburgh.

SOCIETY OF APOTHECARIES OF LONDON.

THE following candidates have passed in the subjects indicated:

SURGERY.—R. V. Cookes, C. F. L. Haszard, S. E. Hymans de Tiel (Section II), L. O. Jaggassari, K. G. B. McMahon.

MEDICINE.—R. V. Cookes, M. Escovar, J. E. Howard, R. F. Middleton, J. Patis, A. Purvis, H. A. Sack, M. Stinnesbeck, F. Widlake.

FORENSIC MEDICINE.—R. P. Charles, M. Escovar, H. J. Fordham, E. J. Jones, E. Kessel, P. H. L. Moore, A. Purvis, R. I. Richards, H. A. Sack.

MIDWIFERY.—A. K. A. Carter, L. O. Jaggassari, K. G. B. McMahon, R. F. Middleton, E. Kessel, I. Rivlin, A. D. Shubsachs.

The diploma of the Society has been granted to Messrs. M. Escovar, C. F. L. Haszard, S. E. Hymans de Tiel, E. J. Jones, E. Kessel, P. H. L. Moore, I. Rivlin, H. A. Sack, F. Widlake.

LONDON INTERCOLLEGIATE SCHOLARSHIPS BOARD.

Medical Scholarships.

SIX medical entrance scholarships and exhibitions of an aggregate total value of £512, tenable in the Faculty of Medical Sciences of University College and in the medical schools of University College Hospital, the London Hospital, and the London (Royal Free Hospital) School of Medicine for Women, will be offered. The examination will commence on June 29th. Full particulars and entry forms may be obtained from the Secretary of the Board, S. C. Ranner, M.A., the Medical School, King's College Hospital, Denmark Hill, S.E.5.

The Services.

DEATHS IN THE SERVICES.

Inspector-General Standish Thomas O'Grady, R.N. (ret.), died at Folkestone on May 10th. He was the son of the late Captain Robert Dring O'Grady, of the 30th Foot, and was educated in Dublin, where he took the L.R.C.S.I. in 1875, and the L.K.Q.C.P. in 1876. He became Deputy Inspector-General on February 18th, 1904, and retired on January 26th, 1910, with a step in rank to Inspector-General. When fleet surgeon in charge of Yarmouth Hospital, he received the thanks of the Admiralty for his efficient administration of that institution.

Surgeon-General James O'Brien Williams, R.N. (ret.), died at Ottery St. Mary on May 8th, aged 74. He took the L.R.C.S.I. in 1875, and graduated as M.D. and M.S. of the Queen's University, Ireland, in 1877. Entering the navy soon after, he attained the rank of deputy surgeon-general on January 25th, 1906, and was granted the rank of Surgeon-General on his retirement on November 25th, 1911. When surgeon of H.M.S. *Albacore*, at Suakin, in 1887-88, he voluntarily placed his services at the disposal of the senior medical officer of the Egyptian army, and for so doing, and for his help in the treatment of the wounded after the action of March 4th, 1888, he received the thanks of the Egyptian Government. Surgeon-General O'Brien Williams had been a member of the British Medical Association for forty-three years. He is survived by his widow and two sons.

Colonel Charles Cooper Reilly, C.B., Army Medical Service (ret.), died at Countess Wear, near Exeter, on May 3rd, aged 65. He was born at Kildare on July 18th, 1862, and was educated at St. Thomas's Hospital, taking the M.R.C.S. and L.R.C.P. Lond. in 1884. He entered the army as surgeon on January 31st, 1885, became colonel on April 23rd, 1914, and retired on July 18th, 1919. He served in the Sudan campaign of 1885-86, receiving the Egyptian medal and the Khedive's bronze star; in South Africa in 1900-01, when he took part in the operations in the Orange Free State, in the Transvaal, including the actions at Johannesburg, Pretoria, and Diamond Hill, and in Cape Colony, including the action at Wittebergen, receiving the Queen's medal with four clasps; and in the war of 1914-18, at first as A.D.M.S., and from 1915 as D.D.M.S., being mentioned in dispatches in the *London Gazette* of July 13th, 1916, and being decorated with the C.B. in 1917.

Medical News.

A PAMPHLET issued by the Department of Scientific and Industrial Research (which will supply copies on receipt of a request addressed to the Secretary at 16, Old Queen Street, S.W.1) gives an indication of the wide range of the investigations on the proper utilization of natural and artificial light which the department is conducting under the supervision of its Illumination Research Committee, whose two medical members are Sir J. Herbert Parsons and Dr. H. Hartridge. Such matters as the relation between illumination and speed and accuracy of work in the printing and other trades; the design of reflectors; the access of daylight in picture galleries; and the effect of colour, distribution of light, and "flicker" on ease of work are being considered. In view of the millions of pounds expended annually in this country on lighting, the need for experiments in order to ascertain the best methods of using light and to encourage true methods of economy is evident. Good lighting is a subject of interest to the whole community, and there is no one who is not to some extent dependent upon it in his daily work.

THE French Government has decided to establish a laboratory for the control of antisyphilitic drugs issued to public dispensaries or placed on sale. At the request of the Government the Académie de Médecine has appointed a commission to advise as to the details of the organization of this laboratory and as to its cost.

THE annual oration will be delivered to the London Dermatological Society by Sir Humphry Rolleston, Bt., on Wednesday, June 16th, at 4.30 p.m., at St. John's Hospital, Leicester Square. The subject is the relations of dermatology and general medicine. The annual dinner of the society will be held at the Trocadero Restaurant at 6.45, when Sir Humphry Rolleston will be the guest of the society.

THE Joint War Committee of the British Red Cross Society and the Order of St. John give notice that, owing to the heavy cost of housing, they intend six months hence to destroy all the correspondence, vouchers, and receipts in their possession. If, therefore, any member of the late personnel requires a reference application should be made before June 30th next to the Secretary of the Joint War Committee, 19, Berkeley Street, W.1.

THE Fellowship of Medicine and Post-Graduate Medical Association announces that Mr. V. Zachary Cope will give a demonstration in surgery at St. Mary's Hospital, Paddington, on June 9th, at 3.30 p.m., and Mr. Whiting a demonstration in ophthalmology at the Royal London Ophthalmic Hospital, City Road, on June 10th, at 12.45 p.m. These demonstrations, organized by the Fellowship, are open to all members of the medical profession without fee. The Chelsea Hospital for Women provides a two weeks' course from Wednesday, June 9th. A four weeks' course in genito-urinary diseases will be held from June 7th to July 3rd at All Saints' Hospital. From June 14th to 26th the City of London Hospital for Diseases of the Heart and Lungs will give a special course. There will be a course, primarily for general practitioners, at the London Temperance Hospital from June 14th to 25th from 4.30 to 6 p.m. The following courses will be held during July: cardiology at the National Hospital for Diseases of the Heart, dermatology at the Blackfriars Skin Hospital, neurology at the West End Hospital for Nervous Diseases, ophthalmology at the Royal Eye Hospital, and an intensive course in medicine, surgery, and the specialties at the North-East London Post-Graduate College (Prince of Wales's General Hospital), Tottenham, N. Syllabuses and the general course programme may be had from the Secretary of the Fellowship of Medicine, 1, Wimpole Street, W.1, who will also supply copies of the *Post-Graduate Medical Journal*.

A COURSE of post-graduate lectures at the Cancer Hospital, Fulham Road, S.W.3, in June and July, will commence on Wednesday, June 9th, at 4.30 p.m., when Mr. W. E. Miles will speak on carcinoma of the rectum. On Friday, June 11th, Mr. Cecil Rowntree will lecture on cancer of the breast. The further lectures of the series will be given on subsequent Wednesdays and Fridays at the same hour, terminating on July 16th, when Dr. Stanley Wyard will deal with carcinoma of the stomach.

THE annual general meeting of the London and Counties Medical Protection Society will be held at Victory House, Leicester Square, W.C.2, on Wednesday, June 9th, at 4 p.m.

THE annual general meeting of the Röntgen Society will be held at the British Institute of Radiology, 32, Welbeck Street, London, W.1, on Tuesday next at 8.15 p.m., when papers will be read on radiography of the accessory sinuses and on a method of dosage for use in actinotherapy.

ALL medical graduates of the University of Brussels are invited to a meeting, at 4 p.m. on June 9th, at 147, Harley Street, when they will be received by the President, Dr. Fielden Briggs, and an address will be given by Dr. Arthur Haydon, Honorary Secretary of the Brussels Medical Graduates' Association.

AN exhibition of Tardenoisian and pigmy types of stone implements will be opened at the Royal Anthropological Institute, 52, Upper Bedford Place, W.C.1, on Tuesday, June 8th, at 2.30 p.m. It will continue open till Tuesday, June 22nd. On that day at 8.30 p.m. a paper will be read by Mr. V. Gordon Childe, on the first colonization of Central Europe. It will be illustrated by lantern slides.

DR. E. A. OWEN, head of the radiology division at the National Physical Laboratory and secretary of the Röntgen Society, has been appointed to the professorial chair of physics in the University College of North Wales, Bangor.

ARRANGEMENTS have been made at Queen Charlotte's Maternity Hospital, Marylebone Road, for the accommodation of an increased number of medical students and practitioners, who can now be received for courses of practical midwifery at short notice.

THE International Committee of the Red Cross will hold a competition in Geneva in the autumn to adjudge the best type of the following for use in war: (a) stretcher; (b) arrangement for carrying a stretcher in a railway carriage, aeroplane, carriage, ambulance, sleigh, or boat; (c) labels for wounded on the field; (d) first-aid outfit to be carried on the person; (e) identity discs. The competition will be judged by a special international committee of experts, and prizes will be awarded. All exhibits must reach Geneva by August 1st at latest, and packages should be addressed to Le Comité International de la Croix-Rouge, 1, Promenade du Pin, Geneva, Switzerland, and marked "Specimens for the institution of the international study of ambulance material." This is necessary in order to avoid Swiss customs duty.

THE KING has appointed Dr. Cecil M. Rolston (Chief Medical Officer) to be an official member of the Executive Council of the Presidency of Dominica and has given directions for his appointment to be an official member of the Legislative Council of that presidency.

THE Prince of Wales will open the Ross Institute and Hospital for Tropical Diseases, Putney Heath, S.W., on July 15th.

THE dinner of the Society of Apothecaries, which was postponed on account of the general strike, will be held on Tuesday, June 15th, at 7.30 o'clock, at Apothecaries' Hall, Blackfriars. The Lord Mayor and Sheriffs will attend.

DR. NORMAN TATTERSALL, who has been for fourteen years tuberculosis physician to the Welsh National Memorial Association, was presented by the medical practitioners of Mid-Glamorgan, on May 22nd, with an address and a bureau, on the occasion of his departure to Leeds, where he is taking up a similar appointment under the Leeds Corporation.

THE Sudan Government has decided to utilize the Lee Stack indemnity fund: First, to build a new medical research laboratory of the same type as that of the Kitchener School of Medicine; secondly, to provide for a travelling railway laboratory; thirdly, to finance an intensive campaign against bilharzia and ankylostomiasis; fourthly, to combat ophthalmia, principally in the Northern Sudan; and, lastly, to carry out improvements of the Omdurman leper settlement. The *Times* correspondent in Cairo, from whose dispatch we take this information, states that this allotment will exhaust about half the fund and that the use of the remainder is still under consideration.

THE fiftieth session of the French Association for the Advancement of Sciences will be held at Lyons from July 26th to 31st. At the Section of Medicine and Surgery, which will be under the presidency of Professor J. Teissier, the following questions will be discussed: (1) Asystoles of reflex origin, introduced by Dr. Dumas; (2) evolution of chlorides in the organism, introduced by Dr. Florence.

THE eighteenth International Congress on Alcoholism will be held at Dorpat from July 22nd to 28th, when papers will be read on the psycho-physiological action of alcohol, alcohol and the death rate, alcohol as the cause of accidents and poverty, hypnotism in the treatment of alcoholism, local option, and prohibition. Further information can be obtained from the International Office for Combating Alcoholism, Avenue du Grammont, Lausanne.

THE French National League for Combating Venereal Disease has offered a prize of 5,000 francs for the best work on heredo-syphilitic psychopathies in the child and adolescent and their role in juvenile criminality; a prize of 5,000 francs for the best work on the association of syphilis and tuberculosis in osteo-articular affections; and a prize of 20,000 francs for the most important discovery in venereology in 1925 and 1927. The essays for the first two prizes must be written entirely in French and be sent in triplicate to the Ligue française contre le péril vénérien before October 1st, 1928.

AT the invitation of Dr. Plantier a party of London medical men made a short trip to Biarritz and the surrounding country during the Whitsun holidays. The members of the party were hospitably entertained by Dr. and Mme Plantier at Hélianthe, one of the most modern therapeutic institutions in France. Excursions were made to other health resorts along the Côte des Basques, and as the weather was kind they were thoroughly enjoyed.

WE have received the first part (A-D) of the sale catalogue published by *L'Art Ancien*, Lugano, of early books on medicine, natural sciences, and alchemy. Each entry is accompanied by a brief explanatory or historical note in English, and the text is freely interspersed with contemporary woodcuts.

THE International Federation of Eugenics will hold its next meeting in Paris on July 2nd and 3rd, when the chief subjects for discussion will be the medical certificate before marriage, consanguineous marriages, and immigration.

THE Société de Pathologie Comparée has offered two prizes of 500 francs each for the best unpublished essays on pernicious anaemia, and cancer in man or its relations with cancer in animals and plants. The essays should be sent to the general secretary before October 1st.

DURING the period December 6th, 1925, to January 2nd, 1926, 1,235 fatal cases of plague occurred in Java.

THE number of new cases of syphilis admitted to the Hôpital Saint-Louis, Paris, was 1,955 in 1924 and 2,445 in 1925—an increase of 20 per cent. in a year. A similar recent increase in syphilis has also been noted in the provinces.

DR. ETIENNE BURNET, subdirector of the Pasteur Institute of Tunis, has been awarded the Tunis medical prize of 5,000 francs for his work on Mediterranean fever. He has also been nominated assistant director of the institute.