

rubbed in. When the hair begins to fall freely Buschke recommends the use of tincture of iodine and a fungicide ointment on alternate days. I have followed this practice carefully in all my cases with great success.

After the eighteenth or twentieth day, when epilation is almost complete, a careful examination of the scalp is made with the ringworm lamp for the detection of infected stumps; these are removed as far as possible with the epilation forceps, and by adhesive strapping. It is advisable to use local treatment for ten or fourteen days after a careful examination with the ultra-violet beam has failed to detect the presence of infected hairs or stumps. If care is not taken to remove the infected hairs as quickly as possible the new hairs are liable to become reinfected, owing to the rapidity with which they appear after depilation.

Of the cases treated, 65 were cured after one dose of thallium acetate. In 10 cases the hairs were infected after the regrowth, and a second dose was necessary; in only one case had a third dose to be given.

Most of my failures occurred among my early cases, and I attribute my non-success to two causes: (1) At first I gave 8 mg. per kilo of body weight; this dose, in the light of my experience, is not sufficient to produce complete depilation, and I now invariably give 8.5 or 9 mg. (2) As the ringworm lamp was not available during the first few months for examination purposes, a number of infected stumps were not detected and removed, with the result that re-infection of the new hairs occurred. Since giving 8.5 or 9 mg. per kilo of body weight and conducting a daily examination for infected stumps with the ultra-violet beam after epilation is apparently complete, my results have been much more satisfactory.

One or two further points in connexion with this treatment are, I think, worth recording. (1) Children with dark hair are more difficult to depilate than those with fair hair; it is therefore advisable to give 9 mg. per kilo to the former class of case. (2) The hairs on the crown fall out less readily than those on the other part of the scalp, so that for ringworm in this situation it is also better to give the full 9 mg. dose.

#### Toxic Effects.

I have not seen any alarming toxic symptoms in any one of the cases I have treated; this was due partly to the fact that I insist on all patients remaining in bed for forty-eight hours after the thallium acetate has been administered, and partly to the fact that most of my patients were under the age of 4 years, as it is well known that young children are less susceptible to the toxic effects of this drug than older children.

The toxic effects most noticeable were apathy, loss of appetite, and drowsiness during the first two or three days, and pain in the joints, particularly in the lower limbs, appearing from the sixth to the tenth day. All these symptoms gradually disappeared without leaving any ill effects in any of the patients treated. All the children who showed toxic symptoms in any marked degree were more than 4 years old.

#### Summary.

As the outcome of my clinical investigation the following points might be emphasized:

1. Thallium acetate can be safely used as a depilatory agent where, on account of the age of the patients, x-ray treatment is contraindicated.
2. Accurate weighing of the patient and correct dosage are most important.
3. The after-treatment is all-important in obtaining satisfactory results; the patients should be kept in bed for forty-eight hours after the initial dose of the drug, and from the first day of treatment the scalp should be washed daily with sp. saponis kalinus, or with 10 per cent. sulphur soap, and a fungicide application be well rubbed in.
4. Careful examination with the ultra-violet beam should be made after depilation is apparently complete, so as to detect any infected stumps which have failed to come out and which would re-infect the new growth of hair.
5. The use of thallium acetate should, as far as possible, be limited to children under the age of 5, owing to its toxic effects on those above that age.

## Memoranda:

### MEDICAL, SURGICAL, OBSTETRICAL.

#### HAEMATOMETRA WITH HAEMATOSALPINX IN ONE HORN OF A UTERUS BICORNIS UNICOLLIS.

THE rarity of this condition prompts us to record the following case.

The patient, aged 16, was sent to hospital on October 9th, 1929, by Dr. Crawford, for pain and swelling in the perineum.

*History.*—Menstruation began at 14 years of age; regular cycle of twenty-eight days, lasting five days, loss scanty. Last menstrual period September 10th, 1929. At the onset of menstruation the periods were free from pain, but during the last year there had been dysmenorrhoea of progressive severity. This pain, which started two days before the period, and continued throughout, was referred to the lower abdomen and perineum. On the second day of her last period the patient suddenly fell in a sitting posture, and a few hours later complained of severe pain in the right lower abdomen and perineum, which was worse than before. This pain persisted throughout the following month, making walking painful and sitting difficult; she also suffered from dysuria. At the onset of her next period the pain became so severe that she was sent to hospital.

*Examination.*—The patient was well developed but anaemic. In the right iliac region there was felt a sausage-shaped swelling, soft in consistency, irregular in outline, and tender to pressure, but with no rigidity of abdominal parietes. The right vaginal wall was bulged inwards by a globular swelling, which extruded from the vaginal orifice upwards into the pelvis, and was definitely cystic. At the vault of the vagina the os externum could be detected, but no true cervix could be felt.

*Bimanual Examination.*—It was difficult to arrive at any conclusion, owing to the cystic swelling, the size of a large orange, occluding the vagina. As far as could be ascertained, there was a mass in the position of the uterus, continuous above with sausage-shaped mass below with the cystic swelling.

While awaiting operation, the patient suddenly developed acute abdominal pains with vomiting, the lower abdomen became rigid, and the patient took on the aspect of an abdominal crisis.

*Operation.*—Under general anaesthesia the peritoneal cavity was opened, when there was an escape of a large amount of altered blood. The uterus was enlarged to the size of a three months' pregnancy, and on further examination was found to be bicornute; the left horn was the size of a normal virgin uterus, with a healthy tube and ovary. The right horn was slightly larger, and merged into a large globular swelling, which had burrowed down, lateral to the right wall of the vagina. The tube on this side was greatly dilated, and altered blood was seen issuing from the fimbriated end. The whole, except the left tube and ovary, was removed in one mass. Great difficulty was experienced in separating the cystic swelling from the deep part of the lateral wall of the vagina and surrounding tissues. The specimen showed the left horn to contain a normal cavity and cervical canal opening into the vagina. On the right side the large cavity, which contained altered blood, appeared to be a greatly distended cervical canal, above which was the enlarged right horn of the uterus with the haematosalpinx.

J. E. G. CALVERLEY, C.M.G., M.D., B.S.Lond.,  
Surgeon,

J. W. D. BUTTERY, F.R.C.S.Ed.,  
Assistant Surgeon,  
Royal Victoria Hospital, Folkestone.

#### DRY FRACTURE OF NECK OF FEMUR.

I was particularly interested in Mr. Blundell Bankart's description (*Journal*, January 4th, p. 8) of a case of intracapsular fracture of the neck of the femur, in which he had obtained bony union after injection of blood into the hip-joint. I must admit that I was sceptical of the absolute absence of bleeding between the ends of the fracture and into the hip-joint, especially as I had often noticed an apparent fullness over Scarpa's triangle, and considered that it was due to effusion into the hip-joint. I wish, therefore, to place on record the following case, which showed a dry fracture of the neck of the femur investigated at necropsy.

W. M., aged 81, was admitted to the Radcliffe Infirmary with retention of urine and uraemic symptoms due to senile enlargement of the prostate. His retention was relieved by catheterization, but two days after admission he got out of bed one night and fell, breaking the neck of his femur. He was treated

palliatively by abduction and extension on a Thomas splint. He died five days after the fracture.

Extract from notes of the necropsy made by Dr. A. G. Gibson: "There is considerable bruising with the production of fair-sized blood clot in the muscles above and below the great trochanter. This bruising extends downwards to the distal third of the inner side of the thigh, possibly directed there by the sartorius muscle. The hip-joint was opened and contained no blood clot. A pipette passed to the back of the joint aspirated a few cubic centimetres of synovial fluid very faintly tinged with blood. There is a sub-capital fracture of the neck of the femur, but neither surface of the fracture has any blood clot at all formed on it."

This case, with its marked bruising outside the joint, and absence of bleeding in the joint, gives some further definite evidence to encourage the injection of blood into the hip-joints of recent intrascapular fractures advocated by Mr. Blundell Bankart, with a view of obtaining bony union.

I have to thank Mr. Rose-Innes, under whose care this patient was, for permission to publish the case.

D. C. CORRY, M.D., F.R.C.S.,  
Assistant Surgeon, Radcliffe Infirmary and  
County Hospital, Oxford.

## Reports of Societies.

### INFLUENCE OF SUNLIGHT AND CLIMATE ON HEALTH.

At a meeting of the Section of Balneology and Climatology of the Royal Society of Medicine, on March 21st, with Dr. KERR PRINGLE in the chair, the influence of sunlight and other climatic factors, especially in the treatment of rheumatic disease, was discussed.

Dr. C. W. BUCKLEY said that the climate which seemed the most delightful was by no means necessarily the best adapted to the human organism. Barometric pressure, temperature, sunlight, rainfall, humidity, and prevailing winds were the chief factors which determined the character of climate. In this country, where grey skies were common, it was not surprising that great importance was attached to the record of hours of sunshine, and the longing of the Englishman in the Tropics for the grey skies of his native land was not always realized. The spells of sunny weather were too brief and broken to permit of acclimatization to the sun's rays in any degree. The results of research into the effects of light, both natural and artificial, were sometimes contradictory and unconvincing. They did not support the idea that natural resistance was increased to any extent by continual exposure to sunlight. The sun, while beneficial to the healthy, might be injurious to those suffering from severe infections, and, even in health, excess might produce undue fatigue. Wind was an important factor, and it had to be remembered that in the open the movement of air was as necessary as in closed rooms. Air movement played an important part in cooling action on the body, even if actually there was no change of air. High humidity was unfavourable, and changes in relative humidity as slight as 1 per cent. caused perceptible changes in the rate of evaporation from the skin. Rainfall was also an important factor. It had long been pointed out that heavy rainfall was an advantage from the point of view of health, clearing the air of impurities and probably rendering it more invigorating by favouring the formation of ozone and diminishing the relative humidity. It was the common experience of many people that they felt more fit for work during and after rain. The effect of these climatic factors was modified by the remarkable adaptability of the human organism. It was more advantageous to train the powers of adaptation to climate in treating rheumatism than to lower those powers by living in a warm climate. Newsholme had recorded that high incidence of rheumatic fever occurred when the mean temperature was high, the rainfall deficient, and the ground water level high. Recently the speaker had been investigating the incidence of rheumatic diseases among miners, who spent one-third of their lives underground, excluded from sunlight, in a warm and highly humid atmosphere. Among

1,496 cases diagnosed as various forms of rheumatism which had been under his care in the period 1926-29 at the Devonshire Hospital, Buxton, 452 were miners; they showed a high incidence of rheumatic fibrositis, but no higher than general outdoor workers exposed to cold and damp, with plenty of light. Miners had a lower incidence of infective arthritis and osteo-arthritis than many other classes of the community. It was a combination of conditions tending to lower the powers of adaptation which caused a high incidence of rheumatism, and not any single climatic factor. Dr. Buckley differed strongly from the popular view that if the climate of these islands were perpetual sunshine and the temperature variation not more than ten degrees the health of the nation would improve. A good case could be made out for the view that the British climate was the best of all possible climates for the average inhabitant of these islands.

Dr. W. P. KENNEDY (Bath) referred to the changing definition of rheumatic diseases. Formerly there were included in this category many conditions which had one by one been eliminated, and what remained was little more than a general ill health. He believed that some perversion of the metabolism produced the first irritation in the fibrous tissue which opened the way to the inroads of bacteria. Professor MEUGEOT (Royat) said that many persons with chronic disease were worse on certain days, and it seemed as if the climate was implicated. In last September many cases of sudden death from cerebral haemorrhage or heart failure occurred in one small locality on one particular day. This was believed to have something to do with magnetic changes, and to be connected with the existence of black spots in the sun.

Dr. A. CAWADIAS said that chronic rheumatism was the result not of one but of many factors, external and constitutional. For every new patient these factors varied as to their number, intensity, and mode of combination. Each rheumatic patient had a special "etiological constellation," and in certain patients the climatic factor might be in the constellation as a star of the first magnitude and in others simply as a satellite. In Greece, where there was abundance of sunshine, there was much chronic rheumatism, though perhaps not so much as in Great Britain. To attribute rheumatism only to climate was one of those dogmatic simplifications of etiology for which there was no true foundation; in every patient a combination of factors was concerned. In the treatment of chronic rheumatism abroad he had for many years used the sun; coming to this country, where the sun was not so available, he started, with great scepticism, ultra-violet treatment, and was astonished to find that in his rheumatic patients it gave better results than the sun. He believed the reason to be that while people were accustomed to the luminous radiations, they were not accustomed to the short ultra-violet radiations, and these brought about a "shock" reaction which modified the metabolism.

Dr. GUSTAVE MONOD (Vichy) said that his experience in sending patients up mountains, to altitudes of 8,000 feet or so, was that the danger appeared when they came down again. On returning suddenly from high altitudes to the town they were very liable to catch any infection which was prevalent; their resistance was actually lowered by their stay in the mountains. In many cases they would derive far more benefit from ultra-violet treatment at home than from a stay at a high altitude. Professor FERREYROLLES (La Bourboule) said that patients differed greatly in their resistance to climate, and its effect in rheumatic cases was seemingly contradictory in many instances. The same thing was seen among patients with asthma; some were only well in cold weather, while others could not endure it. Dr. J. CAMPBELL McCLEURE said that excessive exposure to sunlight was harmful. Every autumn he had to treat a number of people for bronchitis and other complaints; these people during the summer had been exposing themselves, in abbreviated garments, to the rays of the sun, coming back with deeply pigmented skins to undergo a period of distinct depression. Rash exposure to the sun would often precipitate an attack among those disposed to bronchitis. Dr. P. G. LEWIS (Folkestone) remarked that in consequence of the fine summer of last year there had been distinctly less illness throughout the

or resurrection of a perfumery business, and in January, 1926, left Paris for Cannes, and took a pottery shop at Vence. There she became ill, and an operation for gall-stones was performed at the Anglo-American Clinic at Nice. The forceps was removed in September, 1928. It would have been interesting to know what was said by those who removed it, and whether attention was then pointedly drawn to the fact that it was a screw forceps, and not the sort of forceps which the French surgeons commonly used, although it was stated that thousands of such forceps were used in France during the war.

There is no kind of recollection (said the Lord Chief Justice) so misleading as controversial recollection, and of all kinds of controversial recollections the least trustworthy are those which are fortified by a feeling of indignation. If any member of the jury has had an illness spread over a considerable period in some form or other, he will find that it is extraordinarily difficult, looking backwards, to be very precise about his symptoms at any particular period, especially if the trouble is of a kind which gives a diffused pain. We have been told that when the gall-bladder is affected a very common accompaniment is a flatulent dyspepsia, capable of causing great pain and discomfort, now here, and now there, a little difficult to locate. How difficult it is for a person who has suffered in that way, looking back over a longish period of years, to say with certainty that his symptoms at such and such a time were these, and not those.

His lordship reviewed the medical evidence, and stressed the long period, including accounts of illnesses in Paris and in India, as to which no medical evidence had been brought. There was, of course, the evidence of Dr. Stevens, relating to 1921-23. Dr. Stevens knew of the plaintiff's operation, and considered that she had ventral hernia, a common sequel to an abdominal operation in a stout subject; he never suggested that it was a case for an x-ray examination to see if there was some foreign body left in the abdomen. How came it that nobody who examined the patient in Bombay suggested an x-ray photograph? The plaintiff said that the lump was always there, about the size of a small coco-nut. Had any of these medical men suspected the presence of a foreign body would they not have taken steps to make sure? The plaintiff's statement was that the pain continued daily for eight years. Was that an exaggeration? Her expression that she felt as if she were eating rusty nails threw some light on the story, for who knew what it felt like to eat rusty nails? Was it not the sort of picture that would occur to a somewhat imaginative person, in all good faith, looking back after a period of time when she knew that a pair of forceps had actually been discovered? Finally came the operation by Dr. Prat in 1926. The jury might think that when all the surrounding circumstances were considered, together with the actual course of the operation of 1926, the forceps could not have been left in the body in 1920, and must have been the result of the operation five and a half years later at Nice. He then put to the jury the three questions already set out.

#### *Verdict and Judgement.*

The jury were absent only ten minutes. They answered in the negative the first question put—namely, "Is it established that the forceps was left in the plaintiff's body in the course of the operation performed by the defendant?"

The Lord Chief Justice thereupon entered judgement for the defendant, with costs.

### Obituary.

SIR JOHN FAGAN, F.R.C.S.I.,  
Consulting Surgeon, Belfast Royal Hospital and Belfast  
Hospital for Sick Children.

WE regret to report the death on March 17th of Sir John Fagan, Kt., F.R.C.S.I., at his residence, Craigeaverne, Portarlinton, at the age of 86 years, after a long and distinguished career.

John Fagan, who was the eldest son of the late James Fagan of Lisnacaffrey, Rathowen, co. Westmeath, was educated at St. Vincent's College, Castleknock, Dublin, and the Catholic University, Dublin; he afterwards studied in London, Paris, and Vienna. He obtained the diplomas L.R.C.S.I. in 1865, the L.R.C.P.I. and the L.M. in 1866, and the F.R.C.S.I. in 1874. He was surgeon to the Royal Hospital, Belfast, for twenty-five years, and was also surgeon to the Belfast Hospital for Sick Children—an

institution which he was mainly instrumental in establishing. He acted as consulting surgeon to seven of the most important medical institutions in the North of Ireland, where he had an extensive consultation practice. In 1897 he was appointed Inspector of Reformatory and Industrial Schools. The methods of education and training then in vogue in these schools were completely changed by him, and the system now in operation was begun. The result of this method of training, which came before the public at the recent exhibitions by the Cork and Belfast schools, has called forth the highest encomiums from all interested in primary education. In 1906 Sir John Fagan was appointed medical member of the General Prison Board. He was a Justice of the Peace for co. Antrim and a deputy lieutenant for Queen's County. He received the honour of knighthood in 1910.

Dr. WILLIAM HAMILTON ELLIOTT, who died on February 27th, at Castlerock, Londonderry, at the age of 82, received his medical education at the University of Dublin, where he graduated M.B. in 1870, and obtained the diplomas L.R.C.S.I. and L.M. two years later; he proceeded M.D. in 1875. For more than thirty years he was medical officer of the Londonderry (Waterside) and Glendermott districts, retiring in 1907. A colleague writes: One of the most courteous and gentlemanly of men, he was highly esteemed by everyone who came into contact with him, and his relations with his professional brethren were always of a most cordial and friendly nature. He resided latterly at Castlerock. His wife predeceased him several years ago.

Dr. WILLIAM G. GORDON died on February 25th at Ballater, Aberdeenshire, where he had been in practice for the last six years. He graduated M.B., Ch.B. at Aberdeen University in 1905. At the beginning of the war, when he had been junior partner for a time in Malvern, Worcestershire, he was commissioned in the R.A.M.C., and served as captain in France and Flanders with that unit till 1917, when he was sent to England as the result of severe concussion and gas poisoning. From these injuries he never recovered. At the end of 1917 he resigned his position as surgeon in charge of Catterick Camp Hospital, and until he resumed practice in 1924 he was in continual bad health. Dr. Gordon, who was very popular in Ballater, is survived by a sister. He was a member of the British Medical Association.

Dr. JOHN GREGORY WHITE, so long a leading practitioner in Bournemouth, died at Aspley Guise, Bedfordshire, on February 11th, at the advanced age of 92. He obtained the diploma M.R.C.S. in 1862, and graduated M.D.Ed. two years later. Dr. White settled at Bournemouth early in his career, and for a great many years conducted a very large practice when Bournemouth was developing rapidly and was mainly a select winter resort for invalids. His work was characterized by uniform kindness and patience, combined with the practical skill in treatment which was the foundation of his reputation. He retired in 1907, and went to live at Aspley Guise, where he had inherited property, being succeeded in his practice by his son. Dr. Gregory White was a man of wide intellectual interests, and acquired a large circle of friends in Bedfordshire, among whom his death is greatly regretted. Twenty-three years having elapsed since Dr. White left Bournemouth, he was not widely known to the present generation; but there are still many among the senior members of the profession, and among the older residents of the locality, who cherish his memory with affection.—H. G. L.

The following well-known foreign medical men have recently died: Professor HERMANN PFEIFFER, professor of general and experimental pathology at Graz; Dr. HANS KNORR, extraordinary professor of orthopaedics and director of the Orthopaedic Institute at Heidelberg; Dr. PAUL SCHROETER, extraordinary professor of ophthalmology at Leipzig, aged 89; and Dr. PINÉQUINE, director of the Institute of Hygiene at Tashkent.

*Medical Officers in the Navy and Air Force.*

In reply to questions by Dr. Vernon Davies, on March 20th, the following figures regarding medical officers in the Navy and Air Force were given by Mr. AMMON and Mr. MONTAGUE respectively.

Medical Officers in the Royal Navy.				Medical Officers in the Royal Air Force.			
Year	Total number of medical officers.	Number entered.	Number retired, etc.	Year beginning April 1st	Strength at beginning of year.	Number who joined during the year.	Number who left during the year.
1920	454	24	29	1921	119	32	18
1921	429	12	37	1922	133	45	13
1922	415	34	38	1923	165	29	15
1923	392	14	37	1924	179	27	19
1924	393	33	32	1925	187	22	21
1925	390	29	32	1926	188	21	25
1926	390	30	30	1927	184	29	20
1927	381	37	46	1928	193	17	20
1928	390	45	36	1929	190	17 (a)	20 (a)
1929	372	19	37				

(a) Figures to date (March 19th, 1930).

The total numbers of medical officers in the Navy were those arrived at by the end of each year. Temporary surgeons entered during the war had not been included, and none were now serving.

*Small-pox and Vaccination Commission.*—Replying to Mr. Freeman, on March 19th, Mr. GREENWOOD said two of the British members of the Small-pox and Vaccination Commission of the League of Nations were officers of the Ministry of Health, and one was an official of the Medical Research Council. He was advised that this Commission, which was appointed in 1925, had had only a nominal existence since August, 1928. The Epidemiological Reports for October and November, 1929, had not been issued under its authority, but under that of the Health Section of the Secretariat of the League of Nations. Consideration of the subject-matter of these reports would seem to fall to the Health Committee of the League.

*Medical Members of County and County Borough Councils.*—Mr. GREENWOOD said, in reply to Dr. Fremantle on March 20th, that he could not introduce a short indemnifying bill to exempt present sitting medical members of county and county borough councils from their disabilities as from April 1st next. Dr. FREMANTLE pointed out that in rural parts of the country, particularly in Huntingdon, all practising medical practitioners were rendered ineligible for service as members of county councils by the provisions of the Local Government Act, 1929, and that such councils as desired to have medical members were unable to obtain them. Mr. GREENWOOD said only eleven days remained before the new Act came into operation, and local authorities had already made their arrangements. Dr. FREMANTLE replied that a good deal could be done in that time.

*The Tuberculosis Service and Mental Hospitals.*—Mr. GREENWOOD said, on March 20th, in reply to Dr. Vernon Davies, that any proposals by local authorities for an active liaison between the tuberculosis service and the mental hospitals would receive sympathetic attention.

*Disease Attributed to Milk.*—Replying to Mr. Wilfrid Whiteley, on March 20th, Mr. GREENWOOD said complete particulars of the number of epidemics of infectious disease attributed to milk were not available. Such information as was available was in the reports of the chief medical officer. In the returns of the Registrar-General no separate figures were given for disease attributed to milk. Replying to Dr. Vernon Davies, Mr. Greenwood stated that imported milk was subject to examination for tubercle under the Imported Milk Regulations, but it was not the practice to examine imported milk products for this purpose. He could not affirm that all these imports were from tuberculin-tested animals.

*Inoculation against Diphtheria.*—Mr. GREENWOOD told Mr. Freeman, on March 20th, that he was aware that Cardiff City Council proposed to perform the so-called Schick test and inoculate 10,000 healthy children under 10 years of age against diphtheria. Council proposed to perform the so-called Schick test and inoculate period to decide whether they will accept the offer of possible immunization from the disease. One month's notice was not practicable. Permission in writing was obtained before each child was treated.

*Silicosis.*—Mr. TURNER assured Mr. Hopkin, on March 20th, that he had no reason to think that silicosis was increasing in the anthracite district of South Wales. He hoped preventive measures, such as the compulsory use of water or of a mechanical dust trap while using percussive drills in sandstone or other highly siliceous rock, would check it.

*Notes in Brief.*

Sir C. Trevelyan told Sir John Ganzoni, on March 20th, that it had been a practice of many years' standing for the chief medical officer of the Board of Education to communicate directly with his colleagues in the school medical service in regard to questions which required their professional opinion.

A petition, signed by 102,816 persons, was presented in the House of Commons, on March 20th, which prayed that experiments upon living animals might be prevented by law.

**Universities and Colleges.****ROYAL COLLEGE OF SURGEONS OF ENGLAND.  
COUNCIL ELECTION.**

MONDAY, March 17th, was the last day on which the names of candidates were to be received for the election of Members of the Council, which will take place on July 3rd. Three Members of Council retire in rotation, and the same three, applying for re-election, are the only candidates. They are Mr. Robert Pugh Rowlands, O.B.E. (Guy's), Member 1896, Fellow 1901; Sir Percy Sargent, C.M.G., D.S.O. (St. Thomas's), Member 1898, Fellow 1900; and Mr. Victor Bonney (Middlesex), Member 1896, Fellow 1893.

The constitution of the Council since July, 1929, has been as follows:

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

*Vice-Presidents.*—Mr. C. H. Fagge, C. (1) 1921, (2) 1929; and Mr. V. Warren Low, C.B., C. (1) 1915 (substitute), (2) 1917, (3) 1926 (substitute).

*Other Members of the Council.*—Sir H. J. Waring, C. (1) 1913, (2) 1921, (3) 1929; Sir John Lynn-Thomas, C. (1) 1918 (substitute), (2) 1925; Mr. Ernest W. Hey Groves, C. (1) 1911, (2) 1926; Sir Cuthbert Wallace, C. (1) 1919, (2) 1927; Mr. F. J. Steward, C. (1) 1920, (2) 1928; Mr. R. P. Rowlands, C. 1922; Mr. J. Herbert Fisher, C. 1923; Mr. W. Sampson Handley, C. (1) 1923 (substitute), (2) 1929; Sir Percy Sargent, C. 1923 (substitute); Mr. G. E. Gask, C. 1923; Mr. W. McAdam Eccles, C. (1) 1914, (2) 1924; Mr. Wilfred Trotter, C. 1924; Sir Charles Gordon-Watson, C. 1924; Mr. A. H. Burgess, C. 1925; Mr. Victor Bonney, C. 1926 (substitute); Mr. G. Grey Turner, C. 1926; Mr. Hugh Lett, C. 1927 (substitute); Mr. Leonard Gamgee, C. 1928 (substitute); Mr. R. G. Hogarth, C. 1928; Mr. R. E. Kelly, C. 1928; Mr. Graham Simpson, C. 1929 (substitute).

The medical schools are represented as follows:

<i>London:</i>	
St. Bartholomew's ...	4
Guy's ...	3
London ...	1
St. Mary's ...	1
Middlesex ...	2
St. Thomas's ...	3
University College ...	1
Total London ...	15
<i>Provinces:</i>	
Birmingham ...	1
Bristol ...	1
Cardiff ...	1
Leeds ...	1
Liverpool ...	1
Manchester ...	1
Newcastle ...	1
Nottingham ...	1
Sheffield ...	1
Total Provinces ...	9
Total Council ...	24

**UNIVERSITY OF OXFORD.**

J. W. PUGH, B.M., University College, has been elected to a Fellowship on the Foundation of Dr. John Radcliffe.

**UNIVERSITY OF LEEDS.**

DR. F. S. FOWWEATHER has been appointed to the readership in clinical chemical pathology which the council has decided to institute.

Mr. B. Keaffreson has been appointed tutor in obstetrics and gynaecology, and Mr. J. J. Thomson as demonstrator in pathology and bacteriology.

**UNIVERSITY OF LIVERPOOL.**

The following candidates have been approved at the examinations indicated:

M.Ch.Orth.—M. G. Kint, D. W. L. Parker.  
FINAL M.B., Ch.B. (1929 Regulations).—Part I: A. M. Russell.  
DIPLOMA IN MEDICAL RADIOLOGY AND ELECTROLOGY.—Part A: A. J. Galustian, J. M. Grieve, G. W. Phillips, R. Y. Stones, T. M. Tso.  
Part B: A. J. Galustian, J. M. Grieve, M. J. McHugh, G. W. Phillips, R. Y. Stones, T. M. Tso.  
D.P.H.—Part I: J. H. St. B. Crosby, H. R. Dugdale, H. P. Fowler, J. D. A. Gray, E. Hughes, H. S. Lawrence, J. S. Mather, E. S. R. Menon, J. W. Pickup, W. J. Pierce, J. H. Pottinger, Nora M. Wilson.  
DIPLOMA IN TROPICAL MEDICINE.—G. R. Baxter, C. J. Boyd, J. A. K. Brown, A. Cathcart, T. T. M. Chee, A. E. Deacon, J. H. Dobbin, F. D. Gillespie, S. C. Grant, R. Green, M. L. Gulatte, R. A. Heatley, R. N. Khanna, D. K. L. Lindsay, J. E. D. Mendis, M. B. Mody, G. B. Mohle, S. Narain, C. J. Pol, L. Sumitra, T. Wilson.  
DIPLOMA IN TROPICAL HYGIENE.—R. A. Anderson, C. G. Booker, W. A. Bullen, R. Krishna, C. N. Latham, J. E. McMahon, A. Reid.

**UNIVERSITY OF MANCHESTER.**

A CONSULTATIVE committee on cancer research, consisting of representatives of the University and of the Manchester Committee on Cancer, including the Christie Hospital and the Radium Institute, has been established. The research work will be conducted in the University laboratories, and will be directed and controlled by the consultative committee. Dr. C. C. Twort, who has been working under the direction of the Manchester Committee on Cancer, has been appointed as director of the department of cancer research.

Mr. John Morley, M.B., Ch.M. Manch., F.R.C.S., has been appointed lecturer in systematic surgery.

The following candidates have been approved at the examination indicated:

D.P.H.—Part II: A. Brown, J. S. Sewell.

#### UNIVERSITY OF SHEFFIELD.

MR. GRAHAM SIMPSON, F.R.C.S., senior surgeon to the Sheffield Royal Hospital, has been appointed Professor of Surgery at the University of Sheffield, in succession to Professor A. M. Connell, who retires from office on March 31st.

#### UNIVERSITY OF DUBLIN.

##### TRINITY COLLEGE.

THE following degrees were conferred on March 19th:

M.D.—W. A. Taylor.

M.Ch.—G. FitzGibbon.

M.B., B.Ch., B.A.O.—E. F. St. J. Lyburn, F. M. Lyons, P. O'Shea.

R. T. O'Shea, F. O. Pilkington, A. Rose, G. F. West, J. Willoughby.

LICENCE IN MEDICINE, SURGERY, AND OBSTETRICS.—R. E. Hemphill.

The following candidates have been approved at the examinations indicated:

FINAL M.B., PART I.—*Materia Medica and Therapeutics; Medical Jurisprudence and Hygiene; Pathology and Bacteriology*: J. A. Wallace, E. FitzG. Burton, P. C. Cosgrove, J. B. Fleming, T. M. R. Aheru, N. H. Leisk, H. B. Wright, D. H. S. Boyd, W. A. Hill, H. J. Garland, J. G. Wilson, H. S. Mason, H. St. G. Smith.

PART II.—*Medicine*: W. J. Chapman, S. Levy, F. P. Fitzgerald, P. L. O'Neill, *Surgery*: R. E. Hemphill, R. Bowesman, Annie E. Thompson, *Midwifery*: S. H. Moore, N. A. Kinnear, D. J. O'Bryan, T. A. Roucher-Hayes, W. A. Robinson, C. H. Adderley, E. S. Duthie, C. H. Hutchinson, C. M. Elliott, C. Ryan, J. B. Scott, H. W. Dalton.

DIPLOMA IN GYNAECOLOGY AND OBSTETRICS.—H. M. Fisher, E. T. Mankabadi, L. Yang, M. H. Rashwan.

\* Passed on high marks.

#### UNIVERSITY OF BELFAST.

THE following candidates have been approved at the examination indicated:

M.B., B.Ch., B.A.O.—J. H. Colhoun, Margaret M. Conway, C. E. Emerson, G. R. Garvin, S. B. Hughes, R. J. Huston, W. M. Bride, H. J. M'shaue, G. F. Magurran, Nora Maybin, Phyllis E. Minford, H. F. Northey, T. H. W. Ritchie, C. V. Stevenson, J. B. Young, Mary C. Young.

#### SOCIETY OF APOTHECARIES OF LONDON.

THE following candidates have passed in the subjects indicated:

SURGERY.—J. Gordon, T. C. Koble, A. R. Madden, C. J. Nicol, E. E. Paterson, A. Scher, E. M. M. Shaw, C. Skianer, L. J. P. Soromenho.

MEDICINE.—T. Chandrasekharan, H. C. Halge, A. Hamid, E. G. Nair, R. Nandlal, M. S. Rappoport, T. Singh, G. K. Wilsker.

FORENSIC MEDICINE.—K. Graftdyk, H. C. Halge, A. Hamid, B. T. W. Harvey, E. Jacob, M. S. Rappoport, T. Singh.

MIDWIFERY.—E. A. Freyworth, K. Graftdyk, J. M. L. Love, L. R. C. Rose, Grantley Smith, L. C. H. Sykes.

The diploma of the Society has been granted to Messrs. T. Chandrasekharan, J. Gordon, K. Graftdyk, H. C. Halge, A. Hamid, B. T. W. Harvey, R. Nandlal, M. S. Rappoport, A. Scher, T. Singh, C. Skinner, L. J. P. Soromenho.

## Medical News.

THE Durham County Council at its last meeting passed unanimously a resolution placing on record its sense of high appreciation of the great public work rendered by Dr. Eustace Hill during his service as county medical officer of health, and expressing the hope that he will have many happy years in his retirement.

THE next evening reception at the Royal Society of Medicine will be held at 1, Wimpole Street, W.1, on Monday, March 31st, at 8.30 o'clock, when members and their friends will be received in the library by the president and Lady Dawson of Penn. At 9 p.m. the film, "The Heir to Jenghiz Khan," will be shown. Admission will be by ticket only, for which application should be addressed to the Secretary.

AT a meeting of the Royal Sanitary Institute to be held in the Council Chamber, Plymouth, on April 4th and 5th, discussions will take place on the reconstruction and re-conditioning of working-class houses, on the purity of milk supply in the West of England, and on port sanitation; the chair will be taken at 6 p.m. On April 11th, at a meeting in the Town Hall, Chatham, at 4.30 p.m., Dr. W. A. Muir, M.O.H. Gillingham, will open a discussion on the administrative control of infectious disease.

THE meeting of the Maternity and Child Welfare Group of the Society of Medical Officers of Health arranged for to-day (Friday, March 28th) has been postponed.

THE Fellowship of Medicine announces that from March 31st to April 5th a special post-graduate course in gastro-enterology will be held at the Prince of Wales's Hospital, Tottenham, occupying the whole of each day from 10.30 a.m. to 5.30 p.m. The mornings will be spent in clinical lectures and demonstrations, the afternoons in attending the general hospital work and clinics, finishing with an hour's special lecture. No further special courses will begin until the end of April,

but there are two weeks still remaining of the course in neurology at the West End Hospital for Nervous Diseases and of the course in medicine, surgery, and gynaecology at the Royal Waterloo Hospital, for which tickets at proportionate fees can be obtained. The subjects of the courses in April are: diseases of the throat, nose, and ear at the Central London Throat, Nose and Ear Hospital, from April 28th to May 24th; diseases of infants at the Infants Hospital from April 28th to May 10th; and psychological medicine at the Maudsley Hospital from April 28th to May 30th. Detailed syllabuses of all these courses may be obtained on application to the secretary of the Fellowship, 1, Wimpole Street, W.1.

AN appeal is being made on behalf of a memorial fund to be devoted to the development and extension of the children's department of Guy's Hospital, with which Sir Alfred Fripp was closely associated as a student, surgeon, and governor for over forty years. The fund will be used either for endowing cots, building a new ward, or any like purpose that the governors of Guy's Hospital and Sir Alfred's relatives may decide. Donations may be sent to the honorary secretary, the Sir Alfred Fripp Memorial Fund, 145, Cheapside, London, E.C.2.

AN international league for combating trachoma was founded at the thirteenth International Ophthalmological Congress. The president of the league, Professor Emile de Grösz, and the secretary, Dr. F. Wibaut, were entrusted with the formation of a committee composed of delegates from the various national ophthalmological societies. Up to the end of February forty-nine delegates had been nominated from twenty-six countries. The next meeting of the league will be held on July 26th in Geneva, and the programme will be issued at the close of May.

THE forty-fifth congress of the Balneologischen Gesellschaft will be held at Bad Elster, in Saxony, from April 9th to 13th. Particulars may be obtained from the general secretary, Dr. Max Hirsch, Berlin W.35, Steglitzer Strasse 66.

PROFESSOR LOEPER of Paris has been re-elected president of the Latin Medical Press, with Dr. Albert Delcourt of Brussels as vice-president, Dr. René Beckers as general secretary, and Dr. Jacques Rosenthal as treasurer.

THE twenty-first volume of the *Collected Researches of the National Physical Laboratory*, containing papers on electricity and wireless, has just been published by the Stationery Office (price 22s. 6d. net).

THE city of Vienna has decided to erect a monument to the late Professor Clemens Pirquet; and a street in Hamburg has recently been named after the late dermatologist, Professor Paul Unna.

## 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.

Authors desiring REPRINTS of their articles published in the *British Medical Journal* must communicate with the Financial Secretary and Business Manager, British Medical Association House, Tavistock Square, W.C.1, on receipt of proofs.

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, Mediscera Westcent, London.

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, 7, Drumsheugh Gardens, Edinburgh (telegrams: *Associate, Edinburgh*; telephone 24361 Edinburgh).

### QUERIES AND ANSWERS.

#### VISION OF MOTOR DRIVERS.

"SAFETY FIRST" would be glad to know if a man of 66 years of age with perception of light only in the right eye, but with very good vision in the left eye, will be debarred from driving a motor car by the Road Traffic Bill now before Parliament. He has driven a motor car for some years with this disability, and has never had an accident. Apart from the legal aspect, should he be advised to continue as before, or to give up driving a motor car?