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SUPPLEMENT

CONTAINING

CURRENT NOTES ON THE WORK OF THE ASSOCIATION

REPORTS OF CONFERENCES

MEETINGS OF BRANCHES AND DIVISIONS

THE GENERAL MEDICAL COUNCIL

MEDICAL BILLS IN PARLIAMENT

NATIONAL INSURANCE PROCEEDINGS

NAVAL AND MILITARY APPOINTMENTS

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pessaries were applied every night; hexamine mixture was administered.

On October 30th the joints were normal.

From November 6th to January 8th, 1926, local treatment only was employed.

On January 22nd, February 19th, and March 12th 0.25 c.cm. of contramine was given intramuscularly. On February 26th all local treatment was discontinued.

Films from the urethra, vagina, and cervix, taken on March 5th and 12th, were reported to be free from gonococci.

During this period the hyperkeratosis was not treated except by frequent soaking in hot water, and the condition slowly improved. Some increase, however, occurred on the palms, the right palm, which when first seen had shown only doubtful indications, being affected as well as the left. Both palms were nearly covered with thickened epidermis, and the normal lines were deepened. By the time that her treatment at the V.D. clinic ceased the patient had sufficiently recovered to be free from discomfort, and she stopped attending the hospital.

As it seemed desirable to obtain confirmatory evidence of the gonococcal origin of the condition a complement fixation test was made. This, however, could not be carried out till July owing to difficulty in obtaining a suitable antigen. Dr. Scholberg reported that the result was negative in all dilutions. The Wassermann test had been carried out in October, 1925, with a negative result in all strengths except 40 per cent., where it was weakly positive.

On September 3rd, 1926, the patient attended at the dermatological clinic at my request, when I found that the masses of horny epidermis had largely disappeared, but that there was still a border of the condition at the sides and backs of the feet, especially at the heels, also on the balls of the toes, especially the great toes. A little keratosis was noted at the points of the toes. On the knees there was a thin patchy scattered keratosis, and the palms showed patches here and there, rather more on the left palm. There was some scaliness and discoloration of the skin at the outer side of the left ankle.

It is difficult to be sure that this was a case of keratoderma blennorrhagica, first described by Vidal in 1893, and by others since. In favour of this diagnosis are the rapid increase of the eruption when it first appeared, its symmetry, its association with inflammation of two joints, and the fact that gonococci were definitely found in the smears from the urethra and cervix. On the other hand, there were no obvious signs (discharge or inflammation) in the genital region, the complement fixation test was negative, and there was no evidence in the skin lesions of any vesicle formation, such as Sabotka¹ and others have described as marking some of these cases. It may, however, be urged in reply to the last objections that the fixation test was not applied till long after the films from the genital region had been found negative, and that the absence of vesicle formation was due to the chronicity of the accompanying condition, which even in the joints was only subacute. Other possible causes seem excluded, so I think one is justified in believing that the case was one of keratoderma blennorrhagica.

REFERENCE.

¹ Sabotka: *Dermatol. Woch.*, February 15th, 1913, p. 181, and February 22nd, p. 218.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

TWO-STAGE OPERATION FOR CLEFT PALATE.

ALL surgeons have experienced difficulty in obtaining uniformly good results in operations for cleft palate when the cleft is complete, involving both hard and soft palate; when the cleft is exceptionally wide and its closure involves considerable shifting of the lateral flaps; and when the condition exists in adult or adolescent patients as the result of neglect or failure of earlier operation.

Success depends upon adequate circulation in the flaps and their approximation without tension. Failure is due to the difficulty experienced, in the types of cases referred to above, in securing both conditions. The disturbance of circulation involved by the free lateral incisions and extensive detachment of the lateral flaps necessary to ensure their approximation without tension is considerable, with the result that their nutrition is lowered and their power to heal greatly diminished. It is a common and disappointing experience to find that after an apparently

successful operation union of the flaps has failed wholly or in part. None of the devices used for eliminating undue tension, though of themselves adequate, have given certain results, and the reason for the failure appears to be impaired vitality of the flaps due to inadequate circulation.

For some time, in cases where the necessary disturbance of tissue is such that the circulation of the flaps is likely to be seriously reduced, it has been my custom to perform the operation in two stages. At the first sitting the lateral incisions and separation of the flaps are carried out and they are freed until they approximate without tension. No attempt is then made to pare the edges nor to suture them together. Two silkworm-gut sutures, passed through the flaps some little distance from their inner margins, are tied just sufficiently tightly to keep the edges close together, the lateral incisions are packed with gauze, and the patient is sent back to bed.

The second stage of the operation is performed about ten days later. By that time the circulation of the flaps has been re-established and their vitality is adequate for healing to take place rapidly and smoothly. Very little disturbance of the flaps is called for at the second operation. The edges are pared in the usual way; they are gently pushed together and sutured with fine silkworm-gut. Two silkworm-gut tension stitches are again inserted to take tension off the suture line, and the lateral grooves are packed with gauze.

By this method a very great improvement in results has been obtained, and many cases which were regarded as inoperable, or in which previous operations had failed, have been successfully treated. Among these were a number of patients whose ages ranged from 12 to 28 years.

I am indebted to Mr. Harold Round, honorary dental surgeon to the Queen's Hospital, for suggestions and help in devising a method which would secure both the conditions essential for success.

Birmingham.

WILLIAM BILLINGTON, M.S., F.R.C.S.

PULMONARY EMBOLISM FOLLOWING CHILDBIRTH.

A CASE very similar to those recorded by Drs. W. J. Young and T. McCulloch (November 6th, p. 835) came under my notice in April last. I received an urgent call, and on arrival about five minutes afterwards found the patient dead. She had been confined about two weeks previously, and the midwife who had been in attendance stated that everything had been normal. The patient had been getting up for three or four days previously; the day before she had been out of doors for about an hour, and had felt quite well, except for a slight pain in the left groin. On the morning of her death she arose feeling quite well, and while preparing her husband's breakfast she suddenly fell down and died in a few minutes.

This was obviously a case of pulmonary embolism following femoral thrombosis. These cases impress upon us the careful watch which should be kept for the somewhat insidious onset of thrombosis during the puerperium and the prolonged rest that is necessary once the condition is established.

Warrington.

J. J. MANNING, M.B., B.Ch., N.U.I.

A PATIENT of mine recently died with dramatic suddenness from pulmonary embolism following childbirth. She was a married woman, aged 36, and the confinement was her sixth.

Delivery was normal; my last visit to her was on the fourth day of the puerperium, when to all appearances she was well. I had not left the house more than ten minutes before she died. Her husband explained to me how, during a conversation with him just after my departure, she sat up in bed and suddenly complained of very severe pain in the left chest. She gasped for breath, clinging to the bedside, her face, first ashen grey, rapidly became cyanosed, and in a few minutes she expired.

I was unable to ascertain any other possible cause of death, for I had examined her chest and heart at my first visit.

Tarland, Aberdeenshire.

C. G. SALVESEN, M.B., Ch.B.Ed.

OVERDOSAGE OF HYOSCINE.

As injections of hyoscine hydrobromide are being widely used for the treatment of chronic cases of encephalitis lethargica with the Parkinsonian syndrome in order to reduce the rigidity, the following account of overdosage may be of use.

M. W., aged 52, was admitted to the Hull Royal Infirmary with marked rigidity of the legs, and to a lesser extent of the arms, which had come on after a definite attack of encephalitis lethargica.

He was given hyoscine hydrobromide 1/100 grain once a day. This was later increased to 1/100 grain twice a day, and eventually to 1/75 grain twice a day. The rigidity was so much diminished that he was able to walk with, and occasionally without, assistance, and to feed himself, which he was unable to do on admission.

The treatment was occasionally omitted for a few days. During its course, and shortly before he was discharged, he showed the following symptoms, which lasted some hours. Twenty minutes after an injection of 1/100 grain, twitchings of arms and legs, profuse sweating of body and limbs, pallor of nose, stuporose condition, eyes closed, no loss of rigidity, picking movements of fingers, pupils dilated, no response to questions, no remembrance of having any indisposition at all. He stated that he felt quite well when he came round, and took food well.

STANLEY E. DENYER, C.M.G., M.D.,
Physician, Hull Royal Infirmary.

Reports of Societies.

DIABETES AND PREGNANCY.

At a meeting of the Edinburgh Obstetrical Society on December 8th, 1926, Professor R. W. JOHNSTONE, the President, in the chair, Dr. C. G. LAMBIE read a paper on diabetes and pregnancy.

Dr. Lambie said that diabetes and pregnancy were rarely associated, because diabetes caused atrophic and sclerotic changes in the ovaries and uterus, with resulting sterility, disorders of menstruation, and sexual frigidity. These functional disturbances could often be rectified by the use of insulin, except when organic changes were advanced, as in the more chronic cases. Pregnancy exacerbated a pre-existing diabetes and might be the starting-point of the malady in individuals predisposed by heredity or otherwise. The factors leading to the deterioration in sugar tolerance were: (1) absorption of products of protein hydrolysis from the placenta during the first three to four months—a condition analogous to infection; (2) the emotional excitability of the earlier months causing glycogenolysis in the liver; (3) overeating, after the period of morning sickness was over; (4) the necessity for giving a good deal of carbohydrate to prevent acetonuria; (5) hyperactivity of the thyroid and pituitary glands during the later months. Improvement in tolerance was commonly observed towards the end of pregnancy, while, simultaneously, there was an increasing tendency to acetonuria. Both these phenomena were attributable to the large amount of carbohydrate utilized by the foetus. The islet tissue of the foetus underwent marked hyperplasia and hypertrophy to meet the increased functional demands. There was no good experimental evidence that insulin passed from the foetus to the mother. During labour the blood sugar rose slightly, but after delivery there was a sharp rise, the hyperglycaemia lasting for twenty-four to forty-eight hours. Thereafter an improvement in tolerance occurred, and might be accompanied, in insulin-treated cases, by hypoglycaemia. This was due either to a return of pancreatic function, or to excretion of carbohydrate as lactose in the milk, or to replenishment of the glycogen reserves after their depletion during labour. In the latter case it might be quite shortlived and be followed by another fall in tolerance, after which there might be a gradual improvement. Acetonuria during labour was due to (1) depletion of the glycogen reserves in order to provide carbohydrate for the supply of energy for muscular contraction; (2) anaesthetics, (3) starvation, (4) haemorrhage, and (5) sepsis. In diabetes, coma might

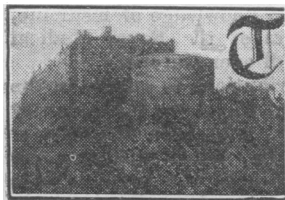
result. After delivery the tendency to acetonuria disappeared, more fat could be taken, and the necessary calories might be given with a smaller intake of glucose.

When diabetes coexisted with pregnancy both the maternal and foetal mortality were high. Hyperglycaemia in the foetus, which was secondary to maternal hyperglycaemia, resulted in hydramnios, the development of an excessively large foetus, and hyperplasia of the islets of Langerhans in the foetal pancreas. Hydramnios might be caused by foetal diuresis together with endosmosis, due to high osmotic pressure of the saccharine foetal urine. Hypoglycaemia, due to excessive insulin secretion by the hyperplastic islet tissue, was a possible cause of death after birth. These conditions, with their associated obstetrical complications, were avoided by the use of insulin. Insulin also raised resistance to infection and diminished the susceptibility to puerperal sepsis. Diabetes had to be distinguished from other forms of glycosuria occurring in pregnancy—namely: (1) early alimentary glycosuria, (2) renal glycosuria, (3) lactosuria, (4) glycosuria due to carbohydrate starvation, and (5) late alimentary glycosuria. The latter might closely resemble diabetes, and be liable to similar complications; its most outstanding feature was its rapid disappearance within about ten days after delivery. It was probably of hypophyseal origin. In some cases hyperthyroidism might be a cause of glycosuria. Insulin had improved the prognosis, especially as regards the life of the mother. Some cases now passed through pregnancy without loss of tolerance; pregnancy might go on to full term and a healthy child might be born. In treatment the diet must contain a relatively high proportion of carbohydrate in order to avoid acetonuria. After delivery, a high fat low carbohydrate diet might be given, and it then became possible to reduce or abolish the dose of insulin. The calorie requirements were about 35 calories per kilo per diem, and the protein minimum was approximately 1.2 grams per kilo per diem. Insulin was administered in the usual way; it did not harm the foetus, even when minor attacks of hypoglycaemia occurred. Induction of abortion was indicated (1) where diabetes had existed prior to pregnancy and the patient was unwilling to submit to continuous supervision under suitable conditions; (2) in very emaciated, ill-nourished subjects; (3) where there was rapid loss of tolerance in spite of treatment; (4) in cases of acidosis with uncontrollable vomiting. Where a large foetus was expected premature labour might be induced, or Caesarean section under nitrous oxide and oxygen anaesthesia might be performed. Labour was best conducted under hyoscine and morphine narcosis. During labour the usual doses of insulin, together with a very liberal allowance of easily assimilable carbohydrate, should be given to prevent acidosis. Dihydroxyacetone was of especial value here.

Rupture of Caesarean Scar.

Professor J. A. KYNOCH described two cases of rupture through a previous Caesarean section scar during pregnancy, the two cases having been encountered within a period of two months. In the first case the patient had had two Caesarean sections performed, and she was again nearly at full term. The clinical features in this case were severe collapse preceded by several hours of abdominal pain and sickness, during which time the patient had walked several miles in search of work. Operation was performed immediately on admission, and an aperture about the size of a five-shilling piece was found at the lower end of the scar, which was thin and translucent for its whole length, the peritoneal coat alone being intact. There was a considerable quantity of free blood in the peritoneal cavity. Supravaginal hysterectomy was performed, and the patient left hospital three weeks after admission. The second patient was also eight months pregnant, and had had one previous Caesarean section performed. She was suddenly doubled up with pain, and had a fast pulse and hurried respirations, the rupture being complicated by an acute lobar pneumonia. Rupture was diagnosed, and the abdomen opened under local anaesthesia. The rupture was found to be five inches in length, and the membranes bulged through. After removal of a dead child the wound was sutured and the patient sterilized. After a somewhat

NINETY-FIFTH ANNUAL MEETING of the British Medical Association, EDINBURGH, 1927.



Edinburgh Castle.

THE ninety-fifth Annual Meeting of the British Medical Association will be held in Edinburgh next summer under the presidency of Sir Robert Philip, M.D., LL.D., honorary physician to the King in Scotland, who will deliver his address to the Association on the evening of Tuesday, July 19th. The scientific and clinical work of the meeting will occupy, as usual, the three following days, and on this occasion it will be divided among twenty-one Sections. The names of the Presidents of Sections were published in the SUPPLEMENT of December 4th last; the full list of officers, together with the provisional programme of scientific business and other details of the arrangements for the Annual Meeting, will appear in later issues. The Annual Representative Meeting, for the transaction of medico-political business, will begin on Friday, July 15th. On the last day of the meeting (Saturday, July 23rd) there will be excursions to places of interest in the neighbourhood. We print below the second of a series of descriptive and historical articles on the Scottish metropolis and its relations with the science and practice of medicine. The first article, published on December 4th (p. 1067), dealt with old Edinburgh and the beginning of the Edinburgh Medical School.

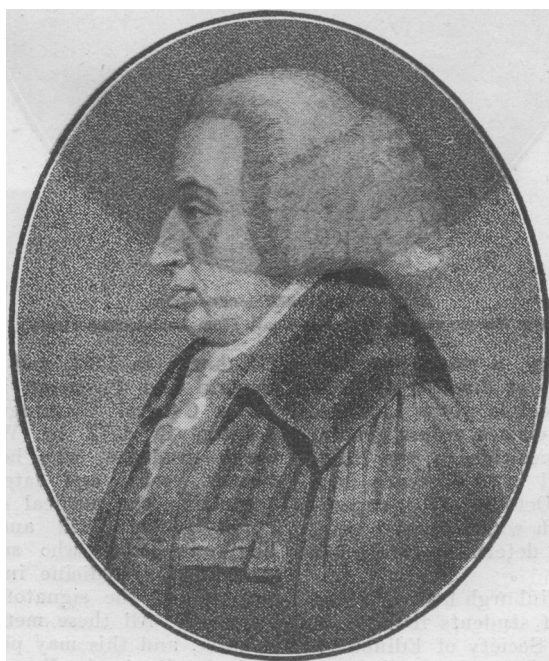
THE EDINBURGH MEDICAL SCHOOL FROM 1726 TO THE MIDDLE OF THE NINETEENTH CENTURY.

AFTER the formation of a medical faculty in the Tounis College, the University of Edinburgh, as it now began to be called, commenced to attract students from places outside Edinburgh. The increasing popularity of medical teaching at this school may be roughly gauged by the numbers of graduates in the faculty of medicine during the century following the foundation of the medical faculty. Taken by decades after 1726, the numbers of graduates were as follows: 16, 20, 108, 79, 170, 242, 330, 469, 586, till for the decade ending 1825 the numbers reached 1,071. These figures do not represent all the persons studying medicine at Edinburgh, because in the early days it was more usual to obtain a licence to practise from the College of Surgeons or to graduate at a foreign university, while the fashion of taking a University degree in Edinburgh gradually increased.

The early faculty was composed of Alexander Monro (anatomy), Andrew St. Clair and John Rutherford (institutes of medicine and medicine), George Preston (botany), Andrew Plummer and John Innes (chemistry and medicine), and Joseph Gibson (midwifery). It may be pointed out that Joseph Gibson's appointment was the first professorship in the subject of midwifery in the United Kingdom. Dr. Archibald Pitcairne, Sir Robert Sibbald, and some of the others who had been concerned towards the end of the seventeenth century in the project of founding a medical school at Edinburgh and in obtaining a charter for its College of Physicians, were men of European reputation, but the group forming the faculty of medicine in 1726 appear to have busied themselves chiefly with practice and teaching. Robert Whytt, who in 1747 succeeded St. Clair and Rutherford as professor of institutes of medicine and of medicine, attained a considerable degree of

celebrity beyond the confines of Edinburgh. Great public interest was taken in the early years of the eighteenth century in the search for substances which would dissolve a calculus in the bladder. Whytt in 1743 had published an "Essay on the virtue of lime-water and soap in the cure of the stone," which had attracted considerable attention, and, largely as the result of this, he was elected to the

chair. An important scientific result of these researches in regard to the properties of alkalis was that of Joseph Black, who in 1754 was led by them to his elaborate series of "Experiments upon Magnesia Alba, Quicklime, and other Alkaline Substances," in the course of which he discovered the first known gas, which he called "fixed air" (carbon dioxide). Whytt busied himself for some years after his appointment chiefly with physiological researches. The publication of some of these brought him into conflict with Albrecht von Haller, the great hierarch of physiology, with whom Whytt had a considerable correspondence. In his observations upon hysterical disorders, Whytt appears to have anticipated the modern conception of referred pain, and he also did much to localize the seat of different reflexes in the spinal cord. He was the first person to give a clear description of tuberculous meningitis or, as he called it, "dropsy of the brain," which is still described according to the



WILLIAM CULLEN.

(After an engraving by Ridley.)

three stages into which Whytt divided its symptoms. An interesting point in connexion with this disease was that the foramen connecting the lateral ventricles was observed dilated in a case dying from hydrocephalus which Whytt had seen in consultation with Monro (*secundus*) in the year 1764. This opening has subsequently been known as the "foramen of Monro."

Among the early professors, William Cullen has attained

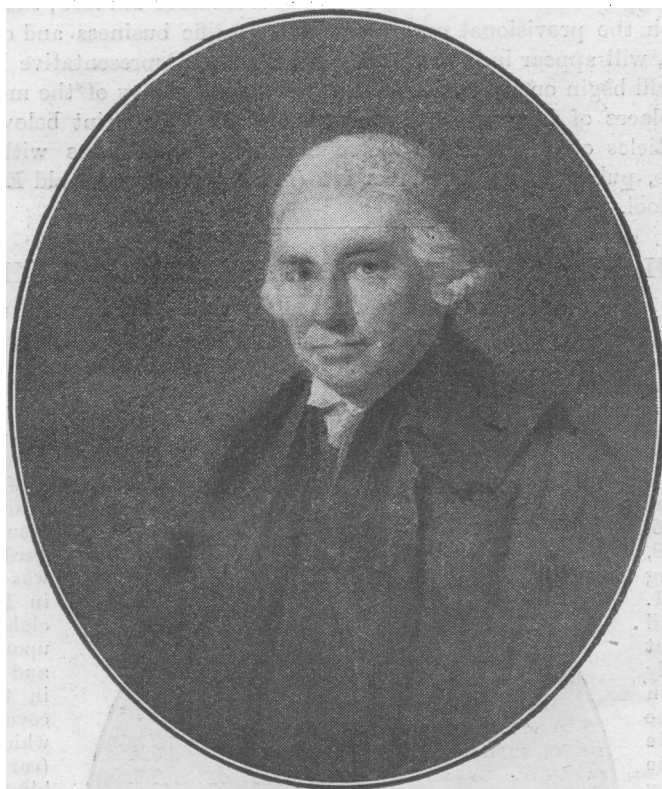
the most lasting fame. Following the usual practice of the time, Cullen had served an apprenticeship of two years to a Glasgow surgeon, and had studied for six months at the newly instituted faculty of medicine in Edinburgh. After some time spent in country practice he had removed to Glasgow, where he had delivered lectures on medicine and chemistry, and in 1755 he had joined Professor Plummer, then in failing health, as joint professor of chemistry at Edinburgh. As chemistry did not satisfy his medical ambitions, in 1757 he undertook to deliver clinical lectures in the Royal Infirmary of Edinburgh. This type of lecture upon the cases of patients in the hospital had been commenced by Professor John Rutherford in 1748 on the model of lectures which he had attended in the hospital at Leyden. Clinical lectures formed a new idea in medical teaching, which had not up to this time been introduced in other British schools, and their development formed one of the fundamental characters of the early Edinburgh Medical School, upon which its reputation was built up. In 1766 Cullen became professor of the institutes of medicine (physiology), and in 1768 an arrangement was effected with Dr. John Gregory, by which Gregory and Cullen gave alternate courses in the practice of medicine. Cullen became sole professor of medicine on Gregory's death in 1773, and it is an interesting fact, compared with the tendency in present-day appointments, that Cullen, the greatest figure in Edinburgh medicine, was 63 years of age at the time when he entered upon the duties of this chair. Cullen had developed a large, lucrative, and aristocratic consulting practice in Scotland, but his chief influence on the public mind was exerted by the great attraction that he exercised in bringing students from a distance through the clearness of perception, sound reasoning, and judgement displayed in his lectures. His chief published works are *A Treatise on Materia Medica*, *First Lines on the Practice of Physic*, and his *Nosology*, a small pamphlet which aimed at a rigid classification of diseases by their symptoms on the same arbitrary principle which Linnaeus had adopted for classifying plants by classes, orders, genera, and species. Cullen's pre-eminent position in the Edinburgh school of his day is indicated by a sentence in a letter to him from John Hunter in October, 1785, regarding Cullen's project of retirement, in which Hunter says, "I tremble for Edinburgh when you determine giving her your assistance."

During Cullen's student days in Edinburgh he had joined himself to a private debating club of students founded in 1734, from which the Royal Medical Society of Edinburgh subsequently developed. The society held its meetings in a tavern, but at a later date (1774) Cullen exerted himself to obtain a hall of meeting for this society, and in 1778 was instrumental in obtaining its incorporation by Royal Charter. The society existed as a meeting-place of students for exchange of views and criticism of the teaching they received, and it has undoubtedly played a very large part in the development of the Edinburgh Medical School, in which it still continues to enjoy a flourishing existence. The keenness with which medical theories were debated is indicated by one of the old laws, which enjoins that if any personalities shall have taken place the president in

the chair shall obtain an assurance from the members concerned that no hostile meeting will afterwards take place in consequence. One of the presidents in the year 1760 was John Brown, who later became an extra-mural lecturer, and between whom and Cullen, about the year 1778, arose a great deal of trouble in regard to the nature of disease. Brown introduced a system, which was essentially the old Methodist idea revived, that disease is due to too great laxity or too great stringency of the particles of the body. This Brunonian theory, which was easy to understand and required very little knowledge of medicine, appealed strongly to the members of the Royal Medical Society, and subsequently spread all over Europe.

One of the most important contributions to science in the early days of the Edinburgh medical school was the discovery of "fixed air" by Joseph Black, who became professor of chemistry and medicine in 1776. Black was also one of the earliest adherents in Britain to the antiphlogistic theory of combustion subsequently advanced by Lavoisier. He was followed in 1799 by Professor Thomas Charles Hope, who found out numerous important facts in physical and chemical science, being particularly celebrated for his discovery that water attains its maximum density several degrees above freezing-point and expands as it solidifies. Another advance in chemistry was made by Daniel Rutherford, an uncle of Sir Walter Scott, appointed professor of medicine and botany in 1786. In 1772 Rutherford presented an M.D. thesis entitled "*De aere fixo dicto, aut mephitico*," in which he dealt with Black's "fixed air," and pointed out that after the "fixed air" was removed by caustic lye there still remained a gas which extinguished flame and life no less than before. This was the discovery of nitrogen.

Among the pupils of Cullen were many students from the American colonies. One of these was John Morgan, who graduated at



ALEXANDER MONRO (*secundus*).

(After the engraving by James Heath from Raeburn's portrait.)

Edinburgh in 1762, and in 1775 was appointed Director-General and Physician in Chief to the American Army under General Washington. He was succeeded in this position in 1777 by William Shippen, another Edinburgh graduate, who held the Director-Generalship for twenty years, and later was largely instrumental in organizing the medical department of the University of Pennsylvania. Still another Edinburgh graduate was Benjamin Rush, who subsequently became professor of institutes of medicine in the University at Pennsylvania and one of the signatories of the Declaration of Independence. All these men were of highly contentious disposition, and this may possibly have provoked the remark made by Benjamin Franklin in his autobiography that a disputatious turn "is apt to become a very bad habit, making people often extremely disagreeable in company by the contradiction that is necessary to bring it into practice. . . . Persons of good sense, I have since observed, seldom fall into it, except lawyers, university men, and men of all sorts that have been bred at Edinburgh."

The professoriate in the latter half of the eighteenth century, which included several men of marked individuality, appears to have been distinguished by singular pugnacity. The outstanding public figure of the school after the death of Cullen was probably Dr. James Gregory,

professor of medicine from 1790 to 1821. His name is still a household word owing to the powder containing rhubarb, magnesia, and ginger, which he introduced. He had the somewhat eccentric habit of wearing his hat throughout his lectures, and his three great therapeutic measures appear to have been antimony, blistering, and blood-letting. Owing to the fact that students were now flocking to Edinburgh from all parts of the British Isles and the colonies, Gregory's doctrines became universally employed, and he, more than any other man, was responsible for the great proportions to which blood-letting attained in the early years of the nineteenth century. Lord Cockburn, who admirably summed up the characters of many of the worthies in the Edinburgh of his day, says of Gregory:

"He was a curious and excellent man, a great physician, a great lecturer, a great Latin scholar and a great talker; vigorous and generous; large of stature and with a strongly powerful countenance. The popularity due to these qualities was increased by his professional controversies, and the diverting publications by which he used to maintain and enliven them. The controversies were rather too numerous; but they never were for any selfish end, and he was never entirely wrong. Still, a disposition towards personal attack was his besetting sin."

His disposition towards personal attack led him on one occasion to terminate a controversy with Professor James Hamilton regarding the authorship of a pamphlet by beating the latter with his walking-stick. For this Professor Hamilton brought a lawsuit and received £100 by way of damages. Gregory is said to have remarked in paying the damages that he would willingly pay double for another opportunity. Hamilton, however, although eminent in his professional branch of midwifery, was a notorious litigant, and had lawsuits also with Professors Andrew Duncan and Thomas Charles Hope. Hope had used regarding Hamilton the words of Dr. Samuel Johnson on a like occasion, "The fellow lies and he knows that he lies." This, being reported to Hamilton, caused a lawsuit, with a verdict in favour of Hamilton of ¼d. damages. The Edinburgh public was greatly delighted with the legal proceedings, and Hope received a shower of letters from his friends enclosing farthings, one of which he sent to Hamilton, demanding a receipt.

Andrew Duncan was professor of institutes of medicine from 1789 to 1819, and was celebrated for his pleasantness of manner and kindness of disposition, which had gained for him the sobriquet of "the smiling boy." Duncan had a hobby for founding convivial societies, some of which, notably the Harveian and Aesculapian Societies, are still extant. Of more importance, however, in this direction were his activities in obtaining Royal Charters for no fewer than four societies, and founding the Medico-Chirurgical Society of Edinburgh in 1821. He is still remembered as the man who was so much impressed by the sordid death of Robert Ferguson, the poet, in the evil surroundings of the city Bedlam that he exerted himself to bring about the founding of the Royal Asylum for the Insane at Morningside in 1813, one of the earliest asylums instituted for the humane treatment of the mentally

diseased in Great Britain. Professor Andrew Duncan was succeeded in 1819 by his son, Andrew Duncan jun., who ten years before that time had been made professor in the newly established chair of medical jurisprudence or forensic medicine, this chair having been the first of its kind to be instituted in Great Britain. The younger Duncan was transferred for a second time in 1821 to the chair of *materia medica*, which he held till 1832, when he was succeeded by Sir Robert Christison.

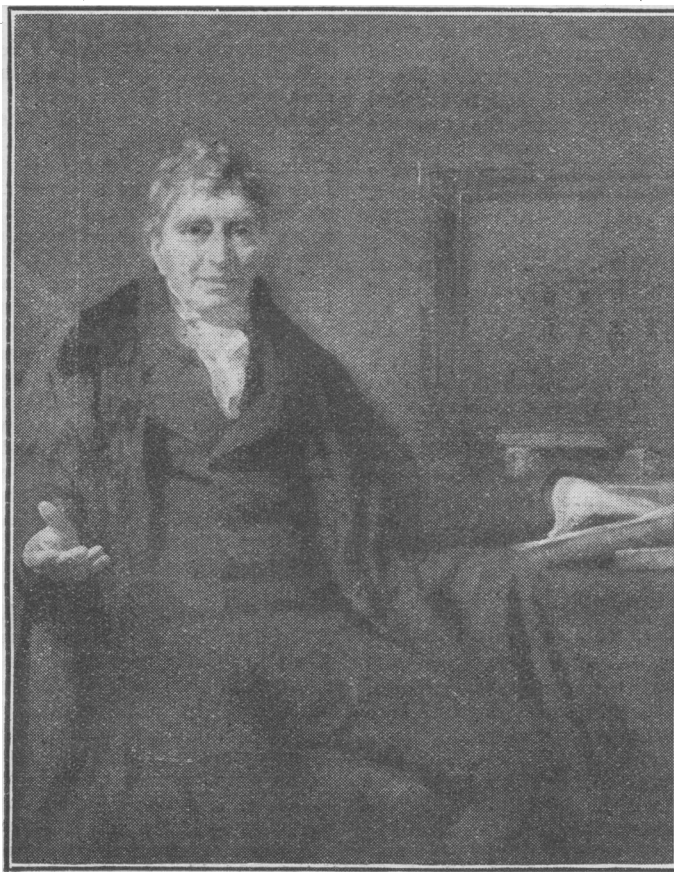
In 1821 Dr. William Pulteney Alison was made professor of the institutes of medicine, and in 1842 he was transferred to the chair of medicine. Alison busied himself especially with practical activities and treatises. The latter were mainly concerned with the amelioration of the Scottish poor, and from the beginning of his medical experience he had been deeply impressed with the manner in

which poverty and unfavourable social conditions assisted in the spread of disease. His treatise *Observations on the Management of the Poor in Scotland and its Effects on the Health of great Towns*, issued in 1840, was largely responsible for the Commission of Inquiry and the Poor Law Act of 1845, which embodied most of what he had striven for. His work was an important precursor of much of the social legislation at the present day. He was appointed President of the British Medical Association at its annual meeting in Edinburgh in 1858. A peculiarity displayed by him was a singular habit of scarcely ever seeing a patient without writing a long prescription for a new bottle of medicine. It is recorded that as he visited his wards several times a day the bottles tended to accumulate, till neither the patient nor the nurses, nor the professor himself, knew precisely what was being taken and what was not.

The chair of anatomy remained in the family of Monro for the long period of 126 years. Alexander Monro (*primus*) had been

appointed to the chair of anatomy in 1720, and was succeeded by his son of the same name in 1758. Alexander Monro (*secundus*) became celebrated both as a teacher and for the investigations which he carried out. It is interesting that none of the great works on which his reputation rests was published till after he was 50 years of age. These included *Observations on the Structure and Functions of the Nervous System*, *The Structure and Physiology of Fishes*, a description of the *Bursae Mucosae of the Human Body*, and a treatise on *The Brain, Eye, and Ear*. The experiment of appointing a son to succeed his father, which had proved so successful in the case of the first two Monros, was again tried by Monro (*secundus*) when in 1798 he petitioned the Town Council to appoint his eldest son as his successor. Alexander Monro (*tertius*) held the chair till 1846, but without the success which had attended the efforts of his father. A recent writer says of him:

"He used to read his grandfather's lectures, written about a century before; and even the shower of peas with which expectant students greeted his annual reference 'When I was a student in Leyden in 1719' failed to induce him to alter the dates."



ANDREW DUNCAN.

(From the portrait by Sir Henry Raeburn in the Royal College of Physicians, Edinburgh.)

Charles Darwin, the naturalist, who studied medicine at Edinburgh from 1825 to 1827, in his autobiography gives him the following testimonial: "Dr. — made his lectures on human anatomy as dull as he was himself and the subject disgusted me." During the tenure of the chair by the third Monro, several brilliant anatomists conducted classes outside the University. It is a curious fact that though the first two Monros lectured on surgery, neither was an operating surgeon and the second was a consulting physician with a large practice.

In 1786 John Bell, becoming a Fellow of the College of Surgeons, saw a great chance, and he, assisted by his brother Charles, taught anatomy for thirteen years. It is no exaggeration to say that they founded the subject of surgical anatomy. So successful were Bell's anatomical classes that a combination led by Professor Gregory was formed against him. The attack opened with a pamphlet warning students against attending Mr. Bell's lectures, and the dispute was conducted on both sides with great personal abuse. Gregory's party, however, finally secured John Bell's exclusion from the infirmary, and Bell therefore ceased to lecture in 1799, confining himself to surgical practice, in which for about twenty years he was the leading operator and consultant throughout Scotland. Charles Bell removed to London in 1804 and took over the old Hunterian Anatomical School in Windmill Street, where he spent thirty-two busy and eventful years. The Edinburgh school made some amends to him by offering him the chair of surgery in 1836 when the Gregory faction had passed away, and Sir Charles Bell occupied this chair for the last six years of his life.

Another extra-mural lecturer on anatomy was John Barclay, a "stickit minister" of the Church of Scotland, who was an assistant to John Bell and began to teach on his own account in 1797. Barclay's dissecting-rooms were at No. 10, Surgeons' Square, and here he was assisted and finally succeeded by Dr. Robert Knox, who obtained an unfortunate notoriety in connexion with the Burke and Hare murders in 1828. Burke and Hare were two debased Irishmen resident in Edinburgh, who conceived a scheme of supplying bodies for the dissecting-rooms at less trouble and danger to themselves than could be effected by the methods of body-snatching commonly followed by the "Resurrectionists" of the time. Their method was to entice friendless people into their house in the Westport, stupefy them with drink, and thereafter stifle them and sell the bodies to the porters of the various anatomy rooms. At least sixteen people were thus done to death before Burke and Hare were apprehended, and the last of these bodies being found in Knox's rooms, the public animus was therefore naturally directed first at him. This incident led ultimately to the Anatomy Act of 1830, with better arrangements for the supply of material for the teaching of practical anatomy.

The subject of surgical anatomy introduced by the Bells was revived by Robert Liston, with James Syme as his assistant, towards the close of the second decade in the nineteenth century. Liston and Syme between them carried on an anatomical class with ever-increasing success. Other distinguished extra-mural teachers of anatomy at this time were John Lizars and William Fergusson and, at a slightly later date, William Sharpey, who, during his Edinburgh period discovered the cilia possessed by some mucous membranes, and Allen Thomson, who with Dr. Martin Barry made many of the fundamental discoveries in embryology. Monro (*tertius*) was succeeded in 1846 by John Goodsir, one of the earliest advocates of the importance of the cell as a centre of nutrition. To him Virchow recognized his indebtedness by dedicating his *Cellular Pathologie* to Goodsir as "one of the most acute observers of cell life."

Sir Charles Bell was succeeded in 1842 in the chair of surgery by Professor James Miller, a great orator, the author of a successful work on *The Principles and Practice of Surgery*, and subsequently one of the collaborators with Sir J. Y. Simpson in the introduction of chloroform. A chair of clinical surgery had been founded in 1803 by King George III, and endowed with a stipend of £50 per annum. The first incumbent was James Russell, who had been selected by the managers of the Royal Infirmary

in 1800 to be one of six surgeons who should act upon the staff in place of a former agreement dating from 1738, that all members of the Incorporation of Surgeons should act in rotation as operators in this institution. After acting as professor for thirty years, Russell relinquished the chair of clinical surgery in 1833, and James Syme was elected as his successor. There had been a great contest between Liston and Syme for the chair. Both were expert anatomists and skilful surgeons, but each was by nature contentious. Early in their career they had been demonstrators in Barclay's dissecting-rooms, and they had conducted a course of anatomy and surgery together, while each assisted the other in his private operations. Gradually, however, a quarrel arose and acrimonious wrangling in public took the place of their former friendship. On account of Liston's high-handed attitude towards the other surgeons he had been excluded by the managers of the Royal Infirmary in 1822 from again entering that institution, and he was not reappointed until 1827. In 1829, when Syme applied for the surgeonship of the infirmary, the managers declined to appoint him, fearing that the feud between him and Liston might lead to disturbing scenes in the presence of the students. In 1833 Syme defeated Liston, after a bitter contest, for the chair of clinical surgery in the University, and in 1835 Liston accepted the offer of the chair of clinical surgery at University College, London. Some of the most brilliant operative work of these two surgeons was performed during the period of their exclusion from the Royal Infirmary.

The two greatest figures in medicine at Edinburgh in the forties of last century were probably Sir Robert Christison and Sir J. Y. Simpson. Professor Hughes Bennett made the discovery of leucocythaemia in 1845, but his chief activities fall into the latter half of the century. Christison had been professor of medical jurisprudence from 1822 to 1832, when he was transferred to the chair of materia medica, and he had been one of the pioneers in toxicology and pharmacology—sciences which had come into existence in France during the early part of the century. His *Dispensatory*, published in 1842, prepared the way for the first *Pharmacopoeia* of Great Britain and Ireland, issued by the General Medical Council under his superintendence in 1864. He acted as President of the British Medical Association at the Edinburgh Meeting in 1875. Several important alkaloids were first isolated by him and the therapeutic uses of others were discovered. A simple method of extracting morphine from opium had been discovered by another Edinburgh man, Dr. William Gregory, in 1831, and this paved the way for the discovery of many other alkaloids. Sir James Young Simpson, who became professor of midwifery at Edinburgh in 1840, made many additions to his own branch of medicine as well as valuable contributions to the literature and history of medicine. His name is especially associated with the introduction of chloroform, and, indeed, with fighting the battle against prejudice for the use of anaesthetics generally in Britain. Sir Humphry Davy, about half a century earlier, had suggested nitrous oxide gas as an anaesthetic, but its use appears to have been practised for the first time in 1844 by Dr. Wells at Hartford, Connecticut. Dr. Morton of Boston, U.S.A., had introduced a new era in anaesthetics in 1846 by extracting a tooth without pain whilst the patient was breathing sulphuric ether, and very shortly after had tried ether in a number of surgical operations. In January, 1847, Simpson applied sulphuric ether for the first time as an anaesthetic in midwifery, and in November, 1847, at Edinburgh, discovered the anaesthetic effects of chloroform, which soon superseded ether and extended rapidly and greatly the practice of anaesthesia in surgery and midwifery.

These were some of the chief figures and activities which enhanced the fame of the Edinburgh Medical School in pre-Listerian times. During Syme's tenure of the chair of clinical surgery he was visited by Joseph Lister, who became so much attracted by Syme's personality that he stayed on with Syme, first as house-surgeon and later as an extra-mural lecturer on surgery and assistant surgeon to the Royal Infirmary, and in 1856 married Syme's eldest daughter, Agnes. Syme was succeeded in the chair by his greater son-in-law in 1869.

Nevertheless, I contend that the occasional surgeon serves a very useful function. In many, perhaps most, instances he is really keen on surgery, has a natural bent for it, and has served quite a thorough apprenticeship, but on account of financial or other reasons has not been able to "hang on" indefinitely at his own hospital awaiting a vacancy on the staff. Unless he has a good deal of confidence in his ability as a surgeon he will not dare to undertake major operations when he goes into general practice, for he knows that a few unsuccessful operations will do his practice as a whole a great deal of damage. He is therefore unlikely to undertake an operation unless he feels it to be well within his powers. His operative work takes up a deal of his time, for which he is not recompensed by adequate fees. It is not a good financial proposition, but it adds interest to his work.

Possibly the eminent surgeons who make public criticisms forget that they themselves one day performed their first major operation, probably with a good deal of trepidation, and perhaps it was not done as well as it might have been. Possibly, also, in their first few hundred operations they lost a life or two which a man of greater experience might have saved. Did this deter them from operating any more?

May I suggest that good surgery is not confined to "Harley Street" and that all Harley Street surgery is not good. It is not every patient who can afford Harley Street fees or who is within easy reach of it. Are we to "sit on" our cases of perforated gastric ulcer and fulminating appendicitis until we can get the services of a pure surgeon—perhaps twenty-four hours later and at a prohibitive cost? I know of many lives lost thus.

Personally I have not yet reached the position where I am called in to operate by my non-operating colleagues, but apart from eye and throat work I tackle all operations arising in my own practice unless they involve a technique with which I have had no opportunity of making myself familiar—for example, Wertheim's operation. I am not aware that my efforts have done anything but good, and I consider that my patients have reason to be grateful to me, as indeed I believe they are. I have been operating in general practice for over seven years and I have lately lost my first operation patient, and in this case I do not think that all Harley Street would have produced a happier result. Doubtless I have been lucky.—I beg, Sir, to remain

December 7th, 1926.

AN OCCASIONAL SURGEON.

Universities and Colleges.

UNIVERSITY OF OXFORD.

THE Board of Management for the Francis Gotch Memorial Prize has awarded the prize for 1926 to Frank Hawking, scholar of University College. This prize, consisting of a bronze medal and £5, is awarded annually after examination to a member of the University who has worked in the Physiological Laboratory for at least three terms and has not exceeded fifteen terms from matriculation.

The following candidates have been approved at the examination indicated:

FINAL B.M., B.Ch.—Medicine, Surgery, and Midwifery: M. D. Bower, C. B. Broadbent, J. G. A. Davel, C. W. Flemming, L. O. F. Fysh, A. H. Gale, C. L. Harding, R. A. Haythornthwaite, R. C. Hodges, O. Hooper, C. W. Hope-Gill, R. Illingworth, T. M. Ling, G. E. Macdonald, R. G. Macgregor, C. W. Mackenzie, P. C. Mallam, F. G. Parker, W. F. H. Ray, W. D. Read, D. A. Robertson, E. M. Wright, Grace Batten, Rosaleen L. Graves. **Materia Medica:** A. R. Bowtell, C. F. J. Cropper, R. C. Hodges, A. P. Kingsley, R. Nutt, H. G. Pritchard, E. E. Swaby, L. H. Thomas, J. W. de W. G. Thornton, Florence H. Johnson, Caroline E. MacNeice. **Pathology:** H. H. Aitchison, A. R. Bowtell, H. A. Byworth, G. Campbell, C. F. J. Cropper, J. G. A. Davel, C. R. Greene, R. M. J. Harper, G. E. Macdonald, J. K. Marshall, M. G. Pearson, L. T. Ride, H. G. Wells. **Forensic Medicine and Hygiene:** L. W. H. Bertie, W. H. Brown, R. T. V. Clarke, C. L. Cope, J. G. A. Davel, C. W. Flemming, L. O. F. Fysh, A. H. Gale, O. Hooper, C. W. Hope-Gill, R. Illingworth, G. L. M. Inkster, G. E. Macdonald, R. G. Macgregor, C. W. Mackenzie, R. C. Probyn-Williams, J. W. Pugh, W. F. H. Ray, D. A. Robertson, Grace Batten.

UNIVERSITY OF CAMBRIDGE.

THE following candidates have been approved at the examination indicated:

THIRD M.B.—Part I. Surgery, Midwifery and Gynaecology: R. G. Apthorpe, E. S. Bolton, H. T. Cox, A. T. Curnow, R. D. Curran, K. E. D. Dauncey, A. A. Digges La Touche, M. G. Fitzgerald, F. H. Gillett, H. K. Goadby, F. Goldby, V. C. J. Harris, J. A. Hartley,

A. S. Hollins, F. S. Hubbersty, C. E. Kellett, F. Kellett, R. L. Lancaster, C. J. Lavers, R. M. B. MacKenna, B. W. S. Mackenzie, T. F. McNair Scott, S. R. Matthews, G. C. Milner, E. A. Nicoll, C. L. Owen, G. E. Parker, R. Pearce, E. A. Phillips, C. L. Potts, L. W. Proger, W. P. Purvis, J. H. Randall, D. N. Rooyon-Jones, R. P. Ross, N. L. Russell, H. W. Sadler, E. M. Shacker, L. A. P. Slinger, H. Smith, W. E. Snell, J. F. Stent, C. I. Tuckett, S. Tyagaraja, C. W. Walker, R. Watson, C. G. Windsor, C. E. Woodrow. **Women:** I. Caley, G. M. B. Morgan, K. A. Muir, C. J. Ormerod. **Part II. Principles and Practice of Physics, Pathology and Pharmacology:** A. Barnsley, P. G. Bentfl, B. H. Burns, G. P. Chandler, A. B. Connell, J. W. E. Cory, F. M. Deighton, M. S. Dewhurst, H. M. Elliott, R. W. B. Ellis, V. H. Ellis, H. W. Gordon, E. J. Greenwood, J. C. P. Grey, T. L. Griffiths, W. S. Grove, C. H. Hilliard, A. J. Johnson, F. W. Law, A. V. Mackenzie, B. W. S. Mackenzie, R. Marnham, J. G. Milner, J. W. Monro, J. L. Morgan, J. Morris, R. T. Mummery, H. E. Nourse, G. E. Parker, C. P. Pinckney, C. G. E. Plumstead, J. D. Procter, J. H. Randall, D. Riley, F. C. Roles, C. J. L. Sharp, D. G. Shields, W. E. Snell, G. F. Taylor, F. H. A. Walker. **Women:** M. G. P. Reed, D. S. Tait.

UNIVERSITY OF DURHAM.

At a convocation held at the College of Medicine, Newcastle-on-Tyne, on December 18th, 1926, the following degrees and diplomas were conferred:

M.D. (Practitioners of 15 Years' Standing).—A. P. Cawadiaz, E. R. Griffiths.

M.S.—R. C. Brown.

M.B., B.S.—L. Barber, Ethel Browell, S. Carnofsky, W. A. Carruthers, B. B. Dodd, D. Ewart, L. Livingston, M. A. S. Margai, A. T. H. Marsden, H. O. Martin, E. H. Moseley, J. Niman, H. O'Connor, B. Russell, A. L. G. Simpson, R. B. S. Smith, N. Spark, E. P. Tulloh, J. H. Weir, F. Young.

B.HY. AND D.P.H.—Doris Helen Mofyer, P. J. O'Connell, R. F. Tredre.

The following candidates have been approved at the examination indicated:

THIRD M.B., B.S.—Pathology and Bacteriology; Materia Medica, Pharmacology and Pharmacy; Public Health; Medical Jurisprudence: G. Kahn, J. C. V. Hindhaugh, J. H. Hudson. **Pathology and Bacteriology; Materia Medica, Pharmacology, General Principles of Therapeutics, and Pharmacy; Public Health; Medical Jurisprudence:** M. A. Gaffar.

UNIVERSITY OF LEEDS.

THE following candidates have been approved at the examinations indicated:

M.D.—J. Cardis, A. M. Clay, F. W. M. Greaves.

FINAL M.B., B.Ch.—Part I: F. V. Allen, S. Bregman, L. Brill, J. W. L. Crossill, H. W. Davis, J. Donovan, L. B. Flathor, S. K. Foster, L. Godlove, Dorothy Halstead, P. Hampshire, R. C. Hanson, L. B. Heseltine, H. Hopkinson, J. H. Khan, Esther M. Killick, W. E. L. Lawson, J. Leibermann, J. O'Donnell, T. L. Owen, N. Pyecroft, R. J. H. Raines, D. B. Riddell, Doreen M. Robertshaw, A. C. Shuttlesworth, L. Silman, V. P. Squire, J. O. Terry, and J. E. H. West. **Part II:** Mary Lightowler, W. Milligan, A. L. Mitchell, A. Shufeder, B. P. Viret, and J. Walker. **Part III:** Rosie B. Becker, I. Berenblum, I. D. Black, T. H. Carr, G. F. Dimmock, J. S. Dinsdale, H. G. Garland (distinction in medicine), R. C. D. Hann, Marjorie Haynes, I. Kovelman, H. A. Ledger, S. L. Lord, G. H. Lowe, T. H. Monies, G. Thompson, R. P. Viret, and J. Walker.

D.P.H.—G. R. Baxter.

DIPLOMA IN PSYCHOLOGICAL MEDICINE.—H. Edleston, K. C. L. Paddle, and J. Russell.

The West Riding Panel Practitioners' Prize in Medicine was divided between H. G. Garland and S. J. Hartfall. The Littlewood Prize in Anatomy was awarded to P. R. Allison.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

Primary Fellowship Examination.

THE following forty-nine candidates have been approved at the first examination for the Fellowship:

V. M. Albuquerque, E. F. Barnardo, J. C. Barrett, C. V. Bloom, A. M. Boyd, W. H. Bremner, E. C. B. Butler, W. S. Chapman, B. Chaudhuri, W. W. Cramer, J. Crooks, L. Dase, H. I. Deitch, A. D. Everett, J. Fitzsimons, P. H. Fox, A. C. Gaidner, J. M. Gibson, Winifred M. Gray, W. P. Greenwood, C. M. Gwillim, K. W. D. Hartley, T. H. Hobbes, F. W. Holdsworth, M. K. Hussain, H. P. Hutchinson, B. G. Johnston, A. L. Kerr, L. E. Le Soué, C. V. Lloyd-Davies, J. S. Loughbridge, T. K. S. Lyle, J. McFadden, G. K. McKee, G. H. Morley, Eileen S. Morris, M. G. Nimatallah, M. V. P. Petris, A. S. Philips, R. Purvis, E. S. Pyrah, L. A. Richardson, W. M. Robb, G. L. Robinson, E. M. Sharples, H. T. Simmons, J. F. Simpson, V. C. Thompson, J. M. Yoffey.

CONJOINT BOARD IN IRELAND.

THE following candidates have been approved at the examinations indicated:

FINAL EXAMINATION.—D. P. P. Barry, F. A. Caraher, J. J. Lee, P. H. M. McEntee, W. Monnelly, Patricia O'Kane, D. L. Trant, T. Walshe.

DIPLOMA IN PSYCHOLOGICAL MEDICINE.—Part I: Dr. B. F. Honan.

PRIMARY FELLOWSHIP EXAMINATION.—W. C. Somerville-Large.

FINAL FELLOWSHIP EXAMINATION.—I. J. Fraser, Mary G. Hogan, A. S. ff. O'Carroll.

Winter Session, 1925-1926, and Summer Session, 1926.—The following prizes have been awarded in the later subjects of the curriculum:—**Forensic Medicine:** Second prize and certificate, Miss D. F. Weir and P. F. Murray. **Materia Medica:** First prize and medal, A. J. Devlin. **Pathology:** First prize and medal, A. J. Devlin; second prize and certificate, W. G. Greene. **Operative Surgery:** Gold medal, P. O'Neill; silver medal, P. O'Callaghan.

lished studies on the histological structure of the liver, regeneration of epithelium, amyloid disease, leukaemia, and growth of bone. Eberth was a master of microscopical technique, and was therefore admirably fitted for editing Friedländer's work on this subject. He was also the editor of the *Fortschritte der Medizin* and other medical journals for some years.

Dr. HUGH CAMPBELL ROSS died on December 14th, 1926, of pneumonia on his way to this country from India, and was buried at sea. He was born in 1875, a son of General Sir Campbell Ross, K.C.B., and the younger brother of Sir Ronald Ross. He received his medical education at St. Thomas's Hospital, and took the diplomas of M.R.C.S. and L.R.C.P. in 1898. He served in the South African war as a civil surgeon, receiving the Queen's medal and five clasps, and also, from 1902 to 1906, in the Royal Navy. From 1906 to 1908 he was medical officer in the Public Health Department, Egypt, and was specially engaged in the control of mosquitos. In 1908 he resumed work at the Royal Southern Hospital and the School of Tropical Medicine, Liverpool, and in 1910 was appointed director of the research fund established by the late Mr. McFadden, a broad-minded and generous American. His researches were directed mainly to the nature and prevention of cancer, upon which he published a number of papers. He also contributed a chapter on Egypt to his brother's book on the prevention of malaria. In 1913 a paper by him on gasworks pitch industries and cancer was published in our columns.

Dr. JOHN JOSEPH MACDONNELL, who died in the first week of December, 1926, received his medical education at Queen's College, Galway, and obtained the diplomas L.R.C.P. and L.R.C.S.Ed. in 1879. He practised at Letterfrack, co. Galway, for forty-three years, and was in charge of the Renvyle Dispensary District. He was for many years a member of the South Connaught Division of the British Medical Association, and was held in much respect by his colleagues in the district. His elder brother was the late Lord MacDonnell, at one time member of the Council of India, and for six years Under Secretary of State in Ireland. Another brother was the late Dr. Mark MacDonnell, formerly M.P. for Queen's County.

Medical News.

LADIES and friends of medical men are invited to the meeting of the Post-Graduate Hostel at the Imperial Hotel, Russell Square, W.C., on Tuesday, January 4th, when Dr. Charles Goddard will deliver, at 9 p.m., an address entitled "Lord Lister, by One who knew him."

THE Friday evening discourses at the Royal Institution of Great Britain, which are given at 9 o'clock, will be resumed on January 21st, 1927, when Sir William Bragg will speak on Tyndall's experiments on magne-crystalline action. On January 28th Dr. E. P. Cathcart, F.R.S., professor of chemical physiology in the University of Glasgow, will discuss the physique of women employed in industry.

THE Hunterian Lecture will be delivered before the Hunterian Society of London at the Mansion House at 9 p.m. on Monday, January 17th, by Dr. J. M. T. Finney of Baltimore, who has chosen as his subject "The influence of John Hunter on American surgery."

THE Nobel prize for chemistry for 1926 has been awarded to the Swedish professor Dr. Svedberg. Up to the present the recipients of the Nobel prizes for physics, literature, chemistry, medicine, and peace are ranged in the following order: German 28, French 21, British 15, Swedish 9, Swiss 8, American 7, Dutch 6, Danish 6, Belgian 5, Austrian 5, Norwegian 4, Italian 4, Spanish 2, Polish 2, Canadian 2, Russian 1, Indian 1.

THE Joint Nursing and Midwives' Council of Northern Ireland, being about to revise its list of examiners, invites applications from registered medical practitioners, including women (resident in Northern Ireland), who would be willing to act. Particulars can be obtained from the Registrar, 118, Great Victoria Street, Belfast, to whom application should be sent not later than January 15th.

MAJOR R. W. H. JACKSON, B.A., M.D., D.P.H., Assistant Controller British Red Cross Society (Carnarvonshire), has been elected a member of the Carnarvonshire Territorial Association.

THE Ministry of Health has issued a circular to public health authorities prescribing the character of the report a medical officer of health should present for 1926. It should be an ordinary report, and not the full survey report asked for last year. The Ministry laments that some of these full reports have not yet been received.

THE next French Congress of Legal Medicine will be held at Lyons in July, 1927, under the presidency of Professor Etienne Martin, when a bust of the late Professor Lacassagne will be unveiled and the following subjects discussed: (1) Pathological thieving, introduced by MM. Raviart and Nayrac of Lille; (2) accidents caused by electric currents, introduced by M. Naville of Geneva; (3) wounds caused by projectiles, introduced by M. Piédelièvre of Paris.

INTERNATIONAL post-graduate courses will be held in Berlin during March and April, and will include general medicine, diseases of the kidney and the circulatory system, and radiology. A course in diagnosis and therapeutics will occupy the first fortnight in April, and opportunity will be provided for clinical and laboratory work in Berlin hospitals. Further information may be obtained from the Office of the International Post-Graduate Courses, Kaiserin Friedrich-Haus, Luisenplatz 2-4, Berlin N.W.6.

THE Ministry of Health has issued a circular (No. 750) to Poor Law authorities in England and Wales with reference to the provision of surgical dressings. Arrangements have been made with the director of the Manchester testing house to report upon samples of dressings sent to him by boards of guardians at specially reduced fees. It is suggested that before boards enter into any fresh contract for the supply of surgical dressings a stipulation should be made that the goods should be of the standard specified in the *British Pharmaceutical Codex*, 1923, as amended. With a view to economy it is recommended that bandages of three or four yards in length should replace to some extent the usual six yards standard.

VISCOUNT KNUTSFORD, who presided at the annual meeting of the British Charities Association, reported that the grants made by the association during the year amounted to £76,700, an increase, as compared with the previous year, of £46,000. A distribution to the British hospitals beyond the London area amounting to £45,000, a grant to King Edward's Hospital Fund for London of £20,000, and to the League of Mercy of £5,000 constituted the bulk of this sum.

Letters, Notes, and Answers.

All communications in regard to editorial business should be addressed to **The EDITOR, British Medical Journal, British Medical Association House, Tavistock Square, W.C.1.**

ORIGINAL ARTICLES and LETTERS forwarded for publication are understood to be offered to the **BRITISH MEDICAL JOURNAL** alone unless the contrary be stated. Correspondents who wish notice to be taken of their communications should authenticate them with their names, not necessarily for publication.

Authors desiring REPRINTS of their articles published in the **BRITISH MEDICAL JOURNAL** must communicate with the Financial Secretary and Business Manager, British Medical Association House, Tavistock Square, W.C.1, on receipt of proofs.

All communications with reference to ADVERTISEMENTS, as well as orders for copies of the **JOURNAL**, should be addressed to the Financial Secretary and Business Manager.

The **TELEPHONE NUMBERS** of the British Medical Association and the **BRITISH MEDICAL JOURNAL** are **MUSEUM 9861, 9862, 9863, and 9864** (internal exchange, four lines).

The **TELEGRAPHIC ADDRESSES** are:

EDITOR of the **BRITISH MEDICAL JOURNAL**, *Aitiology Westcent, London.*

FINANCIAL SECRETARY AND BUSINESS MANAGER (Advertisements, etc.), *Articulate Westcent, London.*

MEDICAL SECRETARY, *Mediscera Westcent, London.*

The address of the Irish Office of the British Medical Association is 18, South Frederick Street, Dublin (telegrams: *Bacillus, Dublin*); telephone: 4737 (Dublin), and of the Scottish Office, 6, Drumsheugh Gardens, Edinburgh (telegrams: *Associate, Edinburgh*); telephone: 4361 (Central).

QUERIES AND ANSWERS.

CHRONIC OBESITY.

DR. G. H. RUTTER (Eastbourne) writes in reply to "W. J. K." (*JOURNAL*, December 11th, 1926, p. 1151): For the last twenty years I have met no case of chronic obesity (with or without cardiac dropsy) that I have not been able to bring down to the average normal weight by a carefully carried out electric treatment, strictly in accordance with the late Dr. Bergonié's own directions. But, to quote his words to me: "The apparatus must be made strictly in accordance with my own views" and not, as pointed out to me by him at the time, similar to that of any of the makes exhibited at the London exhibitions. "Do you think," he said, "after working for fifteen years in trying