

the left ventricle two-thirds of the way down. The muscle was pale and soft. The left coronary was blocked close to its origin by a clot due to atheroma. The aorta was healthy.

An army pensioner, aged 75, who had had good health previously, complained of pains in the chest one day, but did not see a doctor. The next day he was better, and continued his work as doorkeeper. Three days later he complained of pain in the chest and was later found dead in a lavatory. There was rupture of the anterior wall of the left ventricle. The left coronary artery was completely blocked just above the rupture. Both coronaries were calcified, and the muscle was pale and soft.

A man, aged 71, apart from weakness owing to age, was healthy. He was found lying dead face downwards. The heart showed a small rupture of the anterior wall of the left ventricle; the muscle was very soft and the coronary artery was very calcified.

A man, aged 63, who had complained of pains in the chest for a considerable time, was found lying dead in bed. The heart weighed 19 oz., and was pale, soft, and flabby. There was a tear in the anterior wall of the left ventricle. The left coronary artery was calcified and blocked by atheroma just above the tear. The aorta was atheromatous.

A man, aged 69, had had fairly good health, except for gout and ulcerated legs. One morning he was heard by his landlady moving about his room. She later heard a thud and found him lying on the floor, partly dressed, and unconscious. The fibrosed heart weighed 17 oz., and there was a rupture in the anterior wall of the left ventricle. The coronaries were sclerosed, but no obliteration was found.

A retired railway guard, aged 69, had had good health except for a "seizure" four years previously, when the mouth was drawn to one side (cerebral vessels sclerosed). He had had slight indigestion since. On returning home one evening in June he complained of the heat and of pain in the side. A quarter of an hour later he attempted to get up from his chair and collapsed. The heart weighed 22 oz., and there was a rupture 1 in. long in the anterior wall of the right ventricle. The coronaries were sclerosed and the aorta was atheromatous.

A man, aged 86, previously healthy, complained of "a lump in the chest" and flatulence. A week later he got up at 6 a.m. to make tea, drank a cup, returned to the bedroom, told his wife he felt too ill to give her a cup, and lay down. He had attacks of spasms, and at 7.30 suddenly got off the bed and fell down unconscious. The heart, which weighed 22 oz., was very soft and pale. The coronaries were sclerosed, the aorta very atheromatous with diffuse aneurysmal dilatation of the thoracic portion. There was a rupture in the anterior wall of the left ventricle.

A man, aged 72, formerly a sawyer, had had bronchitis for some years, and more recently complained of pains in the chest. Apparently all right at 8 a.m., he was found lying on the floor dead about 10.30 a.m. The heart weighed 18 oz. The left ventricle was hypertrophied, and had a tear 1 in. long in the posterior wall. The coronaries were sclerosed, but the aorta was healthy.

A locksmith, aged 72, had suffered from cough and pains in the chest for some time. One day he complained of pains in the chest and left arm. About 3 p.m. he went to the lavatory; at 3.15 groans were heard, and he was found huddled on the floor. He died about two hours later. The heart weighed 15 oz. There was a rupture of the posterior wall of the left ventricle, due to blocking of a branch of the left coronary artery, which was sclerosed.

A woman, aged 65, had complained for some time of not feeling well, and had rested on her bed a good deal. At 6 o'clock one morning she had a cup of tea, got up at 7, and went down twenty-four stairs. She was found collapsed on the ground floor landing. A tear  $1\frac{1}{2}$  in. long was found in the anterior wall of the left ventricle, which was hypertrophied; the muscle was soft and the coronaries were sclerosed.

A man, aged 48, had attacks of indigestion at times. After a good breakfast one morning he went to lie down, and was found unconscious at midday. The heart weighed 18 oz. The coronaries were sclerosed, the aorta atheromatous, and there was a large infarct.

Twelve of these cases were in men and two in women; the average age of the men was 69 and of the women 69.5. Two of these patients died in bed, three died after definite exertion, while nine died after no apparent special effort.

As regards the site of the rupture, in eight cases there was rupture of the anterior wall of the left ventricle, in three cases the rupture was in the posterior wall of the left ventricle, while in two cases the right ventricle was ruptured. In every case the coronary arteries were calcified, while in four cases a definite obstruction existed; in one case *ante-mortem* clot was present.

It is particularly interesting to note that there was no history of previous heart disease in the men, except pains in the chest in five cases, two of which dated back only three and six days respectively.

## Memoranda:

### MEDICAL, SURGICAL, OBSTETRICAL.

#### A CASE OF GUMMATOUS COLITIS.

THE attitude of the medical profession for many years towards syphilis of the large intestine was that the syphilitic was one of the commonest forms of stricture; but now opinion has swung round almost entirely to the opposite view.

Syphilitic strictures of the colon do occur, but they are exceedingly rare, and there are few authentic cases on record. It has been pointed out repeatedly that a localized chronic inflammatory lesion of the gut is not necessarily syphilitic because the patient had that disease—that is, because he showed a positive Wassermann reaction. The association, too, of cancer of the rectum and syphilis is by no means infrequent, and it is difficult, if not impossible in some cases, to differentiate between the two when they occur as isolated lesions. *Spirochaetes* indistinguishable from the *Treponema pallidum* are occasionally found in the stools in healthy (unsyphilitic) patients, but it is only when they are demonstrated microscopically in the walls of an inflamed gut that their identity with the organisms of syphilis can be clearly established.

In the case recorded here the patient gave an unequivocal history of syphilis; the Wassermann reaction was strongly positive, and a localized inflammatory lesion of the colon was found presenting all the microscopical characteristics (and they are few) of a diffuse gumma of the gut. *Spirochaetes*, however, were not demonstrated in the walls of the colon.

The patient, a woman aged 46, complained of abdominal pain, intractable diarrhoea, and loss of weight. The abdomen was slightly distended, and a hard fixed mass was felt on the left side at the level of the umbilicus. The liver and spleen were not enlarged, and there was no ascites. Rectal and sigmoidoscopic examinations were negative, but skiagrams after a barium enema showed an organic stricture of the descending colon. She had syphilis at the age of 28, and two miscarriages subsequently. When she was 34 she suffered from extensive ulceration of both legs and received her first course of treatment. A blood count showed secondary anaemia and lymphocytosis, and the Wassermann reaction was positive to the extent of four plus. A diagnosis of organic stricture (? carcinoma) of the descending colon was made, and the patient was admitted to hospital with view to operation. After admission she lost weight rapidly, and had from ten to twenty motions a day. They were liquid, very offensive, and contained large quantities of dark brown blood-stained clumps of gummy material.

As a short intensive course of antisyphilitic treatment produced no amelioration of the symptoms exploratory coeliotomy was performed. The abdomen was opened through a left paramedian incision, and the abdominal organs were then systematically examined. The stomach, liver, and spleen were normal. The stricture occupied the middle third of the descending colon, and in many ways resembled a colloid growth. It was  $5\frac{1}{2}$  inches in length, and varied from three-quarters of an inch to 3 inches in thickness. It was firmly fixed to the posterior abdominal wall by a broad base. The surface of the tumour was of a dark grey colour and thrown into a series of irregular folds and bosses. The large intestine immediately above and below the strictured area presented a healthy appearance.

The whole of the descending colon was mobilized and delivered through the wound, a wide resection carried out, and axial anastomosis, with caecostomy, performed.

She recovered well from the operation, but one month later, on the date arranged for her discharge from hospital, she developed pneumonia and rapidly succumbed. Consent for a *post-mortem* examination could not be obtained.

#### Description of Part Excised.

Dr. A. K. Gordon cut sections of the 10 inches of gut removed, and reported that macroscopically the middle 5 inches was thickened and fibrotic.

The lumen could not admit the tip of the little finger. The interior was verrucose, and the mucous lining was absent; there was no obvious ulceration; and sessile papules 2 to 10 mm. in diameter were studded over the surface. Microscopically, in most of the exudate there were masses of plasma cells, and giant cells of irregular distribution were found. Secondary coccal infection and fibrosis were also present.

There was no evidence of sarcoma, carcinoma, diverticulitis, or tubercle, and Dr. Gordon was convinced that the condition was syphilitic.

London, W.1.

RODNEY MAINGOT, F.R.C.S.

## ILEUS DUE TO IMPACTION OF A FIG.

THE following case seems to be of sufficient interest to be worthy of recording.

A man, aged 67, was admitted to Greenbank General Hospital, Darlington, on March 17th, 1927, suffering from symptoms of acute intestinal obstruction, which had come on at 2 o'clock that morning. He had been operated on seven years previously for symptoms of acute intestinal obstruction, but nothing was found. He attributed his present condition to some figs consumed at dinner the day previously; he was edentulous. He suffered from an old-standing left inguinal hernia. When examined at 11 a.m., he was cold and collapsed. The abdomen was moderately distended, and pain in the lower part was complained of. Some dullness on percussion was noticed in the mid-line below the umbilicus, and seemed to extend over towards the site of the hernia. It was accompanied by severe colicky pain and vomiting of bilious material. There were no signs of obstruction at the site of the hernia. Ammonium chloride solution (3 drachms to 5 oz. of water) was ordered to be given by the rectum, but, in view of his collapsed condition, the stomach was not washed out.

Under general anaesthesia the abdomen was opened below the umbilicus and the hernial orifice examined. The small bowel appeared moderately distended. Without much searching a movable soft mass was felt in the pelvis; this, when brought up, turned out to be a soft pulsatious mass in the ileum, which was dilated above and collapsed below. Incision along the anti-mesenteric border revealed a whole fig to be the cause of the obstruction, without any maceration or signs of having been masticated, and just as complete as when it came out of the pot. The bowel was sutured in the transverse axis with two rows of sutures and the abdomen closed.

The patient made a rapid and uninterrupted recovery.

R. CHALMERS, M.D., F.R.C.S.Ed.,  
Honorary Assistant Surgeon, Greenbank  
Hospital, Darlington.

## THE DIAGNOSIS OF GANGRENE OF THE SMALL INTESTINE.

THE following case is recorded because it presents one or two unusual features, and I should like to know whether such an association of contradictory signs has any diagnostic significance.

A strong, muscular blacksmith, aged 54, had for supper some "black puddings," followed by a "gill of beer," after which he retired to bed. Four hours later he was suddenly seized with severe cramp-like abdominal pains which intermittently increased in severity but never entirely disappeared. Nausea had been present from the first, and was soon followed by persistent vomiting. Flatus was passed occasionally. The next morning I found him restlessly pacing the room, pressing his hands tightly into the pit of the stomach. He had just vomited and the vomit was definitely faecal. There was general laxity of the abdomen with no localized pain, tenderness, distension, or signs of hernia. A rectal examination was negative. The tongue was rather dry and had thick white fur on the dorsum. The lungs were healthy, but the heart sounds were muffled, and had no distinct bruits. The pupil reactions and deep tendon reflexes were normal. Puzzled by the combination of faecal vomiting, indicating bowel obstruction, and continuous passage of flatus, indicating bowel patency, I made a tentative diagnosis of partial intestinal obstruction, thinking that possibly the indigestible bolus of "black pudding" had come up against a malignant growth near the beginning of the large intestine. A large enema produced a good result of normal appearance. The pain and vomiting, however, became steadily more severe, though the general condition remained good. I sent him into hospital, where the vomiting diminished; morphine was given and he became more comfortable. He passed a good night, and the next morning he was free from pain and vomiting. He had passed flatus during the night. Towards evening his condition became rapidly worse; the temperature rose to 103°, and Mr. Basil Hughes decided to explore the abdomen. On opening it much foul-smelling fluid gushed out and an almost complete gangrene of the small gut was found, from blockage of the superior mesenteric artery. The patient died next day.

This case has several features of clinical interest apart from the mere fact of its rarity. The combination of faecal vomiting with persistent passage of flatus must surely be unique. The absence of distension is explained by this removal of gas from the bowel. The cessation of the vomiting was, I think, coincident with paralysis of the gut, which had been deprived of blood for about twenty hours. The rapid deterioration after this time would indicate toxic absorption, the vitality of the gut having been destroyed.

To my mind, the combination of persistent faecal vomiting with the continued passage of flatus is so rare as to be pathognomonic of the condition of intestinal stasis due to gangrene of the small bowel following on deprivation of blood supply.

Bradford.

B. W. RYCROFT, M.B., Ch.B.

## Reports of Societies.

## BRONCHIECTASIS.

At a meeting of the Royal Medico-Chirurgical Society of Glasgow on April 8th, the President, Dr. COWAN, in the chair, Dr. JAMES ADAM read a paper on bronchiectasis of inhalatory origin.

Dr. James Adam said that for diagnostic purposes he preferred to inject lipiodol through the glottis after passing a gum elastic catheter between the cords with the aid of a Jackson laryngoscope. In older children and adults the patient sat and the larynx was treated with cocaine; in young children no anaesthetic was necessary and the patient was supine. After dealing with bronchiectasis and pulmonary abscess following missed foreign body or the operation for tonsils and adenoids, and insisting on the need of a careful inquiry as to the history and of x-ray examination before and after lipiodol injection, Dr. Adam described nine cases of bronchiectasis associated with nasal sinusitis and four post-pneumonic cases. The former were entirely or mainly in the right lung. Nasal sinusitis as a cause of bronchiectasis had been overlooked in this country, though not in America; such cases were preventable by prompt nasal investigation and treatment. He also suggested the possibility of the fatal termination of bronchiectasis by brain abscess being due to metastasis from the nose as well as from the lung, and quoted statistics from Eagleton in support. He then gave the results of treatment by nasal operation, bronchoscopic suction and lavage, and by two-hourly inversion. Suction was important at the beginning of treatment; the value of lavage was, at any rate in many cases, open to doubt. Of the value of systematic inversion there was no question.

Dr. LEONARD FINDLAY referred to the condition as met with during childhood. He said that it should be remembered that in any large series of examples of chronic pneumonia and bronchiectasis the majority of the patients were children, or had apparently developed the disease during childhood. He drew attention to the varying symptomatology of the disease, and described illustrative cases in which the diagnosis had been obtained either by the intratracheal injection of lipiodol or at the necropsy. His experience agreed with that of Delille—that there were three types of cases: (1) cases of bronchiectasis with typical signs and symptoms, (2) cases with suggestive symptoms but no bronchiectasis, and (3) cases of bronchiectasis with neither signs nor symptoms. For the diagnosis of the presence and extent of bronchiectasis the introduction of lipiodol was essential. He believed that in the diagnosis of pulmonary disease the use of lipiodol was the greatest advance since the introduction of radiology. He analysed the signs and symptoms of 25 cases in which the diagnosis was confirmed either during life with lipiodol or at necropsy. The children were, as a rule, undersized, but well nourished. Clubbing of the fingers was present in 11 cases, and was related more to the extent of the disease than to its duration. Cough was present in 24 and absent in one. Expectoration was present in 17 cases and absent in 6; in all of these 6 the disease was of less than eighteen months' duration. In only 3 cases was the sputum fetid. Amphoric breathing was audible in 10 cases and whispered pectoriloquy in 7. As in all previously recorded series the left lung was most frequently the seat of the disease. In 16 cases the left lung alone was involved, in 4 the right lung alone, and in 5 both lungs were attacked. In no case was the apex alone the seat of the disease. Dr. Findlay attributed the disease entirely to chronic pneumonia, as had been suggested by Corrigan, though pleural adhesions, first incriminated by Hamilton, also played a part. In Dr. Findlay's *post-mortem* material both chronic pneumonia and pleural adhesions had invariably been present. In his series of cases the condition could be traced in all but three to some acute pulmonary disease, primary bronchopneumonia, or bronchopneumonia secondary to the infectious fevers or pleurisy. In three cases the condition set in insidiously.

from mental ill health. Mr. Chamberlain was not at present satisfied that any hardship arose under the regulation, but would carefully consider whether any modification was desirable.

**Minor's Nystagmus.**—In seconding a motion by Mr. George Hirst on April 27th, on the loss of life and number of accidents in mines, Mr. Grundy asked what the Government was doing about nystagmus, regarding which the Medical Research Council had reported in 1922-23 that its chief cause was insufficient illumination, and that severe cases could be prevented by improving the standard of illumination. Nystagmus had increased: in 1921 there were 6,717 cases, but in 1925 11,334. Mr. R. Hudson said the annual reports of the inspectors of mines harped on the avoidability of many of the accidents. The results of investigations into the diminished output and increased liability to accidents to munition workers, open-hearth smelters, and rolling mill men had caused a similar investigation to be made into the conditions in hot and deep mines. These investigations had shown the importance of ventilation, and the subject was being intensively studied by a committee of the Institution of Mining Engineers. When the engineering problems involved had been solved a diminution in the accident rate in mines might be anticipated. Mr. Paling said that work done by the Industrial Fatigue Board and the Medical Research Council was valuable, but hardly a suggestion made by them had been put into operation by legislation, administration, or regulation. Colonel Lane-Fox (Secretary for Mines), in his reply, said the suggested reorganization of his department would not involve less efficiency in safeguarding the health and safety of miners. In ensuring safety in mines Great Britain was still ahead of all the countries in the world except, possibly, France. The accident rate and death rate were slowly decreasing. He summarized the inquiries now in hand under the Safety in Mines Research Board. The use of electricity in mines should not be discouraged, but made safer.

**Ill-written Prescriptions.**—Mr. Dunnico asked Mr. Chamberlain, on April 28th, whether his attention had been called to the complaint of the Nottingham City Insurance Committee that, owing to the careless way in which the prescriptions of panel patients were made out, chemists had difficulty in deciphering them. Mr. Chamberlain replied that the only complaint of this kind received from the Nottingham Insurance Committee related to the assistant of an insurance practitioner, whose attention was at once called to the matter. The Minister was not aware that there had since been any difficulty, and there did not appear to be any necessity to take further action.

**I.M.S. Course for Promotion.**—In an answer to Mr. Pethick-Lawrence, on April 27th, Earl Winterton announced that the Secretary for India had decided that all officers of the Indian Medical Service, including those of Asiatic domicile, should be required, before promotion to the rank of major, to complete the senior officers' course at the Royal Army Medical College, Millbank. Attendance at this course would count as duty, and would carry with it free passages to and from the United Kingdom. Officers of the Indian Medical Service of Asiatic domicile would, immediately after completing this course, be regarded as eligible for a period of study leave, during which they would retain a lien on their free return passage to India. Officers of Asiatic domicile who were on service, and who by reason of their age were disqualified from attending the senior officers' course, would be eligible once during their service for a free passage to England and back when on study leave. Full effect could not be given to the scheme in the present financial year.

#### Notes in Brief.

Mr. Chamberlain states that, so far as he can judge, the regulations with regard to preservatives in foodstuffs are working satisfactorily.

The Home Secretary stated, on April 28th, in reply to Colonel Day, that there was no question of the Home Office adopting the Report of the Council of the British Medical Association defining tests for drunkenness. The courts must decide on what evidence they would convict for drunkenness.

## The Services.

### NAVAL MEDICAL COMPASSIONATE FUND.

At the quarterly meeting of the directors of the Naval Medical Compassionate Fund, held on April 21st, when Surgeon Vice-Admiral Sir Joseph Chambers, K.C.B., C.M.G., Medical Director-General of the Navy, was in the chair, the sum of £210 was distributed among the several applicants.

### TERRITORIAL DECORATION.

THE Territorial Decoration has been conferred upon the following officers of the R.A.M.C.(T.A.): Colonel Leonard Austin Harwood and Major William Ferguson Mackenzie.

### VOLUNTARY AID DETACHMENTS.

THE War Office states that 800 voluntary aid detachments—77 men's and 723 women's—have now received official recognition, and that the total membership is 18,885. Of these members 2,932 have undertaken the obligation to serve with the medical services of the Navy, Army, or Air Force, either at home or abroad, in the event of war or other national emergency. Mobile members are accepted for a course of eight days' training in a service hospital once every three years. Every officially recognized detachment is inspected annually by the Deputy Director of the Army Medical Service or an R.A.M.C. officer representing him, who sends a report to the War Office.

## Universities and Colleges.

### UNIVERSITY OF CAMBRIDGE.

APPLICATIONS for the E. G. Fearnside scholarship for research on the organic diseases of the nervous system, which is open to graduates in Medicine or to graduates in Arts who have passed Part II of the Natural Sciences Tripos, must be sent to the University Registry before June 20th.

At a congregation held on April 22nd the following medical degrees were conferred:

M.B., B.Chir.—E. M. Shackel, D. McI. Johnson, C. J. L. Sharp.  
M.B.—R. W. B. Ellis, J. L. Edwards, J. B. Ellison, J. W. E. Cory.

### UNIVERSITY OF LONDON.

THE following candidates have been approved at the examination indicated:

DIPLOMA IN PSYCHOLOGICAL MEDICINE.—(With special knowledge of *Psychiatry*): I. Atkin, G. O. Berg, A. Darlington, Florence M. Gamble, P. L. Goitein, J. F. Williams. (With special knowledge of *Mental Deficiency*): G. Brown, Mary V. Littlejohn, W. Wyatt.

### VICTORIA UNIVERSITY OF MANCHESTER.

THE following appointments have been made:—*Lecturer in Obstetrics and Gynaecology*: Dr. J. Webster Bride. *Assistant Lecturer in Obstetrics and Gynaecology*: Dr. K. V. Bailey. *Demonstrator in Obstetrics and Gynaecology*: Dr. J. W. A. Hunter. *Lecturers in Operative Surgery*: Mr. E. E. Hughes and Mr. A. H. Southam.

The conferment of degrees in medicine and dentistry will take place on Saturday morning, July 9th.

### ROYAL COLLEGE OF PHYSICIANS OF LONDON.

AN ordinary quarterly comitia of the Royal College of Physicians of London was held on April 28th, when the President, Sir John Rose Bradford, was in the chair.

#### Fellowship.

THE following were elected to the Fellowship on the nomination of the Council:

William Smith Paget-Tomlinson, M.D.Lond. (Kirkby Lonsdale), George Hall, C.M.G., M.D.Lond. (Newcastle-on-Tyne), Donald Elms Core, M.D.Manch. (Manchester), Henry Pratt Newsholme, M.D.Oxf. (Croydon), Arnold Walmsley Stott (London), Georg Herman Mourad-Krohn, M.D.Christiania (Christiania), Thomas Henry Gostwyck Shore, M.D.Camb. (London), Vivian Bartley Green-Armytage, M.D.Bristol (Calcutta), Reginald St. George Smallbridge Bond, C.B., M.B.Edin. (Plymouth), Maurice Davidson, M.D.Oxf. (London), Thomas Izod Bennett, M.D.Lond. (London), Edward Mapother, M.D.Lond. (London), Charles Frederick Terence East, M.B.Oxf. (London), Hugh Maclean, M.D.Aberd. (London).

Nominated by Council under By-law xxxviii (b):

Andrew Ralfour, C.B., C.M.G., M.D.Edin. (London), Sir Squire Sprigge, M.D.Camb. (London).

Temporary by-laws were adopted admitting *in absentia* to the Fellowship Georg Herman Mourad-Krohn (Norway) and Vivian Bartley Green-Armytage (India).

#### Membership.

THE following candidates, having satisfied the Censors' Board, were elected as Members:

Eric Harold John Berry, M.B.Lond., L.R.C.P., Captain Sohan Lal Bhatia, I.M.S., M.C., M.D.Camb., L.R.C.P., George Frederick Buchan, M.D.Glasg., Arthur Burrows, M.D.Lond., L.R.C.P., Robert Greenhill Cochrane, M.B.Glasg., L.R.C.P., Elizabeth Mary Cowie, M.D.Lond., L.R.C.P., Edward Charles Dodds, M.D.Lond., L.R.C.P., Alfred Claude Mitchell Elman, M.B.Lond., L.R.C.P., John Bell Ferguson, M.D.Edin., Frederick James Theodore Foenander, L.R.C.P., Ian Wolfe Gallant, M.B.Lond., L.R.C.P., Dorothy Gibson, M.D.Lond., L.R.C.P., Arthur Cecil Hampson, M.O., L.R.C.P., Alan Trevor Jones, M.B.Lond., L.R.C.P., Georges Khinsky, M.B.Lond., L.R.C.P., Allan Dunstan Lamphie, M.B.Adelade, Joseph Tegart Lewis, M.D.Belfast, Frederick Ernest Loewy, M.D.Vienna, L.R.C.P., John Allison Macfadyen, M.B.Oxf., Eugene McLaughlin, M.B.Adelade, Peter Henry Martin, M.B.Oxf., Peter Milligan, M.B.Glasg., Henry Seaward Morley, M.B.Lond., L.R.C.P., Cyril Thomas Piper, M.B.Adelade, Alice Campbell Rose, M.B.New Zealand, Leonard Victor Snowman, M.B.Camb., L.R.C.P., Saravanamuttu Somasundaram, L.R.C.P., Captain Thomas Harold Thomas, I.M.S., L.R.C.P., Neil Thorburn Melrose Wigg, M.B.Adelade.

#### Licences.

Licences to practise were granted to the following 164 candidates:

V. H. Addison, B. W. Alexander, \*Sophia A. P. Allen, R. G. Apthorpe, H. E. C. Aslett, Hanna Aziz, J. D. Bailey, W. B. Ballenden, G. H. Barendt, J. F. L. Barnes, C. J. Bashall, A. Batty, H. Bell, T. G. Benjamin, C. P. J. Bester, H. O. Blauvelt, \*Dorothy Bolton, E. J. Boschi, W. J. Branday, I. G. Briggs, C. F. Brockington, R. Bruce, E. Burton, W. A. Busby, E. N. Butler, G. D. G. Cameron, \*Emily E. Cass, K. B. Chakravarti, A. D. Charters, R. L. Cheverton, E. T. Clifton, \*Mary C. E. Constantine, C. B. Crofts, W. V. Cruden, A. R. Culley, R. Cunningham, S. F. L. Dahne, B. G. Dain, B. B. Dalal, S. D. Dalsi, K. E. D. Dauncey, C. S. Davies, T. G. Davies, L. F. Day, R. S. De Bruyn, S. J. De Navasquez, C. H. Dhala, \*Elsie M. Douglas, \*Grace C. Evans, R. V. Farr, \*Isabella Forsahl, K. M. Foster, G. H. Froggatt, J. Furman, A. A. H. A. Fyze, H. S. Gausson, F. W. Gayford, H. C. Geldard, H. Girling, V. A. Goldman, J. M. Graham, \*Marion L. Grimmer, L. C. Gunasekara, A. L. Gunn, \*Vivienne M. Gunson, A. K. Gupta, V. C. J. Harris, W. R. E. Harrison, J. A. Hartley, A. H. B. Heesom, \*Kathleen Heyes, C. A. N. Hicks, F. R. How, W. Hyman, R. E. Isaac, \*Ausa H. Jackson, M. I. Jackson, \*Amy L. Jagger, L. R. Jones, \*Margaret E. Jones, W. P. Jones, W. B. R. Jones, J. Joseph, R. Kahn, B. W. Kenney, S. M. Kharegat, N. A. King, R. A. King, H. J. Krichelski, A. H. Lankester, P. G. Lovick,

O. I. Lewis, S. C. Lewsen, \*Margaret I. Little, L. G. Llewellyn, P. V. MacGarry, \*Annie M. McGrath, H. Mallinson, \*Nancy S. Marshall, T. W. Masters, S. P. Meadows, \*Gwendolen E. M. Meyer, F. J. Milward, J. K. Moore, \*Barbara E. M. Morris, F. B. Mulvaney, J. H. Mzivany, \*Sybille L. Myers, K. G. Nerurkar, C. G. MacM. Nicol, M. G. Nimatallah, \*Jessie G. A. Norman, T. St. M. Norris, R. E. Norrish, M. D. Nosworthy, \*Audrey S. Nunn, A. B. Nutt, D. E. Oakley, R. Oddie, C. E. Orden, R. L. Osmaston, B. N. Pajiniger, \*Maud Palmer, \*Marjorie E. Parfitt, \*Florence M. Parsons, G. E. B. Payne, E. A. Pye, A. Rabinowitz, M. Ragheb, \*Marjorie M. Readman, D. V. Rice, R. I. Richards, W. H. Roberts, S. Rodker, S. F. Russell, J. C. Saldanha, S. W. Savage, W. H. Scott-Easton, W. H. Scriven, S. Shalaby, N. H. Skelton-Browne, L. A. P. Slinger, F. C. Smith, H. M. S. Stanley, J. F. Stent, \*Florence V. Stephen, T. C. Stevenson, G. R. S. Stewart, B. M. Sundaravadanan, A. G. S. Tabb, W. H. Tandy, W. E. Underwood, C. W. Walker, J. Wasserstein, C. F. Watts, \*Maevie Whelen, G. D. D. Wjesekero, D. A. J. Williams, M. G. Williams, H. M. Willoughby, C. G. Windsor, \*Elsie B. Wright, M. Yaukelovitch, \*Margaret I. Yeatman.

\* Under the Medical Act, 1876.

#### Appointments.

Dr. Fawcett was re-elected a representative of the College on the Senate of the University of London.

The death of the late junior standing counsel to the College (Mr. Dighton Pollock) was announced. The President nominated as his successor Mr. C. Stafford Crossman of Lincoln's Inn, who was elected.

The President announced that he had nominated, pending confirmation by the College, Dr. C. O. Hawthorne, on behalf of the College, to serve on a Departmental Committee appointed by the Ministry of Health to consider a draft bill prepared by the Joint Committee of Qualified Opticians to provide for the registration of optical practitioners and to regulate the practice of sight testing. The nomination was confirmed.

The following were appointed delegates to represent the College at the functions indicated: *Centenary of University College, London* (June 23rd, 1927): Dr. H. Morley Fletcher (senior censor). *Centenary of Granting of Charter of King's College, Toronto* (October 6th, 1927): Dr. R. D. Rudolf. *Third Imperial Social Hygiene Congress, London* (October 3rd to 7th, 1927): Dr. S. W. Wheaton. *Centenary of Death of Pinel and Birth of Vulpian, Paris* (May 30th and 31st, 1927): Dr. C. H. Bond.

#### Harvey Tercentenary Celebration.

A report was received from the committee appointed to make suitable arrangements for the celebration of the Harvey Tercentenary in 1928. It was decided that the celebration should have both a social and a scientific side. The committee was empowered to proceed with these arrangements.

#### The Library.

The books and other donations presented to the Library during the last quarter were received and the thanks of the College presented to the donors.

Special mention was made of the gift of six or seven valuable books from Dr. Herbert Spencer.

Communications, dated March 11th and April 7th, 1927, were received from the Royal College of Surgeons.

After some further formal College business the President dissolved the comitia.

#### LONDON INTERCOLLEGIATE SCHOLARSHIPS BOARD.

##### Medical Scholarships.

THE London Intercollegiate Scholarships Board announces that the examination for six medical entrance scholarships of an aggregate total value of £513 will commence on June 28th. They are tenable in the Faculty of Medical Sciences of University College and in the medical schools of University College Hospital, the London Hospital, and the London (Royal Free Hospital) School of Medicine for Women. Full particulars and entry forms may be obtained from S. C. Ranner, M.A., the Medical School, King's College Hospital, Denmark Hill, S.E.5.

## Medical News.

At the meeting of the Röntgen Society on Tuesday, May 17th, a paper will be read by Dr. R. G. Canti on the effects of beta and gamma radiation on normal and malignant tissue cells growing *in vitro*; it will be illustrated by a cinematograph film. The meeting will be held at the Institute of Radiology, 32, Welbeck Street, at 8.15 p.m. The tenth Silvanus Thompson Memorial Lecture will be delivered by Professor Sir J. J. Thomson, O.M., F.R.S., on the evening of Tuesday, June 14th, in the house of the Royal Society of Medicine, 1, Wimpole Street, W. The subject of the lecture will be the structure of the atom and radiation.

THE Schorstein Memorial Lecture will be delivered by Professor Knud Faber in the anatomical theatre of the London Hospital Medical College on Thursday, May 19th, at 4.15 p.m. The subject of the lecture will be "Gastritis, its relation to achylia and ulcer." Members of the medical profession are invited to attend.

A MEETING of the Biochemical Society will be held this day (May 7th) in the Physiology Department of the University of Manchester at 3 p.m. A number of papers will be read and demonstrations given.

THE usual spring conversazione of the Royal Society will be held on Wednesday next, May 11th, at 8.30 p.m.

THE Fellowship of Medicine announces that demonstrations will be given on May 11th, at midday, by Mr. R. A. Greeves, at the Royal London Ophthalmic Hospital, and at 2 p.m., by Mr. Sidney Boyd, at the Hampstead General Hospital. On May 12th, at 1.30 p.m., Sir Thomas Horder will give a demonstration at St. Bartholomew's Hospital. These demonstrations are free to general practitioners. Throughout the month there will be courses in urology at the All Saints' Hospital, in psychological medicine at the Maudsley Hospital, and in venereal diseases at the London Lock Hospital; on successive Wednesdays a lecture demonstration on ante-natal diagnosis and treatment will be given at the Royal Free Hospital by Professor McIlroy. The Central London Throat, Nose, and Ear Hospital will hold an intensive clinical and operative course from May 9th to 28th. A course at the National Hospital, Queen Square, from May 9th to July 15th, will consist of clinical lectures and demonstrations, teaching in the out-patient department, and instruction in anatomy, physiology, and in methods of examination. From May 16th to 28th there will be a course in the diseases of infants at the Infants Hospital, and in medicine, surgery, and the specialties at the Hampstead General Hospital, the latter from 4.30 to 6 p.m. The Fellowship of Medicine can arrange for practical courses in obstetrics and anaesthetics, and also for clinical assistantships in gynaecology. Copies of all syllabuses and of the *Post-Graduate Medical Journal* may be obtained from the Secretary of the Fellowship, 1, Wimpole Street, W.1.

At the meeting of the Zoological Society of London on Tuesday, April 26th, the vice-president, Sir A. Smith Woodward, F.R.S., who was in the chair, recalled the fact that the first recorded scientific meeting of the society was held on April 25th, 1827. It was reported in the *Times* of April 27th, 1827. Dr. Joshua Brookes, the eminent anatomist (1761-1833) had been invited by "the noble directors of the society" to lecture on his dissection of the body of an ostrich which had lived for two years at Windsor, and at death had been given to the society by the King. Lord Auckland, Lord Stanley, Dr. Birkbeck, and many others were present. In his general remarks Dr. Brookes said "the period had arrived when the science of natural history bade fair to reach a height in this country which would enable us to rival the establishments founded for its promotion abroad."

THE thirteenth annual conference of the National Association for the Prevention of Tuberculosis will be held in the Great Hall of the British Medical Association House, Tavistock Square, on June 30th and July 1st and 2nd. On the first day Mr. Neville Chamberlain will take the chair at 10.30 a.m., and a discussion will be opened on the relative values of present lines of attack on tuberculosis by Sir John Robertson, C.M.G., M.O.H. Birmingham. The discussion will turn on housing conditions—home and industrial—and among the speakers will be Professor H. R. Kenwood (London) and Professor Edgar L. Collis (University of Wales). Visits have been arranged to Burrow Hill Colony, Frimley; Preston Hall Industrial Settlement, near Maidstone; and to examples of housing schemes. The conference is open to all persons interested in tuberculosis, and the subscription, which will include a copy of the report of the proceedings, is £1 ls. The offices of the National Association are in the House of the British Medical Association, Tavistock Square, London, W.C.

THE KING has approved the reappointment of Sir David James Galloway, M.D., as an unofficial member of the Executive Council of the Straits Settlements.

THE Marquess of Dufferin and Ava has consented to accept the chairmanship of the board of management of the Royal Victoria Hospital, Belfast, in succession to Professor Lindsay, M.D., who has held the post for the last eight years and has gained the gratitude of all connected with the hospital. Mr. A. B. Mitchell, F.R.C.S., chairman of the medical staff, has been elected vice-chairman. During Professor Lindsay's rule the hospital made great strides and advances in all directions, and there is every reason to expect that the institution will continue to develop and to keep pace with the advance of scientific medicine and the ever-increasing requirements of a rapidly growing city.

THE annual report of the National Baby Week Council for 1926 records a great increase of activity in propaganda work. The demand for the supply of cinematograph films was nearly three times that of the previous year, and accounts are given of various competitions arranged by the Council. The pamphlet dealing with the organization of a baby week has been revised, and special attention is invited this year to the relation to maternity and child welfare of the home and of atmospheric pollution. The hope is expressed that the development of dental clinics and dental care for mothers and for children under the age of 5 will also be advocated. The offices of the Council are at 117, Piccadilly, London, W.1.

THE Rockefeller Medical Fellowships for the academic year 1927-28 will shortly be awarded by the Medical Research Council, and applications should be lodged with the Council not later than June 1st, 1927. These Fellowships are provided from a fund with which the Medical Research Council has been entrusted by the Rockefeller Foundation. They are awarded by the Council, in accordance with the desire of the Foundation, to graduates who have had some training in research work in the primary sciences of medicine or in clinical medicine or surgery, and are likely to profit by a period of work at a university or other chosen centre in the United States before taking up positions for higher teaching or research in the British Isles. A Fellowship will have the value of not less than £350 a year for a single Fellow, with extra allowance for a married Fellow, payable monthly in advance. Travelling expenses and some other allowances will be made in addition. Full particulars and forms of application are obtainable from the Secretary, Medical Research Council, 15, York Buildings, Adelphi, London, W.C.2.

THE British Red Cross Society is taking steps to form a branch of the society in Hong-Kong for the benefit of the British troops in the colony. A supply of comforts has already been sent, and a substantial sum has been placed to the credit of the Governor of Hong-Kong for the purchase of such additional hospital comforts as may be required.

LETTERS have recently been received from the Rev. J. D. MacRae, D.D., acting president of the Shantung Christian University, giving details of the arrangements which have been made for carrying on the work of the university and the maintenance of the University Hospital during the time that the foreign staff has been compelled by consular order to withdraw from Tsinan. A Chinese Executive Committee has been formed, consisting of Dr. Li-Tien-lu (acting vice-president of the university), Dr. P. C. Kiang (associate dean of the School of Medicine), and Mr. S. C. Lo (acting dean of the School of Theology), who have taken over responsibility for the work of the institution, supported by the other Chinese professors and members of staff. A special committee has been appointed for the control of the hospital, the medical service of which will be conducted by a group of Chinese doctors, graduates of the University School of Medicine. The head office of the university has been removed temporarily to Tsingtao (the seaport town situated 200 miles from Tsinan), and to it all deeds and other important documents have been transferred.

THE forthcoming International Congress on Goitre at Berne will begin on August 29th. The secretary, from whom all particulars can be obtained, is Dr. Carrière, Directeur du service fédéral d'Hygiène publique, Berne.

THE National Health Society, which during the fifty years of its existence has done so much excellent work for the promotion of the education and training of health workers, is making an appeal to tide it over the financial difficulties in which it now finds itself. During recent years the society has been engaged more especially in the training of health visitors, and its difficulties are largely due to the fact that the more exacting requirements as to training recently imposed are reducing the number of students. It is believed that within the next few years candidates in training will increase in number, and that the society will then be able to balance expenditure by income. The late Miss Fay Lankester was its secretary for many years; she has been succeeded by Miss C. Dickens, and the address of the society is now 90, Buckingham Palace Road, London, S.W.1.

THE Board of Education has published a revised edition of the list of certified special schools, recognized institutions for the training of blind and other defective students, and nursery schools in England and Wales, included under the special services regulations. Information is also given about certain technical classes for defective students. The schools for the physically defective are grouped, so far as is possible, to indicate the type of case dealt with. The addresses of the schools are stated and particulars are included of the average attendance at each one during the year 1925-26. The list may be obtained from H.M. Stationery Office, price 1s. net.

PROFESSOR G. MARAÑÓN has been elected president of the Spanish Royal Academy of Medicine.

THE first congress of the French Society of Oto-neuro-ophthalmology will be held at Strasbourg on May 25th and 26th, under the presidency of Professor J. A. Barié of Strasbourg, when a discussion will be held on nystagmus. Further information can be obtained from the general secretary, Dr. Velter, Avenue du Président Wilson 38, Paris, XVI<sup>e</sup>.

PROFESSOR CARLOS CHAGAS, director of the Oswaldo Cruz Institute, has been nominated professor of tropical diseases at the faculty of medicine at Rio de Janeiro. He has been succeeded in the post of director of the Public Health Department of Brazil by Dr. Clementius Fraga, professor of clinical medicine.

FROM July 1st, 1925, to June 30th, 1926, 14,445 persons died of plague in Java, or about a thousand more than in the previous year. The total number of pulmonary cases was 988. Small-pox was milder and less prevalent than in 1925, the case mortality being 10.4 as compared with 21.4 per cent.

THERE were 10,821 students in the French faculties of medicine on July 31st, 1926, as compared with 8,247 on January 15th, 1913.

PROFESSOR GAETANO FICHERA of Pavia has been appointed director-general of the Vittorio Emanuele III Institute for the Study and Treatment of Cancer.

THE Ettore Marchiafava prize of 8,000 lire for the best work on morbid anatomy and experimental pathology published within the last five years has been divided equally between Dr. Antonio Dioni, professor of morbid anatomy at Palermo, and Professor Raffaele Brancati of the Surgical Clinic at Rome.

A SERVICE of prophylaxis against measles has recently been established at Brussels; children can be injected with convalescent serum free of charge by a medical officer of the public health department on the application of a medical practitioner.

THE April issue of the *Norsk Magazin for Laegevidenskaben*, the organ of the Norwegian Medical Association, contains a sympathetic memoir of Lord Lister by K. Gren, with a bibliography and portrait.

## Letters, Notes, and Answers.

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

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

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

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

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MEDICAL SECRETARY, *Mediscru 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.

"S. C." asks for suggestions as regards diet or general treatment for a case of lupus erythematosus.

ICE CUPBOARDS FOR HOUSEHOLD USE.

"M. H." wishes to know of a reliable ice cupboard suitable for the kitchen of a household of five or six adults. Electric current is available.

Ice cupboards seem to be made by all the leading manufacturers; those manufactured by George Kent, Ltd., 193, High Holborn, W.C.1, are reasonable in price, and there appears to be no reason to doubt their efficiency. The prices for cabinet ice safes range from about £19 upwards. This lowest price secures a safe lined with zinc, properly insulated and fitted with galvanized wire ice basket, with waste-water tray and waste pipe running down the back wall of the safe. The provision compartment is ventilated and fitted with two removable shelves. The size is 44 in. high by about 20 in. wide and 20 in. deep. But this firm has many different kinds of refrigerating plant at all sorts of prices, and a catalogue would be useful. They have also what they call an effortless refrigerator for small households for connecting to the household electric supply; it is of 5 cub. ft. capacity, and the price is £70. The Kelvinator (by Kelvinator, Ltd., 29, Kingsway, W.C.2) is also