

LIONEL COLLEDGE AND SIR C. BALLANCE: ANASTOMOSES BETWEEN THE RECURRENT
LARYNGEAL AND PHRENIC NERVES.

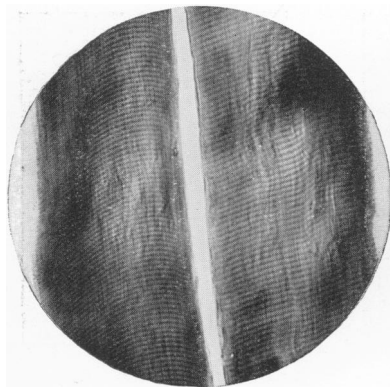


FIG. 14.

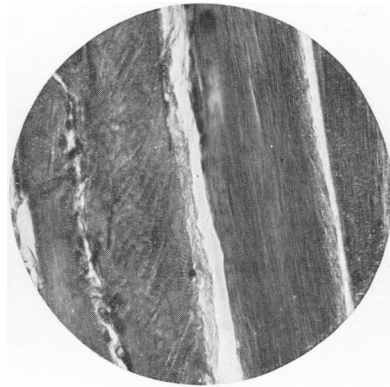


FIG. 15.

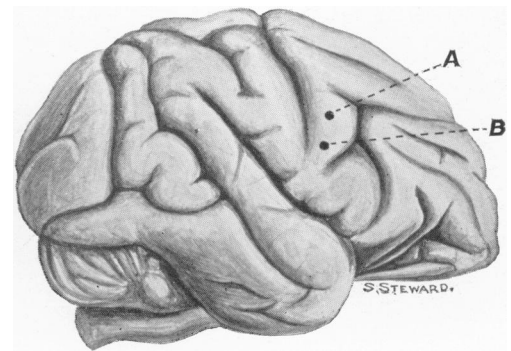


FIG. 16.

A. WATT, R. C. J. MEYER, AND A. CAMPBELL: OPERATION FOR PITUITARY TUMOUR. (See p. 748.)



FIG. A.—Showing position of the tumour.

SYDNEY SMITH: IDENTIFICATION FROM A FINGER-TIP REMOVED BY A BITE. (See p. 757.)

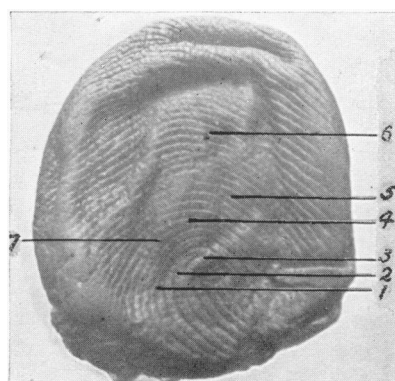


FIG. 1.—Tip of finger removed by bite.

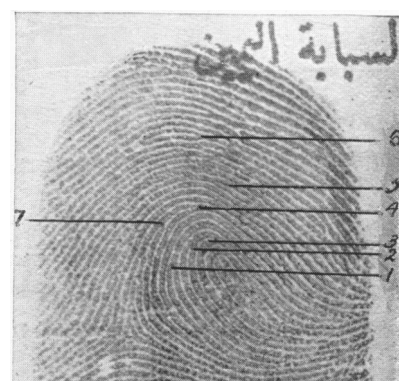


FIG. 2.—Finger-print of right index finger of accused.

Memoranda :

MEDICAL, SURGICAL, OBSTETRICAL.

IDENTIFICATION FROM A FINGER-TIP REMOVED BY A BITE.

(With Special Plate.)

A PERSON broke into a house in an Egyptian village with intent to rob or with some other intent. During his peregrinations he entered the room of a woman, and she, in self-defence, bit his finger with sufficient force completely to sever the tip. The visitor made his escape without being recognized, as the place was in absolute darkness.

Fortunately the lady did not swallow the finger-tip, but handed it over to the police when she laid a complaint the following morning. Instructions were issued to watch for anyone with an injured hand, and ten days afterwards a man with his right hand wrapped up in a handkerchief was arrested on suspicion at a railway station in the district. It was ascertained that he had lost a portion of his right index finger, and he was sent to the medico-legal department, together with the seized finger-tip, in order to ascertain whether the portion bitten off belonged to the injured hand.

On examination of the accused person it was found that the injury to the finger had been caused by a bite. X-ray examination of the hand showed that the bite had passed through the base of the terminal phalanx of the index finger. X-ray examination of the specimen showed that the distal portion of a phalanx was present. A comparison of the finger-nail on the specimen with that of the left index finger of the accused showed them to be exactly similar.

There was thus an extremely strong presumption that the man arrested was the guilty person. The accused was then asked if he had been in trouble before, to which he replied that on a previous occasion he had been arrested on a false charge—that was in 1919. The antecedents bureau was immediately asked to supply the finger-prints taken on that occasion, and on comparison of the print of the right index finger with the tip bitten off it was found that the patterns and ridge details were identical.

In the Special Plate Fig. 1 shows the tip and Fig. 2 the original finger-print. Seven points of identity have been marked, but the reader will be able to trace a great many others. This completed the absolute identification of the accused.

SYDNEY SMITH, M.D., D.P.H.,
Professor of Medical Jurisprudence,
University of Edinburgh.

EMBOLUS OF THE SUPERIOR MESENTERIC ARTERY.

THE brevity (and in some cases the absence) of description in most of the standard surgical textbooks of the signs and symptoms liable to be found in embolic obstruction of the superior mesenteric artery prompt me to place on record the clinical history of a patient under my care, who recently developed this complication.

A lady, aged 79, first consulted me on account of "palpitations and flatulence." On examination her heart was found to be fibrillating. Until the previous few days she had led an active life, interrupted by no special illness. The heart was slightly enlarged, but no bruit was detected. She was instructed to rest in bed, and was given 15-minim doses of tincture of digitalis three times daily. In two days she considered herself better, and thenceforward the heart steadily improved. By the tenth day the pulse had become regular and strong, and she thought her troubles were ended. She was, however, kept in bed, the digitalis dosage being reduced to 10 minims. Two days later there was a sudden attack of very severe abdominal pain, referred mainly to the epigastrium. It occurred soon after her midday meal, which had consisted of some milk pudding and a banana, and a few minutes later it was followed by vomiting and diarrhoea. Her condition was unchanged throughout the afternoon and early evening. The vomit at first consisted of gastric contents and subsequently of bile-stained fluid. The first stool was faecal, but within half an hour of the onset of the pain the patient was passing blood-stained mucus. The vomiting and diarrhoea were severe. The abdomen remained soft, and no tender area developed. The pain was described as colicky, and persisted

mainly in the upper half of the abdomen. There was no suggestion of collapse, the patient repeatedly altering her position in bed, and at times getting out in attempts to ease the pain. The pulse remained strong and steady. Rectal examination was negative. No drug alleviated the symptoms till about 6 p.m., when two large doses of bismuth were retained, apparently easing the pain and stopping the vomiting.

Towards 9 p.m., however, the pain regained its original severity and was accompanied by repeated retching or vomiting and occasional diarrhoea, the stools now being smaller, but still consisting of blood-stained mucus. At midnight no fresh signs had developed in the abdomen and the pulse rate remained unchanged. An injection of morphine was given, and for the next four hours relief was obtained. At 4 a.m. the pain recurred, though to a less degree. The abdomen was now a little tender over the caecum and ascending colon, but still there was no local guarding or rigidity, no visible peristalsis, and no apparent distension or free fluid. Throughout the morning the pain continued with occasional short intermissions and occasional vomiting, the vomit being yellow fluid. The bowels were not again opened. The abdominal signs remained unchanged, but the pulse rate increased from 70 to 94, though still remaining strong and regular. At 2 p.m. the tenderness over the caecum and ascending colon had increased considerably, the abdomen appeared rather distended, and free fluid was present. The patient complained of some pain in the sole of the left foot. Half an hour later faecal vomiting commenced and the right side of the abdomen became moderately rigid. Arrangements were now made for the patient's admission to the Gloucester Royal Infirmary. Just prior to her departure from home the left radial pulse became obliterated, and shortly afterwards numbness and coldness of the left hand and forearm developed.

On admission to the infirmary the patient was seen by Mr. A. Alcock, who diagnosed the condition as being embolism of the superior mesenteric artery. By this time distension had increased very considerably, the whole abdomen was rigid and tenderness generalized. Mr. Alcock opened the abdomen under local anaesthesia; gangrenous small intestine was found, and the diagnosis was confirmed. The wound was closed, and the patient died the following day.

This case not only affords an illustration of the clinical picture liable to be found in embolic obstruction of the superior mesenteric artery, but it also shows the importance of a thorough consideration of every symptom, however small, before coming to a conclusion. The first clue to the correct diagnosis was presumably the pain in the foot, but at the time of its occurrence I attached little importance to this symptom, and thought that the cause of all the trouble was probably a volvulus or possibly an intussusception.

HAROLD J. SELBY, M.R.C.S., L.R.C.P.

Newnham-on-Severn.

RECOVERY FROM TETANUS.

THE case of tetanus described by Dr. J. D. Chisholm and Dr. Arnold Renshaw (February 4th, p. 175) recalled to my mind a case in my own experience.

A Hausa man was brought to hospital on a lorry; when I saw him first he was resting on his abdomen and chest, with both head and heels raised and with marked risus sardonicus. He was admitted to a single ward, and further investigation showed that there were suppurating chiggers in the toes of both feet. Left to himself the patient lay on his right side, with marked arching of the back and retraction of the head. He was unable to separate his teeth, but could move his arms and hands. His temperature was not raised, but the pulse rate was increased. On attempting any examination or on the slightest disturbance there was severe spasm of the spinal muscles and risus sardonicus. Pain seemed to be most intense in the lower cervical and lumbar regions, and also in the abdominal muscles. It was impossible to obtain a history of the sickness, but apparently he had been helpless for about five days before admission.

The suppurating toes were treated and a soporific given; that night the patient slept well. Next day there was very little change except that the pulse rate was slightly diminished. He took liquid food well. Potassium bromide was given in moderate doses, at first four-hourly and later three times daily. After four days the wounds were healing and the spasms were less severe. Convalescence proceeded slowly but favourably till in the third week the patient was able to walk with only slight stiffness of the back. He was about to be discharged when he passed a large quantity of tapeworm; after helminthic treatment he left the hospital apparently in normal health.

Although on admission this patient had been considered moribund, complete rest and freedom from disturbance, together with sedatives and dressings to the feet, were the only lines of treatment open to us. I despaired of his recovery, thinking that even had antitetanic serum been available the case was too far advanced for it to be of use. I had been led to this conclusion by the earlier cases which I had previously unsuccessfully treated with large doses of the serum. I have never before seen recovery in such a severe case.

Ilesha, Nigeria.

G. LOWE.

list. In debate his voice was never heard on any subject without good occasion arising, and when he spoke he struck home and carried conviction. His honesty of purpose in everything he said and did was universally accepted. Such is my experience of our old friend, and the affection which I bore towards him will remain green in my memory.

The death is announced of Dr. JANE HENDERSON RUTHVEN, one of the best known medical women in Johannesburg, which took place in the General Hospital there on March 28th, after a brief illness. Dr. Henderson, as she then was, received her medical education at the London School of Medicine for Women, and studied later in Paris. In 1890 she obtained the Scottish triple qualification, L.R.C.P., L.R.C.S.Ed., and L.R.F.P.S.Glas., graduating M.D.Brux. in the following year. She had the distinction later of being one of the first medical women to be appointed to the resident staff of a mental hospital, and for two years was assistant medical officer at the Holloway Sanatorium, Virginia Water. Subsequently she commenced practice in Glasgow, where she remained for about seven years, during which time she devoted herself largely to work at the Wynd Mission Dispensary in that city. In 1902 her association with South Africa began, when in the aftermath of the war she received an appointment under the Colonial Office for work in connexion with the concentration camps, and became medical officer of the camp at Krugersdorp. On her marriage soon afterwards she took up her residence in the country, but for many years past had been living in Johannesburg, where in addition to carrying on private practice she was one of the medical officers at the school clinic. Dr. Ruthven's activities, however, extended considerably beyond the affairs of her profession; she took a leading part in various women's movements, and for a number of years was president of the Women's Enfranchisement League. She was also a vice-president of the Women's Civic Society and a member of the National Council of Women; she was, in 1909, elected a Fellow of the Royal Society of Arts, and had recently contributed to the proceedings of the South African Society for the Advancement of Science a paper on international intellectual co-operation. Social and political affairs generally possessed a deep interest for her, and she had travelled extensively in Europe and America. Among other activities may be mentioned her work in connexion with the District Nursing Association, her membership of the League of Nations Union, and her interest in the affairs of the St. George's Presbyterian Church, Johannesburg, in which she was recently elected a manager.

Dr. JOHN LAWSON RANKINE, who died suddenly on April 14th, was born in 1881, and received his medical education at Oxford University and Guy's Hospital, London, obtaining the diplomas M.R.C.S.Eng. and L.R.C.P.Lond. in 1907. He then served for a period as house-surgeon at the Dumfries and Galloway Royal Infirmary, and later was a clinical assistant at the Royal Eye Hospital, Southwark, before embarking in practice in the Border district, first at Mallsburn, Bewcastle, and at Fergus Hill, Kirklington, and finally at Longtown, where he spent the greater part of his professional life. He was medical officer of health for the Longtown rural district, and took a considerable part in organizing the provision in the area for dealing with infectious disease. During the war he was for a time in charge of the local Red Cross Hospital, and later received a commission in the Royal Army Medical Corps, serving in the East with the acting rank of major. References to his death were made in the churches of several denominations, and a memorial service, held in Arthuret Parish Church, Longtown, was largely attended by all classes of the community, and notably by representatives of the public health service and the medical profession. Dr. D. C. Edington and Dr. G. T. Willan represented the British Medical Association, of which Dr. Rankine was a member. He is survived by his widow, a son, and a daughter.

Dr. FRANCIS PENNY, who died in Doncaster Infirmary on April 15th from injuries received in a motor accident five days previously, was until recently medical superintendent at the Barnsley and Wakefield Joint Sanatorium, Mount Vernon, Barnsley. He received his medical education at King's College, London, where he was a Warneford Scholar, and in 1884 obtained the diplomas M.R.C.S.Eng. and L.S.A.Lond. As a house-surgeon at King's College Hospital he was associated with Lord Lister. Subsequently he held resident posts at the North Devon Infirmary, Barnstaple, and at the Doncaster Infirmary, and served as a civil surgeon in the South African war. A keen interest in travel and exploration later led him to seek employment abroad, and he acted at various times as medical officer to various mining companies in regions so diverse as Spitzbergen and Central Africa. During the late war he served at sea, and in more recent years was, for a period of about six years, medical superintendent at the Mount Vernon Sanatorium. At the time of his death he was engaged in preparations for a voyage to New Zealand. A former colleague writes: Francis Penny was much loved, and was very popular with his patients. He held very decided opinions in various medical matters, and strongly believed that most of our modern ailments were due to overeating. He believed in periods of fasting, and never, of late years, took more than two meals a day. He rarely used tuberculin in his practice, and avoided the use of all serums and vaccines as far as possible. Penny was one of the pioneers in the use of ultra-violet light, and his results in the treatment of lupus were very satisfactory. He was a good tennis player, and often defeated opponents more than twenty years his junior, and he was also very fond of dancing. The funeral service was held at Lawnswood Crematorium, Leeds, and was attended by several members of his family, including his brother, Colonel Penny, A.M.S. (retired), the mayor of Barnsley; the chairman of the Health Committee of Wakefield; and the medical officers of health for Barnsley and Wakefield.

The late Dr. GEORGE CHARLES KAROP, who died suddenly at his residence at Herne Bay last August, was of Danish descent but of English birth, having been born in London in 1853. He was educated in part at Heidelberg, and afterwards entered as a medical student at the Middlesex Hospital, obtaining the diplomas M.R.C.S.Eng. and L.S.A. in 1875. For about a year he held a resident post at this hospital, subsequently becoming a surgeon in the service of the Royal Mail Steam Packet Company. He next returned to the Middlesex Hospital as tutor in physiology in the medical school, with notable success as a teacher, and later was for ten years clinical assistant at the Royal London Ophthalmic Hospital (Moorfields). In London, and later at Herne Bay, to which place he removed in 1907, he built up a considerable practice as an eye specialist, being for many years honorary ophthalmic surgeon to the Herne Bay Queen Victoria Memorial Cottage Hospital. Throughout practically the whole of his life Dr. Karop took a keen interest in microscopy, being closely identified with the Quekett Microscopical Club, which he joined in 1873, and of which he was the honorary secretary from 1883 to 1904. He was also a Fellow of the Royal Microscopical Society, and served for a time on the council of that body. Microscopical research was his chief hobby, his main interest, apart from its medical aspects, being in the *diatomaceae*. He took no prominent part in public affairs in Herne Bay, but he was a well-known and respected figure in that town, where he was much esteemed for his personal qualities. His wife died in 1926; he is survived by three sons and a daughter.

The following well-known foreign medical men have recently died: Dr. JEAN DANYSZ, of the Institut Pasteur, Paris, Commander of the Polish Order Restituta, aged 67; Dr. EUGÈNE HERTOGE, vice-president of the Royal Academy of Medicine of Belgium; Dr. L. KLEINWÄCHTER, formerly professor of obstetrics at Czernowitz, aged 89; Dr. OSKAR BAIL, professor of hygiene at the German University of Prague; and Dr. RICHARD PRIBRAM, professor of physical chemistry at Vienna.

Universities and Colleges.

UNIVERSITY OF CAMBRIDGE.

Diploma in Medical Radiology and Electrology.

New regulations for the Cambridge Diploma in Medical Radiology and Electrology, which was instituted in 1919, will come into operation in October next, and substantial changes have been made in the organization of the appropriate courses of study. Hitherto the whole course has taken six months, with lectures, practical work, and hospital running concurrently, and it has been possible to pursue the course either at Cambridge, partly at Cambridge and partly in London, or to take an independent recognized course at the Institute of Radiology in London. Under the new arrangements the course will extend to nine months; the examination will be in two parts, and each candidate will be required to submit a thesis. In Part I the subjects will be physics and electro-technics (formerly physics only); the courses of study, consisting of lectures and practical work in physics and an introductory course in medical radiology, will be given simultaneously in Cambridge and London from October to December. In the examination for Part II the subjects will be radiology and electrology; the courses of lectures and clinical instruction will be given in London from January to March by lecturers appointed by the Educational Committee of the British Institute of Radiology. After completing the examination and before submitting a thesis a candidate must hold for three months a clinical clerkship or similar appointment in an approved radiological department. Exemption from this requirement may be granted in certain exceptional circumstances. Full information respecting the courses in Cambridge may be obtained from Mr. G. Stead, M.A., at the Cavendish Laboratory there, and regarding the courses in London from the Director, British Institute of Radiology, 32, Welbeck Street, W. 1.

Among the degrees conferred on April 27th were the following:

M.B., B.CHIR.—P. E. Pym, G. D. Thomson.
M.B.—C. E. Kellett.
B.CHIR.—G. C. Milner.

The following candidates have been approved at the examination indicated:

DIPLOMA IN MEDICAL RADIOLOGY AND ELECTROLOGY.—Part I:
O. Chance, S. J. Dikshit, F. J. Farr, C. W. S. Fernando, N. P. Henderson, S. A. Jabbar, Leila K. Keatinge, D. F. Lawson, W. P. Philip, H. C. Pillsbury, B. K. Roy, T. Takahashi, R. N. Tandon, E. Thorpe, E. J. E. Totham, K. S. Venkatachala Ayyar, J. D. H. Wearing, F. G. Wood. **Part II:** N. Abu-Saif, J. H. Baird, J. J. N. Daniels, W. E. Donaldson, Frances Dooley, Emily L. Franklin, J. P. Grant, S. A. Jabbar, S. L. Mucklow, R. G. Murray, S. D. S. Park, M. Ragheb, W. G. Rich, H. T. Rymer, C. F. O. White, J. Wilkie.

UNIVERSITY OF LONDON.

The following candidates have been approved at the examination indicated:

DIPLOMA IN PSYCHOLOGICAL MEDICINE.—*A. W. H. Smith, *F. O. Walker, †N. H. M. Burke, †J. N. Jacobson.

* With special knowledge of psychiatry.
† With special knowledge of mental deficiency.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

An ordinary committee of the Royal College of Physicians of London was held on April 25th, with the President, Sir John Rose Bradford, in the chair.

Fellowship.

The following were elected Fellows on the nomination of the Council:

Carlton Oldfield, M.D.Lond. (Leeds), Newman Neild, M.B.Manch. (Bristol), Vincent Sutherland Hodson, M.V.O., M.D.Oxf. (London), Sydney Arthur Owen, M.D.Camb. (London), John Bright Banister, M.D.Camb. (London), Laurence Ball, M.C., M.D.Lond. (Birmingham), Rudolf Charles Wingfield, M.B.Oxf. (Frimley), William Willis Dalziel Thomson, M.D.Belf. (Belfast), Thomas Beaton, O.B.E., M.D.Lond. (Portsmouth), Wilfred John Pearson, D.S.O., M.C., M.D.Oxf. (London), Neil Hamilton Fairley, O.B.E., M.D. (Melbourne), Geoffrey Marshall, O.B.E., M.D. (London), Ernest Basil Verney, M.B.Camb. (London).

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

Edward Mellanby, M.D.Camb. (Sheffield).

Membership.

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

Harold Awrounin, M.B.Lond., Douglas Charles Beaumont, M.D.Camb., Mona Margaret Blanch, M.D.Melb., The Hon. Olive Burton Buckley, M.B.Oxf., George Campbell, M.B.Glasg., Bernard Maule Clark, Arthur Edgar De Chazal, M.B.Lond., Ewen Thomas Taylor Downie, M.B.Melb., James Gilbert Falconer, M.B.Toronto, Kenneth Alexander Hamilton, M.B.Oxf., Tom Allistair Falconer Heale, M.B.Melb., Leslie Charles Hill, M.D.Birm., Arthur Sturgess Hollins, M.B.Camb., Thomas Cecil Hunt, M.B.Oxf., Bertram Humphreys Jones, M.B.Lond., Abdulla Karmally, M.B.Bomb., Samuel Maurice Katz, M.D.Liverp., Alice Margaret Craig Macpherson, M.B.Lond., John Kempson Maddox, M.B.Sydney, William Hotson Palmer, M.B.Camb., Jean Lilian Smith, M.D.Lond., Richard Robertson Trail, M.C., M.D.Aberd.

Licences.

Licences to practise were granted to the following 155 candidates:

M. E. Albury, B. A. J. Arthure, R. E. Artrick, *Mabel A. Baker, *Ellen M. Barnes, N. R. Barrett, *Charlotte Belinky-Raginsky, A. D. C. Bell, *Ruth Bocoock, H. H. Boyden, J. M. Buchanan, W. Buckley, F. Bush, G. Campbell, G. C. Campbell, A. G. Carmichael, R. E. P. Cohen, E. T. Conybeare, N. E. Cook, A. D. W. Cooke, B. W. Cooke, R. W. Cooper, T. V. Cooper, E. Corner, J. E. Crooks, A. Dala, C. H. Dale, T. C. Danco, T. B. Davie, *Mona C. Davies, R. G. De Kock, O. C. Dobson, W. J. G. Drake-Lee, L. L. Eksteen, W. A. Elliston, C. Emery, R. B. Floyd, M. Franzler, J. P. M. Frau's, G. H. Gange, A. P. Gaston, P. S. Gidlin, J. C. Gordon, S. E. Goulstone, *Tatiana Gourlande, G. N. Grose, A. E. Handousa, H. N. W. Harley, G. A. S. Harris, M. R. W. Hart, J. S. Hensman, A. N. Hobbs, R. Hodgkinson, L. Hoffman, E. J. Horn, *Kathleen Horne, M. C. Housfield, *Muriel S. Hulke, T. A. A. Hunter, J. G. H. Ince, S. D. Isaacs, R. A. Isenstein, *Florence H. Johnson, *Olive M. G. Jones, *Emma J. King, H. N. Knox, L. B. Langmead, I. B. Lawrence, J. M. Lees, L. H. Lerman, *Marjorie H. Lester, F. W. Linton-Bogle, *Olive T. Lloyd, A. J. Lomax, A. Maberly, G. W. T. McDonnell, S. McGladdery, K. W. Mackie, R. C. Mahajan, H. H. Mahmood, G. D. Nalhoutra, T. E. Malins, E. T. Mankabadi, F. Mansour, *Mary L. Marsh, W. E. Mashiter, N. M. Matheson, J. I. Mathias, *Olive S. May, G. v. R. Moster, N. S. Narasimhan, R. Newton, J. W. Notley, *Joan M. Oldaker, C. W. Olsen, G. Packham, E. A. E. Palmer, *Irene A. Papenfus, D. N. Parfitt, *Mary E. Pease, L. S. Penrose, W. P. Phillips, R. E. M. Pilcher, N. E. Pitt, R. E. Rix, L. G. R. Roberts, M. Rober's, R. W. N. Robins, D. A. Rolfe, M. C. Ross, F. G. V. Scovell, J. Seidenberg, A. Shedrow, R. Shelley, L. Shillito, M. Shlosberg, H. N. Skelton, D. R. E. Smith, E. J. J. Smith, B. Spencer, V. P. Squire, H. Stevens, H. H. Stewart, G. S. Storrs, K. G. Sugden, E. E. Swaby, *Ivy E. Tanner, I. C. C. Tebaperoff, H. Temkin, H. S. Thomas, J. E. Thomas, J. P. Thyme, *Elsie J. Todd-White, R. D. M. Townsend, W. R. Van Langenberg, J. F. Varley, J. Vaughan-Bradley, M. R. Wadia, W. H. S. Wallace, G. A. B. Walters, F. S. Warner, A. R. Waterhouse, H. G. Wells, *Eleanor L. C. West, *Alice E. S. Wharton, *Addie Wilkes, F. Williams, J. C. F. L. Williamson, T. G. Willis, J. A. Wood, E. C. Woodhead, *Dorothy L. Woodroff, *Janet J. D. E. Young, R. A. Zeitlin, J. S. Zidel, S. Zuckerman.

* Under the Medical Act, 1876.

Final Examination in Midwifery.

The report of the Committee of Management of the Examining Board in England of the Royal College of Physicians of London and the Royal College of Surgeons of England, that "it is desirable and practicable to hold a clinical examination in obstetrics and gynaecology in connexion with the Final Examination in midwifery for the Diplomas of L.R.C.P., M.R.C.S.," was adopted.

A report of the Committee of Management, recommending that the College should conform to the practice of other licensing bodies with regard to the period at which the professional curriculum was regarded as beginning, was adopted.

Medical News.

A CHADWICK public lecture on "Sunlight—natural and artificial—and its use in modern medicine," will be given by Dr. Walter Elliot, M.P., Under Secretary for the Scottish Board of Health, Agriculture, and Education, at 8.15 p.m., on Tuesday, May 15th, at the British Medical Association House, Tavistock Square, W.C. The lecturer will review some recent research work and discuss the experience of certain local authorities, with particular reference to Scotland. Sir Matthew Wallace will preside, and the lecture will be illustrated by lantern slides.

TWO series of lectures of general interest, arranged by the British Institute of Philosophic Studies, are being given during this month and next at the University of London Club, 21, Gower Street, W.C.1. Dr. C. Lloyd Morgan, F.R.S., emeritus professor of psychology and ethics in the University of Bristol, on May 1st, began a series of six lectures on "Mind in Nature," which will be continued at 5.30 p.m. every Tuesday until June 5th. Four lectures on "The philosophy of religion" are to be given by Professor Clement C. J. Webb, Oxford, at 5.45 p.m. on Wednesdays, from May 23rd to June 13th. Details may be obtained from the Director of Studies at the offices of the Institute, 83, Kingsway, W.C.2.

THE Aberdeen University Club, London, will hold its seventy-ninth half-yearly dinner at the Trocadero Restaurant W., on Thursday, May 17th. The secretary's address is 9, Addison Gardens, W.14.

THE annual summer dinner of the Glasgow University Club, London, will be held at the Trocadero Restaurant, W., on Friday, May 25th, at 7.15 p.m. Sir Donald MacAlister will preside. Any Glasgow University men who, though not members of the club, desire to attend, are asked to communicate with the honorary secretaries, 62, Harley House, N.W.1.

THE annual general meeting of the Tavistock Square Clinic for Functional Nervous Disorders will take the form of a luncheon, to be held at the Hotel Russell, W.C., on Monday, May 21st, at 1 p.m. The chair will be taken by Mr. Owen Smith, and Sir Alfred Pickford will speak.

THE Fellowship of Medicine and Post-Graduate Medical Association announces that on May 8th there will be two clinical demonstrations, one at 2 p.m., at the Cancer Hospital, by Mr. Ernest Miles, and another at 2.30, by Dr. Frew, at the Hospital for Sick Children. On May 9th Mr. Greeves will give a demonstration at the Royal London Ophthalmic Hospital; all three demonstrations are open to members of the medical profession without fee. Several courses are being given throughout May. In addition to those already in progress, on May 7th four other courses begin. These are an afternoon course for two weeks at the Infants Hospital; a course in diseases of the throat, nose, and ear, occupying all day, for three weeks; an afternoon course in ophthalmology, continuing for four weeks; and a course in neurology at the National Hospital, Queen Square, which continues to June 29th. Full particulars of all special courses and of the general course of work may be obtained from the secretary of the Fellowship of Medicine, 1, Wimpole Street, W.1.

THE third lecture of the post-graduate course on cancer, at the Leeds Medical School, under the joint auspices of the Leeds and West Riding Medico-Chirurgical Society and the Yorkshire Council of the British Empire Cancer Campaign, will be given on May 9th, at 3.30 p.m., by Professor G. Grey Turner, his subject being cancer of the rectum. The lecture is free to medical practitioners, who should, however, inform the secretary of the British Empire Cancer Campaign, 47, Park Square, Leeds, of their intended presence at least two days previously.

THE spring meeting of the South Wales Medical Golf Society will be held at Southerndown golf course on Thursday, May 17th. The divisional stage for the Treasurer's Cup (for the Cardiff Division) will also take place on the same day at Southerndown. Other Divisions of the British Medical Association wishing to hold their competitions on the same date are asked to communicate with Dr. T. Garfield Evans, 127, Cathedral Road, Cardiff.

A CONFERENCE to consider the position of women in the service of hospitals will be held at the Mary Sumner House, 24, Tufton Street, Westminster, from 2.30 to 6 p.m. on Tuesday, May 8th. The speakers will include Dr. Graham Little, M.P., Dr. Margaret Emslie, Miss Eleanor Rathbone, and Miss C. Fulford, and the three questions to be discussed are: (1) opportunities for training of women medical students; (2) the appointment of women to paid and honorary medical posts in hospitals; and (3) the appointment of women on boards or committees of management of hospitals (including mental hospitals). Visitors' tickets (price 1s.) and further particulars may be obtained from the National Union of Societies for Equal Citizenship (which has convened the conference), 15, Dean's Yard, S.W.1.

ON his departure to take up the appointment of medical officer of health for East Sussex Dr. R. Ashleigh Glegg, who has been M.O.H. to the Lindsey County Council for the past twenty years, was presented with handsome gifts from his associates—doctors, dentists, nurses, and clerks—of the health department and from the staff of the county council as a whole.

A RECENT change in the by-laws of the Royal Society of Medicine extends the privilege of associate membership to dental and veterinary practitioners on the terms formerly applicable only to members of the medical profession. The associateship is therefore open, subject to election by the Council, to members of the three professions who apply for election within five years of their first professional qualification, at the end of which period the privilege lapses. An associate who has paid three annual subscriptions may, if elected to the Fellowship, be admitted without payment of entrance fee.

THE West African Medical Staff List, revised to show the appointments held by officers on November 30th, 1927, gives a total of nineteen specialist and research appointments, one in Sierra Leone, eleven at the Research Institute for the Gold Coast, and seven at the Lagos Research Institute. The total establishment of the staff is now 215.

PENDING international agreement about bacteriological nomenclature the *Bulletin of Hygiene* has provisionally adopted a system based on that recommended by the 1920 report of the committee appointed by the American Society of Bacteriologists. A description of this system is published in the February issue of the *Bulletin*.

AS in several recent years, the Italian State Tourist Department is organizing a special study tour for medical practitioners to the spas and health resorts of Italy from September 5th to 21st. The tour is restricted to foreign practitioners to the number of 150, and will be conducted by a special first-class train throughout. Assembling at Milan, the party will visit a number of centres of medical interest in Lombardy and Piedmont, including the Italian lakes and the Italian Riviera, before dispersing at Viareggio. At each

spa a medical lecture will be given, followed by visits to bathing establishments, etc. The texts of lectures will be provided in English, French, and German, and interpreters familiar with these languages will accompany the party. The inclusive charge will be 1,500 lire (about £16 10s.) for the tour; reduced fares will be available in Italy to and from the points of assembly and dispersal. Full information may be obtained from the Ente Nazionale Industrie Turistiche (Italian State Tourist Department), Via Marghera 6, Rome.

THE ninth international neurological congress will be held in Paris on July 3rd and 4th, when a discussion will be held on the diagnosis and treatment of cerebral tumours, in which Drs. Clovis, Vincent, Bécère, Bollack, Hartmann, and de Martel will take part.

A MEDICAL congress on diseases of the respiratory tract will be held at Clermont-Ferrand, under the presidency of Professor Castaigne of Paris, and will include excursions to La Bourboule and Mont Dore on May 27th and 28th. The subjects for discussion will be the treatment of tuberculosis in the spas of Auvergne and centre of France, treatment of diseases of the pharynx and larynx at these spas, and injection of mineral waters into the tissues. Further information can be obtained from the Centre Médical, 23, Place Bréchimbault, Moulins (Allier).

THE fifth international congress of thalassotherapy will be held at Bucarest and Constantza from May 21st to 29th. Further information can be obtained from the general secretary, Strada Mantuleasa 35, Bucarest.

DR. AUGUST GÄRTNER, professor of hygiene at Jena University, celebrated his eightieth birthday on April 18th.

ACCORDING to the Stockholm correspondent of the *Times* this year's Nobel Prize winners will receive about £8,700 each from the Nobel Foundation. The prizes to be awarded in 1928 are for physics, chemistry, medicine, and literature.

A PRIZE of 3,858 francs will be awarded by the Société de Neurologie of Paris for the best work on the treatment of disseminated sclerosis published between July 1st, 1927, and July 1st, 1928. Further information can be obtained from Dr. O. Croozon, 70 bis, Avenue de Jéna, Paris.

A BILL has been introduced in the Legislature of Trinidad and Tobago to provide for the medical inspection of Government and assisted schools and of the pupils attending such schools.

Letters, Notes, and Answers.

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

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The address of the Irish Office of the British Medical Association is 16, South Frederick Street, Dublin (telegrams: *Bacillus, Dublin*; telephone: 62550 Dublin), and of the Scottish Office, 6, Drumsheugh Gardens, Edinburgh (telegrams: *Associate, Edinburgh*; telephone 24361 Edinburgh).

QUERIES AND ANSWERS.

HARDENING THE FEET.

"H. R." wishes to know the best method of hardening the feet preparatory to a long walking tour.

INCOME TAX.

Cash Basis.

"J. C. G. C." started practice in 1926-27 and paid tax for that year on the basis of his gross bookings less expenses. Can he now adopt the cash basis?

* * * The revenue authorities object to the cash basis as applied to a new practice until the point is reached at which the receipts from old bookings are likely to balance the unpaid