

one patient these symptoms had persisted for seven years after the fracture.

To elucidate the factors determining the disability, I compared the clinical and radiological appearances in those patients who did well and returned to work within six months, with those of the patients in whom the disability persisted for more than twelve months. Certain factors seem to have no bearing on the prognosis; all cases showed varying degrees of callus excess below the malleoli; a slight valgoid deformity was present in two cases only. The presence of a plantar spur was common, but in one case only did it seem to cause part of the pain and require the use of an excavated heel, which partially relieved symptoms.

Comparison, however, of the range of movements of the foot and the radiological appearances led to certain definite conclusions.

In the group of cases with a short period of disability the movements of inversion and eversion of the foot were, with one exception, grossly limited, but free from pain. Radiological examination showed extensive comminution of the os calcis and osseous ankylosis of the astragalo-calcaneal joints. In the one exception the joint surfaces were intact, and only the lower part of the bone had suffered compression.

In the second group, of inveterate cases, the movements of the foot had a freer range, but were attended with pain on full eversion. The radiological appearances showed relatively slight amount of bony damage. In one case, indeed, the lamellar structure of the bone was completely restored five months after the accident, though with no corresponding clinical improvement. A constant feature of all the inveterate cases was the irregularity of the articular surfaces for the astragalus. In no case was bony ankylosis present.

The radiological findings and the pain on movement point

to the condition of the subastragaloid joints as being the determining factor in prognosis. At these joints occurs the second half of the movement from full inversion to full eversion of the foot, a movement elicited only by exertion, and effected by a vertical rotation of leg and astragalus on the os calcis. An osseous ankylosis of these joints produces a permanent but painless limitation of this movement, a loss which is by no means crippling; one man, indeed, returned to his work as a window cleaner in four months. On the other hand, a traumatic arthritis of these joints is perpetuated by any movements requiring eversion of the foot. As is always the case, fibrous ankylosis is more painful than osseous.

Conclusions.

From this confessedly small series the following conclusions arise:

The average period of disability after fractures of the os calcis is eleven months. The length of the period depends on the condition of the subastragaloid joints, and not directly on the amount of bone damage.

When these joints are ankylosed as a result of the fracture the foot improves in six months to an optimum stationary condition, with a limited but painless range of eversion of the foot.

Should the joints escape entirely the prognosis is so much the better, but when an incomplete fibrous ankylosis results from the fracture, improvement is slow and eversion is often permanently attended by pain.

The principle attributing most of the residual disabilities of fractures to implication of neighbouring joints is well exemplified by this series of cases.

My thanks are due to Mr. McMurray, honorary orthopaedic surgeon of the Northern Hospital, for his help, and permission to examine many of his cases, and to Dr. Oram for the use of the radiograms.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

A FATAL CASE OF ACUTE PULMONARY OEDEMA.

A NUMBER of cases of acute pulmonary oedema, most of which have fortunately responded to the recognized treatment, have recently been reported. The following fatal case seems worthy of note.

A factory girl, aged 16, was brought to the East London Hospital for Children in the early morning of January 14th, 1926, in a collapsed and breathless condition. She had done an ordinary day's work, had been out for a walk after supper, and went to bed at 11 p.m. perfectly well. At midnight her sister, who was sleeping in the same room, was awakened by her vomiting and gasping for breath. She was hurried to the hospital, and I saw her immediately on her arrival.

She was a well-nourished girl; she was very restless, rolling from side to side, and clutching at her throat. She was cyanosed, and her expression very anxious. Frothy, straw-coloured fluid was streaming from her mouth and nose. The heart was somewhat enlarged, and a systolic and presystolic murmur was heard at the apex; the heart rhythm was regular, and the pulse 80. The bases of the lungs were full of bubbling râles. The liver was not enlarged, and the spleen not palpable. There was no oedema of the ankles. A hypodermic injection of atropine 1/100 grain and morphine 1/4 grain allayed her restlessness, but she complained of intense thirst, although frothy fluid was streaming from her mouth. Two hours after the onset of her symptoms she died.

I ascertained from her mother that three years previously she had been in an infirmary for "heart trouble," but had led a normal and healthy life since then without any symptoms at all.

At the *post-mortem* examination, conducted the next day by Dr. Temple Gray, pathologist to the hospital, the heart was found to be enlarged and fatty, and there was definite mitral stenosis. The lungs were sodden, and large quantities of fluid exuded from them. Frothy fluid was also found in the bronchi.

The point worthy of particular note is that the rhythm of the heart was regular throughout the attack. The question arises as to what was the cause of the sudden onset of the alarming and fatal symptoms.

I am obliged to the resident medical officer, Dr. A. G. Ogilvie, for permission to publish this case.

M. M. POSEL, M.R.C.S., L.R.C.P.,
Resident Casualty Officer, East London Hospital
for Children, Shadwell, E.

EXTENSIVE NECROSIS IN CHICKEN-POX.

THE following case of necrosis complicating varicella presents some unusual features which make it worthy of record.

On December 24th last I saw a female child, aged 2 years and 9 months, who had contracted chicken-pox from her sister, aged 8. The temperature was 103°, the pulse 132, and the tongue was coated, but the throat was normal. She objected to being moved. There was a slightly reddened, tender patch over the lower part of the right shoulder-blade alongside a vesicle. There were not more than twenty vesicles in all on the body and head. The heart and respiratory sounds were normal. Ichthyol ointment (20 per cent.) was applied on lint covering a wide area; the bowels were moved, and antipyrin prescribed in small doses every four hours. The following day the temperature had fallen a degree, but the general condition had not improved. The area of redness over the right shoulder-blade had increased and there was a wide margin of tenderness beyond.

During the succeeding forty-eight hours the condition grew worse. The affected area became discoloured and the patient more toxic. No further vesicles appeared. The temperature varied from 100.5° to 102°. The child was very fretful, restless, and rambling in her talk, and slept badly. On the fourth day she did not appear to see distinctly. She was, however, taking Benger's food and fluids in abundance. On this day I asked Dr. A. Whyte Cassie to see her in consultation. A small necrosed patch, rather smaller than a shilling, was then present at the original site of the inflammation, and below this the skin was discoloured. Tenderness and muscular spasm extended to the vertebral column posteriorly and to the middle line of the chest and abdomen anteriorly. There was tympanites and constipation. Dr. Cassie advised that the treatment should be continued, and small doses of brandy given.

The necrosed patch increased in size daily. There was no suppuration, but the body became dusky and mottled. Wet boric dressings, changed twice daily, were applied. By the morning of December 30th the patch, roughly oval in outline, measured about 1½ by 3 inches. On December 31st I asked Dr. Seiller, the medical officer of health of the district, to see her. The necrosed patch was then double the size of the preceding day and was beginning to separate at its upper margin. He advised continuance of the boric soaks, but felt, with me, that the prognosis was very bad. As a last resort I injected 7½ c.c.m. of antistreptococcal serum about 10 p.m., but the child died between 2 and 3 a.m. on January 1st.

The points of interest manifest in the case are: (1) The virulent, though not widespread, infection conveyed to the patient by her sister, a mild case seen sixteen days previously, who was never a day in bed. (2) The house and children were spotlessly clean; necrosis complicating

chicken-pox is generally associated with uncleanness. (3) Only one vesicle showed necrotic change. (4) The child's health previously had been good.

S. NORMAN DYKES, M.B., Ch.B. Glasg.

Ibrox, Glasgow.

ESTIMATION OF THE CURE OF BILHARZIASIS.

THE decision whether a patient has been cured of bilharziasis depends mainly upon the microscopical examination of the urine. The last few drops that are passed are the most likely to contain the ova, and the best plan is to let the patient express the last portion of urine into a test tube, so that it can be centrifugalized and examined without delay.

When a child is experiencing slight cardiac depression during the third and fourth week of the emetine treatment, as evidenced by a quickened pulse and fretfulness, the ova may disappear temporarily from the urine. Absence of ova during treatment may also be caused by local reaction from unskilful injections or from any general indisposition, so that it cannot be depended upon as evidence of cure; this can be judged as certain only when frequent examination of the urine shows a complete absence of ova, either alive or degenerated, and only an occasional leucocyte. If treatment has been unsuccessful, careful examination of the urine will reveal live ova within a month or six weeks. By that time the antimony or emetine will have been excreted, and the comparatively small parasitic worms will have recovered from the effects of the drug.

A fresh infection may cause a strong eosinophilia, but it will not cause ova in the urine for at least three or four months. A large proportion of patients with bilharziasis are indigent school children, Indians, and natives whose constitution is undermined by irregular and insufficient feeding; special attention must be paid to the earliest signs of cardiac depression. A warning is needed against the oral treatment of patients who cannot be kept under constant medical supervision. Children are not readily persuaded to continue treatment after their obvious symptoms have disappeared; under the emetine treatment this disinclination may indicate early cardiac depression, which may demand a temporary suspension of treatment.¹

In a boy, aged 4 years, 6 grains (0.36 gram) of emetine hydrochloride, given intramuscularly over a period of forty-nine days in doses ranging from one-sixth to one-third of a grain, appeared to have been successful, the patient showing general improvement in health and no toxic effect from the drug; but numerous living ova, with a slight recurrence of haematuria five weeks later, made it necessary to give a further course of 6 grains in twenty-nine days, in doses of from one-third to two-thirds of a grain. Toxic effects were seen only during the last few days of treatment, when there was slight drowsiness and vomiting after the two injections of two-thirds of a grain of emetine. Six weeks later living ova were again present in the urine, rendering a further course of treatment necessary.

The use of emetine periodide² has shown that it compares favourably with intramuscular injections of emetine hydrochloride; but it has yet to be proved that the results are permanent, or how far oral treatment may not be of limited service in view of the cost of the drug and the difficulty of supervising patients with bilharziasis. The emetine treatment becomes effective only when slight toxic effects begin to appear as a result of the accumulation of the drug during the third and fourth weeks; if treatment is not continued further it results in a probable cure of not more than 25 per cent. of the cases. In this respect it corresponds with the antimony treatment, which is to be preferred in all possible cases.

Durban.

F. G. CAWSTON, M.D. Cantab.

UNUSUAL HERNIA IN INGUINAL REGION.

THE following case is recorded on account of the unusual position of the hernia, which resembled those found in the epigastric region.

A man, aged 41, was raising a stone at his work on December 20th, 1926, when he felt a sudden pain in the left groin. He was taken home and examined by his doctor, who found an inguinal hernia the size of a hen's egg extending slightly into the scrotum. It was easily reduced.

The man was admitted to hospital, and an operation was per-

¹ F. G. Cawston: *Journ. Royal Army Med. Corps*, January, 1926, pp. 57-60.

² R. M. Gordon: *Ann. Trop. Med. and Parasitol.*, August 13th, 1926, pp. 229-37.

formed on January 3rd. Examination prior to operation failed to detect a hernia, but an indefinite swelling was noted in the region of the external ring.

At the operation the external oblique aponeurosis was slit up and the canal displayed. No hernial sac was discovered, but a considerable quantity of extraperitoneal fat was present; this was removed. On retracting the upper lip of the external oblique aponeurosis upwards and inwards a mass of extraperitoneal fat was seen. It came out of an opening in the abdominal wall, the size of a cedar-wood pencil. It was just lateral to the rectus sheath, and half an inch above the pubis. There was a process of peritoneum in the fat, but no abdominal contents. The sac was ligatured and the opening closed with a mattress suture.

Aberdare.

HARRY BANKS, M.B., F.R.C.S. Ed.

British Medical Association.

CLINICAL AND SCIENTIFIC PROCEEDINGS.

GLOUCESTERSHIRE BRANCH.

Gastric Carcinoma.

At a meeting of the Gloucestershire Branch on February 10th, Dr. J. RUPERT COLLINS in the chair, Mr. ARNOLD ALCOCK opened a discussion on the diagnosis and treatment of carcinoma of the stomach.

Mr. Alcock emphasized the difficulty of diagnosis. He pointed out that the chief seats of malignant growth were the breast, uterus, and stomach. Though in the first two the signs were discernible, yet the results of treatment were very poor. The stomach presented a much more difficult problem. Three types of gastric carcinoma could be distinguished: (1) The indurated ulcer, found as a rule in the lesser curvature, and of much the same type as simple gastric ulcer. Probably carcinoma did not develop from a simple ulcer so frequently as might be expected. Nine-tenths of cancers of the stomach were not preceded by ulcer. (2) The spreading type, encircling the stomach and giving rise to the leather-bottle stomach in its late stages. This was really an advanced example of the first type. (3) The fungating ulcer, which, spreading in the submucosa to start with, invaded the lymphatics, and soon passed out of reach in the portal area. The mediastinum was often infected, and hard glands might be found above the clavicles. Loss of appetite was very suspicious in a patient previously healthy. Sour eructations were complained of, and were frequently offensive. As a rule vomiting was slight in amount and it was rare to see blood. Loss of weight was often rapid, and was an important symptom. Blood might be demonstrated in the stools. Exploration should be undertaken when these symptoms were present. Abdominal tenderness was present before any lump could be felt. Moynihan was quoted as giving three indications for operation: (1) All cases with chronic ulcer over 40 years old, (2) if gastric stasis was present (delay of ten to twelve hours), (3) all cases of tumour. The surgeon was frequently disappointed when he opened the abdomen. Even when an early case had been expected there might be nothing to do but to shut up the abdomen again. In cases with a history of only a few months at the operation the condition might be found to be beyond treatment. The actual surgical procedure consisted in excising as much of the stomach as possible, with the lymphatic glands in the lesser curvature. Early diagnosis was of supreme importance, and at the same time presented much difficulty.

Dr. D. E. FINLAY said that as regards getting cases earlier he was sure there had been a great advance since twenty-five years ago, when diagnosis was so often delayed till there was a palpable growth. One source of error in coming to an early and correct diagnosis was the question of age. Malignant growth was possible even at an early age; his youngest patient had been a woman aged 22. In reviewing his cases the symptom on which he would put most stress was failure of appetite or even an actual distaste for food; in some cases this amounted to nausea. This was present for a considerable time before loss of weight. Indeed, many patients had not lost weight when the symptoms had aroused suspicion of malignant growth. Definite vomiting was a later symptom; many cases did not present it. Anaemia and other such signs were found to be really late when the history was carefully taken. In his

Gloucester Branch from 1899 to 1902, and one of the honorary local secretaries of the Annual Meeting at Cheltenham in 1901. He was elected president of the Gloucester Branch in 1911, and served on the Branch Council from 1912 to 1919.

Dr. **FREDERIC WILLIAM POLLARD** of Blackburn died on February 25th, aged 51 years. He was the son of the late Dr. W. R. Pollard, who for nearly half a century was medical officer to the Blackburn rural district council. His early education was conducted by a private tutor, and he studied medicine at the University of Edinburgh and Trinity College, Dublin. He took the diplomas of Lic.Med., L.Ch., and L.M. in 1901, and graduated M.B., B.Ch., B.A.O.Dub. in 1924. After serving as clinical clerk to the Meath Hospital, Dublin, he joined his father in practice and subsequently started on his own account. For several years he was a district medical officer, and had to resign the appointment owing to pressure of other work. Dr. Pollard was a member of the Blackburn Division of the British Medical Association, and during the war served at the Whalley Military Hospital; he is survived by his widow. The funeral, which took place on March 1st, was attended by many members of the medical profession in Blackburn and the surrounding district.

The death occurred rather suddenly, on February 14th, of Dr. **JOHN BRANGAN**, Kells, co. Meath, at the age of 56. He had an anginal attack a few days previously, but apparently recovered, and visited some patients on the day of his death; a second attack occurred in the evening, and he succumbed. A native of co. Meath, he was educated at St. Malachy's College, Belfast, and the Catholic University of Dublin, obtaining the diplomas of L.R.C.P. and S.Ed. and L.R.F.P.S.Glasg. in 1899. He was appointed medical officer to Kilskeer Dispensary in 1900, coroner for North Meath shortly afterwards, a justice of the peace for the county, and later a peace commissioner. Dr. Brangan had a very extensive practice, and was held in the highest esteem by all classes of the community. His splendid physique, with his cheery and friendly smile, inspired confidence in his patients, who recognized in him a sincere friend and a skilled physician. Apart from his profession, his special hobby was the breeding and racing of horses, and during the past quarter of a century he owned some very good thoroughbreds, who won races on both sides of the Channel; Icila, Tisheen, Hairpin II, Parapluie, and Gardenrath, to mention only a few of his animals, were well known in England. His funeral was one of the largest ever seen in county Meath, and was representative of every class and creed. Dr. Brangan leaves a widow and a family of seven. His eldest daughter and second son are members of the medical profession.

Dr. **ISAAC WHITLA CORKEY** of Epsom was one of those brilliant young Ulstermen whose services were lost to Ireland when the Irish Free State came into being. He was born at Warrenpoint, county Down, in 1892, and studied medicine at the University of Dublin, where he won a medical scholarship, graduating B.Ch. and B.A.O. in 1915, and later proceeding to the M.A., M.D., and M.Ch. degrees. He had a distinguished career in the war, when he served as medical officer with the Ulster Division and gained the Military Cross, and after demobilization from the R.A.M.C. at the end of the war he took the Fellowships of both the English and the Irish Colleges of Surgeons. In 1919 he was appointed assistant surgeon to Sir Patrick Dun's Hospital, Dublin, and had to all appearances a successful career before him in the Irish capital; but the Irish Free State and the methods of those who strove for its formation were both so distasteful to him that he threw up his appointment, settled at Epsom in partnership with another of his compatriots, and was appointed surgeon to St. Anthony's Hospital. Corkey (writes a former colleague) was in many ways a typical Irishman: impulsive, even hot-headed, generous, humorous, and, above all, eminently human. He had the defects of some of these qualities, in that it was often difficult to make him see both sides of any

question, especially political or religious questions. But he never bore malice, was always as ready to laugh at himself as at anyone else, and was, in a word, a man whom anyone might be glad to call his friend. He was nephew to Sir William Whitla of Belfast. He leaves a widow and one very young child, to whom sympathy will be widely extended on the sudden loss of so brilliant and popular a member of the medical profession.

Dr. **ANDREW THOMSON**, who died in Edinburgh on February 19th at the age of 70, came from a well known Border family, who for several generations had held the farm of Hobton, Ancrum. Dr. Thomson graduated M.B., C.M. at Edinburgh in 1883, and thereafter practised for a time at Wakefield. He had retired from active practice about three years ago, and went to reside in Jedburgh. He was keenly interested in local sports, and in particular was an enthusiastic supporter of the Jedforest Football Club.

Dr. **WILLIAM YOUNGSON DAVIDSON**, who died on February 27th, after a very short illness, had practised in Smethwick for fifteen years. He received his medical education at Aberdeen, and graduated M.B., Ch.B. in 1908. He took great interest in municipal affairs, and particularly in the housing question, and he was an active member of the Conservative Association. In 1924 he was elected to the Smethwick Town Council as a representative of the Soho ward, and served on the health committee. He was a member of the British Medical Association, and served on the Executive Committee of the Birmingham Central Division in 1925. His funeral on March 2nd was attended by the Mayor of Smethwick and by representatives of the various organizations with which he had been connected.

Dr. **ANDREW ROBERTSON** of Halifax died on March 4th, aged 64 years. He was educated at the University of Edinburgh, where he graduated M.A. in 1882, and M.B., C.M. in 1888. After serving as assistant house-surgeon to the Halifax Infirmary he started practice in 1888. During the war he was a member of the St. Luke's War Hospital medical staff with the rank of Major R.A.M.C., and his name was amongst those brought to the notice of the Secretary of State for War for valuable services rendered. Dr. Robertson took a keen interest in cricket and football, in both of which games he excelled in his earlier years. He was a member of the Halifax Division of the British Medical Association; his widow and one son survive him.

Dr. **JOHN MOORE SWAIN**, of Long Clawson, Leicestershire, who was born in January, 1827, died on March 7th. He obtained the diploma L.S.A. in 1849, and the M.R.C.S. in the following year, being one of the first to register under the Medical Act of 1858. For between sixty and seventy years he practised in the Vale of Belvoir, and only retired about five years ago. He was well known for his generous gifts to local institutions. For nearly forty years Dr. Swain was a member of the British Medical Association, and a telegram was sent to him a few weeks ago by the President of the Association congratulating him on the attainment of his hundredth birthday.

The following well known foreign medical men have recently died: Dr. **GABRIEL FERRÉ**, professor of experimental medicine in the Bordeaux faculty of medicine; Dr. **JUAN BARCIA CABELLERO**, professor of anatomy and rector of the University of Santiago; Dr. **MAX FINGERHUTH**, joint editor of the *Schweizerische medizinische Wochenschrift*; Dr. **WILLIAM OETTINGER**, a Paris physician who was the author of works on diseases of the arteries and digestive system; Dr. **CASPER HENDRIK KUHN**, formerly professor of morbid anatomy and medical jurisprudence at Amsterdam; Professor **KARL ERNST RANKE** of Munich, a leading authority on tuberculosis, aged 56; Professor **HEINRICH BENEDICT**, director of the Jewish Hospital in Budapest, aged 54; and Dr. **WILHELM FLEINER**, formerly director of the medical polyclinic at Heidelberg.

might look like a madman. The plaintiff (whom he saw alone) did not offer him any violence, or utter any threats against anyone whilst he was with him.

Dr. W. J. O'Donovan of Harley Street, in his evidence, said the plaintiff and his wife occupied a flat in the same building as the witness and his wife in 1920. In March, or April, 1920, the witness was called in to see the plaintiff, who spoke of suicide; Mrs. Hume-Spry, in her husband's presence, said he had threatened to commit suicide, and had also threatened her. As a result of a letter the witness wrote to Dr. Woods that plaintiff "required expert psychological treatment or I am sure he will come to an untimely end," the plaintiff went into Palace Green Hospital. In January, 1922, the plaintiff told the witness that there was a liaison between Dr. Woods and Mrs. Hume-Spry, and that he thought that he should have compensation from Dr. Woods. Witness turned him out forthwith, telling him he was a blackguard, and that he was attempting blackmail. Plaintiff's ultimate certification seemed to the witness to be a "very natural development" from the symptoms he had observed in 1920. In cross-examination Dr. O'Donovan agreed that in 1920 his wife and Mrs. Hume-Spry became friendly, and that he (the witness) had known Dr. Woods since he was a medical student.

Mr. Herbert Francis, solicitor, of Bedford Row, in his evidence, said that in the autumn of 1921 he read a diary shown him by the plaintiff, and advised the plaintiff that, in his opinion, he had no case against his wife for divorce. Cross-examined, he agreed that in 1918 the plaintiff consulted him in regard to divorce proceedings, producing what purported to be original letters from a man to Mrs. Hume-Spry. Subject to the advice of counsel, the witness advised a petition for divorce, as the letters disclosed a *prima facie* case against the wife provided evidence was forthcoming. He heard later that the parties had become reconciled. He could not remember whether, when he had the diary, the last two pages were torn out, and he could only say that he did not remember that any other document accompanied the diary. When in 1926 the plaintiff's present solicitors approached him with regard to a confession, he said he had seen certain documents which were alleged to be the confession, but that he had no clear recollection of their contents. Re-examined, Mr. Francis said that, as a result of the divorce proceedings in 1918, the co-respondent paid £300, including costs, and that the petition was withdrawn.

Mr. Collings, clerk to the previous witness, spoke to the plaintiff bringing to him the diary in 1921, but he did not think that there was any other document. If a confession by Mrs. Hume-Spry of misconduct had accompanied the diary he thought he would have remembered it.

Mrs. Amelia Hume-Spry, in her evidence, denied committing adultery with the co-respondent cited in the divorce proceedings instituted in 1918. The man in question completely lost his head about her, and wrote her five letters because she avoided him. When her husband suggested a petition, the witness told him "it was nothing but an attempt to commit blackmail" and that she would not be a party to it. Her husband then suggested that a confession from her would clinch the matter, and she told him exactly what she thought of him. About that time her husband pretended to shoot himself with his revolver. "I understood that he would shoot me and then do away with himself, so I signed a confession. That was in 1918, and I have never signed one since." Eventually, the co-respondent paid £300 and the petition was withdrawn. Her husband then told her: "If you had gone through with the thing properly there would have been £3,000 instead of £300." What he meant by that was if she had really mis-conducted herself with the co-respondent. Her husband was never normal and was unmanageable. When he was at Palace Green Hospital she went to see him every day. Though he thought he was perfectly sane, she thought he was 75 per cent. insane.

** There was an inaccuracy in the report of this case published in our last issue. On page 495, first column, appeared the words: "Mr. Hume-Spry remained at the Old Manor House until December, 1923, when he was certified by other doctors (Sir James Purves-Stewart, Dr. Risien Russell, and Dr. Hughes) as being perfectly sane." We understand that when at a later stage Sir Henry Maddocks, counsel for the plaintiff, repeated this date, Mr. Neilson, counsel for the defendants, immediately corrected the statement and pointed out that Sir J. Purves-Stewart and Dr. Russell did not see the patient until December, 1925, that is, until two and three-quarter years after the patient had been certified. This is clearly brought out in the report of their evidence printed above. Dr. Orr was the medical man who gave the certificate of sanity in January, 1924, when the patient was on leave of absence.

Universities and Colleges.

UNIVERSITY OF OXFORD.

Rolleston Memorial Prize, 1928.

THIS prize, now of the value of about £100, is awarded every two years for original research in animal and vegetable morphology, physiology and pathology, or anthropology. The next award will be made in Trinity Term, 1928.

No candidate will be eligible (1) who has not either passed the examinations for the B.A. or the B.M. degree at Oxford, or for the B.A. or M.B. at Cambridge, or been admitted as an advanced student or as a student for the degree of B.Litt. or B.Sc. at Oxford, or as a research student for the degree of M.Litt. or M.Sc. or Ph.D. at Cambridge; (2) who has exceeded a period of six years from attaining one or other of these qualifications, or from attaining the first of such qualifications, if he has attained more than one; (3) who has exceeded ten years from his matriculation.

Candidates must forward their memoirs to the Registrar of the

University of Oxford before March 31st, 1928. The memoirs may be printed, typewritten, or in manuscript. They should be inscribed "Rolleston Memorial Essay," and bear the name and address of the author. Memoirs already published are admitted to the competition. No account will be taken of any research which has not been prosecuted by the candidate subsequent to his matriculation.

UNIVERSITY OF CAMBRIDGE.

At a congregation held on March 11th the degree of M.B., B.Chir. was conferred on G. Simon.

UNIVERSITY OF LONDON.

MR. ERNEST PLAYFAIR and Mr. Hugh Augustine Richards have been recognized as teachers of anaesthetics at King's College Hospital Medical School.

A readership in bacteriology and immunology, tenable at the London School of Hygiene and Tropical Medicine, is to be instituted.

The regulations for the academic Diploma in Psychology have been amended by the substitution of the words "the second Monday prior to the first Monday in July" for the words "the first Monday in July" on page 529 of the Red Book, 1926-27.

The regulations for the second examination for medical degrees, Part II, for internal students are to be amended by the deletion of the words "or general" in lines 1 and 2 of Section (v) on page 237 of the Red Book, 1926-27, and by the addition to the end of the same section of the following:

Students who have passed the B.Sc. (General) Examination will be similarly exempted provided they have obtained at least second-class marks in the subject of physiology.

The regulations for external students are to be similarly amended (Blue Book, September, 1926, page 210, paragraph 4 (iii)).

Professor T. H. Bryce has been appointed as staff examiner in anatomy for science and medical examinations, in succession to Professor E. Fawcett, resigned.

The Chancellor has appointed Professor Rushton Parker to be his representative on the Court of the University of Liverpool.

The ceremony of Presentation Day will be held in the Royal Albert Hall on Wednesday, May 11th, at 3 p.m. The graduation dinner will take place the same evening at 7 p.m. in Fishmongers' Hall, London Bridge.

Applications for grants from the Dixon Fund, which are allocated annually for the purpose of assisting scientific investigations, must be sent in between April 1st and May 16th, and for the Thomas Smythe Hughes Medical Research Fund for assisting original medical research between May 2nd and June 15th. Further particulars can be obtained from the Academic Registrar.

VICTORIA UNIVERSITY OF MANCHESTER.

PROFESSOR H. S. RAPER, C.B.E., M.B., Ch.B., D.Sc., has been appointed Dean of the Medical School as from July next.

The following appointments have been made:

Assistant Lecturer in Physiological Chemistry: Mr. P. W. Clutterbuck, O.B.E., M.Sc., Ph.D. Leeds. Assistant Lecturer in Comparative Physiology: Mr. E. N. Willmer, B.A. Oxf., M.Sc. Manch. Assistant Lecturer in Anatomy: Miss Eugenia R. A. Cooper, M.Sc., M.D. Manch.

The following award has been made: The Hill Prize in biochemistry has been awarded to Eric Boyland.

UNIVERSITY OF DUBLIN.

At a meeting of the Senate held on March 12th Graces were passed for conferring at the summer commencements on June 28th the honorary degree of M.D. on Sir Humphry Rolleston, Bt., K.C.B., Regius Professor of Physic at Cambridge, and of M.Ch. on Dr. Harvey Cushing, C.B., Emeritus Professor of Surgery in Harvard University.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

An ordinary Council meeting was held on March 10th, when the President, Sir Berkeley Moynihan, Bt., was in the chair.

Licences and Diplomas.

Licences in Dental Surgery were granted to 56 candidates. Diplomas in Tropical Medicine and Hygiene were granted jointly with the Royal College of Physicians to 24 candidates.

Appointments.

Mr. C. H. Fagge was appointed the representative of the College on the managing committee of the Schiff Home of Recovery. Mr. V. Warren Low was re-elected a representative of the College on the Senate of the University of London. Mr. Victor Bonney was elected a representative of the College on the Central Midwives Board for the period of one year from March 31st next. Sir H. J. Waring was re-elected a representative of the College in the General Council of Medical Education and Registration of the United Kingdom. Dr. George Parker, of Clifton, Bristol, was nominated as Thomas Vicary lecturer for the ensuing year.

Honorary Fellowships.

The following were elected honorary Fellows in connexion with the Lister centenary celebrations to be held in April next, the

elections being subject to the condition of personal attendance at the College to receive the Diploma :

Alessandri, Roberto, Professor of Surgery, Faculty of Medicine and Surgery, Rome.

Archibald, Edward William, Professor of Clinical Surgery and Surgery, McGill University, Montreal.

Krogius, Frans Ali Bruno, Professor of Clinical Surgery, Faculty of Medicine, University of Helsinki.

Lecène, P., Professor of Surgical Pathology, Faculty of Medicine, University of Paris.

Leriche, René, Professor of Clinical Surgery, Faculty of Medicine, University of Strasbourg.

Matas, Rudolph, Professor of Surgery, Tulane University of Louisiana, New Orleans.

Willems, Charles, Professor of Operative Medicine, Faculty of Medicine, University of Liège.

Representation of Members on Council.

A report was received from a committee which had had under consideration the resolution carried at the annual meeting of Fellows and Members in November regarding the question of admitting Members to direct representation upon the Council of the College. A recommendation from the committee was adopted, and the exact form of question to be put to the Fellows will be settled at a future meeting of the Council.

ROYAL FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW.

HERBERT FREDERICK BLACKLEE, M.B., Ch.B., Barrow-in-Furness, has been admitted after examination as a Fellow of Faculty.

Medical Notes in Parliament.

[FROM OUR PARLIAMENTARY CORRESPONDENT.]

THE Parliamentary Medical Committee met at the House of Commons on March 9th, and re-elected Dr. Fremantle its chairman for the present session, and Dr. Graham Little its honorary secretary. The committee received and conferred with a deputation from the British Medical Association about the Dogs' Protection Bill and the steps which might be desirable in order to set forth the medical case for the use of dogs in experimental research. The committee approved the suggestion of the British Medical Association to call a conference of representatives of medical bodies in order to make plain to the public the opinion of those concerned in medical teaching and the progress of scientific medicine on the attacks made on medical research, and to explain why this work is in the interests of the public.

The Mental Deficiency Bill.

Definition of Mental Deficiency.

The text of the Mental Deficiency Bill, which was set down for second reading on March 18th, differed from that introduced last session chiefly in the addition to the definition of mental deficiency of a subsection requiring that the condition must have existed in the patient before the age of 18 years. This subsection ran :

"For the purposes of this section 'mental defectiveness' means a condition of arrested or incomplete development of mind existing before the age of 18 years, whether arising from inherent causes or induced by disease or injury."

Memorandum.

The memorandum prefixed to the bill is as follows :

1. The main object of this Bill is to amend the definitions of defectives which are contained in the Mental Deficiency Act, 1913. Under these definitions only persons who are mentally defective from birth or from an early age come within the Act, and there is thus no power to deal with cases where the defectiveness arises at a later stage. An illustration is afforded by the disease known as encephalitis lethargica, though these particularly need the sort of care and treatment which can be provided in a mental deficiency colony. The effect of the Bill (Clause 1) is to eliminate the words "from birth or from an early age" and to bring within the scope of the Act all cases of mental deficiency which arise before the age of eighteen, whether due to inherent causes or induced by disease or injury.

2. Under the existing Act a defective may be placed under care if he is found to be also "neglected, abandoned or without visible means of support or cruelly treated." Clause 2 (1) extends this provision to a case where the care or training which the defective requires cannot be provided in his own home.

3. Subsections (2) and (3) of Clause 2 are designed to provide that any case may be dealt with by any one of the three methods recognized by the Act, viz., providing supervision, placing under guardianship or sending to an institution, while Clause 3 merely introduces a drafting amendment into the Act of 1913 to make it clear that section four of that Act only applies to the two latter of these methods.

4. Clause 4 will enable an order to be made on a petition without the consent of the parent or guardian, if, owing to his being abroad, the attempt to obtain it would unduly delay the proceedings on the petition.

5. Clause 5 provides that if a patient is away from an institution on leave of absence, he need not be brought back to the institution for examination in connexion with the continuation report required under section eleven of the Act.

6. Clause 6 makes explicit the power and duty of local authorities to provide suitable training for mental defectives whilst under supervision as well as in institutions.

7. Although the Act authorises the combination of local authorities, it does not enable a local authority to provide additional beds which could be lent to other authorities. Clause 7 (1) provides for such a procedure.

8. Clause 7 (2) enables the local mental deficiency authority and the local education authority (who have responsibility for certain classes of defectives of school age) to provide an institution jointly.

Notices of intention to move the rejection of the bill were given from the Labour benches.

The Navy Estimates.

On March 14th Mr. Bridgeman, in his statement on the Navy Estimates, said that recruitment for the Royal Naval Medical Service had been unsatisfactory for some considerable time. A committee had been set up to look into the conditions of the Service, and as a result certain improvements had been effected, which were notified last July in Fleet Orders. Greater facilities had been given to young medical officers to specialize in various branches of their profession which were not naturally easily available in sea service. Improved allowances had been given to holders of specialized posts, and charge pay to medical officers in charge of hospital and sick quarters had been approved. Any candidate who held a house appointment at a recognized hospital was allowed to ante-date his seniority by one year, the object of that being to attract the most efficient of the younger medical students. The establishment of dental officers had been increased from 48 to 64.

Sir B. Falle said that if a man fell ill in the navy he was sent to the fleet surgeon, who, on his own responsibility alone, decided whether the man was to be discharged from the service or not. That was absolutely wrong. The medical service in the navy was a great service, and the men in it were as able as could be found anywhere, but it should not rest with one man to decide a matter of this kind. If a man was going to be thrown out he should have the right to go before a board. He suggested that if this board consisted of a fleet surgeon, a civil practitioner, and a man like the town clerk of Portsmouth, the navy would be satisfied to abide by its decisions. The number of men thrown out of the service this year for tuberculosis alone was 196; only six of them, or about 3 per cent., were given any pension for the illness they had contracted in the service. Men suffering from tuberculosis dare not go sick, because if they did they knew that the fleet surgeon would throw them out on the beach. Appeal to the Admiralty should be made automatic and a matter of right.

Lieut.-Colonel Headlam doubted whether other medical opinion could be got so easily as Sir B. Falle imagined. If Sir B. Falle would let him know of a definite case where men had been hindered from appealing to the Admiralty, the matter should be looked into.

Later in the debate Mr. Bridgeman said he was not entirely satisfied with the arrangements for invalidity pensions regarding the attribution of disease. He would look into the matter and see if anything more could be done.

Flying Accidents.

During the discussion of the Air Estimates, on March 10th, Mr. Baldwin spoke on the causes of accidents in the Air Force. He said the proportion of accidents due to remediable causes was very small. Few could be traced to the failure of the human element on the ground, and very few to faulty design. It was not the fact that older designs of aeroplane were more prone to disaster. The type of man who made the flying pilot was the adventurous, quick-brained, with great reserve of nervous power. He asked the House to remember the elation of a young man of that temperament who had just learnt the mastery of the aeroplane. The great majority of accidents happened from a slight error of judgement on the part of pilots, and most of them within the first year or two of flying. Captain Garro-Jones said he had been in more than one aeroplane accident. He asked what were the regulations on the consumption of alcoholic drink in the flying squadrons. In the fine, swift judgements required of an aeroplane pilot one alcoholic drink would make the difference between disaster and safety. No pilot should be allowed to consume alcoholic liquor before he flew on any day. Science demanded that decision. Sir Philip Sassoon said the Air Ministry was anxious and careful to have as little drinking as possible in the Air Force. There was drinking. Drunkenness was an offence against the Air Force Regulations, and was carefully watched.

On March 14th Sir S. Hoare (Secretary for Air) told Mr. Hore-Belisha that 263 airmen were invalidated from the Service in 1926. Of these, 230 were refused pensions on the ground of no attributability. Of thirty-five appeals against the original decision six were allowed, but in three of these cases the degree of disablement was under 20 per cent.

Boys in Mines: Miner's Nystagmus.

Colonel Lane-Fox told Dr. Davies, on March 15th, that boys of 14 years of age were permitted to work in coal mines without a previous medical examination for fitness; and that under the Factories and Workshops Acts no child of 14 years of age was permitted to work without a previous medical examination by the

certifying factory surgeon. The existing system of examination under the Factories and Workshops Acts, however, had been recently condemned by a committee of inquiry, and an improved system of examination was to be submitted to the House in the Factories Bill. If it was approved, the application of similar provisions to mines and quarries would certainly be considered.

On the same day Colonel Lane-Fox told Mr. Short that in 1925 the number of new cases of miner's nystagmus in which compensation was paid was 3,444, and the number continued from previous years was 7,890. The figures for 1926 were not yet available. The Mining Association and the Miners' Federation had been invited to co-operate with the Home Office to give effect to the recommendation of the Nystagmus Committee, and continual efforts were being made to improve lighting in mines. Colonel Lane-Fox further stated that the average time spent below ground each working day by the miners in coalfields where the full eight hours had been enforced by the employers was approximately eight and a half hours, with a shorter period on Saturdays in many districts.

Twenty persons under 18 years of age were killed in coal mines in Great Britain during the months of December, 1926, and January and February, 1927.

Small-pox.—Answering a member who has recently made many requests for statistical details concerning small-pox, Mr. Neville Chamberlain said: "I would point out that these particulars can be obtained from the weekly return of infectious diseases published by the Registrar-General."

Royal Commission on Lunacy.—The Minister of Health states that it is not practicable to prepare in time for introduction in the present session a bill incorporating the recommendations which the Government is able to adopt from the Report of the Royal Commission on Lunacy and Mental Disorder.

Research in Tuberculosis.—During 1926 the Medical Research Council spent £4,846 in research upon specific problems of tuberculosis. This excludes the cost of research into fundamental problems of which the bearing upon tuberculosis could not be calculated, and also the cost of work in this subject by members of the Council's own staff in the National Institute for Medical Research.

Anthrax in Menageries.—Mr. Guinness, replying to Sir W. Davison, on March 15th, said that in view of the recent outbreak of anthrax at the Zoological Gardens in London, he was at present considering the advisability of including within the scope of the Anthrax Order of 1910 all animals susceptible to anthrax which were kept in public or private zoological collections and travelling menageries.

Pensions.—In a reply to Sir W. de Frece, Major Tryon said he was satisfied that the hospital accommodation available was fully adequate to the requirements of the Ministry of Pensions. The average waiting period for admission to hospital did not exceed three to four days. The geographical distribution of the hospitals was as good as could be obtained. Answering Mr. Paling, Major Tryon said he did not know of any general discontent at the time which passed between a medical board and the communication of the result to the applicants. In a few cases expert opinion or additional evidence might have to be obtained, but such cases were diminishing in number. In an answer to Major Hills, Major Tryon said the wooden limb had now been so improved that it was lighter than the metal limb. In many cases it was regarded both by the pensioner and the surgeon as more suitable, especially in amputations below the knee.

Blind and Partially Blind Children.—Lord Eustace Percy states that the provision in certified special schools for totally blind children between the ages of 5 and 16 is, generally speaking, complete. Thirteen authorities had special schools for partially blind children, and fifteen or twenty authorities either admitted partially blind children to their own schools for the blind or sent them to such institutions elsewhere. In 1925 there were 2,000 blind children of school age and 4,692 partially blind children in England and Wales. On March 14th Lord Eustace Percy told Mr. R. Morrison that on March 31st, 1926, there were in certified special schools for the blind 613 children aged between 13 and 14, 361 between 14 and 15, 288 between 15 and 16, and 54 aged 16 and over. There were 496 deaf children aged between 13 and 14, 480 between 14 and 15, 416 between 15 and 16, and 71 aged 16 and over.

Mentally and Physically Defective Children.—Lord Eustace Percy stated on March 14th that in certified special schools for the mentally defective there were on March 31st, 1926, 2,629 children aged between 13 and 14, 2,103 between 14 and 15, 1,465 between 15 and 16, and 241 aged 16 and over. Physically defectives in special schools numbered 2,486 between 13 and 14 years of age, 1,360 between 14 and 15, 770 between 15 and 16, and 100 aged 16 and over. Epileptics numbered 96 between 13 and 14, 96 between 14 and 15, 76 between 15 and 16, and 13 aged 16 and over.

Invaliding from the Army.—Captain King told Mr. Hore-Belisha, on March 15th, that the exact number of men invalided from the army during 1926 was not available, but the total number of disability cases (including those of men already discharged) dealt with by the Chelsea Commissioners during that year was 2,546. In 2,100 cases the disability was found to be not attributable to military service, but 639 of the men concerned were eligible for non-attributable awards of gratuity or temporary pension. It was not possible to distinguish between appeals made by the men themselves and cases referred to the War Office by the Chelsea Commissioners. The approximate number of cases referred under both heads was 137, and the decision was modified in 59. There were, in all probability, other cases which did not necessarily

come before the Chelsea Commissioners. Dr. Davies asked if the right hon. gentleman thought it possible that the present methods of assessment could be improved. Captain King replied that the present method of assessment was proving satisfactory. The question of an appeal tribunal had been considered on many occasions, and it was not considered necessary to set one up.

Foot-and-Mouth Disease.—On March 15th, in the House of Commons, Mr. Guinness moved the second reading of the Diseases of Animals Bill, which had already passed the Lords. The measure seeks to improve and modernize methods of defence against contagious diseases in animals. He explained that the decrease in foot-and-mouth disease was due to the embargo put on after the outbreak in a bacon factory at Carlisle. The report of the Foot-and-Mouth Disease Committee confirmed the Government's action, because it gave an account of experiments which reproduced the conditions which occurred at Carlisle. Healthy pig carcasses were splashed or smeared with the infected blood of other pigs. They were kept at a temperature of 15°C., and four days afterwards risings were taken, reproducing the condition of the effluent at Carlisle. They were found to be capable of infecting healthy animals with foot-and-mouth disease.

Gas Warfare.—Sir L. Worthington-Evans states that the Government has information that the study of gas warfare is being actively pursued in Soviet Russia. Numerous factories have been set up and are in course of erection. There is not the slightest doubt that much greater preparations are being made in Russia than anywhere else in the world.

Notes in Brief.

On March 14th the Sale of Food and Drugs Bill passed through the report stage and was read the third time in the Commons, and on March 15th was read the first time in the Lords.

Asked why imports of phenacetin, hydroquinone, and other chemical substances had not been exempted for liability to duty, Sir Burton Chadwick said that an Order had been made on March 7th exempting certain of these substances from duty.

The United States has been invited to define its attitude towards the Opium Convention adopted at Geneva in 1925.

In 1926 factory inspectors visited 101,962 factories out of 129,695 in England and Wales.

The number of dairy farms in England and Wales is estimated at over 200,000. Of these, 220 were visited in 1926 by inspectors of the Ministry of Health.

From September 1st, 1925, to December 31st, 1926, 23,369 cows were slaughtered by local authorities under the Tuberculosis Order, 1925.

Medical News.

SIR THOMAS HORDER, Bt., M.D., will preside at the "Wiltshiremen in London" annual dinner at the Connaught Rooms on April 2nd next.

At a sessional meeting of the Royal Sanitary Institute on Friday, March 25th, in the Town Hall, Leeds, a discussion on cancer will be opened by Sir Berkeley Moynihan, Bt., P.R.C.S., followed by Professor R. D. Passey, M.D., Director of Cancer Research, University of Leeds. The chair will be taken at 5 p.m. by Dr. G. F. Buchan.

DR. R. TRAVERS SMITH will lecture for the Fellowship of Medicine on emergencies in neurological practice on March 24th, at 5 p.m., at the Medical Society, 11, Chandos Street, W. On March 22nd Mr. N. C. Lake will give a clinical demonstration in surgery at Charing Cross Hospital at 2 p.m., and ophthalmological demonstrations will be given at the Central London Ophthalmic Hospital at 4 p.m. on March 23rd by Mr. Levy, on the 24th by Miss Mann, and on the 25th by Mr. Williamson-Noble. The lecture and these demonstrations are free to medical practitioners. An all-day comprehensive course in orthopaedics is in progress at the Royal National Orthopaedic Hospital, and will continue until April 2nd. A two weeks' course in the late afternoons will begin on March 21st at the London Temperance Hospital for the benefit primarily of general practitioners. From March 28th to April 9th the Queen's Hospital will hold a special all-day course in diseases of children. At the Royal Eye Hospital there will be a series of afternoon demonstrations on the diagnosis and treatment of diseases of the eye from March 28th to April 8th. The Fellowship arranges for practical courses in anaesthetics and obstetrics and also for clinical assistantships in gynaecology. Copies of all syllabuses and of the *Post-Graduate Medical Journal* are obtainable from the Secretary of the Fellowship, 1, Wimpole Street, W.1.

THE new Health Committee of the League of Nations, whose tenure of office began on January 1st last and will run for three years, has held its first meeting. Dr. Madsen of Copenhagen was elected president, and Dr. Cumpston of Melbourne, Dr. Alice Hamilton of Harvard, and Professor Winslow of Yale were appointed expert assessors. After reviewing the work of its various commissions the committee decided to appoint a committee of experts on the relation of health insurance to public health services, and to proceed with the inquiry regarding infant welfare. It approved the

steps taken to collect information regarding the influenza epidemic. It expressed satisfaction at the progress of the Singapore bureau, and welcomed the proposal to establish a subcentre at Melbourne. It accepted a suggestion to undertake research into the subject of plague prevention. The courses on malaria in London, Hamburg, and Paris are to be held again this year, with field work in Italy, Spain, and Jugo-Slavia.

At the last meeting of the Central Midwives Board for England and Wales, with Sir Francis Champneys in the chair, an intimation was received from the Midwives Institute that Dr. Fairbairn, Miss A. A. I. Pollard, and Miss M. E. Pearson had been reappointed as its representatives on the Board. It was resolved to reply to the county medical officer of health for Durham that in the opinion of the Board a midwife, when she had been in contact with an infectious case, should notify the local supervising authority, undergo disinfection in the manner prescribed by the local supervising authority, and await the permission of the local supervising authority before attending other maternity patients.

HEALTH Week will be observed from October 2nd to 8th on the same lines as in previous years. During 1926 meetings and exhibitions were arranged in connexion with Health Week by over eighty local authorities, several county councils organizing celebrations in numerous centres. Health Week was also observed in India, South Africa, Australia, New Zealand, Ceylon, and the West Indies.

AN appeal for volunteers to join the blood transfusion service, organized by the British Red Cross Society, the British Hospitals Association, and the Rover Scouts, has been issued. The total number of volunteers at present on the list is about 350, but during 1926 the number of calls made and answered was 737, and as the number of appeals is increasing (there have been 122 already this year) the committee fears that it will soon be unable to meet the demands. The appeal, which is signed by Sir Arthur Stanley for the British Red Cross Society, by Lord Knutsford for the British Hospitals Association, and by C. Lisle Watson for the Rover Scouts, asks employers to permit volunteers in their service to act in emergency cases during business hours. At present only fifty volunteers are available during the daytime, and most of them have already acted once this year. The committee will send a speaker to institutions interested, and individual inquirers may obtain particulars from the Honorary Secretary, 210, Peckham Rye, S.E.22. (Telephone, night and day, New Cross 1606.)

THERE has been a further substantial decline in the number of deaths recorded from influenza throughout the country. The total number of deaths from this cause in the great towns of England and Wales during the week ended March 12th was 572 compared with 898 in the previous week and 1,023 in the week before that. In London 49 deaths were notified as compared with 69 and 81 in the two previous weeks; and in the outer ring of the metropolis 24 as against 44 and 67. Reports received by the Scottish Board of Health indicate that in most parts of Scotland the influenza epidemic was last week definitely on the wane. The decline was very noticeable in Dundee and Aberdeen. In Ayr and in Orkney, however, the disease is still spreading, and in Fife there is little sign of diminution as yet.

VACANCIES exist at present for medical officers in the Malayan Medical Service. Candidates should be British subjects of European parentage and not over 35 years of age. Further particulars are given in our advertisement pages.

WE are informed that the British College of Nurses, endowed by an anonymous donor with £100,000, has secured 39, Portland Place, London, W.1, as headquarters. The college and its governing body the council are composed entirely of registered nurses.

THE late Dr. Samuel Clarke Noble of Kendal, who died in December last, aged 89, has left estate of the gross value of £38,807, with net personalty £33,066. His bequests on the death of his wife included £3,000 to Balliol College, Oxford, for the foundation of an Eric Raymond Noble scholarship; £300 to the Medical Mission of the Church Missionary Society; £1,150 to Dr. Barnardo's Homes; £1,000 to the Kendal Grammar School for a scholarship at Oxford; £1,500 to the Westmorland County Hospital for the endowment of three beds in the children's ward. The ultimate residue of the property is to be divided in three equal parts between the Middlesex Hospital Medical School for the endowment of a Hugh Percy Noble research scholarship, preferably on cancer or diabetes, in remembrance of his son; to Balliol College for the foundation of an open classical scholarship; and to Dr. Barnardo's Homes for general purposes.

THE late Sir Isambard Owen has left estate valued at £9,234.

THE International Labour Office has published six more pamphlets (Nos. 58 to 63) dealing with miner's nystagmus; the treatment of industrial waste water; the postal, telegraphic, and telephonic services; trinitrotoluene, trinitroxyline, and trioxybenzene; tuberculosis and silicosis; and aluminium and amber. They may be obtained from the London correspondent of the International Labour Office, 12, Victoria Street, S.W.1.

A MINISTRY of Health has been established recently in Denmark.

THE eighth International Congress of Actuaries will be held in the Guildhall, London, from June 27th to 30th, under the honorary presidency of the Prince of Wales. Many delegates are expected from the Dominions, the United States, Europe, and other parts of the world, in view of the public and professional interest taken in the application of actuarial science to life insurance, and to old age and invalidity pensions.

THE fourth Spanish Congress of Pediatrics, which will be held at Valencia in May under the presidency of Dr. Juan Moret, dean of the medical faculty of Valencia, will consist of four sections devoted respectively to the hygiene and protection of infancy, medical diseases of children, surgery and orthopaedics, and pedagogy.

THE proceedings of the Twelfth Congress of Northern Countries, held at Stockholm from August 27th to 29th, have been recently published in a special supplement of *Acta Medica Scandinavica*, the communications appearing in English, French, or German.

DR. AUVRAY has been elected a member of the Académie de Médecine in place of the late Professor Le Dentu in the section of surgery and obstetrics. Professors Lejars and Sebileau of Paris have been elected corresponding foreign members of the Belgian Royal Academy of Medicine.

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.**

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THE TELEGRAPHIC ADDRESSES are:

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

MEDICAL SECRETARY, Medisecra Westcent, London.

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.

"ARCHIVES OF DISEASE IN CHILDHOOD."

DR. A. H. LOWTHER (St. Aubyn's, Burnham-on-Sea) is anxious to read the issues of the *Archives of Disease in Childhood* for August and October. These numbers are out of print, and Dr. Lowther would like to borrow or buy copies of them.

NERVOUS VOMITING.

DR. W. NUNAN (Bombay) writes in reply to "H. W. B." (JOURNAL, October 9th, 1926, p. 670) to recommend resort to suggestion.

MORBID SHYNESS IN A CHILD.

DR. R. MACD. LADELL (Birmingham) writes: "The letter of 'K. H. G.' in the JOURNAL of February 26th (p. 410), asking for suggestions as to the treatment of excessive shyness in a child of 8, is evidence of the lack of appreciation still shown by the majority of medical practitioners as to the possibilities of psychotherapy. Such a case should, as a matter of course, be taken for advice to a medical psychologist. Obviously to treat the cause of the shyness one must be aware of what is passing in the child's mind, and this can only be done by a process of psychological analysis." Dr. Ladell looks forward to the time when psychological clinics will be established in every large town.