

produced in glucose, maltose, saccharose, laevulose, raffinose, salicin, inulin, dextrin, galactose, isodulcite, and arabinose. No change occurred in lactose, mannite, dulcitol, adonite, sorbitol, or inositol. Litmus milk was unchanged after seven days' incubation.

Ehrlich's rosindol reaction was negative when tested on a six-day nutrient beef broth culture. It was not possible to examine the reaction in peptone water as the organism does not grow in this medium.

The streptococcus does not haemolyse blood, nor does it appear to have any reaction upon neutral red. It is not soluble in bile.

Vitality.

The vitality of the organism is not great. It lives in tomato broth for about ten days and for seven days in beef broth. It is killed by exposure to a temperature of 60° C. for fifteen minutes.

It is well known that certain strains of the enterococcus exhibit a preference for anaerobiosis when first isolated, but the present organism differs from the former in several important particulars. Its sugar reactions bear no resemblance to Dible's typical strain³ nor to any of the three variants. A further and more important distinction is that the enterococcus has great vitality and is thermo-resistant.

These facts, coupled with the ability to form chains, justify us in regarding the organism as a true streptococcus.

Its further classification presents some difficulty, as it does not conform exactly to any of the standard varieties. It approximates most closely to *Streptococcus equinus*, but it ferments raffinose.

Its preference for anaerobic conditions of growth seems to be fairly inherent and is not lost by artificial cultivation, if I may judge by the fact that, although a feeble growth was obtained from a culture made from the fifth generation of anaerobic cultures, the power was not retained or passed on in further generations of subcultures.

REFERENCES.

- ¹ Douglas, Fleming, and Colebrook: *Studies in War Wounds*, Medical Research Council Reports, 1920.
- ² Jenkins: Tomato Extract, *Journ. Path. and Bact.*, 1923, vol. xxvi, p. 116.
- ³ Dible: The Enterococcus, *ibid.*, 1921, vol. xxiv, p. 3.

EXCISION OF LARGE ANGIOMA OF THE LIVER IN A DIABETIC.

BY

HERBERT H. BROWN, O.B.E., M.D., F.R.C.S.,
CONSULTING SURGEON TO THE EAST SUFFOLK HOSPITAL.

It is becoming recognized that operations upon diabetics can be performed without undue risk, provided the glycosuria is in abeyance at the time of operation. I think that the following case may be of interest owing to the age of the patient, who had been suffering from diabetes for several years, the extensive nature of the operation, the absence of undue shock, and the uninterrupted recovery.

On June 17th, 1925, the patient, a maiden lady aged 76, was admitted under my care at a nursing home. She had been suffering from diabetes for several years, and the urine on a restricted, but not strict, diet contained at least 5 per cent. sugar.

She had a large hard globular myomatous uterus of about the size of a pregnancy in the sixth month, and what appeared to be a pedunculated myoma in the left hypochondrium. As she was suffering from considerable discomfort and pain in the lower limbs I had suggested that it might be advisable to remove the tumours. She was thin and looked frail, but was not emaciated. The specific gravity of the urine was 1040, and it contained 5 per cent. sugar. She was put upon a strict diet.

On June 19th the urine (sp. gr. 1020) contained a trace of sugar. On June 20th the administration hypodermically of 10 units of insulin once daily was begun. On June 23rd three doses of 10 units each were given. On June 24th the urine was quite free from sugar; insulin twice daily was begun. From this date to June 30th the urine continued to be free from sugar and the patient's condition was satisfactory.

Operation.

On June 30th, under chloroform anaesthesia as light as was possible, the abdomen was opened; the upper tumour was found to be a large dark purple lobulated mass attached to the lower edge of the left lobe of the liver by a peduncle of liver substance which was about 3½ inches broad and 1½ inches in thickness. The transverse colon was lying between the tumour and the big uterine myoma.

I removed the liver tumour by cutting through the pedicle and suturing the anterior to the posterior edge. The haemorrhage was very insignificant, only one artery in the middle of the pedicle had to be secured, and the excision was rapidly performed. I then

removed the uterine myomatous mass by amputating through the cervix in the usual manner. The liver tumour, which was a cavernous angioma, weighed 1 lb. The myomatous uterus, which was partially calcified, weighed 3 lb. The whole operation took less than an hour. There was very little haemorrhage and no perceptible shock.

The patient had a fairly comfortable night, but vomited several times; she was given sips of water and weak tea. Next day she felt comfortable except for a tendency to vomiting; the urine contained 5 per cent. sugar, and was loaded with acetone; rectal saline and sodium bicarbonate were given. On July 2nd she was given feeds of water, coffee and toast, milk, diabetic bread, cauliflower, and 15 units of insulin was administered during the day. She felt much better; the sugar was much less, but the acetone was still abundant; there was no aceto-acetic acid. Next day milk was added to the diet, and on and after July 4th 15 units of insulin was given three times daily and more liberal diet. The acetone was much less. On July 7th she was allowed a fairly liberal diet, including custard, and mutton or sweetbread. Neither sugar nor acetone was present in the urine. Insulin was reduced to 12 units three times daily on July 9th, and this quantity was given twice daily. She left the nursing home eighteen days after operation. She felt well and comfortable, and the urine was free from acetone, but sometimes contained a little sugar.

The patient is now, eighteen months after the operation, in fairly good health, but as she is not careful about the diet the urine constantly contains sugar.

The tumour of the liver was a cavernous angioma of the kind described as due to dilatation of existing blood channels and atrophy of liver cells. These tumours may be multiple, but are more often single. The edge of the liver near the falciform ligament is not an uncommon situation, and they are sometimes pedunculated, as in this case. A microscopical section showed large intercommunicating cavernous spaces lined with endothelium and separated by fibrous tissue; no trace of liver tissue could be seen except in the pedicle.

Death has been known to occur from rupture of an angioma of the liver, and a few cases have been removed by operation. But the condition seems to be uncommon, though possibly less so than might be expected from the small number of cases recorded.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

AN OCCUPATIONAL SWELLING.

A PROFESSIONAL violinist was brought to consult me about a swelling below the angle of the jaw on the left side. It had been noticed for the last three or four years, and had increased slowly in size, but gave rise to no pain or discomfort.

The appearance of the swelling, which is shown in the accompanying photograph, suggested an enlargement of the tonsillar lymph gland. However, the enlargement was entirely due to a thickening in the subcutaneous tissues, adherent to the overlying skin, but freely movable over the deeper structures. It was firm, had no definite edge, did not fluctuate, and was not translucent. The overlying skin was normal, and there was no enlargement of the lymphatic or salivary glands on either side. The tonsils were small, and healthy.

This is apparently a fibrofatty pad developed in response to repeated pressure, analogous to that which is seen on the shoulders of deal porters. It is situated exactly on the area of skin which rests upon the edge of the violin when this is steadied between the angle of the jaw and the left clavicle. I have not seen a description of this condition.

W. H. OGILVIE, M.D., M.Ch., F.R.C.S.,
Assistant Surgeon, Guy's Hospital.



THE TEMPERATURE IN PULMONARY TUBERCULOSIS.

As there is some doubt whether the terminal temperature in pulmonary tubercle is tuberculous or septic, may I be allowed to quote three cases which appear to support the former view?

Case 1.—The most typical case of a swinging temperature I have seen was in the terminal stages of tuberculosis in a patient in the Royal Victoria Infirmary. The sputum was swarming with tubercle bacilli, whilst septic organisms were few.

Case 2.—An adult patient at the Stanington Sanatorium had a persisting subnormal temperature up to her death. Here the septic organisms were numerous, whilst the tubercle bacilli were few.

Case 3.—On September 18th, 1926, a man, aged 31, was admitted to the Harton Hospital, South Shields, with marked signs over the left upper lobe in front. The expansion was limited, the percussion note impaired, and marked pleural and pulmonary crepitations were present. He is losing weight, has a distressing cough, with abundant sputum, yet the temperature from September 18th to November 7th, night and morning, has been along the line of 97°. Only on nine occasions in seven weeks has it risen above 97°, and only once has it reached 98°. The respiration rate has averaged 24 night and morning, whilst the pulse rate has varied between 76 and 96. Dr. A. J. Slade reported on the sputum as follows: "Whilst the tubercle bacilli are one per ten fields, such fields contain cocci of pneumococci and staphylococci types which are too numerous to count."

The temperature of pulmonary tuberculosis would therefore seem to depend upon the numbers and activity of the tubercle bacillus, whilst the terminal temperature is probably due to excess of tuberculin or other products of the tubercle bacilli.

T. M. ALLISON, M.D.,

Visiting Physician to the Wingrove Hospital,
Newcastle-upon-Tyne.

TRAUMATIC ULCERATION OF THE AORTA.

The following case seems of sufficient interest to be placed on record.

A native woman, aged 28, was admitted to Omdurman Civil Hospital on June 3rd, 1926, complaining of pain in the region of the right lower chest, in which region she had been struck by her husband three days previously. She stated that the pain commenced shortly after receiving the blow; she "thought that she had swallowed a small bone" five days before admission to hospital. The only signs presented were some tenderness to pressure over the tip of the sixth rib, which was fractured, and slight dullness over the right base around the site of the blow. On June 5th the patient had a sudden hæmoptysis and died. The Syrian medical officer informed the police, and the husband was placed under arrest.

Post-mortem Examination.—The base of the right lung was found to be congested, with marked discoloration at the site of the fracture. A meat bone, one square inch in size, was discovered impacted in the oesophagus at the level of the bifurcation of the trachea. The oesophagus in the immediate vicinity was grey-black in colour, and ulceration extended through its coats into the arch of the aorta. Death was due to hæmorrhage following ulceration into the lumen of the vessel.

The case is of interest in that the woman, other than "thinking" that she had swallowed a bone seven days before her death, produced no symptoms indicative of the presence of a foreign body in the oesophagus. In view of the *post-mortem* findings the husband was, needless to say, released.

Khartoum,

JOHN SIMONS.

MELAENA NEONATORUM.

The following cases occurred in my practice here, and are of interest on account of the rarity of the condition.

A primipara, aged 30, at the beginning of February last gave birth to a particularly fine male child; it had been expected in November. On the day after its birth it vomited bright red streaks of blood, and the stools were noticed to be black and tarry. The child seemed extremely ill, and its condition looked so urgent that I administered 0.25 c.cm. of pituitrin, which seemed to act like a charm; the bleeding at once ceased and the child became well.

The second case occurred last October. A primipara, aged 37, gave birth to a healthy male child; on the fourth day thereafter signs of intracranial pressure appeared and the stools became black. The following mixture was given: gelatin 30 grains, sodium chloride 2 grains, water to 3 oz., 1 drachm every hour, together with 1 minim of adrenaline solution 1 in 1,000 every hour until three doses were taken, and then every two hours for another two doses. On the sixth day 10 c.cm. of blood were taken from the father's arm and injected intramuscularly; this was repeated on four successive days, when the child became well. This row was also expected six weeks earlier.

Stornoway.

J. G. GRANT.

Reports of Societies.

THROMBO-ANGIITIS OBLITERANS.

At a meeting of the Section of Surgery of the Royal Academy of Medicine in Ireland on November 26th, 1926, Mr. R. C. B. MAUNSELL in the chair, Sir W. I. DE COURCY WHEELER read a paper on thrombo-angiitis obliterans, which is printed at page 225.

Dr. T. T. O'FARRELL showed a series of lantern slides illustrating the various points mentioned by Sir William Wheeler, and added that the trouble in this case had started in the great toe, and had spread upwards. The tissues were oedematous, and there was some exudation of blood. The upper part of the popliteal artery was normal, but the lower part was thrombosed. Most of the arteries of the limbs, with the exception of the peroneal, had fibrosis of the muscular coat, and several of the veins showed commencing calcification. Attempts at canalization of the clot were found here and there in the tibial vessels.

Mr. R. C. B. MAUNSELL said that he was interested in the suggestion made by Sir William Wheeler that possibly very heavy cigarette smoking had something to do with the disease; he personally thought that smoking was now too common a thing to be attacked and put down as the possible cause of any disease. Both the patients described had been Irishmen, but they had both been abroad; this suggested to him that the infection might be bacterial. He referred to a communication of a similar sort made to the Academy some years previously by Mr. Lane Joynt, but in this case the veins had been thrombosed all over the body.

Mr. C. J. MACAULEY asked if, in the first case described, the possibility of Raynaud's disease and peripheral gangrene had been considered, and, in the second case, whether the condition appeared simultaneously in the arteries, or if it had come first in one and then in another. He thought that the disease might have originated from an embolus, and asked how it differed from a thrombus, what was the average number of cases in which it occurred in both limbs, and what was the average time to be expected to elapse before recovery took place.

Mr. W. PEARSON referred to a case which he had treated about three years ago, and which was somewhat similar to those described by Sir William Wheeler. The patient was a farm labourer, aged 38, who previously had been perfectly healthy, who had never been abroad, and never smoked cigarettes, but always a pipe. The gangrene was dry, but spreading rapidly, and affected the left limb. Mr. Pearson performed a supercondyloid amputation, and the man had remained quite well ever since. The Wassermann reaction in this case had been negative, and there had been no sign of any arterial disease in any other part of the body.

Mr. H. S. MEADE referred to two cases of arterial gangrene which he had treated. One patient was a sailor, and a heavy weight fell on his toe, which was very painful, and later became black, when he was admitted to hospital. There was a definite red line of demarcation on the ankle-joint. Leriche's operation was employed, and post-operative relief from pain was immediate. The second patient was an old woman, aged 80, who had gangrene, and great pain. Leriche's operation was performed, and immediate relief followed; the date of the operation was nearly two years ago, and there had been no recurrence. Both these operations had been performed under local anaesthesia.

Sir WILLIAM WHEELER, in reply, said that in making the diagnosis embolism was discussed, but was not seriously entertained. In the first place, obstruction from an embolus might produce the symptoms described in a young man, but if the limb survived the first few days the collateral circulation would be rapidly established and all anxiety would have disappeared within the first fortnight. As a matter of fact, the circulation in the second case became more precarious daily for three weeks, until gangrene finally appeared. In the second place there was no discoverable lesion from which an embolus would come. The pathological examinations later proved the correctness

Universities and Colleges.

UNIVERSITY OF OXFORD.

THE following degree days have been announced for the remainder of the academic year: Saturday, February 19th; Saturday, April 9th; Thursday, May 5th; Saturday, June 11th; Friday, July 1st; Saturday, July 23rd; Saturday, August 6th.

At a congregation held on January 27th the following medical degrees were conferred:

B.M.—C. S. Broadbent, J. G. A. Davel, L. O. F. Fysh, A. H. Gale, Rosaleen L. Graves, C. L. Harding, R. A. Haythornthwaite, R. C. Hodges, C. W. Hope-Gill, R. Illingworth, T. M. Ling, G. E. Macdonald, R. G. MacGregor, W. F. H. Ray, W. D. B. Read, D. A. Robertson, E. M. Wright.

UNIVERSITY OF CAMBRIDGE.

SIR HUMPHRY ROLLESTON, Bt., M.D., Regius Professor of Physic, has been appointed by the Senate to represent the University at the celebration in London next April of the centenary of Lord Lister's birth.

At a congregation held on January 29th the degrees of M.B. and B.Chir. were conferred on R. T. Mummery.

UNIVERSITY OF LONDON.

At a meeting of the Senate, held on January 26th, Mr. H. L. Eason, C.B., C.M.G., M.D., M.S., was appointed a member of the General Medical Council, and Sir William J. Collins, K.C.V.O., M.S., F.R.C.S., was elected a member of the Sanitary Institute and Sanitary Inspectors' Examination Joint Board. Sir Holburt J. Waring was elected the representative at the celebration of the centenary of the birth of Lord Lister to take place in London on April 5th. Mr. M. E. Delafield, M.B., B.Ch., was appointed the representative of University College at the Royal Sanitary Institute Congress to be held in July next at Hastings.

UNIVERSITY OF MANCHESTER.

THE Council of the University has appointed Dr. William Fletcher Shaw, who has been professor of obstetrics and gynaecology in the University since May, 1925, as professor of clinical obstetrics and gynaecology in succession to the late Professor W. E. Fothergill. The Council has also appointed Dr. Daniel Dougal, at present Lecturer in Obstetrics and Gynaecology in the University, to the chair of obstetrics and gynaecology vacated by Professor Fletcher Shaw.

UNIVERSITY OF GLASGOW.

THE following candidates have been approved for the degrees indicated:

Ch.M.—James R. Learmonth.
Ph.D.—John Donald, M.B., C.M.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

AN ordinary comitia of the Royal College of Physicians of London was held on Thursday, January 27th, the President, Sir John Rose Bradford, being in the chair.

Membership.

The following candidates were admitted to the membership:

Ahmed Khalil Abdel-Khalik, L.R.C.P., William Arthur Bourne, L.R.C.P., Hugh Nash Bradbrooke, M.B.Oxf., John Alexander Charles, M.B.Durh., George Coelho, M.B.Bombay, Thomas Reginald Davies, M.B.Lond., L.R.C.P., Charles Sydney Douglas Don, M.B.Aberd., John Hartley Gibbons, L.R.C.P., William Gunn, M.B.Aberd., George Steven Halley, M.D.St. Andrews, John Reginald Brock Hern, M.B.Oxf., Alexander Mills Kennedy, M.D.Glasg., Robert Albert Edward Klaber, M.B.Lond., L.R.C.P., Ardeshir Jehangirshah Kohiyar, M.B.Bombay, M.D.Lond., Geoffrey Laurence Samuel Kohmstam, M.B.Lond., L.R.C.P., Robert Daniel Lawrence, M.B.Aberd., Maurice Mitman, M.B.Lond., L.R.C.P., Edward Clark Noble, M.B.Toronto, Robert James Valentine Pulvertaft, M.B.Camb., L.R.C.P., William James Reid, M.D.Aberd., Olive Rendel, M.D.Lond., Navroji Kharshedji Sahiar, M.B.Lond., Lewis Herbert Savin, M.B.Lond., L.R.C.P., Kenneth Shirley Smith, L.R.C.P., Kenneth Andrew Soutar, M.B.Lond., L.R.C.P., Hilda North Stoessiger, M.B.Lond., Clara Dunbar Tingle, M.D.Sheff., Robert Arthur Walsh, M.B.Oxf., L.R.C.P., Robert George Banyard West, M.B.Lond., L.R.C.P., Cecil Oswald Young, M.B.Toronto.

Licences.

Licences were granted to the following 126 candidates who had passed the necessary examinations and conformed to the by-laws and regulations:

W. M. Abdol-Malek, G. M. Addison, J. C. B. Allen, J. S. Alman, H. Archer, F. F. Augsburg, M. T. Aung, G. C. Babington, D. H. Belfrage, R. N. Bery, R. V. Bowles, *Winifred P. Brinckman, A. H. Bruce, S. M. Burrows, C. P. Campion, *Margaret E. M. Carter, B. M. Clark, H. H. Cohen, E. Colin Russ, C. L. Cope, J. H. Couch, *Geraldine H. Cowie, R. D. Curran, C. Davies, J. Dean, *Daphne W. Dear, J. H. A. Donnellan, A. O. Dreosti, J. Ellison, D. K. Evans, *Enid C. Evans, E. S. Evans, F. M. M. Eylon-Jones, A. P. Farmer, G. M. FitzGibbon, A. McK. Fleming, A. B. Follows, *Elsie G. M. Ford, D. Gamsu, H. G. Garland, A. Golombok, T. R. Griffiths, S. W. Hardwick, Wilfred V. Harke, *Norah A. Haworth, *Lillian M. J. Henry, E. M. V. Hensman, *Catherine E. Hill, H. E. Houston, *Isabelle B. Humphreys-Owen, K. N. Isherwood, R. F. Jayne, A. C.

Jepson, T. M. Jones, V. Kathirgamatamby, M. S. Katre, F. Kellett, A. B. Kettle, P. N. Lahiri, D. T. Lewis, I. N. Lewis, E. W. Lindeck, D. A. Llewellyn, F. E. Loewy, *Joyce McConnell, W. S. Maclay, E. McLellan, G. McLoughlin, D. J. MacLynn, M. Malk, E. R. Matthews, F. B. Matthews, J. W. Melville, R. L. Midgley, J. A. Mills, *Margaret Mitchell, J. K. Monro, W. C. Munro, J. C. Neely, R. Nicklin, *Joan Nixon, W. C. W. Nixon, *Mary O'Leary, *Greta K. Olsson, *Catherine J. Ormerod, R. Pearce, N. F. Pearson, R. S. Pilcher, T. J. Pittard, L. G. J. Pitt-Payne, *Aileen M. S. Pollock, J. C. C. Poole, C. L. Potts, I. M. Preston, W. P. Purvis, J. S. Rake, *Marion Ravell, L. A. Richardson, N. Rizkalla, *Enid H. Rockstro, E. F. F. Rose, N. Rosen, G. E. Rowan, A. H. Russell, C. G. A. Sadler, C. H. St. Johnston, T. F. McN. Scott, D. H. Smith, H. M. Soar, R. Stanton, *Kathleen M. Stuart-Harris, C. N. Suter, C. B. V. Tait, H. Teitelbaum, H. D. Tonking, J. R. H. Towers, C. G. Townsend, A. G. Tribe, A. S. Wallis, *Edith V. E. Whidborne, N. J. Willans, G. P. Williams, W. D. Williams, R. W. Windle, C. E. Woodrow, F. H. Woolley.

* Under the Medical Act, 1876.

Diplomas in Special Subjects.

Diplomas in the subjects indicated were granted jointly with the Royal College of Surgeons to the following:

D.P.H.—M. L. Bahl, Marjorie Broadbent, Madeleine H. Clarke, Kathleen Davies, Muriel Davies, J. Fanning, Dorothea C. Forbes, W. L. Forsyth, L. I. Hensell, K. H. Kamakaka, Dorothy L. M. Keats, A. H. Kynaston, A. E. MacNalty, S. M. Mallick, B. S. Manghiramani, G. O. Mitchell, A. G. Morison, B. R. Nisbet, Helen O'Brien, Evelyn D. Owen, A. C. T. Perkins, Q. M. Said, J. B. Samson, T. G. N. Stokes, C. I. Streich, Elsie Warren.

DIPLOMA IN PSYCHOLOGICAL MEDICINE: M. Abd-el-Hakeem, P. Banbury, E. A. Bennet, J. Bennet, A. G. Duncan, Isabella A. Gillespie, J. Heron, F. L. McDaniel, H. B. Porteous, H. T. Retallack-Moloney.

DIPLOMA IN OPHTHALMIC MEDICINE AND SURGERY—M. Anton, T. R. Aynsley, Doris M. Baker, K. R. Chaudhri, M. Fine, Winifred M. Fish, J. C. Gillespie, B. Gluck, B. Graves, J. W. Harris, H. N. Ingham, G. D. E. Jones, Edith M. F. McGill, H. D. Patel, N. N. Ray, A. H. Richardson, A. F. Senewiratne, T. Shukla, S. Singh, Caroline M. Stenhouse, D. A. Williams.

DIPLOMA IN LARYNGOLOGY AND OTOTOLOGY.—R. T. Desai, L. W. Johnston, O. F. A. Krause, C. S. Macdougall, J. E. G. McGibbon, N. M. Rao, T. Williams.

Appointments and Resignations.

Dr. W. C. Bosanquet, Dr. J. H. Sequeira, Dr. F. Craven Moore, and Dr. J. A. Nixon were elected councillors on the nomination of the Council.

Sir Francis Champneys was reappointed a representative of the College on the Central Midwives Board.

The resignation of Sir Humphry Rolleston of the post of representative of the College on the General Medical Council was received. Dr. E. Farquhar Buzzard was elected as his successor. A vote of thanks was accorded to Sir Humphry Rolleston for his services.

Dr. Stanley Barnes was appointed a representative of the College on the Court of Governors of the University of Birmingham in place of Dr. A. F. Voelcker, whose term of office had expired.

Dr. J. H. Abram was reappointed a representative of the College on the Court of Governors of the University of Liverpool.

The resignation of Sir William Hale-White of the post of representative of the College on the Central Council for District Nursing in London was received, and Dr. A. S. Woodward was elected in his place.

The acceptance by Mr. F. H. Maughan, K.C., of the post of Senior Standing Counsel to the College was reported.

Dr. S. Monckton Copeman was appointed to represent the College at the Congress of the Sanitary Institute to be held at Hastings in July, 1927. The President was elected a delegate to the celebration of the Lister centenary in April, 1927.

Lecturers.

The President announced that he had appointed Dr. J. F. Gaskell to deliver the Bradshaw Lecture for 1927, and that the Council had appointed Dr. F. A. E. Crew, of the Animal Breeding Research Department of Edinburgh University, to be Milroy Lecturer in 1928.

Communications.

Communications were received from the Ministry of Health asking the College to nominate a representative to serve on an advisory committee of clinical experts to consider the details of the proposed alterations to be suggested by the British Government at the forthcoming revision of the international list of causes of death by the Health Section of the League of Nations at Geneva. Dr. Robert Hutchison was appointed.

Revised By-laws.

The revised by-laws were considered for the first time.

The President then dissolved the comitia.

SOCIETY OF APOTHECARIES OF LONDON.

THE following candidates have passed in the subjects indicated:

SURGERY.—G. W. Ayres, B. Best, N. S. J. Roberts (Section II), B. Rosenzvit, M. T. Y. Selim, W. D. Williams.

MEDICINE.—L. G. Apps, L. O. Jaggassar, L. W. Rose, S. E. Tremellen, S. Wray.

FORENSIC MEDICINE.—L. G. Apps, W. A. A. Collington, S. E. Tremellen, E. H. Waller.

MIDWIFERY.—G. W. Ayres, P. V. Bamford, R. Bobo, S. K. Rigg, K. Roberts.

The diploma of the Society has been granted to Messrs. R. Bobo, L. O. Jaggassar, K. Roberts, S. E. Tremellen, and W. D. Williams.

Medical News.

A GENERAL meeting of the subscribers to the Hamilton Drummond Memorial Fund will be held in the library of the Royal Infirmary, Newcastle-on-Tyne, on Monday next, February 7th, at 7.30 p.m., in order to approve a scheme for the memorial, and to appoint trustees for the fund and an executive committee.

THE Hunterian Oration to be given by Sir Berkeley Moynihan on Monday, February 14th, at 4 p.m., may perhaps be looked upon as inaugurating the course of lectures at the Royal College of Surgeons of England for this year. On Wednesday, February 16th, Mr. Ernest M. Cowell will give a lecture on the surgery of hernia, and on Friday, February 18th, Mr. A. H. Southam of Manchester will lecture on retained testis in childhood. Other lectures will follow on Mondays, Wednesdays, and Fridays until Wednesday, March 2nd, when Sir Arthur Keith will begin a series of six demonstrations of recent researches carried out in the museum. The final lecture of the course will be given on Monday, March 21st.

AT a meeting of the Royal Sanitary Institute, to be held at 90, Buckingham Palace Road, S.W., on Tuesday, February 15th, a discussion on immunization against diphtheria will be opened by Dr. William Robertson, medical officer of health, Edinburgh. The chair will be taken at 5.30 p.m. by Sir Arthur Newsholme.

HIS ROYAL HIGHNESS THE PRINCE OF WALES, patron of the Mental After-Care Association, has consented to preside at a meeting of the association at the Mansion House, on Thursday, March 31st, at 3 p.m.

THE next quarterly meeting of the Royal Medico-Psychological Association will be held on Wednesday, February 16th, at Cheshire County Mental Hospital, Parkside, Macclesfield. Members will spend the morning in visiting the wards of the admission hospital, the private patients' villa, and in witnessing a demonstration of the psycho-galvanometer. In the afternoon Mr. T. H. Pear, M.A., professor of psychology in the University of Manchester, will read a paper on visual imagery, with special reference to hallucinations.

AT a meeting of the Institution of Heating and Ventilating Engineers to be held at the Holborn Restaurant (Caledonian Room), on Wednesday, February 9th, at 2.30 p.m., Mr. J. L. Musgrave will give his presidential address, and Miss Margaret Fishenden, D.Sc., will read a paper on the effect of weather conditions upon the heat requirements of a house.

THE annual meeting and dinner of the Cambridge Graduates' Medical Club will be held at the Langham Hotel on Tuesday, March 1st, at 7.15 p.m., with the President, Sir Humphry Rolleston, Bt., K.C.B., in the chair. The honorary secretaries are Mr. Reginald M. Vick and Dr. F. G. Chandler. The price of the dinner (exclusive of wines) is 10s. 6d.

THE anniversary dinner of the Medical Society of London will be held at the Grand Hotel, Trafalgar Square, on Monday, March 7th, at 7.30 p.m.

DR. WANKLYN will lecture for the Fellowship of Medicine on the exanthemata, with special reference to small-pox, on February 10th, at 5 p.m., at the Medical Society, 11, Chandos Street, W.1, and Mr. Trethowan will give a demonstration at the Royal National Orthopaedic Hospital on the same day at 3 o'clock. A lecture on the causes and treatment of vomiting in children will be delivered by Dr. Beatty at the Royal Northern Hospital on February 15th at 3.15. These lectures and demonstrations are open to medical practitioners without fee. Beginning on February 7th the Paddington Green Hospital and the Victoria Hospital will hold jointly a two weeks' course in diseases of children; on the same date, at the London Lock Hospital, a four weeks' course in venereal diseases will open. The Royal Northern Hospital is arranging a special course, free to medical practitioners, for one week from February 21st. The Fellowship arranges practical courses in anaesthetics and courses in obstetrics; arrangements are made for clinical assistantships. Copies of all syllabuses of special courses, the general course programme, and the *Post-Graduate Medical Journal*, are obtainable from the Secretary of the Fellowship of Medicine, 1, Wimpole Street, W.1.

THE next meeting of the Post-Graduate Hostel will take place at the Imperial Hotel, Russell Square, W.C.1., on February 7th, at 9 p.m., when Mr. Clifford Morson will discuss prostatic disease. On February 10th Dr. R. M. Brontë will give an address on the medical witness in relation to crime. All medical practitioners are welcome to the meetings. Dinner (5s.) at 8 p.m.

THE Central London Ophthalmic Hospital has arranged for a clinical demonstration to be held by members of the staff on the first Tuesday of each month at 5 p.m. Practitioners

and students of medicine will be admitted without fee. Those proposing to attend are asked to notify the Secretary at the Hospital, Judd Street, W.C.1.

A SHORT course of lectures on functional nerve disorder, for medical practitioners and students, will be given at the Tavistock Clinic for Functional Nerve Cases, 51, Tavistock Square, W.C.1, between February 14th and 25th. The lecturers are Drs. W. Langdon Brown, James Young, J. R. Rees, S. Roodhouse Gloyne, and H. Crichton Miller. The fee for the course to practitioners is £2 2s., and to medical students 10s. 6d.

THE new Post Certificate School of the General Lying-in Hospital, York Road, London, will be opened by the Right Hon. Neville Chamberlain, M.P., Minister of Health, on Tuesday, February 8th, at 3.15 p.m. The presentation of the building will be made to Sir Francis Champneys, Bt., M.D. (president of the hospital), by Mr. H. W. Lydall, the donor's solicitor. The chair is to be taken by Dr. John S. Fairbairn, and the ceremony will be followed by a reception.

THE Grocers' Company announces in our advertisement columns scholarships with the object of encouraging original research in sanitary science. The scholarships are tenable for one year, but renewable, and are of the value of £300 a year each, with an allowance to meet the cost of apparatus and other expenses in connexion with the work. The next election takes place in May, 1927. Forms of application and further particulars may be obtained from the Clerk of the Grocers' Company, Grocers' Hall, London, E.C.2.

WE are informed that a questionnaire has been issued to a number of medical practitioners in England, Scotland, and Wales by the National Association of British and Irish Millers in order to ascertain the views of the medical profession on white bread. An accompanying letter explains that the association is desirous of obtaining representative and authoritative medical opinion on the value of the type of bread which has been evolved by the public requirements of many years, and for the making of which nearly all its mills are specially equipped. Each doctor is asked whether he concurs in the statement that "the curse of our age is that we are provided with white bread"; whether he considers that, having regard to the average variety of diet now enjoyed by people in this country, white bread is a good and nutritious food; whether he considers that white bread, as part of an ordinary mixed diet, is likely to lower the standard of health; and whether he personally eats white bread. We are informed that the identity of those furnishing replies will be treated as confidential, and that the names were selected to cover every county, but otherwise were picked at random from the *Medical Directory*.

AT a meeting of some twenty medical men from various British spas, held in London on January 21st under the chairmanship of Dr. Kerr Pringle of Harrogate, it was resolved to establish a spa practitioners' association. Membership is open to registered medical men and women practising at a British spa. The annual subscription is 10s. 6d. The secretary is Dr. J. B. Burt, 11, Broad Walk, Buxton, from whom all particulars can be obtained.

THE Central Association for Mental Welfare is arranging, with the approval of the Board of Education, a ten weeks' course of instruction from May 2nd to July 9th, 1927, for teachers of mentally defective and of dull and backward children. Lectures will be given in London on normal and abnormal psychology, methods of teaching, the medical aspects of mental deficiency, and social and legal work for defectives. Previous courses of this kind were held in 1925 and 1926. Further information may be obtained from the Central Association for Mental Welfare, 24, Buckingham Palace Road, S.W.1.

A REPORT on the school of midwifery and gynaecology in the University of Hong-Kong was issued by Professor R. E. Tottenham in *The Caduceus* for November, 1926. The work of the maternity department in the Government Civil Hospital during the year ending April 20th, 1926, is described, and reference is made to the apparent rarity of contracted pelvis in Chinese women. A clinical report of the gynaecological departments of the Government Civil and the Tsan Yeuk Hospitals is also given, and an interim report on gynaecological specimens in the school of pathology of the University.

THE gold medal of the Carnegie Hero Fund has been awarded to the surgeon and radiologist Dr. Honoré Vercauteren of Ghent, who has had several fingers amputated for radio-dermatitis.

PROFESSOR H. F. O. HABERLAND of the Augusta Hospital, Cologne, who is compiling an extensive monograph on blood transfusion, asks for reprints of recent articles or records of unpublished cases, especially failures.

A BILL for making antityphoid inoculation compulsory has been laid before the French Senate.

DR. DAVID DUFF of Gray's Inn has been called to the Bar.

LIEUT.-GENERAL SIR JOHN GOODWIN, K.C.B., who was Director-General of the Army Medical Service from 1918 to 1923, has been appointed Governor of Queensland. Sir John Goodwin rendered distinguished service during the war. He holds the Mons star and the Allied and Victory medals, and received the C.M.G. in 1915 and the C.B. in 1918. He went with Mr. Balfour's mission to the United States in 1917 and was very successful in explaining to the American medical profession the position in which we were at that time; he received the American distinguished service medal and decorations from France, Belgium, and Italy. Earlier in his career he served with several expeditionary forces on the Indian frontier. Since his retirement he has been acting as Organizing Adviser of the British Empire Cancer Campaign.

A BEQUEST of 25,000 dols. (£5,000) for the establishment of a free dental clinic at Musselburgh has been made by Mr. Julius Brown, who died at Santa Monica, near Los Angeles, California, on December 9th last. Mr. Brown was a native of Musselburgh.

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:

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The address of the Irish Office of the **British Medical Association** is 16, 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.

DR. H. G. BURFORD (London, W.1), who has heard that varix has been treated successfully in Vienna by a solution of grape sugar, wishes to know whether the method has been tried in this country, and with what results.

POST-INFLUENZAL COUGH.

IN our issue of January 15th (p. 124) "W. H. F." asked for suggestions for the treatment of persistent cough following acute influenza which had resisted all sedatives. The following suggestion has been received in reply from "M. R. S.": Benzyl benzoate, 2 to 8 minims, as an emulsion or in capsules, acts almost "like a charm," especially for those paroxysms which occur in the early hours of the morning. As the patient gains strength the tendency to these "attacks" is lessened and finally disappears.

IODINE TREATMENT OF RHEUMATOID ARTHRITIS.

DR. A. E. COLLIE (Newport, I.W.) writes in answer to "M.B." (January 15th, p. 124): The following two cases at present under my care may be of interest. Mr. A., aged 73, has had rheumatoid arthritis for several years and has been unable, owing to pain and stiffness of his joints, either to dress or feed himself without assistance. Miss B., aged 44, has been crippled by rheumatoid arthritis for the past ten or twelve years. There is much deformity of the hands and toes, and she suffers considerable pain in the limbs. For the past three months both patients have been taking 20 minims of syrup of iodide of iron in water night and morning, together with 1 drachm of Crookes's colloidal iodine three times a day after food. After the first dose or two of the colloidal iodine, Mr. A. complained of sickness. I therefore combined the drug with 20 minims of liquid extract of liquorice and half an ounce of chloroform water, and this combination eliminated the nausea and vomiting. After two months of this treatment Mr. A. was able to dress himself alone and lace his own boots. He can now walk over half a mile, which he has not been able to do for the past three years. In the case of Miss B. the results are not so striking, but the treatment has certainly improved her condition and the pain is not so severe.

INCOME TAX.

"E. R. B." is working as an assistant and uses a two-seater car, averaging 100 miles a week. He has been allowed a sum of £50 per annum only for expenses as compared with his employer's allowance of £350 for two cars. What should he claim?

* It has to be remembered that the rules for allowances to employees fall under Schedule E and are more restrictive than those under Schedule D—for example, there is no allowance for depreciation as such, though presumably the cost of renewal can be claimed for when necessarily incurred. We advise "E. R. B." to claim the amount of his actual running expenses for the year (revising his claim when the year expires if necessary), but excluding any expenses incurred in the private use of the car, and to intimate in doing so that he intends to lodge a supplementary claim for replacement of the car for the year in which that expenditure is incurred.

LETTERS, NOTES, ETC.

ACQUIRED MELANISM IN MOTHS TRANSMITTED BY INHERITANCE.

MELANISM is a subject which attracts increasing interest in biology as well as medicine, and in the issue of *Nature* (January 22nd, p. 127) Dr. J. W. Heslop Harrison has published an interesting account of acquired melanism occurring in certain moths in districts which have become industrialized. On Tyneside twenty-five years ago the moth Mottled Beauty corresponded with its name; now every specimen captured has become black. The same has been observed to occur in other species, such as the Pale Brindled Beauty and the Engrailed. On the Continent similar instances of the development of melanism, affecting the Poplar Lutestrig, and the Great Oak Beauty, have been noted in districts which have become the seat of industry. The Peppered Moth has gone black both in England and in America (at Pittsburg), as also the Small Engrailed. As large amounts of manganese have been found in the foliage of trees upon which the larvae feed in Middlesbrough Park, larvae were fed on foliage contaminated by manganese, also by lead, and breeding yielded melanized individuals. The larvae of these in turn were fed on uncontaminated food, but the acquired melanism was transmitted to its descendants. Thus acquired melanism was proved to be transmissible by inheritance.

WOMEN ON HOSPITAL STAFFS.

WE continue to receive letters commenting on a statement made in our issue of November 6th that we believed that the election of Miss Lily Baker, B.A., M.B., to the staff of the Bristol Royal Infirmary created an important precedent, implying that a woman had not previously been appointed to full membership of the honorary medical staff of a general hospital with a teaching school. In a later issue we qualified this statement by excepting the Royal Free Hospital; and we are reminded by Miss May Thorne that at this hospital the Committee of Management appointed a woman on its staff as honorary gynaecologist in 1902. Since then, of course, a number of appointments of women have been made at the Royal Free Hospital. Miss Marion B. Andrews points out that at the Ulster Hospital for Children and Women at Belfast, a teaching hospital in connexion with the Queen's University, she was appointed assistant surgeon in 1904, full surgeon in 1906, and consulting surgeon in 1917.

APPROPOS of a previous reference to appointments at children's hospitals Dr. C. BUTTAR writes that, as a mere man, he objects to the assumption that a children's hospital, even if used for teaching, can be described as a general hospital. It is true, he says, that the word "special" is used of hospitals in two senses, either of special diseases or of a special class of patient; but a general hospital, surely, is a place where any persons (including men) can be attended for any disease.

AN ALTERNATIVE TO CIRCUMCISION.

DR. I. M. JEFFERISS (Lakenheath) writes: The description of the simple procedure required in the treatment of cases of phimosis by the late Dr. D. W. Whitfield (January 29th, p. 187) should be hung up in every hospital out-patient department. To circumcise a normal boy is a barbarous and unnecessary operation. Circumcision is only required when retraction of the prepuce is impossible owing to scar tissue or other results of balanitis. A protective covering to the glans penis is not an abnormal condition, and apart from the performance of the operation as a religious rite there is no need to cut off a portion of the human body for the sake of cleanliness. Every prepuce unaffected by pathological conditions can be retracted by the aid of a blunt probe and a little patience. Recurrent herpes of the glans has been treated by me by fixing a permanently retracted prepuce over the glans with lint and strapping until the organ regained its natural protective covering. There is no need to stretch the prepuce and no more need to remove it than there is to remove the average visible and properly developed tonsil.

VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 42, 43, 46, and 47 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 44 and 45.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 47.