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KEY TO DATES AND PAGES

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SUPPLEMENT

CONTAINING

CURRENT NOTES ON THE WORK OF THE ASSOCIATION

REPORTS OF CONFERENCES

MEETINGS OF BRANCHES AND DIVISIONS

THE GENERAL MEDICAL COUNCIL

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fat overlying Sibson's fascia, and this provides an excellent plane in which the dissection can proceed once the opening in the deep cervical fascia has been enlarged.

These observations are founded upon twenty-six examples of "collar-stud" abscess treated by excision. Union by first intention occurred in all save two, both of these being in the supraclavicular region, and having advanced skin involvement. All the end-results have been satisfactory. I desire to make clear that in each case the glandular involvement was strictly limited. Indeed, it has been my experience that the tuberculous process is usually circumscribed in this condition. In all cases artificial sunlight treatment was commenced soon after operation, and where there were dental caries and diseased tonsils these received appropriate attention.

Finally, it is submitted that for those who must be educated and rendered fit for the battle of life with as little delay as possible, complete excision of a "collar-stud" abscess is a form of treatment which cannot be bettered.

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CEREBRAL ANEURYSM WITH RECURRENT LEAKAGE

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(With Special Plate)

The patient, a single woman of 41, had enjoyed such exceptional health that, except for an appendicectomy during the war, she had never had to consult a doctor. Since October, 1929, she had complained of headaches before her menstrual periods, for which she took large doses of aspirin. Although it is said by her family that her manner was "strange" at these times, she carried on an active business life and never received medical attention.

March 7th, 1931.—Being in the pre-menstrual state, she complained of severe headache; later in the day her relatives, hearing a fall, found her unconscious on the floor. Seen by her doctor shortly afterwards, she was semi-conscious, pale, and collapsed. The power of speech was markedly affected, but there were no other physical signs. The reflexes were normal; the plantar response was flexor on both sides; the blood pressure was 150/90. A large fibroid was present in the lower abdomen. The patient made steady progress, and seemed likely to make a complete recovery.

April 1st.—She was getting out of bed and walking; her speech had improved greatly, but gave the impression that she talked with affectation.

April 4th.—She complained of severe headache, but as she was again in the pre-menstrual state this was not unusual. She described the headache as being frontal and occipital in distribution. She had been sitting in her bedroom, and later in the day she again fell; when found, she had vomited and was lying unconscious on the floor. She was removed to a nursing home.

The patient, on examination, was found to be stuporous and unable to co-operate in any way. She had lost the power of speech, and she held her head with her left hand. In the central nervous system the outstanding physical signs were rigidity of the neck muscles, and a right brachial monoplegia. In addition, it was noted that the arm reflexes were normal, the legs equal in tone, the knee-jerks absent, the ankle-jerks present, the plantar response flexor on both sides, and all abdominal reflexes absent. Kernig's sign was positive. The optic disks were within normal limits. The signs in the respiratory system suggested that a considerable quantity of vomitus had been inhaled into the right side of the chest. The temperature, after being subnormal, rose a few hours later to 99.8° F.

In view of the possibility of the condition being due to subarachnoid haemorrhage, a lumbar puncture was performed. The cerebro-spinal fluid, which was under pressure, was uniformly stained with fresh blood; after standing, the supernatant fluid was distinctly yellow in colour. These characteristics of the fluid, taken in conjunction with the above physical signs, led to a diagnosis of leaking cerebral aneurysm; and such localizing signs as there were pointed to the probability that the aneurysm was situated in the left Sylvian fissure. On the assumption that the attack of March 7th had a similar origin, the yellow staining of the supernatant fluid, indicative of altered blood pigments, would be consistent with this explanation.

During the next few days the condition of the patient improved; she was able to understand simple commands, but the power of speech and the right brachial monoplegia showed no improvement. The disks remained within normal limits, although the veins seemed to be slightly engorged. The pulmonary condition was actively progressive, and, in spite of the condition of the central nervous system becoming more normal, the patient died from broncho-pneumonia on April 10th, 1931.

FINDINGS AT NECROPSY

A post-mortem examination of the brain was carried out a few hours after death. There was some fresh blood in the main sulci, and about a dessertspoonful round the base of the brain. Over the left Sylvian fissure could be seen a clot of blood about the size of a shilling. Without further examination, the brain was allowed to harden in 10 per cent. formol saline. On dissection, the circle of Willis was followed out along the left middle cerebral artery, which led into a clot of fresh blood about the size of a walnut. When this was scraped away, there was revealed another tougher and more organized clot about a quarter the size of the other—obviously the result of an earlier haemorrhage. This second clot contained a small aneurysm at the origin of one of the branches from the middle cerebral artery. This aneurysm, shown slightly magnified, reproduced on the Special Plate, was grape-like in formation, and most probably of congenital type. A dissection of the other arteries of the brain showed that they were in a healthy condition, and revealed no further aneurysms. In the plate, indicated by a horse-hair, will be seen in the wall of the aneurysm a small opening (not an artefact) through which the leakage evidently took place.

Memoranda

MEDICAL, SURGICAL, OBSTETRICAL

A "CONTRACEPTIVE"

(With Special Plate)

It is contended by some birth-control authorities that the insertion of a Gräfenberg ring precludes all chance of pregnancy, except, perhaps, that of extrauterine gestation. An account of the following case may be of interest, and serve as a warning.

In February, 1931, Mrs. X, aged 36, married eight years, but with no children, consulted a London physician who is a protagonist of birth control, and was assured that if she had a ring inserted into the uterus no other means of contraception were necessary. Under gas and oxygen, a full-size Gräfenberg ring was planted in the uterus, and a few weeks later the patient proceeded to India with her husband. Throughout the early months of the year she suffered from irregularities, menorrhagia, and backache, with mastitis during her menstrual periods. In August and September no periods were seen, and there was constant low fever, with much right-sided pain in the abdomen. There was no vomiting, but a constant brown discharge. The question of pregnancy had never entered her mind, nor that of the medical attendant, but as her

symptoms increased, especially the fever and pain, she was brought down to Calcutta.

On examination I found she was about nine to ten weeks pregnant. The radiogram, by Dr. Galstaun (reproduced on the Special Plate), explains itself. Because of her symptoms and anaemia I advised that the patient's uterus should be emptied. This was done, and the ring was found embedded in the chorion, presumably responsible for the pain, discharge, and fever. The foetus appeared normal, although it is a matter of speculation whether pregnancy to full term, without disability to the mother or the foetus, could occur in such a case. This report, and perhaps there are others of like nature unrecorded, will perhaps curb enthusiasm.

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SUDDEN DEATH FROM HAEMORRHAGE INTO THE SUPRARENAL CAPSULES IN A CHILD

(With Special Plate)

According to certain observers haemorrhage into the suprarenal capsules is extremely common in infancy. "Histologically, haemorrhage into the suprarenal capsules can be demonstrated in nearly all newborn infants" (Grulee's *Clinical Pediatrics*). Toxaemia and injury, particularly if there is asphyxia, as in difficult and prolonged labour, is the predisposing cause in most of the cases. There is, however, a type in which there is no history of injury at birth or otherwise, in which the "apparently normal child goes into collapse and dies," as in the case about to be described. Thomson (*Diseases of Children*) says:

"The most interesting type of the disease is that which occasionally sets in in children during the first year of life as part of a rapidly fatal illness. The symptoms set in suddenly with severe abdominal pain, high fever, and sometimes vomiting and diarrhoea. Scattered spots may appear over the surface of the body. Convulsions are common, and death may occur within twenty-four hours."

The following case belongs to this latter type, although it differs from Thomson's description in that the child showed practically no symptoms previous to death.

A female child, about 7 months old, was brought to the surgery by its father in the middle of the night. On examination the child was dead, having died in its father's arms on the way, a matter of less than five minutes' walk. The most obvious thing noticed was a cluster of purpuric spots, about the size of half a crown, on the left cheek, while all over the surface of the body, on the buccal mucous membrane and soft palate, were scattered discrete spots of the same type. The child was rather poorly nourished and flabby, but no evidence of rickets or other gross disease was observed.

The story told by the father was that the child had been in its usual health until the day previous, when it had been "off colour" and had vomited once. The condition of the child at bedtime was not such as to cause the parents to seek medical advice. During the night the mother's attention was called by the child's making a "funny noise," and, when the light was turned on, she noticed it was black in the face. That appearance was due partly to the purpuric rash; there was no question of asphyxia. Thereupon the child was immediately brought to the surgery.

Post-mortem examination showed a poorly nourished, under-developed child, with purpuric spots as described. Thorax, abdomen, brain, and meninges disclosed nothing abnormal, except that there were recent extensive haemorrhages in both suprarenal capsules, as shown in the Plate.

This case showed none of the several constitutional symptoms usually described. It was the type that suddenly "went into collapse and died." The condition seems sufficiently rare to merit description.

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ARTERIO-VENOUS ANEURYSM OF THE LEFT SUPERFICIAL TEMPORAL VEIN

(With Special Plate)

A Somali male, aged about 35, came to hospital and gave the following history:

As a result of a fight he was struck by a thick stick in front of the left ear two or three years previously. There was much swelling and pain at the site of the injury, but practically no bleeding. At first he maintained that there was no bleeding at all, but eventually acknowledged that there might have been not more than a tablespoonful. After a week or two the swelling subsided completely, except for a small pulsating area exactly where he was hit. This then gradually extended over the scalp, until the condition seen on admission was brought about.

On admission he complained of throbbing and headache, especially in the occipital region.

On examination there was a small scar about half an inch long at the site of the original injury and an obvious arterio-venous aneurysm of the left superficial temporal vein and its anterior and posterior tributaries. The photograph shows the condition fairly well. The superficial temporal and posterior temporal veins were enlarged to two fingerbreadths and very tortuous. At the site of anastomosis with the occipital vein the swelling was more saccular, and the skull could be felt to be eroded beneath it—a depression about one inch in diameter. The anterior temporal vein was less enlarged, and gradually dwindled away towards the root of the nose. The transverse facial vein was unaffected. Pulsation was marked, and a systolic thrill and a systolic bruit could be made out over the whole aneurysm. Firm pressure in front of the ear allowed the veins to empty completely.

Operation.—An incision was made in front of the ear over the proximal portion of the aneurysm, and an attempt was made to dissect it out, with a view to ligaturing the superficial temporal artery where it communicated with the aneurysm. This could not be done, owing to the thinness of the walls of the aneurysm and to the fact that it was adherent to the parotid fascia and zygoma, completely covering the artery. A small incision was therefore made about two inches higher up at the point marked L in the photograph, and a ligature was applied there. After operation the distal portion of the aneurysm disappeared entirely, after a short rise of temperature accompanied by pain and tenderness a week later due to thrombosis taking place in it. The portion proximal to the ligature slowly hardened, and it now remains, four months after operation, as a smallish hard lump in front of the ear, with pulsation just perceptible in it. The headache, giddiness, and throbbing have entirely disappeared.

COMMENTARY

The interesting points in this case seem to be: (a) the fact that the condition was brought about, not by a penetrating wound, but by a crushing of the vessels against the zygoma—as shown by the nature of the injury and the small amount of external bleeding; and (b) the considerable area of bone erosion in the occipital region and the pain produced thereby, in spite of the fact that the occipito-frontalis muscle lies between the vessels and the bone.

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STERNAL FISSURE IN A CHINESE

(With Special Plate)

A Chinese boy, 17 years of age, came to the hospital complaining of occasional swelling of the feet this year (1931). When he was undressed it was at once obvious that he had a deep fissure of the sternum, at the bottom of which the aorta could be seen to pulsate. On inquiry he said that he had had this condition since birth. At the bottom of the depression there was a small scar for which he could not account, but which had probably been caused by needling by the native method. Previous

illnesses had no bearing on his condition. He has never been strong, and during this year had done nothing but rest at home. There was a slight cough, but he said he had no sputum.

Examination showed that the upper four sternabrae were separated by a complete fissure, while from the fifth rib downwards there was normal union, though the bony ridge was somewhat depressed. The ununited sternal portions lined the sides of the deep depression that lay in the central line. The sterno-hyoid and sterno-thyroid muscles arose from the edges of these plates about three inches below the normally developed clavicle. The sternal head of the sterno-mastoid muscle could not be made out. The skin at the bottom of the depression lay directly on the first part of the aorta and the upper part of the heart, and it pulsated violently with the movements of the heart.

Antero-posterior *x*-ray films showed the heart to be about normal in size and position, though slightly raised. The diaphragm was also more dome-shaped than is usual. No bony shadows could be made out in the sternal plates. The rib cartilages sprang from the ribs at the usual sites.

The patient refused the offer of a restorative operation, and the matter was not pressed. The interesting point is the disability arising from the fact that the framework of the chest is not properly closed. The area which lies bare is depressed by inspiration, and by so much defeats the muscular efforts to produce a negative pressure in the thoracic cavity. The patient has rounded shoulders, produced in an effort of nature to reduce the gap. There is no other physical condition to account for the failure of the heart to meet the demands of normal exercise and work. The pulse rate was about 80 per minute, and there was no dyspnoea while at rest. He was advised to take up sedentary work.

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Schofield Memorial Hospital, Shansi.

HERPES ZOSTER WITH FACIAL PARALYSIS: CHICKEN-POX IN SAME HOUSEHOLD

On September 3rd I attended an old lady, aged 73 years, who complained of intense pain behind the right ear. Examination revealed a crop of vesicles over the mastoid region, and the case was diagnosed as herpes zoster. On my next visit, two days later, the patient had developed a well-marked complete facial paralysis on the same side as the herpes. There was no other sign of involvement of the nervous system. Within a week the herpes had disappeared, but the facial paralysis persists. An additional point of interest is that the patient's two grandchildren, living in the same house, developed chicken-pox on September 17th, a fortnight after the grandmother's herpes began. There were no other cases of chicken-pox reported in the district. The herpes patient has been almost completely deaf in both ears for the last ten years. We know that the facial nerve sends a posterior auricular branch behind the ear, but this has not been proved to contain sensory fibres. The sensory distribution for this area comes from cervical nerves. Cases have been described in which herpes zoster has occurred in the neighbourhood of the external auditory meatus, together with facial palsy of the same side. I am not aware of a herpes *behind* the ear complicated by facial paralysis.

Knighton, Radnorshire. G. H. H. BOOTH, M.B., Ch.B.

BREECH PRESENTATION

In view of the recent discussion on breech presentation which has been carried on in the *British Medical Journal*, the following case, which occurred in Queen Charlotte's Hospital, may be worth recording.

A primigravida, aged 18 years, expecting by her dates on October 30th, was radiographed at the thirty-sixth week for a breech presentation. The report on the *x*-ray picture was:

"Breech presentation with both legs and one arm extended." On October 7th version without anaesthesia was attempted unsuccessfully. The patient continued to attend ante-natally, and was allowed to go into labour spontaneously. Pains began at 1 a.m. on November 10th, and the patient was admitted at 4.30 a.m. On examination, the cervix was dilated to the size of a shilling; membranes intact. At 10 a.m. the membranes ruptured spontaneously. At 11.45 a.m., under general anaesthesia in the dorsal position, a hand was introduced into the vagina, and both legs and one arm were felt flexed. The cervix was fully dilated, and the feet brought down. When the body had been born to the costal margin, a hand was again passed up, and both arms, which were flexed over the chest, were delivered. The head was delivered by jaw flexion and shoulder traction. There was no excess of liquor amnii, and the baby weighed 7 lb.

The interesting features of this case are: (1) that although on *x*-ray examination five weeks before delivery the legs were found to be extended, at delivery they were found to be flexed; (2) there was a primary extension of one arm, shown by *x*-ray examination.

I am indebted to Mr. Aleck Bourne, senior obstetric surgeon to Queen Charlotte's Hospital, for permission to publish the case.

J. G. HASTINGS INCE,
Senior Resident Medical Officer, Queen
Charlotte's Hospital.

British Medical Association

CLINICAL AND SCIENTIFIC PROCEEDINGS

SOUTH MIDDLESEX DIVISION

Minor Injuries of the Hand

At a meeting of the South Middlesex Division on November 26th, with the chairman, Dr. L. H. F. WALTON, presiding, Mr. GRANT MASSIE delivered an address on minor injuries of the hand, including burns and whitlows.

Mr. Massie said that in the case of incised wounds dividing one or more of the palmar flexor tendons of the hand or fingers it was important to bear in mind the relationship of the synovial sheaths, if a straight, stiff finger was not to result. The free action of the tendon depended upon preserving the integrity of the potential space between the two layers of the synovial or mucous sheath, and the prevention of adhesions here. Suture was often difficult, and should be performed as soon as possible after the accident. Following closure of the wound the part should be splinted in the position of least tension, and movement be prohibited for two or three weeks. It was important to avoid bruising the severed ends of the tendon, and to interfere as little as possible with the adjacent structures. In long immobilization of the hand, as also in cases of Colles's fracture, the interphalangeal and metacarpo-phalangeal joints became progressively stiff. The contractures were unusually resistant to treatment, and the stiffness after a few weeks of fixation might require many months of treatment. Active movement of the adjacent parts should therefore be started as soon as possible. The extensor tendons, however, from the bases of the metacarpals downwards, were devoid of synovial covering, and on the dorsum of the fingers the tendon spread out into a firmly fixed expansion, division of which was not followed by retraction; simple splinting in a position of hyperextension led, therefore, to rapid union. Traumatic arthritis of an interphalangeal joint might be followed by long-lasting stiffness, pain, and swelling. *X*-ray examination usually revealed no abnormality, and the thickening was manifestly periarticular, the underlying factor being bruising of the articular cartilage. The best method of treatment was the application of heat, gentle massage, and movement. Fractures of the metacarpal bones were not, as a rule, accompanied

H. D. CHALKE: LICHEN URTICATUS



FIG. 1.—Vaccinal lichen.



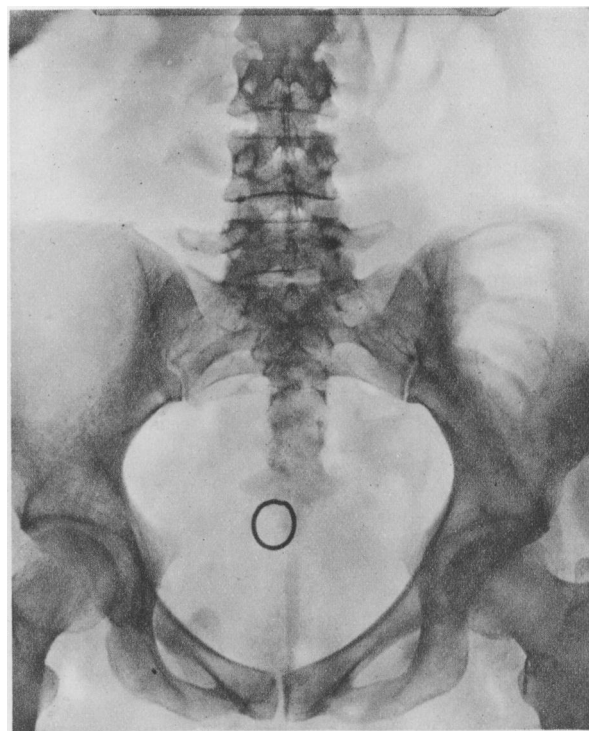
FIG. 2.—Lesions on forearm.

H. D. CHALKE: LICHEN URTICATUS



FIG. 3.—Secondary infection of lesions on leg.

V. B. GREEN-ARMYTAGE:
A "CONTRACEPTIVE"

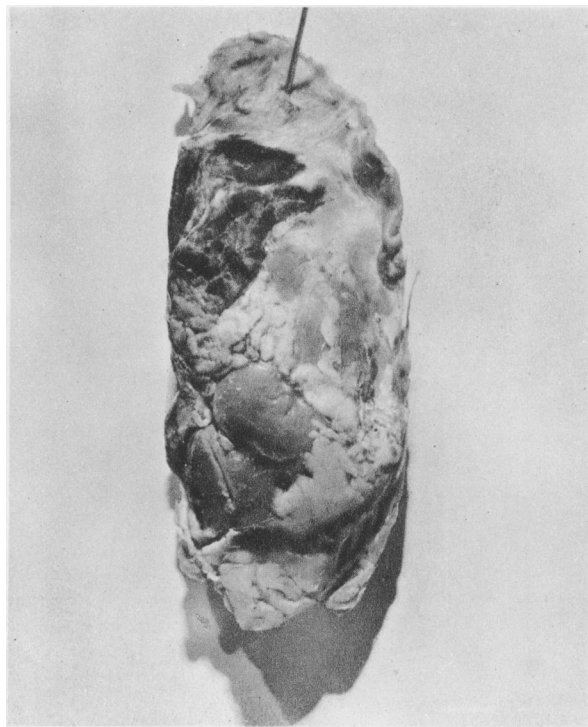


Gräfenberg ring in situ.

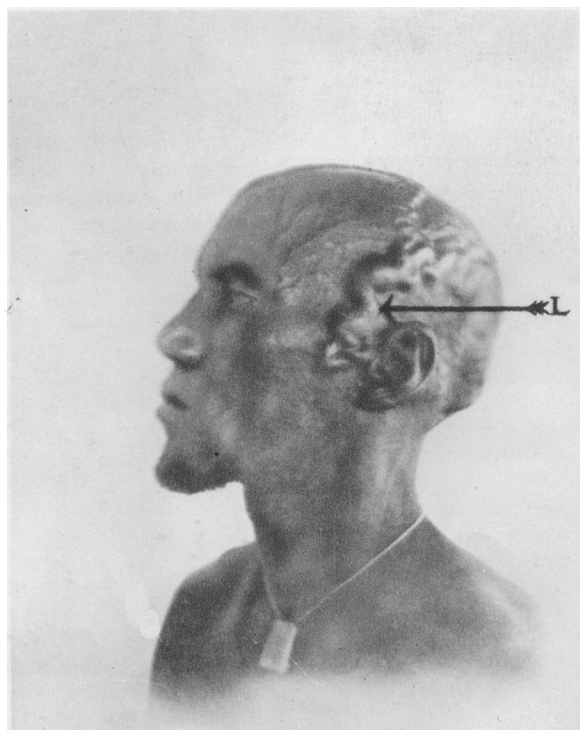
R. M. J. HARPER: CEREBRAL ANEURYSM
WITH RECURRENT LEAKAGE



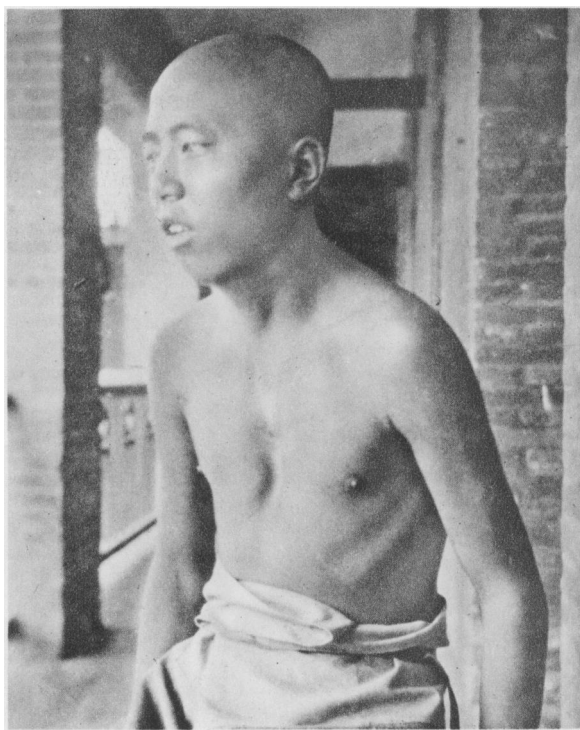
J. A. HENDERSON & F. PETTIGREW: HAEMORRHAGE
INTO SUPRARENAL CAPSULE



A. H. MORLEY, ARTERIO-VENOUS
ANEURYSM OF SUPERFICIAL TEMPORAL VEIN



H. G. WYATT: STERNAL FISSURE
IN A CHINESE



of obstetrical instruments, including, fifty years ago, a long forceps and a vaginal speculum. Some of his patterns came into general use in the West of Scotland. His fame as an operator was based on steady, careful work, and he disclaimed anything in the nature of "brilliant" surgery, for which his cautious temperament had an instinctive distrust.

Socially Dr. Reid was a man of great charm. In old age his face, which would have adorned any gallery of Scottish worthies, expressed a memorable benignity. He had at his command a constant fund of anecdote and happy reminiscence, and he delighted in nothing better than to help his professional brethren or the sick and suffering. Even in his retirement he was always eager to answer any call for assistance. He also took a community interest in the little village of Carmunnock, five miles from Glasgow, where he had his home. His chief recreations were walking and fishing. In the pursuit of the salmon he had travelled in Lapland and Norway, Canada, and the United States, and his keen discipleship of Izaak Walton was shown in the library of four hundred volumes on angling which he had accumulated. Dr. Reid was a life-long total abstainer, a temperance advocate, and at one time vice-president of the Prohibition Party in Scotland. Another great interest of his life was medical missions, possibly deriving from the fact that at the Hamilton Grammar School he had had as his schoolfellows two sons of David Livingstone, remembered Livingstone coming to address the school, and also, as a medical student, met the great explorer in 1864, when, on his last furlough, he addressed the Royal Faculty of Physicians and Surgeons. Another point of contact between the two men was their association, extending over many years in Dr. Reid's case, with the Anderson College. All medical missionary activities found in Dr. Reid to the very end an enthusiastic supporter.

THE LATE DR. R. H. TODD

Professor R. J. A. BERRY writes:

It is with the deepest regret that I have learned of the, to me, unexpected death of Dr. R. H. Todd of Sydney. As, for the time being, the official representative on the Council of the Queensland and New South Wales Branches, with the latter of which Dr. Todd has so long been intimately and honourably associated, it is my sorrowful task to place on record the deep sense of the loss my constituents and myself have experienced in his death. To Australian and Anglo-Australian medical men Todd had come affectionately to be regarded as the embodiment of all that was best in Federal and State medical politics and organization. It seems hard to realize that the man who was so recently similarly acclaimed by his British colleagues at Eastbourne is now no longer among us.

But it is not of Todd the official, either medical or legal, that I would write, for there are others who can better bear testimony to his extraordinary worth, but of Todd the man, the friend and kindly colleague of us all. Todd's extraordinary keenness on, and familiarity with, all B.M.A. interests and problems, was first brought home personally to me during my tenure of the presidential chair of the Victorian Branch. Engaged, as we then were, in an earnest and eventually successful attempt to convince the Australian friendly societies that our medical services were worth a little more to them than the few coppers a week their members subscribed, we brought Todd down on the long trail from Sydney to Melbourne to help us with his legal and medical lore, and he gave of his best. Well do I remember Todd sitting at that round table in the bay window of the Melbourne Club, which so many distinguished medical visitors from Great and Greater

Britains have graced with their presence, and holding us, his hosts, enthralled by his intimate knowledge of men and manners, by his shrewd judgements, his pawky wit, and the unerring soundness of his advice—advice which undoubtedly helped the Victorian Branch to obtain justice for its members.

But to realize Todd at his very best was to see him with that other child of his affections, the Sydney Zoological Gardens, on the north shore of the magnificent harbour which he knew and loved so well. Todd's interest in his hobby was extraordinary, and the novel and natural conditions under which the animals now live was largely his doing. Todd's genuine delight at my equally genuine amazement at seeing, from the deck of the ferry boat, a large Polar bear strolling apparently quite uncontrolled along the sunlit shores of the noble bay, was a thing to be remembered, and revealed Todd at his best. It summed up the shrewd, kindly nature hidden more ordinarily behind an apparently austere exterior.

Doubtless Todd owes much to his profession, but that profession owes him more, infinitely more, indeed, than it can ever repay. But we can at least remember him. Todd, the wise counsellor, the kindly and ever-willing friend, the man who had so deeply at heart the honour of a great and noble calling, and the man who has wrought so much for medicine and its politics in his own and other lands, and who has indeed deserved so well of them all.

Blackpool has learnt with regret of the sudden death of its assistant medical officer of health, Dr. BERTRAM FRIEND BARTLETT, M.C., at the age of 51. Dr. Bartlett, who was appointed in 1919, served in France with a temporary commission in the R.A.M.C. throughout the war and attained the rank of major. Since then he has held the position of tuberculosis officer and child welfare medical officer for Blackpool. He was keenly interested in boxing, and attended a tournament at the Tower Circus shortly before his death.

Universities and Colleges

UNIVERSITY OF CAMBRIDGE

At a congregation held on December 19th, 1931, the following medical degrees were conferred:

M.B., B.CHIR.—H. Mallinson, G. S. Storrs, B. H. Cole.
M.B.—A. C. Crooke, S. R. Matthews, J. C. F. Lloyd-Williamson.
B.CHIR.—W. S. Dyson.

The following candidates have been approved at the examination indicated:

THIRD M.B.—*Part I (Surgery, Midwifery, and Gynaecology)*: W. C. Barber, L. T. Bond, W. A. C. K.-N. Bruce, T. E. Burrows, R. Cairns, J. W. Campbell, D. B. Cater, G. W. Crimmin, T. D. Day, R. H. Dobbs, W. O. M. Ede, G. A. Emmerson, J. H. Fisher, W. H. Gabb, H. L. H. H. Green, C. S. Hall-Smith, C. L. Heanley, E. Hinden, B. Holden, P. W. Hutton, S. S. Jaikaran, W. H. G. Jessop, P. W. E. Jones, A. R. R. Le Fleming, C. S. Lewis, J. L. Lovibond, G. G. Ludgater, A. N. McCrea, J. W. Macmillan, G. A. Mandow, J. M. Matthew, A. R. R. Mears, G. J. Meikle, R. V. F. Mercer, J. Metcalf, A. Morgan, H. B. Padwick, J. Parkes, S. H. B. Platts, F. Radcliffe, R. A. Ratcliff, R. D. Roper, M. L. Rosenheim, J. L. S. Scott, A. D. Skyrme, C. W. Thomas, J. B. Tracey, O. S. Tubbs, J. T. Turner, G. D. Wedd, H. D. White, J. L. Wild, G. Williams, R. H. H. Williams, W. Wilson; *Women*: E. G. Byrde, A. M. Naish. *Part II (Principles and Practice of Physic, Pathology, and Pharmacology)*: P. T. Ashby, R. J. V. Battle, A. D. Briscoe, W. A. C. K.-N. Bruce, L. C. Cook, A. Cursbam, C. A. de Candole, G. R. Ellis, M. Ellis, A. W. Franklin, G. H. A. Graetz, H. F. Green, H. L. H. H. Green, G. Hale, A. G. J. Harris, J. Hughes, L. P. Jameson Evans, N. Langdon-Down, T. C. Larkworthy, C. S. Lewis, J. V. Lucas, R. S. C. McDade, M. H. Masina, A. K. Monro, G. G. Mowat, R. W. C. Murray, C. R. L'E. Orme, W. R. Parkes, G. T. Partridge, F. E. Pilkington, M. A. Rushton, N. Stevens, C. E. Taylor, V. Thorne Thorne, J. B. Tracey, M. Westwood; *Woman*: M. M. M. M. Fisher.

The Raymond Horton-Smith Prize for the current academic year has been awarded to Dr. Wilfrid Davison Newcomb (Trinity College) for his M.D. thesis on the relationship between peptic ulceration and gastric carcinoma.

UNIVERSITY OF LONDON

Dr. O. L. V. de Wesselow, F.R.C.P., has been appointed as from December 1st, 1931, to the University Chair of Medicine tenable at St. Thomas's Hospital Medical School.

UNIVERSITY COLLEGE

A course of six lectures on the physiology of reproduction will be given by Dr. A. S. Parkes on Fridays, January 15th, 22nd, and 29th, and February 5th, 12th, and 19th, at 5 p.m. Mr. G. P. Wells will give a course of ten lectures on comparative physiology, on Fridays, January 15th, 22nd, and 29th, February 5th, 12th, 19th, and 26th, and March 4th, 11th, and 18th, at 5 p.m. Admission free.

LONDON SCHOOL OF HYGIENE AND TROPICAL MEDICINE

The next series of eight lectures and demonstrations on tropical hygiene, which are intended for men and women outside the medical profession proceeding to the Tropics, will be given by Lieut.-Colonel G. E. F. Stammers from January 11th to 20th. These courses of instruction, in addition to providing simple rules for guidance in regard to personal hygiene and preparation for life in the Tropics, will also embrace a short account of some of the more common diseases, with advice in regard to measures of protection and self-treatment. The synopsis and other particulars can be obtained from the secretary, London School of Hygiene and Tropical Medicine, Keppel Street, Gower Street, W.C.1.

UNIVERSITY OF DURHAM

At the convocation held on December 19th, 1931, the following degrees and diplomas were conferred:

M.D. FOR PRACTITIONERS OF FIFTEEN YEARS' STANDING.—O. R. McEwan, D. H. Pennant, J. R. B. Robb, T. H. Thomas.

M.B., B.S.—M. J. Arnott, R. D. Burn, G. S. Clark-Maxwell, J. A. Forrest, H. U. G. Harrison, J. A. Miller, P. N. Rampal.

B.Hy.—F. C. S. Bradbury, B. A. Dormer, W. E. Hargreaves, J. H. F. Pankhurst.

D.P.H.—F. C. S. Bradbury, B. A. Dormer, W. E. Hargreaves, J. H. F. Pankhurst.

UNIVERSITY OF SHEFFIELD

The following candidates have been approved at the examinations indicated:

CH.M.—G. E. Larks.

FINAL M.B., CH.B.—(Part II): Margaret F. Coveney. (Part I): *A. H. Briggs, T. Colver, H. E. Holling, I. A. Jaffe, R. B. Knowles, J. J. C. Rainsbury, J. M. Ridyard, D. C. Waddy, R. H. Wheeler, W. H. Young.

* With distinction in Public Health.

UNIVERSITY OF EDINBURGH

A graduation ceremonial was held in the Upper Library Hall on December 18th, 1931, when the following degrees and diplomas were conferred:

M.D.—F. Allardice, W. K. Blackie, G. R. Burnett, J. M. Davidson, †B. G. T. Elmes, †C. H. Fouché, †R. M. Hill, *R. Howarth, R. D. Miller, G. Ormiston, *J. H. P. Paton, *G. H. Percival, W. Simpson, W. M. Wilson, C. W. Yow.

* Highly commended for thesis. † Commended for thesis.

PH.D. (Faculty of Medicine).—T. C. Nanda.

M.B., CH.B.—J. R. Anderson, H. Isobel Ashford, M. Braaf, A. J. R. Brady, I. E. Brooks, J. C. Brownlee, D. R. Climenko, A. J. D'Errico, M. Diamond, R. E. W. Dicks, H. J. Gibson, I. Goldowsky, G. M. Goodwille, W. P. Gracie, J. A. de Gregory, G. E. Grey, W. Hynd, M' E. G. Jones, Gertrude C. Kellar (née Aitken), F. L. Ker, H. L. Khosla, F. F. Kortlucke, A. Lange, A. W. Louw, W. M. P. McDonald, G. P. M'C. Marshall, D. Nelson, Alexandrina M. M. Parker, H. R. Peel, G. Fickering, R. R. Prosser, W. B. Scott, K. C. Scutt, I. H. M. Seex, A. F. Seif, J. Smiedt, J. G. Thomson, E. Townsend, A. T. Wallace, W. W. Wildman.

D.P.H.—Mary Love, F. Sutherland.

The Freeland Barbour Fellowship in the Faculty of Medicine has been awarded to Dr. T. N. MacGregor.

NATIONAL UNIVERSITY OF IRELAND

The following candidates have been approved at the examinations indicated:

M.D.—J. C. Flood.

M.B., B.Ch., B.A.O.—*J. Duddy, †D. P. Clahane, †Columba M. D. Heathcote (née O'Carroll), G. Bannan, E. F. M. Caraher, D. G. Coll, T. Jordan, D. P. Kennedy, J. Lawlor, J. Phelan, W. J. Purcell, J. F. R. White. Exempted from further examination in Pathology and Part II (Surgery, Ophthalmology, and Midwifery): W. Canning. Exempted from further examination in Part I (Medicine and Pathology): J. M. Kerr. Exempted from further examination in Pathology: J. J. Kennedy; J. McDonnell. Exempted

from further examination in Midwifery: F. J. Clancy, P. J. O'Doherty.

DIPLOMA IN PSYCHOLOGICAL MEDICINE.—T. J. Hennelly.

D.P.H.—Part II: * W. P. O'Callaghan, †H. J. Phillips, C. J. Ellison, J. G. O'Reilly. Part I: Patricia M. J. Daly.

* First-class honours.

† Second-class honours.

UNIVERSITY COLLEGE, DUBLIN

At a meeting of the Academic Council, on Thursday, December 17th, 1931, an election of members to the Governing Body took place. The following six members were re-elected: Professor James Drew, Professor John J. Nolan, Professor Robert O'Donovan, Professor E. P. McLaughlin, Professor Patrick Semple, and Professor H. C. McWeeney. This was the first part of the election, which will last until January 31st, when the present three-year term of office will terminate.

ROYAL COLLEGE OF SURGEONS OF EDINBURGH

At a meeting of the Royal College of Surgeons of Edinburgh, held on December 17th, 1931, when the President, Mr. John Wheeler Dowden, was in the chair, the following twenty-seven successful candidates out of 88 entered, who passed the requisite examinations, were admitted Fellows:

W. V. Anderson, A. C. Armstrong, I. A. G. L. Dick, J. A. Fraser, E. G. Gibbs, F. S. Hubbersty, J. L. M. Jeffares, M. B. Lavery, J. G. Leebody, A. M. McMaster, A. J. M. Melly, A. Miller, R. Oliver, A. D. Polonsky, D. L. Pow, T. Prasad, W. O. Pve, A. F. Quayle, P. G. D. Quinet, W. L. Rowe, C. R. Salkeld, F. R. Smale, V. P. Squire, G. G. L. Stening, F. D. du T. van Zijl, A. B. Walker-Smith, K. F. D. Waters.

CONJOINT BOARD IN IRELAND

The following candidates have been approved at the examination indicated:

FINAL PROFESSIONAL.—P. J. Byrne, E. S. Cooke, R. P. S. Lewer, J. A. McGuinness, P. J. McMahon, T. F. Quigley, F. E. Reilly, F. H. Ryan, J. J. Walsh.

D.P.H. (Part I).—E. J. O'Keefe.

Medical News

At a meeting of the Section of Tropical Diseases and Parasitology of the Royal Society of Medicine, to be held on Thursday, January 7th, at 8 p.m., Dr. W. Schulemann of Elberfeld, Germany, will read a paper on synthetic anti-malarial preparations. He will discuss the various steps which led to the synthesis and discovery of plasmoquine and give a brief account of its use in tropical medicine.

Dr. F. E. Fremantle, M.P., will give an address on the debt of the Empire to British medical research at a meeting of the Royal Empire Society, to be held at the Hotel Victoria, London, on Tuesday, January 19th, at 8.30 p.m., with Sir William Willcox, M.D., in the chair. Applications for tickets, which are free, should be addressed to the secretary of the Royal Empire Society, Northumberland Avenue, W.C.2. A dinner will precede the meeting at 7 o'clock, and those wishing to be present at that also should forward 10s. 6d. in payment of each ticket required.

At the opening of the second winter session of the Hampstead General and North-West London Hospital Post-Graduate School on January 6th, at 4 p.m., Lord Riddell will deliver an address on "The ethics of abortion, sterilization, and birth control."

The next series of free weekly lectures at St. Peter's Hospital, Henrietta Street, W.C.2, will begin on Wednesday, January 20th, at 3 p.m., when Mr. Swift Joly will discuss the examination of urological patients. The course will end on Wednesday, March 9th, when Dr. Cuthbert Dukes will lecture on tumours of the upper urinary tract.

The first of the twentieth series of Chadwick Lectures will be given by Dr. J. D. Rolleston on February 18th, at the Medical Society of London, on "Benjamin Ward Richardson, his life and work." Information about these lectures may be obtained from the secretary, Mrs. Aubrey Richardson, at the offices of the Chadwick Trust, 204, Abbey House, Westminster, S.W.1.

At the meeting of the West London Medico-Chirurgical Society, to be held at the West London Hospital on Friday, January 8th, at 8.30 p.m., Mr. Malcolm Donaldson and Dr. A. Piney will open a discussion on the treatment of carcinoma.

A series of seven free post-graduate lectures will be given at the City of London Maternity Hospital, City Road, E.C., on Thursdays at 5.30 p.m., commencing on January 14th and terminating on February 25th.

A post-graduate course on diseases of the nervous system will be given at the National Hospital, Queen Square, W.C.1, from January 25th to March 18th. The general course will comprise thirty-two clinical lectures and demonstrations, out-patient teaching, and eight pathological demonstrations and lectures; fee £6 6s.). Ten clinical demonstrations, chiefly on methods of examination of the nervous system, will be given on Tuesdays and Thursdays, at 5 p.m. (fee £2 2s.). If there are sufficient applicants a course of ten lectures on the anatomy and physiology of the nervous system will be arranged for Tuesdays and Thursdays (fee £2 2s.). Applications should be addressed to the secretary of the Medical School.

The third International Congress of Sanitary Technics and Urban Hygiene will take place this year at Lyons, from March 6th to 9th. There will be six sections, and the questions to be discussed will be: hygiene in relation to transport, habitation, and places of assembly; hospitals and social work; atmospheric problems; disinfection; and industrial hygiene and prevention of accidents. In connexion with the congress an international exhibition will be held from March 7th to 20th. Special facilities, including a reduction of 50 per cent. on the railway fare, will be available for intending members, who should apply for further information to the commissioner-general, Dr. Garin, Rue Ménestrier, Lyons, France.

The twenty-second Italian Congress of Hydrology, Climatology, and Physical Therapy will be held next May at Viareggio, in conjunction with the fifth Italian Congress of Thalassotherapy. Further information can be obtained from Professor Gennaro Fiore, R. Clinica Pediatrica, Pisa.

The seventeenth annual report of the Central Association for Mental Welfare, recently received, contains an account of the work undertaken during the twelve months ending December 31st, 1930, and of its financial position on March 31st, 1931. The development of new local associations has continued, and a travelling teacher for the correction of speech defects has been appointed. Training courses have been organized for workers in various branches of mental welfare. A separate account is appended in respect of the Middlesex Occupation Centre and Home Training Scheme.

The annual general meeting of the People's League of Health was held at the headquarters, 12, Stratford Place, W., on December 18th, 1931, when the balance sheet for 1930 was presented. In referring to the work accomplished in 1931, the founder and honorary organizer (Miss Olga Nethersole, R.R.C.) reminded the meeting that the league had been in existence for twelve and a half years, and during that time eleven travelling scholarships had been awarded in connexion with the Sims Woodhead Memorial Series of Educational Health Lectures, delivered by members of the league's lecturing staff, at the headquarters of the National Union of Teachers. Professor Fraser-Harris, medical secretary to the league's bovine tuberculosis investigation, reported that the special committee appointed to deal with the problem had, after eighteen months' close study, finished its work, and would shortly issue a report.

A dinner of those who obtained the D.T.M. at the Liverpool School of Tropical Medicine on December 16th, 1931, was recently held in Liverpool, with Major H. M. Salamat Ullah, I.M.S., in the chair, and a vote of thanks was passed to the staff of the school in appreciation of their teaching services.

The issue of the *Deutsche medizinische Wochenschrift* for December 11th, 1931, contains a sympathetic obituary notice of Sir David Bruce, by Professor F. K. Kleine of Berlin.

November 27th, 1931, was the two hundred and thirtieth anniversary of the birth of the famous astronomer Andreas Celsius, who died on April 25th, 1744, and was the inventor of the thermometer associated with his name.

On December 22nd, 1931, the hundredth anniversary of the birth of William Hale White ("Mark Rutherford," 1831-1913) was celebrated at Bedford, in front of the house where he was born. A mural tablet was unveiled by his son, Sir William Hale-White, M.D.

The centenary of the birth of Félix Guyon, professor of urinary diseases at the Hôpital Necker, Paris, was celebrated on December 8th, 1931, at the Académie de Médecine, when a eulogy was pronounced by his successor, Professor Legueu.

Dr. R. E. Lauder, who recently retired after thirty years' service as medical officer of health for Southampton, has been presented with an illuminated address and a silver salver by members of the borough council. The presentation was made by the mayor, who expressed the hope that the gifts would serve to remind Dr. Lauder of the council's regard and affection.

Dr. Walter B. Cannon, professor of physiology at Harvard University, has been awarded the diploma of doctor *honoris causa* of Paris University.

Professor Charles Richet has been elected vice-president of the Académie des Sciences for 1932, and president for 1933.

Letters, Notes, and Answers

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

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

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

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The address of the Irish Office of the British Medical Association is 16, South Frederick Street, Dublin (telegrams: *Bacillus, Dublin*; telephone: 62550 Dublin), and of the Scottish Office, 7, Drumshough Gardens, Edinburgh (telegrams: *Associate, Edinburgh*; telephone 24361 Edinburgh).

QUERIES AND ANSWERS

Painful Heel

Dr. J. H. CYRIAX (London, W.) writes in reply to Dr. R. C. Briscoe's query (December 19th, 1931, p. 1164): The case is probably one of painful strain of the origin of the plantar fascia from the os calcis. Weakness of the short plantar muscles allows excessive strain to fall upon the fascia, which is further stretched when the patient wears heelless shoes. Except in the rare gonorrhoeal cases, treatment by (a) raising the heel of the shoe, (b) exercises to the plantar muscles as for flat-foot, is effectual.

"FORMER SUFFERER" writes in reply to Dr. Briscoe's question: The treatment must, of course, depend upon the cause, but if, as is highly probable, this is a fibrositis, then the most effective treatment is by deep massage daily. This is unlikely to do good unless deep and firm enough to be at first very painful—an indication that the fibrous nodule or nodules which cause the condition are being definitely manipulated. If, however, the massage is continued, the tenderness soon diminishes, even in the course of a single treatment, so that the patient finds it difficult to believe that the same amount of pressure as at first is still being maintained.