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## KEY TO DATES AND PAGES.

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but in every case I have felt a click or snap which, though perfectly obvious to the hand, was not always audible. In recent cases it is little more than the feeling of something giving way.

I have performed this manipulation both with and without an anaesthetic, and so far have not had a failure. This does not mean that I have manipulated every patient who came to me thinking he had a tennis elbow, for in some of them I could not satisfy myself of the diagnosis. But all those who had the physical signs detailed above (and they were by far the greater part) were cured by the manipulation I have described. In all cases a short nitrous oxide anaesthetic is preferable, and in chronic cases I believe it is essential. The manipulation is painful, and few patients will allow one to use the force necessary to cure a chronic case, where presumably the adhesions are firm. As regards after-treatment I believe that none is necessary. A few days' rest from tennis may be indicated if the elbow is sore from the manipulation, but otherwise the sooner the patient returns to the game the better. The need for prolonged after-treatment would suggest to me an incomplete manipulation.

While the hypothesis of "adhesions" will explain many cases it is difficult to fit it in with some acute cases. I recently saw a well known player on the first day of an important tournament. He said his elbow had "gone out"; he could not hold a racket, and he had to compete again during the afternoon. I found exactly the physical signs described above, and on manipulation, which caused severe pain, there was a definite click under my thumb. He got up, tried his arm, and said it "had gone in again," and he played through the tournament with a sore but useful elbow.

Now "adhesions" cannot come on suddenly like this, and one is compelled to conclude that something is out of place. If so, may it not be the same thing in the chronic cases also, and that the malposition has become fixed by adhesions? The whole condition presents many similarities to that of a semilunar cartilage in the knee. Here, however, we have no semilunar cartilage, but we have a very unusual type of joint. The head of the radius is necessarily very loosely attached to the orbicular ligament to permit rotation, and it is possible that a part (possibly a torn part) of this ligament may occasionally slip between the head of the radius and the capitellum. This would interfere with extension just as displacement of a semilunar cartilage interferes with extension of the knee. Another curious analogy is that the successful method of treatment which I have described above is almost exactly similar to the method of reducing a displaced semilunar cartilage so ably developed by Sir Robert Jones. If we consider pronation in the forearm to correspond to internal rotation of the leg the analogy is almost complete.

#### Conclusions.

1. The majority of cases of "tennis elbow" present characteristic symptoms and physical signs.
2. These cases can be cured by the simple manipulation described above, preferably carried out under nitrous oxide anaesthesia.
3. The pathology of the lesion is uncertain, but it is suggested that in acute cases a portion of the orbicular ligament may slip between the radial head and the capitellum.

#### REFERENCE.

<sup>1</sup> Fisher: *Manipulative Surgery*.

## Memoranda:

### MEDICAL, SURGICAL, OBSTETRICAL.

#### OPTIC NEURITIS AND SPHENOIDAL SINUSITIS.

HAVING read the illuminating discussion on optic neuritis published in the BRITISH MEDICAL JOURNAL of November 12th, and having remarked the scepticism concerning sinus infection as a cause of optic neuritis, I was prompted to record the following case as an example of a frankly rhinogenic optic neuritis.

Miss X., aged 24, was admitted to the General Hospital, Birmingham, on November 27th, 1926, complaining of morning nausea and vertigo of twenty-one days' duration, frontal headaches of increasing severity and of fourteen days' duration, and sudden partial loss of vision in the right eye since three days previously. The latter symptoms coincided with a paroxysmal increase in concurrent symptoms. Except for measles as a child, and a chronic nasal catarrh during the past few years, she had enjoyed quite good health.

Routine clinical examination revealed no abnormality in any system except the ocular. A leucocyte count, however, showed slight increase—that is, 12,400. The visual acuity was: right eye, 6/8; left eye, 6/6 partly. Perimetry demonstrated slight narrowing of the temporal half of the right field of vision. The left visual field was normal. Both fundi presented engorged veins and very full arteries with a well marked light reflex. Haemorrhages were freely scattered about, some around the disc and many extending far out into the fundus; they issued from engorged venules. Papilloedema of the right disc was remarked to the extent of 4 diopters, whilst the left disc exhibited an area of oedema on its nasal half. No retinitis was noted. X rays could show no abnormality of the nasal sinuses, and no evidence of increased intracranial pressure.

Under expectant treatment the visual acuity improved almost to the normal, and the papilloedema subsided.

#### Operation on Sphenoidal Sinus: Recovery.

From time to time exacerbations of headache and photophobia occurred, and each exacerbation was accompanied by increased nasal catarrh and fresh crops of retinal venous oozing. At the end of six weeks Mr. Musgrave Woodman removed a septal spur on the left turbinate, which prevented good access to the sphenoidal sinus. The left sphenoidal sinus was then found to be enlarged and heavily infected, containing thick flakes of pus. The right sphenoidal sinus was small and was slightly infected. From the pus a feeble growth of pneumococcus was obtained and an autogenous vaccine made.

After the radical treatment no fresh haemorrhages were remarked, the headaches cleared up, and in three months, when she was examined, the fundi looked quite normal.

I wish to express thanks to Dr. K. Douglas Wilkinson for permission to publish this case.

In this case of severe optic neuritis a very definite focus of infection was demonstrated in the sphenoidal sinus, and, although subjective eye symptoms cleared up with expectant treatment, objective eye signs still remained, along with subjective symptoms due to sinus infection. Operative treatment effectually dealt with the infection, and the patient was in perfect health three months afterwards. Had she not undergone operation I am very much inclined to believe that she would have led a miserable existence for years, suffering from time to time a recrudescence of eye symptoms due to an intermittently recurring flare-up in the nasal sinuses.

A. C. REES WALTON, M.B.Birm., M.R.C.S.,  
General Hospital, Birmingham.

#### WIRE BRISTLE IN THE BOWEL.

THE early history of this case led to the patient being unjustly suspected of bringing his trouble on himself.

During the night of September 20th-21st, a boy, aged 14, had colicky pains referred to the region of the umbilicus. He confessed to having feasted on green apples on the previous night: his mother administered castor oil, but without result. On the morning of September 22nd, no movement having taken place and no flatus passed, an enema was given. The bowels moved one hour later. In the afternoon colicky pains recurred and retching, which had been present during the night, gave place to vomiting. The vomited material was black and very foul smelling. The temperature had risen to 99.8° F. and pulse was 142. The hernial openings were closed, no tumour could be felt, and the rectum was clear. There was fluid dullness in both flanks. Laparotomy was decided upon.

The abdomen was opened by a right paramedian incision. Distended loops of small intestine presented through the wound. Examination by hand revealed a constriction near the caecum, and this portion was delivered. A piece of wire was found piercing the ileum and passing into an appendix epiploica on the caecum, pinning another loop of ileum between. On removing the wire the obstruction was relieved immediately. The bowel and mesentery seemed viable. The peritoneal exudate was not evacuated and the wound was closed in layers without drainage.

On September 23rd the abdomen was distended, but flatus was passed after the administration of a dessertspoonful of liquid paraffin every hour, and 0.25 c.cm. of pituitrin every half-hour, for two hours. Distension was present on September 24th, but the bowels moved after three doses of 0.5 c.cm. of pituitrin given hourly. Since then convalescence has been uninterrupted.

The piece of wire measured 1 5/16 in., and was identical in appearance with a wire bristle from a pot cleaner. The patient's mother thinks that the wire must have been swallowed with porridge, but the patient has no recollection of having done so.

Mr. J. Anderson, D.S.O., F.R.C.S.Ed., of Dundee, gives me permission to mention the following case.

"In 1914, Miss S. was sent for consultation with a diagnosis of subacute appendicitis. The pain was confined to the right iliac fossa, and clinically, in all respects, resembled lesion of the appendix. Laparotomy was performed two days later. The appendix was found normal, but, on investigating the abdomen, omental adhesions were found to the greater curvature of the stomach which, on separation, proved to be protecting a perforation in the centre of which was a metal bristle, which was traced to a pot-cleaning brush. Convalescence was uneventful, and she is now well."

Crieff.

H. A. GRAHAM, B.Sc., M.B., Ch.B.

#### A LARGE URETERAL CALCULUS.

A MAN, aged 49, was admitted to hospital with a diagnosis of left-sided pyonephrosis. He gave a history of attacks of pain in the left side of the abdomen and left flank of two years' duration. For the same period he had suffered from frequency of micturition. There had been no haematuria, but the urine had been foul smelling and turbid.

The pyonephrosis was so big that it was readily visible to the eye. The urine was full of pus and smelled strongly of *B. coli*. An x-ray report of the urogenital tract stated, "there is a large calculus in the bladder or in a sacculus of the bladder on the left side." Rectal examination revealed a hard fixed mass above and to the left of the prostate. On cystoscopy there was found to be no calculus in the bladder and no sacculus leading out of it. The right ureteric orifice was normal, but that on the left was congested, and a thin stream of pus was issuing from it. Immediately above it the bladder wall was seen to be bulged inwards by a mass lying in the terminal portion of the ureter.

The bladder was opened, its wall was incised over the swelling, and the calculus levered out of its bed. Immediately there was a gush of foul, greenish pus, which filled the bladder and overflowed on to the table. A finger could easily be passed up the ureter, the lumen of which was estimated to equal that of the small intestine.

After the operation the pyonephrosis disappeared entirely. The patient refused removal of his infected and disorganized kidney, and was discharged from hospital with only a trace of pus in the urine.

The calculus was smooth and regular in outline, and measured  $3\frac{1}{4}$  in. in length and  $1\frac{1}{8}$  in. in diameter. It was very heavy, weighing no less than 1,639 grains.

Though not the greatest in length and diameter, this calculus is, so far as I can discover, the heaviest yet recorded.

JOHN C. JEFFERSON, F.R.C.S.,  
Honorary Surgeon, Rochdale Infirmary.

#### FOREIGN BODY IN THE EAR FOR THIRTY-SIX YEARS.

I WAS interested in Dr. Wells's account (October 8th, p. 637) of a foreign body in the ear for thirty-three years, and I feel it may be of interest to record the following account of an encapsulated foreign body which remained in the external auditory meatus even longer.

I treated the captain of a vessel, in which I sailed to Japan as a ship's surgeon, at Yokohama Hospital (where then patients were allowed to have their own medical adviser to treat them) for a serious attack of bronchitis, and only consented to take him home if he strictly obeyed my orders.

He had a raucous voice, and, sailor like, did not mince matters when he wanted to cough; his energetic hacks must have dislodged the foreign body from its bed, which allowed it some play, for it caused a superficial ulceration.

I told him that his bronchitis was well, and that his hacking cough must be due to some reflex irritation. It astounded him to conceive that his ear should have anything to do with the cough; but on removing the body, which I found to be a grain of old dry rice (encapsulated), he proffered the remark, "It must have been there since the day I got married"; his eldest son was then 35 years of age. It impressed him greatly that from the moment of its removal the cough vanished and never returned again.

I sifted the matter as well as I could, and had no doubt that the foreign body was there for at least thirty-six or thirty-seven years.

Bath.

WILLIAM P. KENNEDY, M.D.

#### British Medical Association.

##### CLINICAL AND SCIENTIFIC PROCEEDINGS.

###### CITY DIVISION.

###### *Urinary Obstruction.*

A MEETING of the City Division was held on December 6th, 1927, at the Metropolitan Hospital, Dr. PHILIP HAMILTON in the chair, when Sir JOHN THOMSON-WALKER read a paper on urinary obstruction. He began by saying that senile enlargement of the prostate was the most common form of urinary obstruction and the one which gave rise to the greatest difficulties in regard to the proper method of treatment. Once this change in the prostate had become definitely established it was progressive. In some cases the early stage, in which little, if any, residual urine was present, might last for three, five, or more years without apparent change, and then rapid increase in the obstruction take place.

Operation was the proper treatment in the majority of cases, and early operation was advocated so that the patient was not too old and the stage of sepsis and back pressure was avoided. Moreover, there were cases where malignant disease developed in a simple enlargement of the prostate. In 100 consecutive cases of prostatectomy for simple enlargement of the prostate 16 showed microscopic areas of malignant change. The presence of two or more ounces of residual urine was an indication for operation. Frequent micturition in old men was not physiological, and always demanded careful investigation, although this symptom was not, apart from residual urine, a necessary indication for operation.

In estimating the fitness of a patient for operation all the systems must be included in the investigation. Renal failure and sepsis were the two common contraindications to operation. The tests of the renal function were within reach of all practitioners. The clinical symptoms were often overlooked in their early stage. Repeated estimation of the urea percentage of the urine was a valuable guide. The urea concentration test of Maclean was a very accurate and valuable test when properly used in cases of back pressure kidney. The blood urea estimation was a laboratory test, and might not be available in practice. If used alone it might be fallacious, but it was valuable when combined with the urea concentration test in advanced cases. The surgeon must frequently operate on cases where the renal function was not completely normal, and his success would depend on his ability to prevent post-operative complications, which were specially fatal in such cases. In sepsis the tests of fitness for operation were the general condition and the condition of the urine. The urea tests were used in renal sepsis, but only indicated the amount of reduction of the renal function, not the extent or virulence of the sepsis. The blood cholesterol had been used as a test of the resistance of the patient to sepsis. A high blood cholesterol content was regarded as favourable, and below 0.130 per cent. was abnormal.

Treatment by radiation, either with radium or the hard x rays, was not a reliable method in simple enlargement, and had dangers equal to the catheter and to operation. In rare cases the hard x rays had produced improvement in symptoms, but usually it failed. Massage was useless in true enlargement of the prostate. The removal of the obstruction at the neck of the bladder by means of punches and electric cauteries had a very limited application to a small class of case. When the prostate showed definite enlargement these methods were dangerous and ineffective. Removal of the prostate by operation was recommended early in the disease by a single-stage operation, and by the operation introduced by the speaker. His operation mortality in hospital was 8.2 per cent., and in private cases 4.4 per cent., and there were long series of cases without a death. The recent publication of a mortality of 13 and 20 per cent. after the blind operation showed that prostatectomy should be performed by surgeons with special skill, and with the advantages of a special hospital or a special department of a general hospital.

After an animated discussion the meeting terminated with a hearty vote of thanks to the lecturer.

4. All patients will report periodically for examination by the medical officer.

5. The fact that they are panel patients will be accepted as proof of their financial status.

6. A charge will be made. It is hoped that the clinic will eventually be self-supporting.

Finally I would point out that it is hoped that this will be only the first of many similar clinics throughout London and the country generally.—I am, etc.,

London, W., Dec. 16th, 1927.

ARTHUR STANLEY HERBERT.

#### UNDERFEEDING AND OVERFEEDING IN INFANCY.

SIR,—Dr. Leo Mandel, in your issue of December 10th (p. 1118), says that it is to welfare centres that we should look, rather than to a hospital out-patient department, for statistics as to the simpler diseases of nutrition in normal infants. I think that medical officers of welfare centres will agree that overfeeding is a very frequent cause of malnutrition, even in the breast-fed infant. How often do we get the case of a baby suffering from diarrhoea and vomiting and consequent malnutrition, who is found to be having ten or eleven feeds in the twenty-four hours! The mother is told by her friends, "Oh, your milk evidently disagrees with baby. You should put him on a bottle." When the feeds are reduced to five or six in the day, with no night feed, the baby quickly becomes normal, unless the overfeeding is of long duration. In my experience a case of malnutrition due to long-standing overfeeding, whether in breast-fed or bottle-fed babies, is much more intractable than one due to underfeeding.

As to dried milks, the following of the directions on the tin usually involves not only the fallacy of feeding entirely by age without consideration for weight, but also the reconstitution of the dried milk almost to the composition of undiluted cow's milk, which few people would think of giving to a young infant. At centres with which I am associated dried milk is supplied in plain packets without directions. Instructions are given to each woman individually to dilute the dried milk in such a way (for a normal infant) that, with added sugar and cod-liver oil in some form, the mixture approximates as nearly as possible in composition to breast milk. The quantities are adjusted partly according to weight and partly to age.

Besides the fact that they deal chiefly with the normal healthy infant, medical officers of welfare centres have the further advantage that they are able to see the results of their methods in after years, whereas in the out-patient department of a hospital the child is only seen as a rule as long as the mother considers it to be abnormal.—I am, etc.,

London, Dec. 11th, 1927.

DOROTHY B. GERE.

#### A TREATMENT OF MORPHINISM.

SIR,—I have only to-day read Dr. Stanford Park's criticism (December 3rd, p. 1056) of my note "A treatment of morphinism," which appeared in your issue of November 5th (p. 827).

"What use," he writes, "is atropine in treatment apart from the delirium it produces?" I do not use it to produce delirium, and, indeed, I consider that the production of delirium is painful, unnecessary, and undesirable. I am not prepared to say why an exceedingly high tolerance of atropine and hyoscine secures the patient against discomfort, but I did and do state it as a fact. Had I not Dr. Stanford Park's assurance that the same result can be secured by other (and as yet, I believe, unpublished) methods, I should have said that such other methods did not exist.

My suggestion that such easy weaning had its influence on prognosis, to judge from a small but accurate series of after-histories, depends on no supposition of mine that "a kind of immunity" (to atropine or to morphine? I do not gather which) is conferred. I should rather favour some such psychological explanation as has been given me by patients as a cause of relapse after other treatments—namely, that painful withdrawal is apt to leave behind

a lurking resentment which is only too liable to reassert itself when occasion offers.

Without a doubt recent regulations in the sale of dangerous drugs have improved prognosis generally, but 60 per cent. of my cases are medical men, with whom opportunity remains.—I am, etc.,

London, W., Dec. 21st, 1927.

G. LAUGHTON SCOTT.

#### Universities and Colleges.

##### UNIVERSITY OF LONDON.

DR. T. W. M. CAMERON has been recognized as a teacher of helminthology at the London School of Hygiene and Tropical Medicine.

The London School of Hygiene and Tropical Medicine (Division of Medical Zoology) has been admitted as a school of the University in the Faculties of Medicine and Science under Statute 74, pending consideration of an application for the admission of the school as a whole.

Mr. Wilfred Trotter, M.S., F.R.C.S., has been appointed a member of the University College Committee for the remainder of the year ending February 29th, 1928, vice Sir George Blacker, resigned.

The following have been appointed examiners for the second examination for medical degrees in 1928, the chairmen being indicated by an asterisk:

*Anatomy*.—G. Elliot Smith (Univ. Coll.), D. M. Blair (King's Coll.), W. E. Le Gros Clark (St. Bart's), \*F. G. Parsons (St. Thomas's), W. Wright (London Hospital), T. Yeates (Middlesex), Mrs. Lucas Keene (London School of Medicine for Women), J. E. S. Frazer (St. Mary's), together with the external examiners.

*Pharmacology*.—E. B. Verney (University Coll.), O. Inchley (King's Coll.), P. Hamill (St. Bart's), N. Mutch (Guy's), W. A. M. Smart (London Hospital), Swale Vincent (Middlesex), \*Miss E. M. Scarborough (London School of Medicine for Women), B. J. Collingwood (St. Mary's), together with the external examiners.

*Physiology*.—J. C. Drummond, D. T. Harris, J. P. Hill (Univ. Coll.), R. J. S. McDowell (King's Coll.), H. Hartridge (St. Bart's), G. W. de P. Nicholson, M. S. Pembrey (Guy's), H. E. Roaf (London Hospital), E. C. Dodds, Swale Vincent, J. H. Woodger (Middlesex), \*Miss W. C. Cullis (London School of Medicine for Women), B. J. Collingwood (St. Mary's), together with the external examiners.

It has been decided that the scheme for the second examination for medical degrees, Parts I and II, for internal students approved in July, 1925, and continued for the session 1926-27, shall be continued for the session 1927-28.

It has been resolved to institute, in accordance with the regulations on university titles, the following chairs, tenable at the London School of Hygiene and Tropical Medicine: (1) Chemistry, as applied to hygiene; (2) Public Health, salary, £1,300 a year, together with an allowance of £200 a year. Applications for the latter chair must be sent in by February 16th.

A course of three lectures on the surgery of the kidney and ureter, with lantern illustrations, will be given by Mr. Graham Simpson at Guy's Hospital Medical School on February 10th, 17th, and 24th at 5.30 p.m.

The following have been appointed staff examiners in the subjects of examinations for medical degrees for 1928:

*Anatomy*.—Professor T. H. Bryce and Professor T. B. Johnston.

*Bacteriology*.—Professor J. W. H. Eyre.

*Chemistry*.—First Medical: F. D. Chattaway and Miss Sibyl Taite Widdows. Second Medical: Professor C. S. Gibson, O.B.E., and F. D. Chattaway.

*Forensic Medicine and Hygiene*.—W. B. Anderton and A. S. MacNulty.

*General Biology*.—A. J. Grove and F. Drabble.

*Medicine*.—C. Bolton (internal), Professor F. R. Fraser, Professor A. J. Hall, and C. Wall (internal). Associate Examiners: C. M. Wilson, A. Feiling, D. H. de Souza, and Professor W. E. Hume.

*Mental Diseases and Psychology*.—C. H. Bond, C.B.E., and E. D. Macnamara.

*Neurology*.—Gordon M. Holmes and C. M. Hinds Howell.

*Obstetric Medicine*.—J. S. Fairbairn and Eardley Holland. Associate Examiners: Professor F. J. Browne and D. W. Roy.

*Oto-rhino-laryngology*.—Sir William Milligan and Herbert Tilley.

*Pathology*.—Professor Stuart McDonald and Professor E. H. Kettle. Associate Examiners: R. Donaldson and J. A. B. Hicks.

*Pharmacology*.—W. E. Dixon and V. J. Woolley.

*Physics*.—Professor F. H. Newman and Gilbert Stead.

*Physiology*.—Professor J. B. Leathes and Professor J. Mellanby.

*State Medicine*.—W. A. Brend and R. A. Lyster.

*Surgery*.—H. S. Souttar, Professor C. A. Pannett (internal), W. Girling Ball (internal), E. C. Hughes; and as fifth examiner if required, C. M. Page. Associate Examiners: Professor E. D. Telford, N. C. Lake, G. T. Mullally, P. H. Mitchiner; and as fifth examiner if required, E. K. Martin.

##### UNIVERSITY COLLEGE OF SOUTH WALES AND MONMOUTHSHIRE.

###### WELSH NATIONAL SCHOOL OF MEDICINE.

PROFESSOR JAMES HENRY DIBLE has been appointed Professor of Pathology and Bacteriology in the Welsh National School of Medicine.

student he was a well known Rugby football player, and he did much to foster open-air sports in Newburgh, where he was for several years president of local golf and bowling clubs. He acted as medical officer for a number of parishes in northern Fifeshire, and was a prominent member of the local education authority. He is survived by a widow, son, and daughter.

## Medical News.

THE People's League of Health has arranged two series of lectures to be delivered in the house of the Medical Society of London, 11, Chandos Street, Cavendish Square, at 6 p.m. Eight lectures on the mind and what ought to be known about it will commence on January 25th; they will be given by Drs. Crichton Miller, E. D. Macnamara, R. D. Gillespie, T. Beaton, E. Mapother, W. A. Potts, A. F. Tredgold, and Sir Robert Armstrong-Jones. Seven lectures on nutrition in health and disease will commence on February 17th, and the lecturers will include Professors Leonard Hill, V. H. Mottram, Winifred Callis, and Drs. Harry Campbell, L. J. Harris, and Eric Holmes. Tickets may be had from Miss Olga Nethersole, R.R.C., 12, Stratford Place, W.1.

THE Pharmaceutical Society of Great Britain will hold an evening meeting in the theatre at 17, Bloomsbury Square, W.C., on Tuesday, January 10th, at 8 o'clock, when a lecture on colour photography will be given by Sir William J. Pope, F.R.S. Tea and coffee will be served in the examination hall afterwards. Medical friends of members will be welcomed.

THE Fellowship of Medicine announces that a clinical demonstration in ophthalmology will be given on January 11th, at the Royal Eye Hospital, St. George's Circus, at 3 p.m., by Mr. Griffith. The first medical demonstration will be given by Sir Thomas Horder, at St. Bartholomew's Hospital, on January 26th, at 1.30 p.m., and the first surgical demonstration by Mr. A. E. Mortimer Woolf at the Queen Mary's Hospital, Stratford, on January 23rd, at 2 p.m. Lectures arranged by the Fellowship of Medicine will be delivered in the lecture room of the Medical Society, 11, Chandos Street, Cavendish Square, on Mondays, at 5 p.m.; the first lecture will be given on January 16th by Sir James Purves-Stewart on acute drunkenness. These lectures and demonstrations are free to medical practitioners. On January 9th a fortnight's course in medicine, surgery, and the special departments will begin at the Prince of Wales's General Hospital, Tottenham. Also on January 9th a course in diseases of children, organized by Dr. Bernard Myers, will commence at the Children's Clinic, the National Heart Hospital, the Royal Waterloo Hospital, the Hospital for Consumption, Brompton, and the Royal National Orthopaedic Hospital, and will occupy nearly every afternoon and most mornings. Other arrangements for January include a whole-day course in cardiology at the National Hospital for Diseases of the Heart, January 16th to 27th, and one in psychological medicine at Bethlem Royal Hospital, consisting of lecture demonstrations on Tuesday and Saturday mornings, at 11 a.m., from January 17th to February 11th. Syllabuses and tickets may be obtained from the secretary of the Fellowship of Medicine, 1, Wimpole Street, W.1, who will also supply copies of the *Post-Graduate Medical Journal* and particulars of the general course of work, which continues throughout the year.

DR. ROBERT MACNEIL BUCHANAN and Dr. George H. Edington, ex-president and president respectively of the Royal Faculty of Physicians and Surgeons, Glasgow, have been appointed justices of the peace for the county of the city of Glasgow.

DR. H. P. NEWHOLME has been presented by the public health staff of the borough of Croydon with a wireless set and an attache case as an expression of goodwill on his retirement from the medical officership of health for Croydon to take up the corresponding post at Birmingham.

AN extra Gifford Edmonds' prize of £100 for the best essay on a subject dealing with ophthalmology involving original work will be awarded in December, 1929. The subject for this essay is "Central scotoma: its pathology and clinical significance." Essays should be sent to the secretary, Moorfields Eye Hospital, City Road, E.C.1, from whom particulars may be obtained. The subject for the current essay to be sent in by December, 1928, is "The causation and differential diagnosis of proptosis." The prize is open to all British subjects.

THE Ministry of Health has issued a circular to public health authorities describing the character of the report which medical officers of health should present for 1927. As

in the previous year, it will be an ordinary report and not the full survey report, which was last required for 1925 and will not again be due until 1930.

THE proceedings of the combined meeting of the Section of Neurology of the Royal Society of Medicine and the American Neurological Association, which was held at the end of last July, have been published in the October issue of *Brain*. We gave an account of this conference on August 13th, 1927 (p. 276).

THE John Scott prize of 1,000 dollars has been awarded to Dr. Peyton Rous for his work on cancer, Dr. A. Hess for his work on rickets, and Dr. Afriano de Amaral for his work on antivenins.

THE annual report for 1926-27 of the Society for the Provision of Birth Control Clinics has been issued from the Women's Welfare Centre (153a, East Street, Walworth Road, S.E.17). Besides this main centre at Walworth the society now has eight affiliated centres: in Stepney (East London), North Kensington, Cambridge, Glasgow, Manchester, Wolverhampton, Birmingham, and Oxford, the last two having been opened during the year under review. Three of the medical officers attached to the centres of the society accepted the invitation of the National Birth Rate Commission to give evidence at its medical session. For the maintenance of its work the society is dependent on voluntary benevolence.

THE honorary secretary of the Lausanne Medical Graduates' Association informs us that the following medical men have been approved for the M.D. degree at the University of Lausanne since June, 1927: P. Ellman, J. J. Luddy, J. R. Maleri, D. A. Imrie.

THE health of the European child in Malaya is the subject of an article in the issue of the *Journal of Tropical Medicine and Hygiene* for December 15th, 1927, by Dr. G. A. C. Gordon, late assistant health officer to the municipality of Singapore. Full details are given of the necessary precautions to be adopted with regard to clothing, diet, and habits, and the conclusion is reached that the average period of residence for these children may, under favourable conditions, be extended to the age of puberty.

AT a livery dinner of the Society of Apothecaries of London, held in the Hall at Blackfriars on January 3rd, the Lord Mayor (Sir Charles Batho) and Mr. Sheriff Davenport, attended as guests, and the society's gold medal was presented to Sir Frederick Gowland Hopkins, D.Sc., F.R.S., F.R.C.P., professor of biochemistry in the University of Cambridge. The company were received by the Master, Dr. R. Whiteside Statham, and the Wardens, Lieut.-Colonel C. T. Samman and Dr. H. J. Ilott. Those present besides the after-dinner speakers included Sir George Makins, Dr. C. O. Hawthorne (Chairman of the Representative Body, British Medical Association), Sir Squire Sprigge (Editor of the *Lancet*), Mr. H. W. Carson, President of the Medical Society of London, the Masters of five City Companies, and Sir Frederick Hallett, who was warmly congratulated on his knighthood, announced among the New Year honours. In proposing the health of the Lord Mayor and Sheriffs, the Master, in a graceful speech, spoke of the happy relations between the Corporation and the great Guilds of the City of London and of the long history of the Apothecaries' Society, one of the few guilds still carrying out the objects of its charter. As proof of its response to the needs of the time, he mentioned the establishment of the new diploma in obstetrics and infant welfare, for which the first examination would be held next summer. After replies by the Lord Mayor and Sheriff, the Master presented the society's gold medal for therapeutics, paying tribute to Professor Hopkins's unique position in biochemistry and to the profound influence upon therapeutics of his pioneer studies in nutrition; that part of his work which had the widest appeal was his discovery of the bodies now known as vitamins. Sir Frederick Hopkins, in acknowledging the award, welcomed Dr. Statham's emphasis on dietetics as a branch of therapeutics. It might seem a provocative statement at such a banquet, but in his view no section of the human race had ever yet been properly nourished. Although the race had survived, yet this was a relative survival. Something was wrong; there was some deficiency; but science, he believed, would be able to right matters without disturbing the amenities of life. The founding of this medal proved the society's interest in medical research: great advances in medicine almost always came from research rather than from experience and common sense. The health of the guests was proposed by the senior warden, and responded to, in the absence of the vice-chancellor, by Dr. E. Graham Little, M.P. for the University of London, and by Mr. Lewis Briscoe, Master of the Armourers' and Braziers' Company. Excellent music was provided by the Chauntry Gleemen, a male voice quartette from the choirs of Westminster Abbey and St. Paul's.

THE  
**British Medical Journal.**

THE JOURNAL OF THE BRITISH MEDICAL ASSOCIATION.

# SUPPLEMENT

CONTAINING

CURRENT NOTES ON THE WORK OF THE ASSOCIATION

REPORTS OF CONFERENCES

MEETINGS OF BRANCHES AND DIVISIONS

THE GENERAL MEDICAL COUNCIL

MEDICAL BILLS IN PARLIAMENT

NATIONAL INSURANCE PROCEEDINGS

NAVAL AND MILITARY APPOINTMENTS

CORRESPONDENCE, ETC.

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**F. W. W. GRIFFIN, M.D.,**  
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# INDEX TO THE EPITOME FOR VOLUME I, 1928.

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