

orange peel picked from the bins. No tinned salmon, meat, or milk, or prepared foods of any kind had recently been used in the house. No other persons in the household or other children in the neighbourhood had been ill in a similar manner.

The other outbreak occurred at Antrobus, Cheshire, and was reported to one of us (J. S. M.) by Dr. Love of Great Budworth.

A boy, aged 4 years, was taken ill on December 1st, 1925, with vomiting and diarrhoea, temperature 102°. There was a little blood in one of the motions. Two days later the temperature became normal, and the child seemed better. On Monday, December 6th, diarrhoea recurred, and the temperature rose to 100°, with pain in the left side of the abdomen. At 2 a.m. on December 7th he had acute pain in the left side of the abdomen, with great distension. He was sent to a Manchester nursing home for operation, but died before any operation was performed. A sister, aged 2½ years, was taken ill on December 4th with diarrhoea and vomiting; blood and mucus were present in the stools. Diarrhoea continued until December 9th. The child recovered. A maid and visitor in the house also had diarrhoea for a couple of days. Mrs. C., aged 35, was taken ill on December 13th with frequent diarrhoea—blood, mucus, and shreds in the stools. A specimen of this was sent to the Runcorn Research Laboratory in a sterile bottle, and Dr. H. A. Mitchell reported as follows:

"Cultivations made from this specimen have yielded cultures of (1) *B. coli communis*, (2) a Gram-negative non-motile bacillus producing a turbidity in broth. It causes acid production in glucose, mannite, and maltose, but has no effect on saccharose, lactose, dulcitate, and raffinose, nor on litmus milk or gelatin. It failed to form indol, and gave only slight agglutination with specific Flexner 'Y' serum. Classification, *Bacillus paratyphosus* closely resembling the Flexner 'Y' type as described by Park and Williams."

A culture of this organism was sent to the Ministry of Health laboratory, and the report was as follows:

"The culture gives the fermentation reactions of the Flexner group of the *B. dysenteriae*, but fails to form indol, and gives only insignificant traces of agglutination or none with the specific serums of all the types of the Flexner group. It is not one of the standard dysentery bacilli, but may possibly be pathogenic."

A sample of blood was taken from Mrs. C. to test its agglutinating properties. This sample proved insufficient, and the patient refused to allow another sample to be taken.

The cases in this household were at first thought to be due to food poisoning, but nothing could be discovered likely to produce the condition. Milk and water were examined, and the well, formerly of good repute, which supplied the household was found to contain *Bacillus coli* in 1 c.cm. Other users of this water were not affected. All were warned to boil the water after the contamination was revealed. These cases, together with an account of an outbreak published by one of us (J. S. M.) in 1921 (*Lancet*, April 16th, p. 802), show that small localized and virulent outbreaks of colitis occur in this country, especially affecting children, and evidently have some etiological relationship to a bacillus of the dysenteric group of the Flexner "Y" type.

## Memoranda:

### MEDICAL, SURGICAL, OBSTETRICAL.

#### THE OPERATION OF TONSILLECTOMY.

I was interested to read in your issue of January 8th (p. 56) an account by Dr. Lodge of an ambidextrous method of performing tonsillectomy, though a little befogged by the various anatomical movements described. Many years ago it occurred to me that ambidexterity in tonsillectomy would be a great advantage in securing without change of position the second tonsil, which so quickly becomes obscured by blood, and consequently I set about practising it. The steps of the operation are as follows.

Doyen's gag is introduced slightly to the left of the middle line and ethyl chloride administered. The operator stands on the patient's right, the nurse on the left, and the anaesthetist in the usual position at the head of the table. The nurse holds two adenoid curettes (Sir St. Clair Thomson's for preference), one in each hand, with the blades uppermost. I invariably use artificial light as it makes one independent of dull days and inadequately lighted rooms.

If the operation is performed in an institution the head of the table is slightly raised, the sliding electric lamp pulled down

by the anaesthetist, and the light reflected into the mouth from the ordinary forehead mirror worn by the operator. I have got into the habit of removing the left tonsil first, therefore I take the guillotine (Jenkins's guillotine for choice, the blade of which can be blunted on sandstone) in the left hand, depress the tongue with the index finger of the disengaged hand, and completely expose the tonsil to be enucleated. The ring of the guillotine is then passed over the lower pole, the handle of the instrument brought right across to the opposite side and depressed, while the point is raised and pushed well behind the tonsil, which with the soft palate in front of it is pushed well forwards. The index finger is then released from the tongue and used to push the tonsil (which can be distinctly felt under the soft palate) through the ring of the instrument until the circumference of the latter can be felt all round; the blade is then driven home and with a slightly wriggling movement the tonsil is brought out entire.

The guillotine is next taken in the other hand and the procedure repeated on the other tonsil. The nurse then relieves the operator of the guillotine and places a curette in his hand (one usually suffices); it is passed into the mouth blade downwards until it reaches the pharynx; it is then rotated through 180 degrees and passed up behind the soft palate until it impinges on the posterior end of the septum; it is then pushed backwards and upwards, and finally levered downwards in one sweep, using the incisor teeth as a fulcrum, and the adenoid growth brought out in the cage.

In this way I have enucleated many thousands of tonsils, and during the past three years have been most ably assisted by my colleague, Dr. Macleod, senior medical officer, Hull Dispensary, who has anaesthetized some 3,000 patients for me without a hitch.

I wish it to be understood that I am not claiming anything new or original—the method of enucleating the tonsils described above will be recognized as that introduced by Whillis and Pybus some years ago, and is, I believe, in general use—I am simply giving my experience as to how, with a combination of artificial light, team work, and ambidexterity, the operation which has taken so long to describe can be performed in a few seconds.

ALFRED J. S. ROE,  
Aural Surgeon, Hull Dispensary.

#### PULMONARY EMBOLISM FOLLOWING CHILDBIRTH.

THE following case, which occurred in 1925, may be of interest in connexion with the two cases reported in the *BRITISH MEDICAL JOURNAL* of November 6th, 1926 (p. 835).

A healthy woman, aged 27, gave birth to her third child after a perfectly normal labour and without any intervention. I was not present at the birth, but was sent for two hours later by the nurse. I found the patient complaining of faintness, with a livid face and anxious expression, laboured breathing of 40, and a pulse rate of 160. The placenta had been delivered normally soon after birth and there had been no abnormal loss of blood. The uterus was fully contracted. Examination of the heart revealed no bruits, but the sounds were greatly accentuated, the second in the pulmonary area being exceptionally loud and sharp. During the examination the heart rate increased rapidly to 200.

Various stimulants were given, such as intramuscular injections of camphor, ether, strychnine, and digitaline, but without effect.

The patient vomited once and then lapsed into unconsciousness, and died in less than fifteen minutes after my arrival.

No post-mortem examination was performed, but the only possible diagnosis seemed to be that of pulmonary embolism.

G. W. V. PARRY, M.R.C.S., L.R.C.P.

St. David's, S. Wales.

#### OCULAR SYMPTOMS DURING CATAMENIA.

IN the issue of the *BRITISH MEDICAL JOURNAL* dated May 8th and 15th, 1926 (*Epitome*, para. 503), a case of retinal haemorrhage synchronous with onset of menstrual period is described. The patient subsequently developed sclerosis and she proved to be tuberculous. In view of this it may be of interest to record the following case.

A married woman, aged 29, reported that her left eye regularly became sore two days before menstruation and cleared up two days after menstruation ceased. She was found to have mild episcleritis. A month's local treatment with 1 per cent. yellow mercuric oxide ointment and massage was not successful in preventing a recurrence of the phenomenon. On obtaining a history of acute rheumatism, regular doses of sodium salicylate (15 grains thrice daily) were administered by the mouth, with the result that the patient has not had a relapse for six months, although treatment was only continued for two months.

A. WOLSELEY D'OMBRAIN, M.B., CH.M.SYD.,  
Honorary Ophthalmic Surgeon to the West Maitland,  
Kurri Kurri, and Cessnock District Hospitals,  
New South Wales.

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

THE ninety-fifth Annual Meeting of the British Medical Association will be held in Edinburgh this summer under the presidency of Sir Robert Philip, M.D., LL.D., honorary physician to the King in Scotland, who will deliver his address to the Association on the evening of Tuesday, July 19th. The scientific and clinical work of the meeting will occupy, as usual, the three following days, and on this occasion it will be divided among twenty-one Sections. The names of the officers of Sections and other preliminary announcements are published in the SUPPLEMENT this week; the full programme of scientific business and further details of the arrangements for the Annual Meeting will appear in later issues. The Annual Representative Meeting, for the transaction of medico-political business, will begin on Friday, July 15th. On the last day of the meeting (Saturday, July 23rd) there will be excursions to places of interest in the neighbourhood. We print below the third of a series of descriptive and historical notes on the Scottish metropolis and its relations with the science and practice of medicine. The first article, published on December 4th, 1926, dealt with old Edinburgh and the beginning of the Edinburgh Medical School; the second, on January 1st, with the Medical School from 1726 to the middle of the nineteenth century.

It has been decided to make the Edinburgh celebrations of the centenary of Lord Lister's birth coincide with the Annual Meeting of the British Medical Association. A book dedicated to Lister's life and writings is being prepared for the occasion, and throughout the week a museum of Lister relics will be on view in the Upper Library of the old University. On Wednesday, July 20th, at 8 p.m., a public meeting will be held in the McEwan Hall, with the Earl of Balfour, K.G., in the chair, when short commemorative addresses will be delivered.

EDINBURGH MEDICAL INSTITUTIONS.

THE ROYAL INFIRMARY OF EDINBURGH.

**THE** Royal Infirmary of Edinburgh owes its origin to the Royal College of Physicians, which was founded in 1681, largely by the influence of Sir Robert Sibbald, in association with other eminent physicians of the city, by whom the first steps were also taken for the foundation of a complete medical school at Edinburgh.<sup>1</sup> This College from

its earliest days interested itself in the care of the sick poor, and at its third meeting, on February 10th, 1682, two physicians were appointed "to serve the poor of the city and suburbs." Advice and medicines were first distributed to the poor at the Hall of the physicians, but in 1725 the College proposed the foundation of a building where the sick could be received. In 1726 the minutes of the College mention that subscriptions had already been

set on foot with "pretty good success," and the Fellows of the College were now joined in their scheme by the members of the Incorporation of Surgeons as well as receiving substantial encouragement from charitable people in many quarters. It was considered that the sum of £2,000 was the smallest which would suffice for this purpose, and this sum having been speedily collected, the committee charged with the object decided to hire a small house for

receiving sick poor out of the annual proceeds of the capital sum, and at the same time appointed twenty managers to control it. This "small hired house" stood at the head of Robertson's Close and provided accommodation for six patients. It was formally opened on August 6th, 1729. Some time later the managers obtained a Royal Charter from King George II, dated August 25th, 1736, in

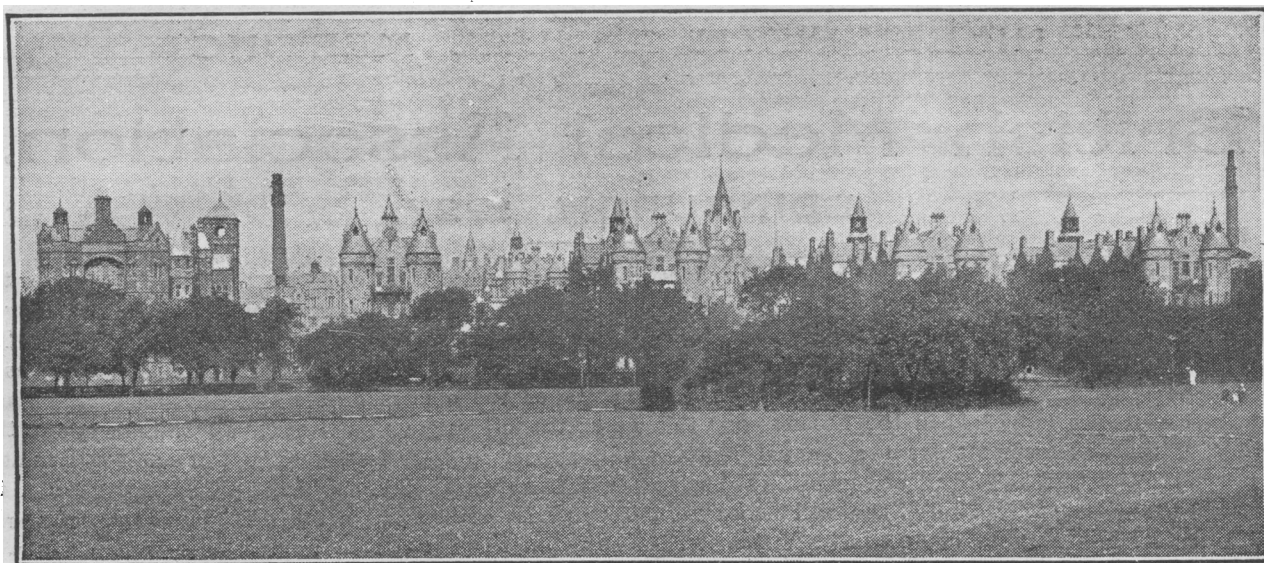
which the hospital is designated the Royal Infirmary of Edinburgh, and by August 2nd, 1738, the foundation stone of a permanent hospital was ceremoniously laid. This building consisted of a "body with two wings, each of three full storeys and an attic one with garrets in the roof." The body was 210 feet long and each wing extended 70 feet, with a "large theatre where more than 200 students can see operations, and which is also a convenient chapel.

Over the theatre a cupola is raised that may occasionally be used as an astronomical observatory, having windows to the different quarters of the hemisphere." The house was designed for 228 sick people "received into separate beds," and on the ground floor there were twelve cells for mad people. Round the hospital was an area of two acres with grass walks for the patients to walk in. The patients previously had had the privilege of walking in the neighbouring Physic Garden of the College, which had



OLD ROYAL INFIRMARY; MEDICAL HOUSE. OPENED DECEMBER, 1741, NOW DEMOLISHED.

<sup>1</sup> See BRITISH MEDICAL JOURNAL, December 4th, 1926, p. 1067.



ROYAL INFIRMARY, EDINBURGH, FROM THE MEADOWS.

been leased in 1724 to Dr. Rutherford and some of his colleagues for the purpose of rearing medicinal plants. The building of this hospital appears to have commended itself to all classes. The Assembly of the Church of Scotland ordered collections to be made at all church doors; benefit nights were given at the theatre; most of the societies in and about Edinburgh sent money; merchants sent presents of timber, stone, and other materials; farmers and carters supplied carriages; and mechanics and labourers gave so many days' work gratis. In addition, the managers dispersed copies of their prospectus in England, Ireland, and the British Plantations, from all of which countries considerable subscriptions were received. In the credit assigned to the founders of the hospital, one of the most active to be recognized was George Drummond, Commissioner of Excise, who held the office of Lord Provost of Edinburgh six times. "His indefatigable labours in procuring bounties, whether money or material, to set the work agoing and his ardent efforts in forwarding it when begun, were amply compensated, as his solicitous wishes were happily gratified, in seeing it completed many years before his death." The labours of this public-spirited and far-seeing man were commemorated by a bust which stands at the entrance to the present Royal Infirmary as well as by a portrait in the board room. Finally the Infirmary was fitted up, and the sick were received into it in December, 1741.

In 1745 and 1746 the affairs of the Infirmary, as well as of the whole country, were thrown into confusion by the Rebellion, and the Infirmary was converted into a general hospital for sick and wounded soldiers, of whom several hundred were attended and dressed by the surgeons. From the commencement of the hospital in 1729 the surgeon apothecaries had not only attended without fee, but each had furnished the medicines necessary out of his own shop. In 1748, however, the managers decided to fit up an apothecary's shop in the institution from which both in-patients and out-patients could be served.

By 1778, when a new appeal was issued, it had been found that the original twelve cells for mad people were unnecessary, and some of them had therefore been converted to other uses. On the upper floor a ward had also been established "for lying-in women, sufficiently separate from the rest of the house, and under the direction of the professor of midwifery." On the attic story and in a remote part of the house "a salivating ward for female patients had also been established containing twelve beds." There was also a small ward with four beds for the same purpose. "This ward was fitted up in consequence of a few female patients, who, being sufferers, not by any fault of their own, but by that of their husbands, or from suckling infected children, had applied to be taken under cure in the hospital." By this time, too, it is recorded

that "in the west wing are one cold and two hot baths with their respective dressing-rooms, while in the east wing is a bath for the patients of the house, so constructed that it may be occasionally used either as a cold or a hot bath." The report continues: "those in the west wing are intended for people of the city; no patient in the hospital having at any time admittance to them." These three baths appear to have been the only provision, towards the end of the eighteenth century, by which the inhabitants of Edinburgh could carry out complete ablution otherwise than in a stream or in the sea, and the baths appear to have been a source of considerable revenue to the charitable institution. Another source of revenue was tapped in 1746, when the managers of the Infirmary and of the town's workhouse took a joint lease of the hall where the weekly assemblies for dancing were held. Several ladies of quality and rank undertook to act in turn as directresses of the weekly assemblies, and the profits arising from these brought to the Infirmary a revenue of about £100 per annum.

It is interesting to note that the Royal Infirmary of Edinburgh in the eighteenth century affords an example of the modern movement for the payment of hospital staffs. In January, 1751, the managers elected Dr. David Clark and Dr. Colin Drummond physicians in ordinary to the infirmary, each with a salary of £30. This was to supersede the old arrangement by which each of the Fellows of the College of Physicians had in turn attended the Infirmary for a month, but this arrangement seems again to have been departed from at a later period. For a time also the practice of having paying patients was introduced, and the charge for these was at the rate of 6d. a day. After the peace of 1763 a great number of sick and lamed soldiers presented themselves at the Infirmary, and in the same year Dr. Adam Austin was appointed by the Commander-in-Chief to visit the military wards regularly and to report thereon. Every assistance was given by the managers and staff of the house to Dr. Austin in the execution of these duties.

Excluding the military ward and the wards reserved for special types of case, some sixty beds appear to have been available for ordinary free patients. With these the Infirmary continued for about half a century, but in 1828 the old High School, vacated by the transference of that institution to a site on the Calton Hill, was acquired, and this, along with an intermediate building connecting it with the original Infirmary structure, became the surgical hospital. This part of the old Infirmary is still standing, though the original building of 1741 has long since disappeared. Between 1860 and 1870 much discussion took place as to whether the Royal Infirmary should be rebuilt or whether a new Infirmary should be erected on a different site. The latter alternative was adopted, in great part owing to the advocacy of Professor Syme. The site selected

was that of George Watson's Hospital, between Heriot's Hospital and the Meadows. Here the foundation stone of the present Infirmary buildings was laid on October 13th, 1870. The present Royal Infirmary was opened on October 29th, 1879.

Various changes have taken place in the past two centuries as regards the appointment of physicians and surgeons to the hospital, and the present Infirmary, in the forty-eight years of its existence, has enormously expanded with the introduction of new departments for diseases of the eye, disorders of the ear and throat, radiology, bacteriology, and other special departments and clinics. The present visiting staff numbers sixty-eight, with twenty-six consultants who have served their term of office in the institution. Of the visiting staff, some six attached to special departments are paid as whole-time or part-time officers. With regard to the work of the hospital, in 1926 over 17,000 patients were treated in the wards, while over 56,000 out-patients attended the various departments.

During the time that has elapsed since the foundation of the Infirmary nearly two hundred years ago the arrangements for treatment of patients have undergone a gradual evolution. Until the year 1751 all the Fellows of the Royal College of Physicians attended the patients in rotation, but in that year the managers appointed two physicians to the Infirmary at a salary of £30 each. Similarly, all the members of the Incorporation of Surgeons up to 1766 attended the surgical cases in rotation, but in July of that year the managers appointed James Rae, Peter Addis, John Balfour, and Andrew Woods as surgeons to the hospital.

One of the most important developments in the relationship of the Royal Infirmary to the Edinburgh Medical School commenced in the year 1748, when John Rutherford, professor of practice of physic in the University, and grandfather of Sir Walter Scott, obtained permission from the managers to give a course of clinical lectures in the Royal Infirmary. This was perhaps the first course of clinical lectures delivered in this country, and was organized by Rutherford on the model of lectures which he had attended in the hospital at Leyden. Very soon other professors of the medical faculty began to co-operate with Rutherford, and the fame of the clinical teaching at Edinburgh increased, especially in the hands of William Cullen, who commenced to give clinical lectures in 1757 and became professor of practice of physic in 1773. An interesting account is given by Dr. Graves of Dublin of clinical teaching at Edinburgh when he was a student there in 1819. Two clinical clerks, he said, were appointed for the male and female wards, selected by the physician from among the senior pupils.

"Their business was to write an accurate history of the cases, to report the effects of medicines and to record the symptoms which might have occurred since the physician's last visit. At his

daily visit the physician stood at the bed of each patient, and having received the necessary information from his clerk, he examined the patient, interrogating him in a loud voice, while the clerk repeated the patient's answers in a tone of voice equally loud. This was done to enable the whole audience to understand what was going on and required an exertion almost stentorian to render this conversation between the physician and his patient audible by the more distant members of the class. Every word was attentively listened to and forthwith registered most faithfully in each student's case-book and afterwards all the

observations of the professors, made in their clinical lectures, were taken down with equal care and fidelity."

According to Graves, this method of instruction was indeed very useful, and nothing better could be devised for a beginner. Some forty years later, referring to the year 1853, the following picture of Syme is given by the late Dr. Joseph Bell (said to be the prototype of Mr. Sherlock Holmes):

"His hospital life was on this wise—two clinical lectures a week, operations two days more (perhaps three), a ward visit when he wished to see any special cases; he spent generally about two hours in the hospital. Driving down in his big yellow chariot, with footman, hammercloth, and C-springs, with two big,

rather slow and stately white or grey horses, he used to expect his house-surgeon to meet him at the door and move upstairs with him to his little room, where he at once took up his post with his back to the fire and his hands under the flaps of his swallow-tail coat. In this little room he generally held a small *levée* of assistants, old friends, practitioners wanting to arrange a consultation, old pupils home on leave; and before this select class he examined each new and interesting case that could walk in. The new cases had been collected, sifted, and arranged by the dresser in a little room on the stair, irreverently known as 'the trap,' and Mr. Syme then and there made his diagnosis, which to us young ones seemed magical and intuitional, with certainly the minimum of examination or discussion. One was sent off with a promise of a letter to his doctor, another was fixed for to-morrow's lecture or next day's operation. Then, if it was lecture day, a tremendous rush of feet would

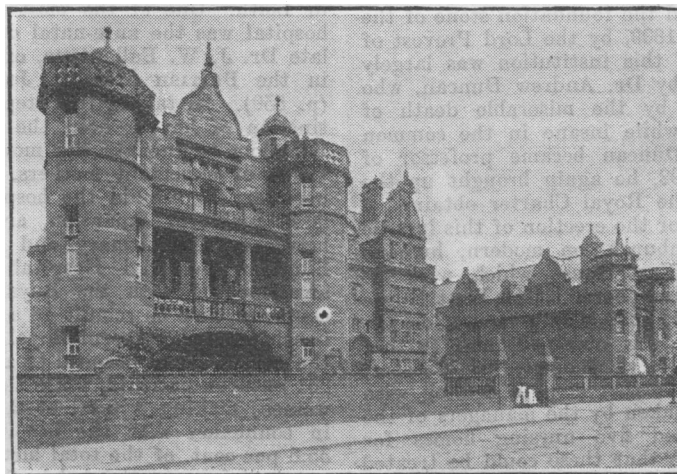
be heard of the students racing to get the nearest seats in the large operating theatre where the lecture was given. Chairs in the arena were kept for colleagues or distinguished strangers; first row for dressers on duty; operating table in centre; Mr. Syme on a chair on left centre. In his later days it was a fine cushioned chair called the 'chair of clinical surgery.' (In 1854 it was a meek little wooden chair without arms.) House-surgeon a little behind, but nearer the door; instrument clerk with his well stocked table under the big window. He comes in, sits down with a little, a very little, bob of a bow, rubs his trousers legs with both hands open, and signs for the first case. The four dressers on duty, and in aprons, march in (if possible in step), carrying a rude wicker basket, in which, covered by a rough red blanket, the

patient peers up at the great amphitheatre crammed with faces. A brief description, possibly the case had been described at a former lecture, and then the little, neat, round-shouldered, dapper man takes his knife and begins; and the merest tyro sees at once a master of his craft at work—no show, little elegance, but absolute certainty, ease and determination; rarely a word to an assistant—they should know their business if the unexpected happens; his plans may change in a moment, but probably only the house-surgeon finds it out; the patient is sent off, still anaesthetized, and then comes a brief commentary, short, sharp and decisive, worth taking verbatim if you can manage it, yet he has no notes, a very little veiled voice, and no eloquence."

Into this atmosphere Joseph Lister stepped in 1853 and took up the position of house-surgeon to Syme in 1854. Returning from his period of office as professor of surgery



PART OF OLD INFIRMARY, EDINBURGH, CONTAINING LISTER'S WARDS, AND FORMERLY THE HIGH SCHOOL OF EDINBURGH.



ROYAL HOSPITAL FOR SICK CHILDREN, EDINBURGH.



in the University of Glasgow, he succeeded Syme as professor of clinical surgery in 1869. Lister's wards were situated in that part of the Infirmary which had formerly been the High School of Edinburgh, and which still stands as the Engineering Department of the University at the foot of Infirmary Street.

#### THE ROYAL HOSPITAL FOR SICK CHILDREN.

The first hospital for sick children in this country, that of Great Ormond Street in London, was opened in February, 1852. For some time before and after 1840 Dr. William Campbell, lecturer on midwifery in Argyll Square, Edinburgh, gave a full course of lectures on the diseases of children, and these lectures were the first of the kind delivered in Edinburgh. Appeals began to be made about the year 1856 in the columns of the *Edinburgh Medical Journal* as to the expediency of founding a hospital for the diseases of children in Edinburgh, and later, about 1859, an agitation was made for the same purpose in the *Scotsman*, the *Witness*, and other papers. Premises were secured at No. 7, Lauriston Lane, and on February 15th, 1860, a hospital with twenty-four cots was opened. In May, 1861, the directors purchased Meadowside House at the foot of Lauriston Lane, with ground adjoining to the extent of one acre, and here a hospital was established for forty patients, including a separate fever ward. This building was formally opened in May, 1864, and a new surgical department was added in 1889. Here over 600 patients were treated annually. For a short time after 1890 the hospital was removed to a building formerly used as a hydropathic at Morningside, and subsequently, when the present building was completed in Sciennes Road, the hospital moved back to the central portion of the town. The hospital is a handsome building constructed of red sandstone, with two ward pavilions, three stories in height, and a central administrative block. Adjoining the hospital is a large out-patient department. There is also a convalescent home situated at Muirfield, Gullane, in which chronic cases and cases requiring a prolonged convalescence are treated by the seaside. During 1925, 2,968 cases were treated in the wards of the hospital and 7,459 out-patients, involving 28,242 attendances, at the out-patient department.

#### ROYAL EDINBURGH ASYLUM.

The Royal Edinburgh Asylum for the Insane was founded by a charter in May, 1807, and the foundation stone of the institution was laid in June, 1809, by the Lord Provost of Edinburgh. The founding of this institution was largely the outcome of a suggestion by Dr. Andrew Duncan, who had been greatly impressed by the miserable death of Robert Ferguson, the poet, while insane in the common workhouse in 1774. When Duncan became professor of institutes of medicine, in 1792, he again brought up the matter, and in addition to the Royal Charter obtained a Government grant of £2,000 for the erection of this lunatic asylum at Morningside, Edinburgh, on modern, humane lines. This was the original East House, which, with the growth of the city, has now disappeared. The West House was added later, and in June, 1890, Craig House, on the slopes of Craiglockhart Hill, was obtained, and further asylum buildings added, which were opened in October, 1894. In 1917 an important further step in dealing with cases of mental disorder was taken by the managers of the Royal Asylum, who instituted five nursing homes for mental cases in Edinburgh, so that these could be treated without the objectionable feature of certification. A sixth home, known as Jordanburn Hospital, and intended for persons of the poorer classes, is at present in process of erection. The average annual number of patients under treatment in the institution is 850, and the managers have recently applied to Parliament for an order to change the name of the corporation and of the institution from that of the Royal Edinburgh Asylum to "The Royal Edinburgh Hospital."

#### ROYAL MATERNITY AND SIMPSON MEMORIAL HOSPITAL.

In 1756, when Dr. Young was appointed professor of midwifery at Edinburgh University, a ward in the attic story of the Royal Infirmary, by permission of the

managers, but at Dr. Young's expense, was fitted up for four lying-in women, or as many more as Dr. Young could accommodate, each exceeding the number four paying 6d. a day to the house. With the view of obtaining further opportunities for practical instruction the professor also gave notice that patients should be delivered at their own house free of expense and, if necessary, supplied with proper medicines. Dr. Alexander Hamilton succeeded to the chair in 1780 and carried on the same arrangements for about ten years. He was now allowed six beds in the attic ward of the Royal Infirmary, but he found this was altogether inadequate for the purpose of training nurses as well as teaching students. In 1791, therefore, he made proposals for the establishment of a lying-in hospital, and in the beginning of November, 1793, a proper building was purchased and a hospital was opened with the title of the Edinburgh General Lying-in-Hospital. Professor Alexander Hamilton was himself the ordinary physician to the hospital, and Dr. C. Stuart held the position of extraordinary physician. This house served as a maternity hospital for nearly fifty years and was situated in Park Place. Attendance on this institution was afterwards carried on by James Hamilton, the son and successor of the first Hamilton, during his long incumbency of the chair of midwifery, lasting forty years. Here the younger Hamilton was assisted by Dr. John Moir, who lived in the neighbourhood, and latterly took over most of the attendance on the hospital from the professor. After 1843, the house in Park Place being sold, the Lying-in Hospital went through a series of migrations, being transferred successively to a house at No. 2, John Street, where it became known as the Royal Maternity Hospital; three years later to Milton House in the Canongate; in 1852 to Minto House, and in 1856 to Chapel House, where it remained sixteen years. From 1872 to 1874 it occupied George Watson's Hospital buildings, acquired by the Royal Infirmary, which, however, was not yet able to use the building for wards. In 1874 it was transferred to 18, St. John Street, until a sum of money collected to perpetuate the memory of Sir James Y. Simpson became available, and in May, 1879, the new hospital in its present situation was opened for the reception of patients. Here the hospital has continued to grow both in usefulness and extent until further extension has become impossible. It has been affiliated with the five dispensaries of the city and has established a department in Leith. One of the most modern developments of the hospital was the ante-natal department established by the late Dr. J. W. Ballantyne, of which an account was given in the *BRITISH MEDICAL JOURNAL* of March 20th, 1926 (p. 539). In taking this step the hospital enjoys the distinction of having been the first hospital in the United Kingdom to initiate the movement for ante-natal supervision of expectant mothers. As it has become urgently necessary to rebuild the hospital, and as its present site is incapable of expansion, arrangements have been made between the Infirmary and the directors of the Royal Simpson Memorial Hospital that the latter should be amalgamated with the Royal Infirmary, and it will in course of time be rebuilt on a site in the immediate neighbourhood of the present Royal Infirmary buildings. During the year 1925 the hospital treated 1,854 indoor patients and 531 outdoor patients, while the Leith branch attended 549 women, making a total of 2,934 patients delivered in or in connexion with the hospital, a number which covers 35.5 per cent. of the total births in Edinburgh. The ante-natal clinic was attended by 1,297 patients with a total of 4,121 visits.

#### Leith Hospital.

Leith Hospital is an institution which has gradually developed to its present size of a hospital containing nearly 100 beds. The Edinburgh and Leith Humane Society was founded in 1788, a dispensary was added in 1815, with a casualty hospital in 1837, and these institutions were combined as Leith Hospital in 1848 and incorporated in 1907. The hospital occupies a central position in the town of Leith, which now forms a portion of the city of Edinburgh. The most recent addition to the hospital was a ward for children containing thirty-six cots, which was completed in 1926 and opened as a war memorial to commemorate the men from Leith who fell in the great war.

*Deaconess Hospital.*

The Deaconess Hospital was founded by the Church of Scotland as a memorial to Lady Grisell Baillie, one of the initiators of the modern Deaconess movement. The hospital was founded in 1894 and contains some fifty beds, including wards for men and women, a gynaecological ward, and a children's ward. The number of patients treated in hospital during 1926 was 716, while at the out-patient department 5,960 patients were treated, with total attendances of 26,804. The hospital is situated in the densely populated district of the Pleasance, where its services are particularly valuable to the poor of the locality.

*Chalmers Hospital.*

In the year 1836 George Chalmers, plumber in Edinburgh, bequeathed the residue of his estate, amounting to £30,692, to the Dean and Faculty of Advocates for the purpose of founding a new hospital for the sick and hurt. After allowing the fund to accumulate for some years the trustees erected the present hospital in Lauriston Place, which was opened for patients in the year 1864. An addition to the hospital was made in 1898 to commemorate the Diamond Jubilee of Queen Victoria, and more recently alterations have been made to improve the surgical department of the hospital. The hospital contains almost fifty beds, equally divided between medical and surgical cases, with gynaecological and aural departments. The total number of patients treated in hospital during the year 1926 was 925. In addition to these, 3,571 persons received treatment at the out-patient department. Since an early period in its career this hospital adopted a principle which is at the present day considered to be an ideal arrangement for general hospitals, in the provision of private wards as well as free beds. The charge for maintenance in the private wards is at present fixed at 10s. 6d. per diem.

*Royal Edinburgh Hospital for Incurables.*

This hospital occupies a somewhat unique position among the hospitals of Scotland. Attention was drawn half a century ago to the urgent necessity for the provision of hospital accommodation for persons suffering from incurable diseases. A public meeting was held in Edinburgh in December, 1874, as a result of which the Edinburgh Association for Incurables was founded. The hospital, which was opened in 1875, originally provided twenty-two beds, intended for the reception of incurable cases, and for the purpose of affording the medical profession an opportunity of studying more carefully that class of disease which had hitherto been considered incurable. At the present time the hospital maintains two institutions—the Longmore Hospital, situated at Salisbury Place, Edinburgh, with accommodation for 160 beds, and Liberton Hospital, opened in 1906, with fifty beds, at Liberton, on the southern outskirts of the city, where cases of advanced tuberculosis especially are treated. A considerable proportion of the tuberculosis cases are of surgical tuberculosis in children, and with such cases there is often an encouraging number of successful cures. The hospital also possesses funds for affording outdoor benefit to patients who have recovered sufficiently to be discharged. The number of patients treated in the two hospitals during the year ending March, 1925, was 329, and the total number of patients treated during the fifty years of the hospital's existence up to that date was 5,933.

*Royal Victoria Hospital for Tuberculosis.*

The Victoria Dispensary for consumption and diseases of the chest was opened in November, 1887, at 13, Bank Street, under the superintendence of Dr. (now Sir Robert) Philip. As the result of growing activity and usefulness, the dispensary was removed in 1891 to 26, Lauriston Place. By this time about sixty cases were seen three times a week. During 1892 the important step of visiting patients in their own homes was undertaken, so as to trace other infected cases among those who had come into intimate contact with the patients. In 1894 Craigleith House, on the north side of the town, was taken as a hospital for tuberculosis and named the Royal Victoria Hospital. Here various pavilions were added in 1903 and at subsequent dates. The increasing activity of the dispensary necessitated its removal in the year 1911 to a large building which had become available in Spittal Street. This removal was made the occasion of a semi-jubilee celebration. At this time 2,042 visits to tuberculous families were paid annually by the doctors attached to the institution, and 5,273 visits by a staff of nurses. In 1910 Polton Farm Colony, situated in the country to the south of Edinburgh, was established, where on a farm some twenty persons suffering from chronic tuberculosis could obtain useful employment suited to their physical abilities. The organization was taken over by the Corporation of Edinburgh in 1914, the Royal Victoria Hospital being now provided with some 100 beds. The Tuberculosis

Trust has still continued its activities, and in addition to the organization as managed by the Edinburgh Corporation, the Trust established the Sanatorium Colony of Southfield, near Liberton, in 1919, where cases of tuberculosis in any of its forms are treated and about forty patients are received. As another aspect of antituberculosis work, the Trust in 1923 leased the farm of Gracemount in the same neighbourhood, and established a model dairy farm with a herd of tuberculin-tested cows for the supply of certified milk.

*Edinburgh Hospital for Women and Children, and the Hospice.*

The Edinburgh Hospital for Women and Children, with a female medical and surgical staff, was founded in 1879 in Whitehouse Loan. The hospital increased gradually in size until now it contains some fifty beds. The Hospice was inaugurated in 1904 at 219, High Street, with ten beds, and maintained a separate existence until 1910. In that year the two institutions were amalgamated under one committee. In July, 1925, this committee reconstituted the Hospice and transferred it to Spring Gardens, overlooking the King's Park, as the Elsie Inglis Memorial Maternity Hospital. This hospital contains forty-five beds, and is shortly to be extended to sixty beds. It is reserved for the treatment of obstetric cases. These two hospitals have a certain number of free beds for persons unable to pay anything, but whenever possible patients are expected to pay from 25s. to 3 guineas weekly, the latter charge being the cost of a private room. The number of cases treated in the Bruntsfield Hospital during 1926 was 667, while the number treated at the Elsie Inglis Memorial Hospital was 670, with 213 cases in their own homes in the surrounding district.

## THE DISPENSARIES.

Edinburgh was one of the first cities to institute dispensaries for the medical treatment of the sick poor.

The *Royal Public Dispensary* was the first of these, being founded in the year 1776 and incorporated by Royal Charter in 1818. It has thus completed over 150 years of existence. Its institution was largely due to the suggestion and effort of Dr. Andrew Duncan, who was also responsible for the initiation of several other of the Edinburgh medical institutions. The dispensary combines the double purpose of affording attendance to the sick poor and of giving instruction and an opportunity for practice to senior medical students. The medical officers attend in rotation on different days of the week, and each has a group of students with whom he sees those patients attending for advice, and to whom he apportions the patients requiring visits at their own homes. The patients receive gratis the medicine prescribed for them. This system of dispensary teaching has been an important feature of the practical instruction given by the Edinburgh Medical School during more than a century.

*New Town Dispensary.*—As the town grew and the poorer part of the population removed from its eastern end, new dispensaries were established. The first of these was the New Town Dispensary in Thistle Street, which was instituted in 1815. Here some 10,000 of the sick poor receive attendance by the medical staff and by students each year, as well as such medicines as may be necessary.

*Livingstone Memorial Dispensary.*—This dispensary was founded by Dr. Handyside in 1858, with the double object of providing medical attendance for the sick poor of the Cowgate district and a training school for medical missionary students. The dispensary in 1861 became the Edinburgh Medical Missionary Society Training Institution, and here various agencies, medical, social, and religious, are centred. The society also supports hospitals in Nazareth and Damascus, and trains students for work in these and various other mission fields. In addition the society maintains a convalescent home at Duddingston on the outskirts of Edinburgh, and deals with approximately 10,000 sick persons annually.

*Western Dispensary.*—This institution was founded in 1870 for attendance on the poor in the western part of the city.

*Provident Dispensary.*—This dispensary, established in 1878, was founded to provide the poor with medical attendance without making them feel entirely dependent on charity; it is supported by subscriptions, donations, and small payments made by patients for medicines. It occupies a position in Nicolson Square, close to the University, and is attended by students similarly to other dispensaries.

*Dispensary for Women and Children.*—The Dispensary for Women and Children at 21, Torphichen Street, is managed in connexion with the Bruntsfield Hospital for Women and Children and the Elsie Inglis Memorial Maternity Hospital. In addition to this dispensary there is a Steel-house Dispensary in the grounds of the Elsie Inglis Memorial Hospital at Spring Gardens, intended for maternity and child welfare work, and a branch dispensary at 29, Windsor Street.

family were surrounded by large numbers of members of Parliament and members of the public services, the universities, and the professions, all of which he had served with devotion and distinction. It was just, one felt, what he would have regarded as a fitting end to his work.

#### C. DA FANO, M.D.,

Reader in Histology, University of London (King's College).

DR. C. DA FANO, F.L.S., Reader in Histology at King's College, London, died with unexpected suddenness at his residence in London on March 14th, in his forty-eighth year. By his death medical science in this country loses one of the ablest exponents of histology.

Corrado Da Fano was the third son of Commendatore Alessandro Da Fano. He received his early training in histology in Golgi's institute of histology and general pathology at the University of Pavia, where he graduated M.D. in 1905, and later (1912) became *Libero Docente* in morbid anatomy. He obtained a travelling fellowship at Milan and worked in Ziehen's neurological clinic in the University of Berlin in 1908, and in the following year with Dr. Bashford at the Imperial Cancer Research Fund, London. After a period of work at Groningen he returned to Milan University as vice-director of the pathological institute. From 1915 to 1918 he served as captain in the Italian Army Medical Service on the Italian front. In 1918 he became lecturer in histology at King's College, London, and in 1922 was given the title of reader in histology in the University. Dr. Da Fano specialized in the histology of the central nervous system, and his advanced lectures attracted large audiences; the histological specimens by which they were illustrated formed a complete and noteworthy collection. His researches, published in a series of about sixty papers in various journals, were mainly concerned with the Golgi apparatus in cells and the special lesions of the nervous system in such affections as encephalitis lethargica. He had a very extensive knowledge of foreign languages, and he generously devoted a considerable portion of his time to acting as one of the editors of *Physiological Abstracts*. He married in 1915 Miss Dorothea Landau, and leaves a son and a daughter.

### Universities and Colleges.

#### ROYAL COLLEGE OF SURGEONS OF ENGLAND.

##### ELECTION TO THE COUNCIL.

MONDAY, March 21st, was the last day on which the names of candidates were to be received for the election of members of the Council which takes place on July 7th. Nine nominations have been forwarded to the Secretary by candidates seeking to fill the three vacancies occasioned by the retirement in rotation of Sir John Bland-Sutton, Bt., Sir Cuthbert Wallace (Vice-President), and Mr. W. Thelwall Thomas.

The candidates are: Sir Cuthbert Wallace, K.C.M.G., C.B. (St. Thomas's), Fellow 1893, Member 1891; Mr. W. Thelwall Thomas, M.B.E. (Liverpool), Fellow 1890, Member 1886; Mr. L. P. Gamgee (Birmingham), Fellow 1893, Member 1891; Mr. Herbert J. Paterson, C.B.E. (London Temperance Hospital), Fellow 1897, Member 1892; Mr. H. W. Carson (Prince of Wales's), Fellow 1899, Member 1895; Mr. J. P. Lockhart-Mummery (St. Mark's), Fellow 1900, Member 1899; Mr. Hugh Lett, C.B.E. (London), Fellow 1902, Member 1901; Sir Crisp English, K.C.M.G. (St. George's), Fellow 1903, Member 1900; Mr. C. C. Choyce, C.M.G., C.B.E. (University College Hospital), Fellow 1905, Member 1905.

The constitution of the Council since July, 1926, has been as follows:

*President*.—Sir Berkeley Moynihan, Bt., K.C.M.G., C.B., Council (1) 1912 (substitute), (2) 1919, Pres. 1926.

*Vice-Presidents*.—Sir Cuthbert S. Wallace, K.C.M.G., C.B., C. 1919; Mr. F. J. Steward, C. 1920.

*Other Members of Council*.—Sir Anthony A. Bowlby, Bt., K.C.B., K.C.M.G., K.C.V.O., C. (1) 1904, (2) 1912, (3) 1920, Pres. 1920, 1921, 1922; Sir John Bland-Sutton, Bt., C. (1) 1910, (2) 1918, Pres. 1923, 1924, 1925; Sir D'Arcy Power, K.B.E., C. (1) 1912, (2) 1920; Sir H. J. Waring, C. (1) 1913, (2) 1921; Sir John Lynn-Thomas, K.B.E., C.B., C.M.G., C. (1) 1918 (substitute), (2) 1925; Mr. Ernest W. Hey Groves, C. (1) 1918, (2) 1926; Mr. W. Thelwall Thomas, M.B.E., C. 1921; Mr. C. H. Fagge, C. 1921; Mr. R. P. Rowlands, O.B.E., C. 1922; Sir James Berry, C. 1923; Mr. J. Herbert Fisher, C. 1923; Mr. W. Sampson Handley, C. 1923; Mr. Percy Sargent, C.M.G., D.S.O., C. 1923; Mr. G. E. Gask, C.M.G., D.S.O., C. 1923; Mr. W. McAdam Eccles, C. (1) 1914, (2) 1924; Mr. Wilfred Trotter, C. 1924;

Sir Charles Gordon-Watson, K.B.E., C.M.G., C. 1924; Mr. A. H. Burgess, C. 1925; Mr. V. Warren Low, C.B., C. (1) 1916 (substitute), (2) 1917, (3) 1926 (substitute); Mr. Victor Bonney, C. 1926 (substitute); Mr. G. Grey Turner, C. 1926.

The medical schools are represented as follows:

##### London:

St. Bartholomew's ...	6
Guy's ...	3
St. Mary's ...	1
*Middlesex ...	3
St. Thomas's ...	3
University College ...	1
Royal Free ...	1
Total London ...	18

##### Provincial:

Bristol ...	1
Cardiff ...	1
Leeds ...	1
Liverpool ...	1
Manchester ...	1
Newcastle-on Tyne ...	1
Total Provincial ...	6
Total Council ...	24

\* One member retires and does not seek re-election.

#### UNIVERSITY OF OXFORD.

##### Proposed Research Fellowship in Medical Science.

A BEQUEST to the University was made by the late Gustave Isidore Schorstein, D.M., Christ Church, F.R.C.P., physician to the London Hospital and the Brompton Hospital for Diseases of the Chest, who died in 1906. The bequest was subject to two life interests, and these having matured by the termination of both life interests, a Decree has been promulgated in the University proposing to establish a research fellowship, to be called the Schorstein Research Fellowship in Medical Science. If the Decree, which was promulgated on March 15th, meets with the approval of congregation next month, it is probable that an election will be made during the Summer Term. The conditions under which it is proposed that the Fellowship shall be awarded have been published in the *Oxford University Gazette* of March 16th, 1927.

#### UNIVERSITY OF DURHAM.

At the June convocation the honorary degree of D.C.L. will be conferred upon Sir James Berry, F.R.C.S., President of the Royal Society of Medicine and consulting surgeon to the Royal Free Hospital.

#### VICTORIA UNIVERSITY OF MANCHESTER.

THE following candidates have been approved at the examinations indicated:

DIPLOMA IN PUBLIC HEALTH.—N. S. Craig, T. N. Fisher.  
DIPLOMA IN PSYCHOLOGICAL MEDICINE (*Part I*).—Mary C. Luff.

#### UNIVERSITY OF ABERDEEN.

THE following candidates have been approved at the examination indicated:

FINAL M.B., CH.B.—G. J. Allan, A. W. Badenoch, J. Barclay, Catherine I. A. Craig, J. G. H. Davidson, R. G. Dingwall, P. T. J. Doss, A. D. Duff, G. A. P. Fraser, J. M. C. Gill, J. Leiper, J. W. Lobban, \*N. J. Logie, \*H. G. M'Pherson, C. P. Mann, G. N. Marr, \*W. Marshall, J. R. Moir, J. H. Otty, \*A. S. Paterson, Mary Riddoch, C. C. Ross, G. C. Walker, L. G. Walters.

\* With distinction.

#### UNIVERSITY OF ST. ANDREWS.

THE University Court at its last meeting accepted with gratitude the gift of £100,000 to the University from an anonymous benefactor. Of this munificent donation £40,000 will be used for establishing a number of entrance scholarships of £100 a year each, confined to men students living in an official residence at St. Andrews; £29,000 will go towards the cost of the new hall of residence for men students; £8,000 will be used in improving the University chapel; and the balance, £23,000, remains at the disposal of the University Court.

#### UNIVERSITY OF DUBLIN.

##### TRINITY COLLEGE.

At the spring commencements in Hilary Term, held on March 19th, the following degrees in the Faculty of Medicine were conferred:

M.D.—R. E. Steen.  
M.B., B.Ch., B.A.O.—M. G. J. Booyen, G. D. Edwards, E. A. Ellis, S. Gurevich, W. F. Knobel, M. Sherrard (*antea* Sherowitz), G. S. Smyth, G. O. Taylor, R. C. U. Warrington.

#### UNIVERSITY COLLEGE OF SOUTH WALES.

MR. CECIL McLAREN WEST, M.C., M.B., B.Ch., D.Sc., has been appointed professor of anatomy in the College, in succession to Professor D. Hepburn, who retires from the beginning of October.

## Medical News.

IN connexion with the Lister centenary celebrations in London a meeting will be held at King's College Hospital, Denmark Hill, on Monday, April 4th, at 3 p.m., when Sir Watson Cheyne, Bt., F.R.S., Sir Lenthal Cheate, and seven others who served under Lord Lister will speak on his personality. Particulars of the reception of foreign delegates by the Prime Minister in the Great Hall of the British Medical Association, Tavistock Square, at 11.30 on Tuesday, April 5th, will be found at p. 579. Full details of the celebration in London are printed in a time-table published in the SUPPLEMENT (p. 104). The number of applications for tickets for the social evening of the Royal Society of Medicine on April 4th, when Sir StClair Thomson will give his recollections of Lister, has been so great that it has been found necessary to close the list and no further tickets can be issued.

DR. P. P. LAIDLAW, F.R.S., has revised the report of the Medical Research Council (No. 35) on the reaction of culture media, which was issued towards the end of 1919. Brief accounts are given of the principles involved in the determination of the hydrogen ion concentration, the preparation of standard solutions, and the adjustment of the reaction of media, with special reference to a colour comparator by the use of which greater accuracy is obtainable. The revised report (price 6d. net) is obtainable from H.M. Stationery Office or through any bookseller.

A MEETING in aid of the Society for the Provision of Birth Control Clinics will be held at 16, Grosvenor Street, W.1, on Wednesday, March 30th, at 5.30 p.m., under the chairmanship of Lord Dawson of Penn, G.C.V.O., M.D. Speakers: Mrs. Margaret Sanger (President of the American Birth Control League) and Mr. Harold Cox.

THE annual meeting of the Royal Medical Benevolent Fund will be held at 11, Chandos Street, Cavendish Square, W.C.1, on Friday, April 8th, at 5 p.m.

A COMBINED meeting of the Tuberculosis Society and the Society of Superintendents of Tuberculosis Institutions will be held at Oxford from April 7th to 9th. Professor Lyle Cummins will give an address on the bovine tubercle bacillus in immunization. A discussion of the defensive mechanism of the body against tuberculosis, from the physical and chemical, bacteriological, and immunological aspects, will be opened by Drs. Leonard Hill and John Freeman. Dr. A. G. Gibson will read a paper on the secondary infections in relation to the course of pulmonary tuberculosis, and Dr. A. D. Gardner will deal with the laboratory diagnosis. Dr. J. Middleton Martin will detail gaps and flaws in the public health administration of tuberculosis. Visits will be arranged to the Wingfield Orthopaedic Hospital and the new Osler Pavilion. The annual meeting of the Tuberculosis Society will be held at Oxford on April 8th. Those who are not members of the two societies may attend as visitors, and further information may be obtained from the secretaries, Dr. F. J. C. Blackmore, the Tuberculosis Dispensary, Maxey Road, Plumstead, S.E.18, or Dr. J. R. Dingley, Darvell Hall Sanatorium, Robertsbridge, Sussex. Residential accommodation will be available at Somerville College, and those desiring to take advantage of this offer should notify the honorary secretaries not later than March 31st.

AT the meeting of the Harveian Society of London to be held in the Paddington Town Hall on Thursday, April 7th, at 8.30 p.m., a discussion on the treatment of Graves's disease will be opened by Mr. T. P. Dunhill, to be followed by Dr. C. M. Wilson and others.

PROFESSOR S. LYLE CUMMINS, C.B., C.M.G., will read a paper at the meeting of the North-Western Tuberculosis Society, to be held at the Public Health Laboratory, York Place, Oxford Road, Manchester, on Thursday, March 31st, at 3.15 p.m., on the bearing of recent laboratory research on clinical conceptions in tuberculosis. The meeting will be open to all medical practitioners, who are cordially invited.

DR. C. T. W. HIRSCH will lecture and give a demonstration for the Fellowship of Medicine on emergencies in anaesthetics at the Medical Society, 11, Chandos Street, W., on March 31st at 5 p.m. The same day, at 3 p.m., Mr. H. L. Attwater will give a clinical surgical demonstration at the All Saints' Hospital, Vauxhall Bridge Road, S.W. The lecture and demonstration are free to medical practitioners. From March 28th to April 9th the Queen's Hospital for Children will hold a special course. Also beginning on March 28th the Royal Eye Hospital staff will give a series of demonstrations during the afternoon for two weeks on diseases of the eye. The Fellowship of Medicine can arrange for practical courses in obstetrics and anaesthetics, and also for clinical assistantships in gynaecology; it provides also

a general course of instruction at the associated hospitals. Copies of all syllabuses and of the *Post-Graduate Medical Journal* are obtainable from the Secretary of the Fellowship, 1, Wimpole Street, W.1.

A POST-GRADUATE course will begin at the Cancer Institute of the Faculty of Medicine in Paris on May 16th, and will include lectures and a series of practical and clinical demonstrations on the nature, diagnosis, and treatment of malignant disease. Further details may be obtained from the Secretary of the Scientific Section of the Faculté de Médecine de Paris, 21, Rue de l'École de Médecine, Paris (VI<sup>e</sup>).

A NATIONAL Conference on Maternity and Infant Welfare will be held in the Great Hall of the British Medical Association, Tavistock Square, on July 5th, 6th, and 7th, under the presidency of the Minister of Health. The subjects to be discussed include atmospheric pollution in relation to maternity and child welfare, the provision of efficient sick nursing in the homes of children under school age, respiratory disease in relation to infant mortality, the provision of adequate accommodation for childbirth, the development of dental clinics for mothers and children under 5, the incidence of venereal disease in ante-natal and post-natal clinics, the results of artificial light treatment of children under school age, and the pasteurization of milk in relation to surgical tuberculosis. Lectures and film displays will be given in the evenings, and the travelling exhibition of the Central Council for Infant and Child Welfare will be on view each day. Visits will be paid to a number of maternity and child welfare institutions in London. It is stated that the Minister of Health will sanction the payment of the reasonable expenses of one delegate from any local authority or board of guardians, but that no grant under the Maternity and Child Welfare Regulations will be payable in respect of such expenditure.

IN connexion with the forthcoming Whitsuntide Congress at Ghent of the Royal Institute of Public Health there will be a section devoted to industrial hygiene, of which Lord Leverhulme is the president. Special discussions are to be held on industrial cancer, rheumatism, and temperature and humidity in industrial health. Medical practitioners wishing to participate in these discussions are invited to communicate with Dr. A. Vernon Davies, O.B.E., M.P., House of Commons, London, S.W.1.

COLONEL ROBERT J. BLACKHAM, C.B., C.M.G., late Honorary Surgeon to the Viceroy of India, has been appointed Commandant of the City of London Police Reserve.

IN accordance with the age limit of 68 fixed by the new federal constitution in Germany several professors in the medical faculties have recently resigned, including the physiologist Rubner, the internists F. Krauss and Goldscheider, and the medical jurist Strassmann.

THE Board of the London School of Hygiene and Tropical Medicine has combined the existing departments of entomology, helminthology, and protozoology in a division of medical zoology, under the directorship of Professor Leiper, F.R.S.

IT is announced that the Civil Service bonus for the six months dating from March 1st, 1927, will be calculated on the basis of a cost-of-living figure of 80 as against the figure of 70 for the past six months. This is a return to the level of March 1st, 1925.

THE late Dr. F. O. Stedman, formerly of Hong-Kong, who died at Weybridge in February last, has left estate of the gross value of £107,195 with net personality £101,000. He has bequeathed £500 to the Weybridge Cottage Hospital.

PROFESSOR EHLERS of Copenhagen has been made a Grand Officer of the Legion of Honour, and Professor David Giordano, senior surgeon to the Civil Hospital at Venice, has been nominated Grand Officer of the Crown of Belgium.

A DENIAL of the allegation that syphilis is caused by vaccination has been issued by the three Surgeon-Generals of the United States Army, Navy, and Public Health Service. It is stated that though 5,650,000 individuals have been vaccinated since 1917 by the Army and Navy, in no single instance has syphilis developed as a result, and none of the 2,918,000 vaccinated by the Public Health Service have contracted syphilis thereby. A similar immunity followed the vaccination of over 2,000,000 persons by local health authorities. In the United States the calf vaccine used is prepared only in licensed establishments under special regulations, which provide for repeated inspections of the laboratories and for proper safeguards as regards filling and labelling the tubes.

VACANCIES for two medical officers in the Sudan Medical Service are announced in our advertisement columns. The candidates, who must be single and under 30 years of age, must have held a resident appointment in a large general hospital. The pay commences at £E.720 a year, rising to £E.1,200 after thirteen years' service.