

amenorrhoea for six months. No cause could be found for the pain in the chest; the heart and lungs were normal, the abdomen showed no tenderness, and the spleen could not be felt. The temperature was 100.6° F., and the pulse 100. The blood was negative for malaria, and the urine contained a faint trace of albumin and some triple phosphates. The uterus reached just above the level of the umbilicus, and there was no vaginal discharge.

A premature male child, which only survived two hours and weighed 1 lb. 12 oz., was born five days later. The placenta and membranes were complete; the lochia were never offensive, and the uterus involuted normally. The temperature remained high, the pyrexia being sometimes continuous and sometimes intermittent. Rigors occurred at intervals. Metastatic abscesses formed in the right thigh and left side of the neck, and were incised. Pain was again felt in the lower part of the left side of the chest, accompanied by cough and expectoration. Dullness with diminution of the breath sounds was found, but this improved for a time with an expectorant mixture and the application of antiphlogistine.

On September 4th fluid was aspirated and found to be sterile on culture. A slight leucocytosis of 12,000 per c.m.m. was present. Blood was withdrawn for culture on the same date, and *B. facalis alkaligenes* was isolated. Intravenous injections of neutral acriflavine and colloidal iodine were given, and some improvement in the temperature and general condition was noted, but only for a time. Two weeks later the patient's condition became much worse, the temperature rising to 105° F.; blood culture was repeated on September 27th; *B. facalis alkaligenes* was again isolated and a vaccine prepared. The Widal reaction was negative. On October 16th a dose of one and a half million organisms was injected, followed after four days by a dose of two million. A moderately severe reaction occurred after the first injection, and definite improvement set in. The temperature subsided gradually, and remained normal after the second injection. The patient asked to return home, and was discharged well on October 26th.

CASE III.

A male European planter, aged 22, was admitted on July 21st, 1928, with a history of pain and swelling of the scrotum for four days, accompanied by high fever; he strenuously denied any venereal infection. He had had a swelling of the right knee one week previously due to an injury at football, and malaria in 1927. On examination intense tenderness and marked swelling of the right testicle was found, and, to a less extent, of the epididymis; the cord was much thickened and tender. There was no urethral discharge nor sore, and a prostatic examination was negative. The temperature was 102° F., and the pulse 92. Examination of the blood and stools was negative. The urine was alkaline and contained triple phosphates, but was otherwise normal.

There was continuous pyrexia, which subsided by lysis on the twenty-seventh day. An abscess of the testicle developed two weeks after admission, and was incised under general anaesthesia. The patient felt and looked remarkably well during the course of his illness, but headache, severe testicular pain, and obstinate constipation were all troublesome as regards treatment. Dimol and hexamine were administered, but did not seem to have any appreciable effect. When the temperature had subsided convalescence was uneventful, and the patient was discharged well on September 8th, 1928.

A direct smear from the urine showed no pus cells or gonococci, and culture for *B. coli communis* was negative. Blood culture gave a pure growth of *B. facalis alkaligenes* on July 28th, and the same organism was isolated in pure culture from the pus of the testicular abscess. The Widal reaction was positive to *B. typhosus* 1 in 200 on August 8th, and one week later showed a reduction in titre to 1 in 50. As the patient had not been inoculated against enteric this may have been due to group agglutination. The Wassermann reaction was negative.

The infection in the first patient almost certainly had its origin in the intestinal canal, and was severe and prolonged for such an organism. The second case was interesting owing to its extremely lengthy course, the isolation of the organism concerned on two separate occasions at over three weeks' interval, and the remarkable response to vaccine treatment. Infection, evidently, had been sustained prior to admission. In the case of the third patient the most striking feature was his excellent general condition throughout, in spite of a fairly severe infection. An opportunity was afforded of examining him recently, and no atrophy of the testicle was found.

I have to thank Dr. H. O. Hopkins, Government Pathologist, Penang, who carried out the laboratory investigations.

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- 2 Park and Williams: *Pathogenic Micro-organisms*, 1925, 418.
- 3 Stitt: Loc. cit., 186.
- 4 Castellani and Chalmers: *Manual of Tropical Medicine*, 1919, 1402.
- 5 Hiss-Ziviser and Russell: *Textbook of Bacteriology*, 1922, 639.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

A POSSIBLE CASE OF PSITTACOSIS.

In view of the recent outbreak of psittacosis the following case may be not without some interest.

On February 16th I was called to see a young woman, aged 32, who had been taken ill five days previously with a rigor and a sudden blinding headache, and went to bed. She was extremely prostrated, and vomited several times. Hoping she would feel better, she rose on February 14th, but grew worse, and went to bed again. When I saw her she was very ill. She then had a short, dry, persistent cough, a headache which she described as agonizing, a sore mouth, the tongue covered with thick, brownish fur, a slightly sore throat, and complete anorexia. Her face was of a peculiar yellowish pallor, eyes sunken and half shut, expression dull. The reflexes were sluggish. There had been no epistaxis, the spleen was not enlarged, and there were no adventitious sounds in the lungs. The abdomen was slightly distended; constipation was a prominent feature from the beginning, and she complained of a slight ache in the lumbar region. Insomnia was very troublesome, and remained so until late in the illness. The urine showed nothing abnormal. The temperature was 103° F., the pulse only 90, and the respiration rate normal. The temperature, pulse, and respiration ratio remained practically constant throughout.

I suspected typhoid fever, and on making inquiries as to whether she was a contact I found that she had been nursing enteric cases in Las Palmas for the past three years. She said she had only returned to England a fortnight previously, and added that she had been immunized against typhoid and paratyphoid A and B. Further questioning elicited the information that during the voyage home she had had a pet parrot in her cabin with her, and had fed and kept it clean herself. No mouth-to-beak feeding had taken place, but the bird used to perch on her shoulder; it was reported to be in good health. Agglutination tests for the colon-typhoid group on February 17th were negative in all dilutions. In view of the patient's statement about immunization, this was surprising, but it turned out that, as is common in Continental countries, she had taken the immunizing substance orally, this producing local immunity in the bowel only, and not forming agglutinins in the blood.

She grew steadily worse, was collapsed and weak, and intensely depressed. On February 19th the headache was slightly better, but the patient was so weak that she could hardly move her head on the pillow, and she seemed slightly confused mentally, taking an appreciable time before answering any question. On the same day she complained of a slight pain in the left side; the chest, however, was still clear, though the cough was as troublesome as ever, and the spleen was not palpable. On February 20th the headache was better still, but she seemed even weaker, and had developed a mask-like facies. In the evening Dr. S. C. Dyke, honorary pathologist at the Royal Hospital, Wolverhampton, was kind enough to see her with me, and found a small, dull patch at the right apex, and some crepitations could be heard. Pain in the left side was now marked, but the spleen was still not palpable. He considered the case extremely suggestive of psittacosis, but as the bird, which had been left in Liverpool, was perfectly healthy, and in view of the marked toxæmia and collapse, he suggested a possible apical pneumonia, and took blood to see if a count would confirm the finding. The white count was as follows, however, practically putting pneumonia out of court. *Total white count*: 9,100 per c.m.m.; *differential count*: polymorphs 65 per cent.; lymphocytes 29 per cent.; monocytes 5 per cent.; eosinophils, none seen; basophils 1 per cent.

On February 21st the headache had gone, the temperature was down to 99° F., the dull patch at the right apex had decreased in size, and the spleen was now palpable and very tender. The improvement continued, the temperature falling by lysis, and by February 23rd the dull patch at the right apex had disappeared, the cough, which had been unproductive throughout, became much better, and the spleen was no longer palpable, though there was still tenderness in the left side. Dr. Dyke saw the patient again on February 24th, and expressed the opinion that, clinically, it was a clear-cut case of psittacosis, even though the parrot remained healthy. Agglutination tests repeated on February 27th were again negative. The temperature was subnormal on March 3rd, and did not again rise above normal, but convalescence was long-drawn-out, and marked features were profound depression, a mask-like, Parkinsonian expression, and a persistence of the furring of the tongue till late on.

I regret that I could not get permission to have the parrot in the case examined, but the question arises, Is it possible for an apparently healthy bird to be a carrier of the disease? I understand that some success has followed the injection of the serum of persons lately inoculated with T.A.B. vaccine, in cases of psittacosis, but I was unable

to find such a person, and treatment was merely symptomatic. I should be interested to know, however, if this means that persons who have had T.A.B. inoculation are themselves immune to psittacosis. If so, my patient has cause to regret her merely oral immunization against typhoid fever.

My thanks are due to Dr. Dyke for his help and his great interest in the case.

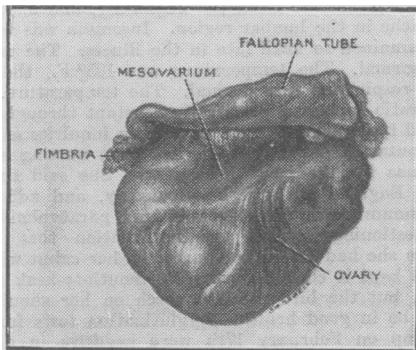
Wolverhampton.

A. V. RUSSELL, M.B. Ch.B.

TWISTED OVARIAN CYST IN A CHILD.

THE occurrence of torsion of an ovarian cyst in a child aged 8 is sufficiently rare to justify its being recorded.

The history of the onset is curious. During the evening of December 6th, 1929, a thunderstorm occurred. The child, being frightened, knelt on a couch and hid her head under a pillow, thus being practically in the genu-pectoral position. Immediately she rose from this position she felt a sharp pain in the left side of the abdomen in its lower half. The pain continued throughout the night; it was aching in character, and severe enough to



interfere with sleep. The next day she was kept in bed, and after vomiting three times felt better. However, the pain shortly returned, and commenced to pass across the abdomen from left to right in spasms, a little below the level of the umbilicus. The aching pain was present between the spasms.

On the third day the pain became localized at a point opposite the pelvic brim on the right side. On the same day pain was felt also at the end of the act of micturition, and continued up to the fourth day, when the patient was seen. The bowels were opened daily without any difficulty or pain.

Four days after the commencement the temperature was 100.8° F., the pulse 126, and the respiration rate 22. The lower half of the abdomen moved very little with respiration, and there was rigidity and tenderness here, more marked on the right side than on the left. The most tender spot was opposite the pelvic brim, low down on the right side. The urine was normal. A rectal examination was not performed. A diagnosis of acute appendicitis with pelvic abscess was made, and the child was operated on at once.

The abdomen was opened through a short paramedial incision below the umbilicus, and on passing two fingers into it a tense cystic swelling the size of a large hen's egg was felt in the left side of the pelvis. This proved to be a left ovarian cyst, which was twisted twice in a clockwise direction, and was bent over towards the right side of the pelvis. The pedicle was very broad, consisting of the broad ligament and Fallopian tube. The cyst, Fallopian tube, and the greater part of the broad ligament were quite black and becoming gangrenous. After undoing the twist, the cyst was easily delivered from the abdomen, and it was removed together with the gangrenous pedicle. The appendix was then excised and the abdomen closed without drainage.

The child made an uninterrupted recovery, the temperature becoming normal by the end of the second day. She was discharged fourteen days after the operation.

There are several unusual features about this case. The first of these is the early age of occurrence; then there is the unusually broad pedicle and the fact that it was gangrenous. Another interesting feature is that the greatest pain and tenderness were on the right side of the abdomen, which, taken in conjunction with the history, exactly simulated acute appendicitis.

I wish to thank Sir Arthur Keith for his kind assistance, for the drawing of the specimen, and for his permission to use it. The specimen is now in the museum of the Royal College of Surgeons.

R. C. B. MACRAE, M.B., Ch.B.,
F.R.C.S.
Honorary Surgeon, Pembrokeshire
County War Memorial Hospital.

Reports of Societies.

MENTAL FACTORS IN ORGANIC DISEASE.

A MEETING of the Devon and Exeter Medico-Chirurgical Society was held on April 24th, with the vice-president, Dr. J. R. HARPER, in the chair. The president, Dr. F. A. ROPER, read a paper on possible mental factors in organic disease.

Dr. Roper described a case of encephalitis lethargica under his care; the patient, a child, besides having been under medical observation from the time of the illness eight years ago until the present, had also been closely investigated by a psychologist. One of the conclusions of the exhaustive report by the latter was that "though it may appear to the medical mind a heresy to suggest it, yet on psychological grounds it would appear that this unhappy child took flight into encephalitis lethargica as an expedient to escape from an intolerable situation." In the examination of the problem arising from this finding—the particular problem of encephalitis lethargica, and the general problem of the possible influence of emotional states in determining susceptibility to other infections—Dr. Roper cited other cases from his experience which appeared to be on the borderline between the functional and the organic, and others plainly organic where, however, an emotional basis seemed extremely probable. The recent monograph by Newsholme on this subject also included many cases of these types, and the views therein contained, though highly speculative and accordingly put forward with appropriate diffidence, yet opened up a vista of increased knowledge if the tests of future experience should substantiate them. Persistent mental strain, especially if firmly controlled, must lead eventually to fatigue phenomena, in the first place fatigue of nervous tissue. If sufficiently prolonged or severe such strain might render certain changes irremediable which at an earlier stage were fully remediable. Moreover, apart from direct stimuli from nerve cells under these conditions, there were the possible effects on the rest of the body tissues, both neural and somatic, of the products of the katabolism of such cells carried to them by the blood stream. When the nursing mother was under the influence of mental strain her milk was modified, and, according to some, even rendered toxic, so, similarly, must all secretions, such, for instance, as those of the nasopharynx and often of the alimentary canal, not to mention the tissues themselves, be changed. Levaditi found that the virus of encephalitis lethargica was present in an attenuated form in the nasopharyngeal secretion of certain perfectly healthy subjects. This virus in a more virulent form could attack deeper structures of epiblastic origin, for instance the brain. Was it not possible that the changes in nerve cells under strain not only rendered them more liable to attack, but by their effects on the quality of the nasopharyngeal secretion rendered possible the exaltation of a pre-existing saprophytic virus into a virulent strain, capable of attacking the immediate subject and of infecting others with similarly weakened barriers? Apart also from these considerations of infection the work of d'Herelle and Twort had indicated that if cells were attacked under certain conditions by bacteria they could react by splitting off a living entity—an "enzyme" or "bacteriophage," perhaps—capable of propagation and transmission. If such bodies were produced by bacterial attack, could not other intimate attacking agents such as, in the case of nerve cells, severe emotional strain, conceivably bring about a like result? Dr. Roper thought that such inter-reactions between the soil and seed, as well as actual events and factors, of nervous origin and largely resulting from the individual's make-up, were not only possible, but probable; further arguments from epidemiology were adduced supporting the hypotheses. On some such lines as these it might be hoped eventually to bridge the gap between medicine and psychology, for most psychological schools nowadays postulated a biochemical basis for even the finest mechanisms of mind. The *mens sana in corpore sano* was only a partial statement unless it implied equally *corpus sano in mente sano*.

Dr. J. R. HARPER said he had seen a considerable

but in his view it only did so very slightly, and it was quite possible that the effects which it appeared to have were dependent on the undoubted damage which it did to the liver cells. The whole work on synthalnin pointed quite clearly to the fact that it had no action at all comparable with that of insulin, and that it was a dangerous drug to use on account of the indisputable damage to the liver cells which it occasioned. It had interesting effects on the consumption of sugar in the muscles, but it also produced lactic acid in the organism. It was always possible that these substances might have a pseudo-diabetic effect. The same applied to myrtillin, a preparation made from plants of the myrtle family.

MEDICAL CONGRESSES, 1930.

THE following congresses and conferences on medical and allied subjects have been announced for 1930. Particulars are given below in the following order: Date, name of organizing body, place of meeting, name of person to whom inquiries should be addressed. More detailed information about these meetings is given from time to time, as it becomes available, in the news columns of the *British Medical Journal*.

May 17.—International Exhibition of Hygiene. Dresden.

May 19-21.—International Congress on Malaria. Algiers. General Secretary, Institut Pasteur, Algiers.

May 30.—Société d'Ophtalmologie. Paris. Dr. René Onfray, 6, Avenue de la Motte Picquet, Paris, VII.

June 4-9.—Royal Institute of Public Health. Portsmouth. Secretary of Institute, 37, Russell Square, W.C.1.

June 5-7.—German Society for Psychology and Psychopathology. Vienna.

June 11-14.—German Society for Tuberculosis. Norderney.

June 21-28.—Royal Sanitary Institute. Margate. Secretary of Institute, 90, Buckingham Palace Road, S.W.1.

June 28 to July 2.—Journées Médicales de Bruxelles. Brussels.

July 3-5.—National Association for the Prevention of Tuberculosis. London. Secretary of Association, Tavistock House (North), Tavistock Square, W.C.1.

July 10-12.—Oxford Ophthalmological Congress. Oxford. Mr. C. G. Russ Wood, 12, St. John's Hill, Shrewsbury.

July 20-25.—International Society of Microbiology. Paris. Dr. St. John Brooks, Lister Institute, Chelsea Gardens, S.W.1.

July 26.—International League for Combating Trachoma. Geneva.

July 26-27.—Belgian Congress of Neurology and Psychiatry. Liège. Dr. Leroy, 30, Rue Hemricourt, Liège.

August.—International Congress of Cytology. Amsterdam. Frau Professor Rh. Erdmann, Berlin-Wilmersdorf, Nassauischestrasse 17.

August 3-10.—International Society of Sexology. London. Professor F. A. E. Crew, The University, Edinburgh.

August 4-9.—International Veterinary Congress. London. Dr. F. Bullock, 10, Red Lion Square, W.C.1.

August 5-9.—International Congress of Dermatology and Syphilology. Copenhagen. Dr. S. Lumholt, 45, Raadhusplads, Copenhagen.

August 12-15.—International Union against Tuberculosis. Oslo. Secretary of Union, 2, Avenue Velasquez, Paris, VIII.

August 18-21.—International Congress of Paediatrics. Stockholm.

August 26-29.—British Medical Association Annual Meeting. Winnipeg. Financial Secretary of British Medical Association, Tavistock Square, London, W.C.1.

August to September.—International Congress of Neurologists. Bern.

August.—International Congress on Miners' Phthisis. Johannesburg. International Labour Office, Geneva.

August.—Congress of Northern Neurologists. Stockholm.

September 1-6.—International Birth Control Conference. Zürich. Mrs. Janet Chance, c/o A. S. Cobden, Esq., 10, Adelphi Terrace, W.C.2.

September 4-8.—International Congress of Physiotherapy. Liège. Dr. Dubois-Trépagnie, 25, Rue Louvreux, Liège.

September 7-10.—German Society for Natural Sciences and Medicine. Königsberg.

September 15-17.—German Orthopaedic Association. Heidelberg.

September 22-27.—International Congress of the History of Medicine. Rome. Dr. F. Rocchi, Corso Vittorio Emanuele 173, Rome.

October 2-4.—International Society of Orthopaedic Surgery. Paris.

October 6-8.—Society for the Study of Diseases of Digestion and Metabolism. Budapest.

October 9.—Association Professionnelle Internationale des Médecins. Geneva. Dr. F. Decourt, Mitry-Mory (Seine-et-Marne), France.

October 27.—American Public Health Association. Fort Worth, Texas. Dr. H. N. Calver, 370, Seventh Avenue, New York City.

1930.—International Cancer Conference. Madrid.

1930.—Congress of Equatorial Medicine. Guayaquil, Ecuador.

England and Wales.

Dr. Brackenbury a Freeman of Hornsey.

On May 10th a special meeting of the Hornsey Town Council was held for the purpose of presenting to Dr. H. B. Brackenbury, a former mayor of Hornsey, and now Chairman of Council of the British Medical Association, the freedom of the borough. Consequent upon retirement from practice and removal from the locality, Dr. Brackenbury recently resigned his membership of the Hornsey Town Council. The occasion of the resignation called forth many tributes from his colleagues, and it was resolved to express in a tangible form to Dr. Brackenbury the council's appreciation of his services. The meeting, over which the mayor (Councillor Summersby) presided, was largely attended by members of the council and burgesses. The resolution that Dr. Brackenbury be admitted an honorary freeman was proposed by the deputy mayor, Alderman Double, who said that Dr. Brackenbury's long service to Hornsey was the more notable because he had never been a man of leisure, but had had to carry the burdens of a busy practice. A man's worth might be estimated by his reputation in his own profession, and there Dr. Brackenbury was held in signal honour. The Bar suffered when he decided to enter medicine rather than law, for his deadly logic and precision of speech had been extraordinarily effective in the furtherance of the causes he had at heart. The speaker associated Mrs. Brackenbury in the compliments. The resolution was seconded by Alderman Jenkinson, who claimed for Hornsey a certain credit because it was in the affairs of that borough that Dr. Brackenbury first won his spurs as a public man and discovered his gift of utterance. After the resolution had been carried unanimously and with acclamation, the roll was signed by the new freeman, and the illuminated scroll, having been read by the town clerk, was placed in a silver casket and presented by the Mayor to Dr. Brackenbury. The scroll recalled Dr. Brackenbury's periods of service in various capacities, enumerated some special achievements, notably in educational directions, in which he had played a leading part, and went on: ". . . the special knowledge and extraordinary ability which have been brought to bear by Dr. Brackenbury on his conduct of public business, combined with his personal qualities and an untiring zeal devoted especially to the causes of education and public health over so long a period of time, have earned for Dr. Brackenbury a position of great authority in the whole country, and for this borough a reputation for progress and sound administration of which the town council and the burgesses are justly proud."

Dr. Brackenbury, who was very warmly greeted, said that the occasion might be considered as being both personal and public. On the personal side he felt great pride and honour at the passing of this resolution. According to the Oxford Dictionary, a "freedom" was the citizenship of a town or city conferred *honoris causa* upon eminent persons or those who had special claims to distinction. He repudiated once for all any claim to eminence, but he supposed that every person had a certain distinction, and the council had been good enough to indicate the distinctions he was supposed to possess, on the one hand, in the length of service, and on the other, in some degree of commendable accomplishment. The length of service was a mere historical fact, and, given good will on the part of those concerned, it was largely accidental that men gave long service in public capacities. His own entrance on public life was more or less accidental. In 1898 he was invited to stand for the old Hornsey school board, and under the curious system of the cumulative vote then prevailing he was returned at the head of the poll. During his first year he was wise enough to sit and listen to what appeared to him the remarkable and unintelligible jargon that educationists spoke in those days, and to say nothing at all. In 1902 he entered the council by uncontested election, and during the sixteen years that he was a councillor his return for South Harringay was never challenged. During his entire membership of the council he had never expended a penny on elections. But in other ways undoubtedly certain sacrifices were demanded. Service on public bodies

H. J. B. FRY, M.D.

Pathologist to the Research Institute, Cancer Hospital, London. DR. HUBERT JOHN BURGESS FRY, pathologist to the Research Institute of the Cancer Hospital, died there on May 5th as the result of a streptococcal infection incurred in making a post-mortem examination.

He was educated at Charterhouse, where he distinguished himself both as a scholar and as an athlete, and at Magdalen College, Oxford, of which he was a Science Exhibitioner. He took his degree in natural science in

1907, with first-class honours in physiology. He was appointed to an Oxford University biological research scholarship at Naples, as a result of which he published two very thorough and important contributions to zoology, and was awarded the B.Sc. degree. He joined St. Thomas's Hospital, graduating in medicine in 1911, and serving in several of the resident posts before specializing in pathology. He became an assistant and Jenner research scholar in the pathological department of his hospital until, on the outbreak of war, he received his commission in the R.A.M.C.(T.F.).

While he was serving as a regimental medical officer to one of the London regiments the adviser in pathology (Sir William Leishman) applied for his transference to the pathological laboratory of one of the hospitals in Rouen. Both there and at Abbéville he conducted researches in influenza, and was one of the first to prepare and use immunized whole blood in the treatment of septicaemia and extensive suppuration. On demobilization he was engaged as pathologist to the central laboratory of the Ministry of Pensions. In 1922 he joined the research staff of the Cancer Hospital, and rapidly made a name for himself as an investigator in cancer. He had previously shown evidence of originality in the department of serology, and his first contribution in the study of cancer was the publication of his well-known sero-diagnostic test, which, though not always a certain indication, proved to be easily the most successful method yet introduced. The large number of cancer serums that he examined by means of the Wassermann reaction enabled him to give a clear indication of the relationship between syphilis and cancer of the various organs. His experimental work and his experience of clinical pathology combined to give him a position of authority amongst cancer researchers. His last contribution, given at the meeting of the Leeuwenhoek Vereeniging, on the occasion of the opening of the Paris Cancer Institute, dealt with several cases of carcinoma arising in war wounds. He gave much of his time to committees of the British Empire Cancer Campaign; he was chairman of the editorial committee of the *Cancer Review*, to which he contributed critical reviews, mainly on subjects dealing with serology, heredity, and morbid anatomy; he was honorary secretary to the Investigation Committee and to the Scientific Advisory Committee of the Campaign; and he had a great part in the organization of the London Cancer Conference in the summer of 1928.

He took a very active part in the public life of Welwyn Garden City, where he was a councillor and a magistrate. After the commencement of his illness he was elected chairman of the urban district council. An advanced politician, he had been approached to become a parliamentary candidate, but his crowded life left him no time, nor had he much inclination for such honours. He leaves a widow (Dr. Gladys Miall-Smith) and three young children. His merits as a pathologist, his strength of character, and his great personal charm brought him hosts of friends, who mourn his loss.



Professor ARCHIBALD LEITCH writes: I met Fry first during the war, when we were together in a casualty clearing station, and we became friends. When military dispositions separated us I tried unsuccessfully to get him attached to my mobile laboratory, though I was indirectly the means of his being appointed to a laboratory at Rouen. But after we had returned to civil life I was fortunate in inducing him to join Kennaway and myself at the Cancer Hospital. That partnership has been very happy, and the breaking of it has been a sad blow to us. He published many papers of great merit, but they were merely a preliminary, we felt, to greater things. He was an extremely hard worker, and particularly thorough in all that he did. His pleasant, smiling, modest demeanour gave grace to his sturdy independence of judgement and his unswerving devotion to his ideals of duty—professional, social, or political. Everybody loved him.

Mr. ERIC PEARCE GOULD, F.R.C.S., writes: It was my privilege to know Fry intimately, both at Charterhouse and afterwards at Oxford. And now that his life has been cut short one feels that his earlier years count for more than in lives lived to their full span. Fry was an outstanding figure at school in many ways, distinguished alike at work and games, with a gentleness of manner that belied his great physical strength, and a humility of mind that matched his industry and independence of thought. He nearly died of appendicitis in his second year, and the daily prayer for Hubert John Burgess Fry in chapel for many weeks fixed his full name indelibly in the memory of his contemporaries; but to his circle of friends he was always known as "Daddy," a tribute to his sturdy solid appearance and to his no less rugged reliable character. No boy can have been better equipped naturally to profit by the stimulating teaching of O. H. Latter, biologist to the school, and under this influence the research mind of which recent years have given such ample proof developed steadily and surely. At Oxford later, as a favourite pupil of Gotch, Haldane, Arthur Thomson, and Gustav Mann, he blossomed into the outstanding figure of his year, and won, as he deserved, the best first class in the honours school of physiology of 1907. He cared nothing for the good opinions of his colleagues, and was entirely free from any worldly ambition. Popularity came to him, he never sought it. And it came to him, as did his success, the one the natural tribute paid to an upright, unselfish, charming character, the other the inevitable reward of industry, painstaking thoroughness, and independence of judgement. In the laboratory, on the cricket field, or in the river, pitting his strength and prowess as a swimmer at the end of a salmon cast against the skill of the salmon fisher on the bank, "Daddy" was always the same—concentrated, cheerful, the very best of good fellows. Whatever be the loss his untimely death may mean to medical research in England, it is the end, to those who were lucky enough to know him, of a friendship that can never be forgotten.

The following well-known foreign medical men have recently died: Professor JOSEPH KÖNIG of Münster University, an authority on the hygiene and chemistry of nutrition, aged 87; Geheimrat ERNST KÜSTER, formerly professor of surgery at Marburg, aged 90; Dr. ADOLFO FLORES, director-general of public health of Bolivia; Dr. ERNST SCHWAB, a prominent consultant at Wilbad, from trichinosis; Professor WILHELM ZANGEMEISTER, director of the Women's Clinic at Königsberg; Dr. ALEXANDER ROSNER, professor of gynaecology at Cracow; Dr. E. FEINDEL, a Paris neurologist, aged 68; Dr. PAUL J. SCHROETER, extraordinary professor of ophthalmology at Leipzig, aged 70; Dr. JOSEPH DE KONINCK, a Belgian alienist; Dr. EUGÈNE DEVIC, an eminent physician of Lyons, aged 72; Dr. JULIO A. BARRENCHIA DIAZ, a Santiago urologist; Professor MATHES, director of the medical clinic at Königsberg, aged 65; Professor RUDOLF WLAŠSKA, director of the Steinhof inebriate sanatorium near Vienna, and author of a standard work on the alcohol problem; and Professor YAMAGIWA, a Japanese research worker on cancer.

Universities and Colleges.

UNIVERSITY OF LONDON.

At a meeting of the University Court on May 7th (Lord Macmillan in the chair) the thanks of the Court were accorded to the London County Council for its decision to increase the Council's maintenance grant to the University for the year beginning September, 1930, to £105,000. Thanks were also accorded to the County Borough of Croydon for the renewal for the year ending March, 1931, of its grant of £500.

Applications for the Laura de Saliceto studentship for the advancement of cancer research must reach the University by July 1st. The studentship is of the value of £150 a year for not less than two years. Full particulars can be obtained on application to the Academic Registrar of the University, South Kensington, S.W.7.

UNIVERSITY COLLEGE.

The examination for the Bucknill Scholarship (160 guineas) and for two exhibitions (value 55 guineas each) will begin on June 24th. The subjects of the examination are chemistry, physics, botany, and zoology. The scholarship and the two exhibitions are tenable at University College, London. Entry forms should be obtained from the Secretary of University College not later than June 2nd.

LONDON HOSPITAL MEDICAL COLLEGE.

The distribution of prizes at the London Hospital Medical College will be made by Lord Rayleigh, D.Sc., F.R.S., on Tuesday, June 24th, at 3 p.m., in the library of the College.

UNIVERSITY OF BIRMINGHAM.

DR. FAUSET WELSH has been appointed assistant lecturer and demonstrator in anatomy, and Dr. C. C. Cookson prosector in the department of anatomy, for the remainder of the current session.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

An ordinary Council meeting was held on May 8th, when the President, Lord Moynihan, was in the chair.

Vacancy on Court of Examiners.

The President reported that Mr. Graham Simpson's term of office on the Court of Examiners would expire on June 11th next, and that the vacancy in the Court would be filled at the next meeting of the Council, Mr. Simpson not being a candidate for reappointment.

Portrait of the late Joseph Hodgson.

Dr. L. G. Parsons and Mr. Seymour Barling attended and presented to the College, on behalf of the medical staff of the Birmingham General Hospital, a replica of the portrait by Partridge at the hospital of Joseph Hodgson, President of the Royal College of Surgeons in 1864. The President expressed appreciation of the gift.

Membership.

Diplomas of Membership were granted to the following 138 candidates:

M. Ata Ullah, H. B. Bagshaw, G. N. Bailey, J. E. G. Baker, A. N. Barker, F. Bartholomew, G. R. Bashford, D. A. Beattie, D. H. Bolton, A. E. Bowring, Julia A. Boyd, Mabel Brewster, R. O. Brooks, A. Burkhardt, C. E. Burridge, G. G. Cameron, S. N. Chopra, D. S. Chowdhary, J. F. Coates, A. F. H. Coke, Charlotte A. G. Conway, J. H. Conyers, Margaret E. Cook, H. Coorland, H. D. Cronyn, H. Curtis, A. L. d'Abreu, C. M. Dell, W. J. D'Rosario, P. G. Dowdell, J. C. E. Dusseau, J. J. Eapen, R. E. M. Fawcett, Sheila J. Ferguson, F. H. H. Finlaison, R. H. Fish, E. D. Forster, E. V. Frederick, J. D. J. Freeman, P. R. Graves, S. R. Gunewardene, H. C. Halge, C. J. K. Hamilton, D. Hay, Geraldine J. G. Hayes, Columbia M. D. Heathcote, J. Henry, J. R. Hindmarsh, Cicely L. Hingston, Laura M. Hollingworth, S. W. Holmes, Ethel E. Hopper, L. H. Howells, K. N. Irvine, O. Ive, L. A. Jacob, M. M. St. G. Johnstone, E. G. M. Jones, C. Jotikasthira, N. F. Kendall, J. D. Kershaw, S. Lal, F. P. L. Lander, Grace Law, R. H. Leaver, E. Z. Levy, G. S. R. Little, J. B. Lloyd, H. Lwow, H. G. McComas, S. McDonald, W. McKissock, R. W. Malm, Margery L. Maltby, M. Mandelstam, R. S. Mann, C. E. P. Markby, J. H. G. Mason, C. B. Melville, J. B. S. Morgao, F. Murray, F. J. Napier, A. M. Nodine, A. M. Nussbacher, R. Nutt, C. L. Oakley, G. L. Ormerod, M. Owen, P. M. Oxley, C. H. Pauli, D. D. Payne, M. Phillips, F. E. Pilkington, J. R. F. Popplewell, J. O. Poynton, A. C. Price, S. Ramadas, S. Ramanathan, G. E. Ranawake, J. M. Reese, A. H. T. Robb-Smith, H. E. W. Robertson, C. G. Roberts, M. Victoria Robinson, J. D. Rose, Pattie E. Rose, K. M. Ross, C. A. Rumball, J. Sakula, K. T. Samapatla, L. Seaton, K. M. Seedad, M. H. Shah, Ursula Shelley, Edna F. Sheridan, L. Silman, S. Silman, Phyllis F. L. Simon, J. G. Sleight, Edith M. P. Smith, P. Somasunder, B. Southwell, G. H. G. Southwell-Sander, T. M. Spilhaus, J. K. Stanger, R. W. Stephenson, B. P. Sur, F. H. Taylor, G. Taylor, J. N. Vasudeva, L. H. Wharton, J. C. G. Whitelaw, D. A. Williams, Rose E. Williams, F. S. Winton, Joyce R. Woods, G. R. H. Wrangham, W. Young.

ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH.

A QUARTERLY meeting of the Royal College of Physicians of Edinburgh was held on May 6th, when the President, Sir Norman Walker, was in the chair.

Drs. James Kirkwood Slater (Edinburgh), John Henry Douglas Webster (London), and Sydney Watson Smith (Bournemouth) were introduced and took their seats as Fellows of the College. Lieut.-Colonel William Frederic Harvey, C.I.E. (Edinburgh), and Dr. Herman Petrus Gunnar (Illinois) were elected Fellows.

Dr. John Orr was elected a representative of the College on the Committee of Management of the Triple Qualification. The Parkin Prize was awarded to Dr. R. J. S. McDowall, F.R.C.P. (London). The award of the Lister Fellowship was divided equally between Drs. Ralph Stockman Begbie and Donald Stewart. Dr. W. A. Alexander, F.R.C.P., was granted recognition as a lecturer on the practice of physic.

The College decided to celebrate the 250th anniversary of its foundation on St. Andrew's Day, 1931.

Intimation was made of a bequest by Mrs. Isabella Kirk Duncanson for the foundation of a Fellowship in Medical Research.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

THE following candidates have been approved at the examinations indicated:

PRIMARY FELLOWSHIP.—Dr. H. O. Clarke, B. O'Brien.

FINAL FELLOWSHIP.—Dr. R. Grainger, Dr. A. K. M. Khan.

CONJOINT BOARD IN IRELAND.

THE following candidates have been approved at the examinations indicated:

FINAL PROFESSIONAL EXAMINATION.—D. Dorgan, V. J. Fielding.

T. S. Harbison, J. E. Lewis, J. Lewis, Doris F. Weir.

DIPLOMA IN PSYCHOLOGICAL MEDICINE.—Dr. E. J. Foley.

The Services.

DEATHS IN THE SERVICES.

Major Thomas Henry Hill, C.I.E., Indian Medical Department (ret.), died in London on February 19th, aged 86. His father, also Thomas Henry Hill, served as a midshipman at the battle of Cape St. Vincent in 1797, and subsequently served in Queen Isabella's Lancers during the Portuguese war of succession; then, joining the East India Company's army, he served under Napier in Sind, and in the two Sikh wars. Thomas Henry Hill, jun., was born on February 14th, 1844. In 1849, his mother being dead, and his father being sent to Burma, he entered the Lawrence School for sons of soldiers at Sanawar, near Simla, at the age of 5. When the Mutiny broke out, in 1857, the demand for medical apprentices in the I.S.M.D. was so pressing that he was taken on in that capacity, though only 13 years of age, and served through the Mutiny as a boy. Later on, in 1862, after a course at Calcutta Medical College, he obtained the diploma given to youths who successfully passed their examinations for service in the I.S.M.D. After seventeen years' military duty, chiefly on the frontier, he was posted to headquarters, and employed on the compilation of a code of medical regulations for military hospitals in Bengal, and, after its completion, of a similar code for the whole of India. He was then appointed assistant secretary to the Director of Medical Services in India, and served in that capacity until, after forty-six years' service, including four extensions of a year each, he retired in 1903. He was the first officer of the I.M.D. who was granted the rank of major, and for a long time was the only officer of the Department who held that rank. He received the C.I.E. in 1901. He was, and for several years had been, the last medical survivor of the Mutiny. The last I.M.S. survivor of the Mutiny was Deputy Surgeon-General P. W. Sutherland, a much older man than Hill, who died on May 6th, 1925. In 1890 Major Hill married Ethel, daughter of George Prussia.

Lieut.-Colonel Philip Durrell Pank, Bengal Medical Service (ret.), died in London on March 19th, aged 76. He was born on October 2nd, 1853, the son of Mr. William F. Pank of North Walsham, Norfolk, educated at St. Thomas's, and took the Edinburgh double qualification in 1879. Entering the I.M.S. as surgeon on May 31st, 1880, he became lieutenant-colonel after twenty years' service, was placed on the selected list on October 26th, 1905, and retired on May 17th, 1910. He served in the Malsud Waziri campaign of 1881, on the North-West frontier of India, and also rejoined for service in the war of 1914-18. Most of his service was passed in political employ in Rajputana. Along with the late Colonel D. French-Mullen, he was the author of *A Medical Topographical Account of Rajputana*, 1900.

Captain Sydney Hartley, M.C., Indian Medical Service, died on February 22nd, aged 35. He was born on March 1st, 1894, and served in the war of 1914-18 as an officer in the Worcestershire Regiment, which he joined as a second lieutenant on September 9th, 1914, becoming lieutenant on February 27th, 1915, resigning on May 12th, 1918. He then studied medicine at St. Thomas's Hospital and Oxford, where he graduated as M.A., M.B., and B.C. in 1922, after taking the M.R.C.S. and L.R.C.P. Lond. in 1921. After qualifying he filled the appointments of house-surgeon, casualty officer, and resident anaesthetist at St. Thomas's, and of assistant medical officer at Lewisham Hospital and Bethnal Green Hospital. He took a commission in the I.M.S. on April 30th, 1928, and was ranked captain from August 28th, 1926. He received the M.C., as a combatant officer on February 6th, 1918.

Medical News.

THE eleventh Congress of the French-speaking medical practitioners of North America will be held at the Windsor Hotel, Montreal, from September 16th to 19th, and a very warm invitation is extended to members of the British Medical Association who may be able to participate in it on their way back from the Annual Meeting at Winnipeg in August. The programme includes general sessions devoted to physiotherapy and cholecystitis; clinical programmes in Montreal hospitals; contributions by official delegates from Great Britain, France, and the United States; public health sessions; and various exhibits and entertainments. Further information may be obtained from Dr. Douatien Marien, P.O. Box 58, Station G, Montreal.

THE next reception of the Royal Society of Medicine will be held at 1, Wimpole Street, W.1, on Thursday, May 29th. The President and Lady Dawson will receive the guests at 8.30 p.m., and at 9 p.m. cinematograph films will be shown. Admission will be by ticket only, obtainable from the secretary.

AT the meeting of the Medico-Legal Society to be held at 11, Chandos Street, W.1, on Thursday, May 22nd, at 8.30 p.m., Dr. C. Ainsworth Mitchell will read a paper on forgeries and their detection; a discussion will follow.

THE next meeting of the Biochemical Society will be held in the Department of Physiology, the School of Medicine, Leeds, to-day (Saturday, May 17th), at 3 p.m., when papers will be read and demonstrations given.

A SESSIONAL meeting of the Royal Sanitary Institute will be held in the Public Halls, Blackburn, on Friday, May 30th, when a discussion on the reorganization of Poor Law hospitals under the Local Government Act will be opened by Dr. J. J. Buchan, president of the Society of Medical Officers of Health, at 7 p.m. On Saturday, May 31st, the meeting commences at 10.45 a.m., when a discussion on the need for further legal powers with respect to ice-cream will be opened by Dr. V. T. Thierens.

THE thirty-first annual meeting of the Lebanon Hospital for Mental Disease, Asfuriyeh, near Beirut, Syria, will be held in the Vestry Hall of St. Martin-in-the-Fields, Trafalgar Square, on Friday, May 23rd, at 3.30 p.m., under the chairmanship of Dr. Bedford Pierce, one of H.M. Commissioners in Lunacy. The speakers will include Dr. F. H. Edwards, late medical superintendent of Camberwell House.

CONTRIBUTORS to the George Vivian Poore Memorial Fund and all interested in the homecroft movement are invited to the annual general meeting of the National Homecroft Association to be held in No. 2 Committee Room, Church House, Dean's Yard, Westminster, on Thursday, May 22nd, at 3.45 p.m.

THE annual meeting of the German Ophthalmological Society will be held at Heidelberg from June 12th to 14th, and of the German Central Committee for the Investigation and Control of Cancer, at Dresden at the same date.

DR. L. S. BURRELL will deliver two lectures in the M.R.C.P. evening course arranged by the Fellowship of Medicine, on May 20th and 23rd, in the lecture hall of the Medical Society of London, 11, Chandos Street, Cavendish Square, W.1, at 8.30 p.m.; the subject of the first will be intrathoracic tumours, and of the second, bronchiectasis and abscess of lung. On May 21st, at 11 a.m., Mr. Rugg-Gunn will give a clinical demonstration at the Western Ophthalmic Hospital, Marylebone Road, and on May 23rd, at 2 p.m., Dr. Yealland will demonstrate at the Prince of Wales's Hospital, Tottenham. No fee is payable for either of these two demonstrations. For those interested in diseases of the heart and lungs there is one week remaining of the special course at the Victoria Park Hospital; the whole of each day can be spent at the hospital, and instruction will include special demonstrations in the various departments of the hospital. The Central London Ophthalmic Hospital will hold a four weeks' course from May 19th, consisting of instruction by operation, demonstrations, and special lectures. A comprehensive morning course will be undertaken by the staff of the Hospital for Sick Children from May 26th to June 7th; early entry is desirable, as the course will only be held if there is a minimum entry of twelve. From May 26th to June 7th a course will be held at Queen Mary's Hospital, Stratford; the daily sessions, which begin at 10.30 a.m. and finish at 5.30 p.m., will comprise instruction in medicine, surgery, and the specialties, with special reference to tuberculosis. The subjects of courses to be held in June are: gynaecology, dermatology, proctology, and another intensive course in medicine, surgery, and the specialties. Copies of all syllabuses, and information relating to post-graduate work are obtainable from the secretary of the Fellowship, 1, Wimpole Street, W.1.

A SERIES of eight lectures on tropical hygiene for lay persons proceeding to the Tropics will be given by Lieutenant-Colonel G. E. F. Stammers, R.A.M.C. (ret.), from May 28th to June 6th (with the exception of May 31st and June 1st), at the London School of Hygiene and Tropical Medicine, at 5.30 p.m. The subjects include: acclimatization; choice of suitable dietary; the designing and equipping of houses; sanitation of camps; and the etiology and prevention of various tropical infections. Full particulars can be obtained from the secretary of the London School of Hygiene and Tropical Medicine, Keppel Street, W.C.1.

A SCHEME has been issued by the Ministry of Health under Section 102 (2) of the Local Government Act, 1929, giving particulars of the annual contributions to be paid from April 1st, 1930, to March 31st, 1933, by councils or combinations of councils of counties and county boroughs to voluntary associations providing assistance or supervision for mental defectives who are outside the care of institutions. Councils are authorized to require the observance of conditions relating to the efficiency, alteration, inspection, and financial supervision of the service provided, but the consent of the Minister of Health must be obtained before any contribution may be reduced or terminated. These conditions also apply to the payment of annual contributions made to the Central Association for Mental Welfare, whose services are under the supervision of the Minister. Disputes and differences arising between councils and associations are required to be referred to the Minister, whose decision is final and binding. Local authorities are informed in a circular letter that their contributions to voluntary associations may exceed those set forth in the schedules.

AT a meeting of the Society of Public Analysts on May 7th Mr. D. R. Wood, F.I.C., discussed the examination of milk for tubercle bacilli. A survey was given of the experience and results obtained in the examination of 1,000 herds in Somerset during the last four years. The relative value of microscopical and biological tests was considered, and experiments on the cytology of tuberculous milk were described. The limitations of veterinary inspection were pointed out, and the conclusion was drawn that the present methods were inadequate for the elimination of tuberculous milk.

THE Metropolitan Water Board adopted, at its meeting on May 9th, the recommendation of the Water Examination Committee that the services of Sir Alexander Houston, Director of Water Examination, who is due to retire, should be retained.

IN the seventeenth annual report of St. Andrews Hospital, Dollis Hill, N.W., an appeal is made for assistance towards the opening of a children's ward and the establishment of an electrical department. During 1929 245 children received treatment. Funds are also required for the payment of new wards and a nurses' home in course of erection. Since the issue of the last report a new ward pavilion, consisting of two wards of twelve beds each and an operating theatre, has been opened, and permanent beds have increased from 52 to 74. Although there is no out-patients' department, it was necessary to deal with 272 accident and other urgent cases during the year. The hospital makes no distinction of nationality or creed, and many patients are admitted who cannot afford to contribute anything towards their maintenance.

WE have received a copy of the publications of the Ravetllat-Pla Institute of Barcelona containing essays by Dr. Pla y Armengol and others on the results of inoculation of the tuberculous virus into newborn animals; filtration of the tubercle virus; the rapidity of dissemination of the tubercle virus in the organism; the biology of the virus of tuberculosis; the etiology of tuberculosis; and the study of B.C.G.

THE International Labour Office has issued from 12, Victoria Street, S.W.1, eleven further brochures, Nos. 184 to 194, in its series "Occupation and Health," the subjects dealt with being dinitrophenol; dinitrobenzene; ether; fatigue tests; fertilizers and manures; glass industry; graphite; hides and skins; iron, pig iron, and steel industries; iron carbonyl; ice-cream makers; and lignite.

LIST No. 108 of the Cambridge Instrument Company, Ltd. (45, Grosvenor Place, London, S.W.1), contains descriptions of Cambridge instruments for measuring hydrogen-ion concentration, and an account of the applications of hydrogen-ion measurements in research and industry.

ON the occasion of the celebration of the centenary of the independence of Uruguay, a medical congress, consisting of fourteen sections, will be held at Montevideo from October 5th to 12th, under the presidency of Dr. Luis Morquio, professor of children's diseases at Montevideo.

DR. HENRY SALOMON (Leicester) has been awarded the Government grant for the third time for successful vaccination in his district.