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## SUPPLEMENT

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REPORTS OF CONFERENCES

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THE GENERAL MEDICAL COUNCIL

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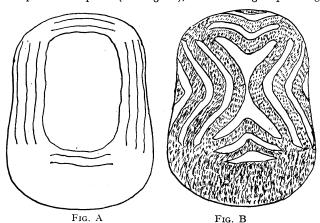
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avulsed scalp being brought up in a sheet of newspaper. I postponed intervention for seven days, during which time the patient had completely recovered from shock and the initial haemorrhage: the affected area was clean, and granulations were spreading over the pericranium.

The method of restoration adopted was as follows. denuded area, some six inches in diameter, and the remaining shaved scalp, were dressed in saline packs. Under full anaesthesia I made a series of incisions extending right down to the pericranium, three at the lateral and two on the anterior and posterior aspects (see Fig. A), the resulting flaps being



In Fig.  $\Lambda$  the avulsed area is reduced in size so that the lateral incisions may be shown.

some three-quarters of an inch wide. Care was taken to leave sufficient attachment at each end of the flaps to allow of an adequate blood supply. No attention was paid to haemorrhage, and each succeeding whole-thickness flap was undercut and levered towards the centre. The upper lateral flaps were first sutured together with strong catgut. The next lateral flaps were then sutured to the first, leaving a gap of half an inch, the third lateral flaps then sutured to the second, leaving another gap of half an inch. In the same way the anterior and posterior flaps were undercut, levered to the centre, and held by catgut sutures (see Fig. B). During this time the haemorrhage had been easily controlled by pressure. The whole operation area was then flushed with a 0.5 per cent. chlorine solution. A large sheet of oil silk soaked in liquid paraffin was spread over it, subsequent pressure being obtained by means of a capeline bandage. At the end of a week the flaps were firmly adherent to the pericranium.

Three weeks after the operation the centre gaps were rather wider than I had anticipated, but the granulations were healthy. Under full anaesthesia I therefore made two tongue flaps from the back of the scalp and turned them up into the adjacent gaps, after having removed the thick granulations. None of the hair-bearing scalp flaps was destroyed, and by October 11th the hair was growing well, the granulation areas being smooth and flush with the adjacent scalp. All bandages were removed at this time, the patient having mild doses of ultra-violet rays every second day.

A study of the photographs (see Plate) shows what progress has been made since the operation. The hair is now already long enough to dress back, so that the bare channels, which of course are inevitable, will shortly be entirely hidden.

#### OBSERVATIONS

The above method is without doubt an improvement on the Thiersch graft plan, which, however successful it may be, entails the wearing of a wig.

The actual operation takes little time, and the narrow

channels between the flaps require no attention, the granulations filling the gaps completely.

The post-operative appearance is a source of satisfaction, because there is hair on the top of the head. In nine months' time there will be no disfigurement.

I am indebted to my colleague Dr. W. Roche for his helpful suggestions.

REFERENCES <sup>1</sup> Wheeler: "Skin Grafting," Medical Annual, 1926.
<sup>2</sup> Souttar: The Art of Surgery, p. 290.

## Memoranda MEDICAL, SURGICAL, OBSTETRICAL

#### POST-OPERATIVE INTESTINAL OBSTRUCTION

The difficulties associated with the early diagnosis of intestinal obstruction following operation involving peritoneal drainage, and the problems consequent upon such a diagnosis, render any commentary and criticism of interest and of value.

S. D., aged 25, was admitted to the War Memorial Hospital with the diagnosis of perforated duodenal ulcer; the patient's history suggested a perforation of several hours' duration. At the operation that evening a perforation of a chronic ulcer of the first part of the duodenum was found. The perforation was closed, and reinforced by an omental graft; there was a moderate amount of peritoneal exudate, removed by water suction aspiration, and drainage established by a Greenwood tube to the pelvis, with a glove drain to the right kidney pouch. Fowler's position was adopted; drainage ceased after twenty-four hours, and drains were removed in thirty-six hours.

On the fourth day after operation the patient complained of upper abdominal discomfort, and vomited once. The bowels were opened by enema; pituitrin with eserine in small doses, with anti-gas-gangrene serum, was given. On the fifth day there was a return of abdominal discomfort, the patient vomiting twice; the general condition was satisfactory and abdominal examination negative. Enemas were repeated and serums given four-hourly. On the sixth day the patient's condition deteriorated; vomiting became of a faecal character, and there was persistent abdominal discomfort, with rising pulse. It was evident that a mechanical obstruction existed. Under local infiltration anaesthesia a small incision was made over the left upper rectus, the muscle was split, and a dilated coil of small gut secured; an enterostomy was made after the method of Witzel. While in the theatre drainage of several pints of a thin faecal fluid was effected, and three pints of normal saline were injected intravenously. Salines and ammonium chloride were given continuously per rectum. For the subsequent four days the enterostomy continued to drain; the general condition improved, and the tube was loosed on the fifth day. It was apparent an ileostomy had been performed.

On the eighth day after enterostomy, under open ether, the abdomen was opened by a sub-umbilical mid-line incision. The obstruction was in the form of a "matting" of a coil of lower ileum in the pelvis; the proximal bowel was rather dilated and turgid. A lateral anastomosis short-circuiting the obstruction was made. Haemorrhage was troublesome. That evening the patient's condition became unsatisfactory, and quantities of dark altered blood appeared from the enterostomy opening. It was suggested that haemorrhage from the site of anastomosis was proceeding. The abdomen was reopened, the line of anastomosis exposed by a vertical incision in the proximal loop parallel to the line of union, haemostasis secured, and the gut wall closed. Further intravenous hypertonic salines, with continuous rectal salines with glucose, were given. Subsequent progress was uneventful. The bowels opened normally, and the enterostomy opening, after continuing to discharge for some time, closed spontaneously. There was a rapid improvement in the general condition, and the patient was discharged fit.

The difficulties are associated mainly with the question of an early diagnosis. A condition of ileus existed on the third day, with a plastic peritonitis involving the lower ileum, and a final organization causing a definite mechanical obstruction. The state of the bowel at the time of enterostomy, and the character and quantity of the bowel contents drained, serve to emphasize the divergence of the clinical condition from the actual pathology.

Early exploration is essential, but such a course with a satisfactory general condition and on no other evidence than an elusive discomfort (relieved by an enema) and occasional vomiting appears a bold one. The operation of enterostomy, with a short-circuiting operation at a later date, seems a logical and proper procedure. The value of abundant chlorides was demonstrated.

A. B. DAVIES, F.R.C.S.Ed.

Haverfordwest.

Honorary Surgeon, Pembroke County War Memorial Hospital.

#### BILATERAL SALIVARY CALCULUS

Though unilateral salivary calculus is common, we think the following case worthy of record because it is of the bilateral type.

A young man of 26 complained of a swelling of his neck, which became appreciably larger whilst taking solid food. After examination the diagnosis of salivary calculus was made, and an x-ray photograph taken to confirm this. The radiograph (by Dr. Rowden of Leeds) showed a condition of bilateral salivary calculus, with the right one larger and more posterior than the left. The radiograph was taken with a large intra-oral ball of cotton-wool and the mouth firmly closed over it. At operation Mr. B. Hughes removed the right calculus by the external route, as it appeared embedded in the gland. The left one was removed by the internal route. On seeking further a third calculus was found in the left duct, and this was also removed. A large tonsil was enucleated.

The interesting feature of this case is the rarity of bilateral calculus of the salivary gland. We have not been able to find any record of double stone, nor have the surgeon and the radiologist in their long experience ever seen a case.

DAVID BLACK, M.B., Ch.B. LESLIE GODLOVE, M.B., M.R.C.S.

Bradford.

#### UNILOCULAR CONGENITAL CYSTIC KIDNEY ASSOCIATED WITH SUDDEN DEATH DUE TO HEART DISEASE

When cystic kidneys occur they are generally multilocular. Unilocular cystic kidneys are so rare that the following notes of such a condition may be of interest.

A club steward, aged 42, complained one evening while carrying out his duties of a feeling of "tightness across the chest." He walked home, about a quarter of a mile, and, not feeling well, went to bed. His wife, on seeing her husband about twenty minutes later, sent for me. On my arrival I found he had been dead about half an hour. There was no history of his having complained of "tightness across the chest" previously. Two years before he had had follicular tonsillitis. I had attended him during that illness and had found no evidence of heart disease, nor did I feel anything abnormal in the left kidney region.

At the post-mortem both lungs were found to be congested but otherwise normal. On opening the pericardium some clear, coloured fluid was found; the cavities of the heart were empty. There were some fibrous nodules on the mitral valves, but not such as to cause incompetence. The aorta showed calcification of the walls, with "egg-shell crackling." The liver, spleen, and brain were normal. The right kidney and ureter were normal, but in place of the left kidney there was a rounded, calcified, unilocular cyst about the size of a cricket ball, the walls of which were composed of dense fibrous tissue, with a fibrous ureter leading away from it. The cyst was full of thick yellow fluid. The interior walls of the cyst had deposits of salts, forming hard, irregular patches. Cultures made from the interior showed the presence of very few microorganisms. There was no trace of renal substance about the cyst.

C. F. Morrison, M.R.C.S., L.R.C.P.

Todmorden, Yorks.

## Reports of Societies

## CLIMATIC CONDITIONS AND INSECT POPULATIONS

At the December meeting of the Royal Society of Tropical Medicine and Hygiene, Dr. P. A. Buxton, in a paper on the effect of climatic conditions on populations of insects, said that the numbers of insects were altered by many different causes, chief among which were climate and an increase or decrease of their enemies and parasites. Seasonal changes in the insect population might be correlated with the incidence of certain diseases, such as the relation between rat fleas (Xenopsylla cheopis) and plague in rats and men in tropical countries, and between lice and relapsing fever in Northern India. Similarly, excess of winter rain in Mediterranean countries was followed by a marked increase in the number of anopheles and by outbreaks of malaria. Investigations might be conducted in either the field or the laboratory. Although field observations were a necessary preliminary, their function was to set problems which would subsequently be solved only in the laboratory, where experiments could be devised in which single factors varied. It was generally found that insects died after one hour at 104° to 113° F., or after an exposure of twenty-four hours between  $95^{\circ}$  and 104° F. In many parts of the Tropics the shade temperature exceeded these limits, and this was probably why insects became rare at particular seasons. On the other hand, while in the warm climates many insects existed at temperatures approximating to the fatal, they could survive temperatures many degrees below what they encountered in nature. Temperature factors often operated at critical points in the life-cycle, and so far as insects of medical importance were concerned, in no single species had these critical points all been determined. Furthermore, the velocity of insect development depended on temperature. Atmospheric humidity was another important factor, and recent advances in hygrometry had thrown new light on entomological problems. Insects might be divided into two classes—water "spenders" and water "savers." The former lived in moist environments, ate food of high water-content, and lost water readily in their excreta, etc. The latter lived in dry environments on dry food, and were resistant to starva-tion. The tsetse fly (Glossina) was obviously a "spender," depending on high atmospheric humidity; and the adults of Lucilia, Calliphora, and Trusca, and the larva of X. cheopis also came into this category. On the other hand, Ornithodorus moubata, the tick transmitting African relapsing fever, the adult X. cheopis, and the bugs Cimex and Rhodinius were "savers." A large insect placed in hot dry air might or might not regulate its body temperature by evaporation, but a small insect could not do this, and its existence depended on its being a "saver" or on having a high thermal death point. Martin and Bacot were the first observers to determine that the duration of life of a fasting insect (X. cheopis) was determined by saturation deficiency. Similarly the loss of certain insect eggs appeared to be dependent on this factor. Micro-climatic conditions and effects of humidity were discussed, and Dr. Buxton suggested that solar radiation might yet prove as important as temperature and humidity in controlling insect problems.

Dr. C. B. Williams, remarking that his work was concerned with agricultural more than with medical pests, said that the number of insects existing at any moment depended on birth rate, fertility, length of life, and death rate. Climate was concerned with every one of those factors, while in the death rate food supply and the incidence of parasites also operated. The number of parasites relative to living enemies tended to increase at a greater ratio than the pest increased. In field work the complexity of factors was enormous. Dr. W. R. Thompson said that, as long as it was impossible to predict coming meteorological conditions with certainty, it would remain difficult to put laboratory and physiological data into practice. Mr. Uvaroff stated that

#### CONCLUSIONS AND RECOMMENDATIONS

The last section of the report contains a series of conclusions and recommendations based on the foregoing arguments. These are set forth in the summary which the committee appends to its report. In its final paragraphs the committee says:

We are convinced that, while part of the present waiting in the out-patient departments is inherent in the provision in the out-patient departments is inherent in the provision of hospital treatment for large populations, part of it could be saved by the methods which we have indicated. These are largely based on the experience of hospitals where waiting has actually been reduced by recent changes. Some of these time-saving changes have been made in the procedure at different stages, and some by structural alterations and additions. But the subjects which seem most to deserve study in the search for remedies for waiting are: first, in connexion with the suitability of patients, the extent to which it is possible to reduce the number of minor cases by developing the consultative part of out-patient work, though not to the undue exclusion of the other parts; and, secondly, in connexion with methods of procedure, the extent to which it is possible to depart from the principle of a single fixed hour of arrival for all patients.

The committee has been impressed by the evidence of the popularity of the hospitals, by the confidence felt by the patients and their friends in the thoroughness and efficiency of the examination and treatment provided by their medical staffs, and by the amount of attention which their committees and officers have been giving to the problem of the prevention or reduction of waiting and overcrowding in the out-patient departments. Its final recommendation is that the King's Fund should assist the hospitals in the further study of the subject with a view to definite action.

### NEW YEAR HONOURS

The list of New Year honours was issued as a special supplement to the London Gazette on Monday, January 2nd. The names of the following members of the medical profession are included:

#### Baron

Sir Thomas Jeeves Horder, Bart., K.C.V.O., M.D., F.R.C.P., Physician-in-Ordinary to H.R.H. the Prince of Wales, Senior Physician to St. Bartholomew's Hospital.

#### K.C.I.E.

Major-General John Wallace Dick Megaw, C.I.E., K.H.P., I.M.S., Director-General, Indian Medical Service.

#### K.C.V.O.

FREDERIC JEUNE WILLANS, C.V.O., M.R.C.S., Surgeon Apothecary to H.M. Household at Sandringham, and late Surgeon Apothecary to Queen Alexandra.

#### Knighthood

JOHN LAWRANCE MCKELVEY, M.B. For services to surgery in the Commonwealth of Australia.

SAN CROMBIE PO, C.B.E., M.D., formerly Municipal Commissioner, Bassein, Burma.

#### C.B. (Military)

Surgeon Rear-Admiral HERBERT REGINALD HARRY DENNY.

#### C.M.G.

Walter Burford Johnson, M.B., West African Medical Staff, Director of Medical and Sanitary Service, Nigeria.

#### C.I.E.

Major-General William Charles Hughan Forster, M.B., V.H.S., I.M.S., Surgeon General with the Government of Bombay.

Colonel John Norman Walker, I.M.S. (ret.), Director, Medical Department, and Sanitary Commissioner, His Exalted Highness the Nizam's Government, Hyderabad, Deccan.

Lieut.-Colonel Robert Beresford Se I.M.S., Director, Zoological Survey of India. SEYMOUR SEWELL.

#### C.V.O.

WILLIAM HOPE FOWLER, F.R.C.S.Ed., Consulting Radiologist, Royal Infirmary, Edinburgh.

O.B.E. (Civil)

JOHN THOMAS BRADLEY, M.D., Chief Medical Officer,

Miss Charlotte Purnell, M.B., M.S. For long and devoted medical work among the Arabs in Palestine and Trans-Jordan.

SLACK, M.B., Medical Officer, Leper Settlement,

Botsabelo, Basutoland.

ROBERT STANLEY TAYLOR, M.D., East African Medical Service, Principal Medical Officer, Somaliland Protectorate.

O.B.E. (Military)

Surgeon Commander WILLIAM HAROLD EDGAR, M.D., R.N.

M.B.E. (Military)

Major Percy Neil Sandways, I.M.D., British Military Hospital, Trimulgherry, India.

M.B.E. (Civil)

Subadar Kishen Singh, Medical Department, Kenya.

Hon. M.B.E. (Civil)

MICHAELAKI SHISHMANOGLOU, Assistant Senior Medical Officer of Health, Palestine.

#### Kaisar-i-Hind Medal

Miss Charlotte Rose Greenfield, Medical Officer in charge of St. Margaret's Hospital, Poona, Bombay.
Robert Harold Hull Goheen, medical missionary in charge of the American Presbyterian Mission Hospital at Vengurla, Ratnagiri District, Bombay.
The Right Rev. Kenneth William Stewart Kennedy, M.B., B.Ch., D.D., Bishop of Chota Nagpur, Bihar and

The following promotions are also announced:

#### Royal Navy

Surgeon Commanders to Surgeon Captains: William H. Edgar, Arthur G. V. French, Horace E. R. Stephens, O.B.E.

Royal Naval Volunteer Reserve

Surgeon Commander to Surgeon Captain: THOMAS TURNER,

Surgeon Lieut. Commanders to Surgeon Commanders: Thomas W. Drummond, William F. W. Betenson.

The honour of Knighthood has also been conferred upon Professor Frederick T. G. Hobday, C.M.G., F.R.C.V.S., Principal and Dean of the Royal Veterinary College.

The distinction C.B.E. (Civil) has been bestowed upon Mrs. Alice Baker, one of the founders of the Thomas Baker, Alice Baker, and Eleanor Shaw Medical Research Institute, Melbourne, Commonwealth of Australia.

## South Africa

[FROM OUR CORRESPONDENT IN PRETORIA]

#### League of Nations Regional Health Conference

A conference arranged at the request of the Union Government by the Health Organization of the League of Nations to discuss those health problems arising as the result of rapidly increasing air transport, in particular the possibility of spread of yellow fever, was opened at Capetown on November 15th, 1932. Medical representatives from the various African States and from British India attended, and the League of Nations was represented by Sir George Buchanan. While the agenda was very largely occupied with the problem of yellow fever, other public health problems of inter-State importance were discussed, such as plague, which is endemic among wild rodents of many of the African States, small-pox, which is periodically conveyed to the eastern portion of the continent by immigrants from India, and the difficulties of providing adequate medical and health services in the rural native reserve areas. The administrator of Cape Province, Mr. Conradie, in welcoming the delegates, pointed out the urgency of holding such a conference to examine questions relating to public health administration and protection

death. A member of the Panel Committee, and also a part-time regional medical officer under the Ministry of Health, Dr. Trumper took great interest in the work of the British Medical Association. He was chairman of the Birmingham Central Division in 1923-4, president of the Birmingham Branch in 1930-1, and a member of the Representative Body in 1919; at the time of his death he was a member of the Executive Committee of the Birmingham Central Division. He is survived by his widow, one daughter, and one son, who is a member of the medical profession.

A colleague writes: For many years Trumper held a leading position in Aston, both as a medical man and as a citizen. He had excellent business abilities, and took an active part in all things that concerned the medical profession. Indeed, no committee was complete without Trumper. The manifold duties of his many offices were discharged with dignity, zeal, and ability. He spoke with ease and fluency, and his wise counsel will be missed by his colleagues. Outside medicine he was a versatile and cultured man. He kept abreast of the recent discoveries in science, and particularly astronomical science, and was widely read in general literature and in archaeology. There was, I believe, no greater authority on Aston Parish Church than Trumper, who knew the history of every monument and the date of every moulding as only an expert can. For a series of years he was warden of the fine old church which he loved so well, and for which he had worked so hard. Trumper had a fine presence and a genial disposition; he was devoid of affectation or pretence, and his sympathy and help were freely given to all who sought them. His keen sense of humour, his well-stored mind, and his conversational powers made him a delightful companion alike in the home and in the world of men. A few years ago he acquired a plot of land adjoining Clifford Castle on the Wye. He excavated the ruins, mapped out a plan of the original building, and designed for himself a house which is so constructed that each window gives the best available view of the valley of the Wye. It was here, under the shadow of the ruined tower, and overlooking a magnificent expanse of country, that Trumper hoped to spend the leisure time of his declining years. But Trumper is gone: his death is a sudden and severe loss to the medical profession and to the community with which he worked.

Dr. Thomas Davidson died at Los Angeles on November 28th, 1932, at the age of 75. He was a distinguished fellow student with the late Dr. Freeland Fergus at Glasgow University, where he graduated M.B., C.M. in 1880, and proceeded to the M.D. in 1887. After a few months as locumtenent for Dr. Sewell, late of Helensburgh, he went to Thornhill, Dumfriesshire, as assistant to Dr. Hoggan, and on the retirement of the principal succeeded to the practice. Owing to the heavy day and night work inseparable from a large country practice his health broke down. In 1889 he sought a milder climate, and settled with his brother, Dr. Anstruther Davidson, at Los Angeles, at that time an almost unknown city, where they built up a practice. Though he had subsequently to retire from active work through ill-health he still kept abreast with the advancement of medicine, and retained his membership of the British Medical Association. He took great interest in the growing of oranges, and was one of the first pioneers of Hollywood, where he owned an orchard.

The following well-known foreign medical men have recently died: Dr. Astley Paston Cooper Ashhurst, professor of clinical surgery at the Pennsylvania School of Medicine, Philadelphia, and author of Surgery, its Principles and Practice, aged 56; Dr. SIDNEY YANKAUER,

a prominent New York laryngologist, aged 60; Geh. Med. Rat. Professor HERMANN KÜTTNER, director of the university surgical clinic at Breslau, aged 62; Dr. A. CHAUFFARD, honorary professor in the Paris Faculty of Medicine, member of the Académie de Médicine, and Commander of the Legion of Honour; Dr. E. FLATAU, a Polish neurologist; and Dr. Guillermo Marquez, professor of children's diseases at the Bogota faculty of medicine.

### Universities and Colleges

#### UNIVERSITY OF CAMBRIDGE

The following candidates have been approved at the examination indicated:

The following candidates have been approved at the examination indicated:

Third M.B.—(Part I, Surgery, Midwifery, and Gynaecology):
J. C. G. Anderton, E. F. Baines, H. Barcroft, G. F. Barran, C. G. Batty-Smith, W. T. C. Berry, C. E. Bevan, E. V. Bevan, R. W. Billington, G. O. Brooks, R. H. Brown, J. R. Chambers, A. H. Charles, F. H. Coleman, J. Collinson, P. T. Cooper, A. G. Cross, H. S. Davis, L. W. B. Bobbin, J. R. Duffield, W. G. Evans, A. A. G. Flemming, P. H. R. Ghey, P. R. Goodfellow, R. W. Graham-Campbell, S. J. Hadfield, B. P. Harris, F. G. Hinks, M. I. A. Hunter, T. B. Jones, A. H. Knowles, D. Kyle, R. C. Langford, C. A. Lewis, W. Lewis, T. E. S. Lloyd, M. W. Lloyd Owen, K. Lumsden, F. D. MacCarthy, A. B. MacGregor, W. S. McKenzie, F. G. Maitland, T. C. Maling, G. J. H. Maud, J. W. Maycock, M. P. Morel, C. W. Morley, H. J. V. Morton, T. P. Mulcahy, J. P. S. Peck, K. M. A. Perry, F. W. J. Platts, J. S. M. Pringle, S. A. Propert, P. J. Richards, W. F. Richards, F. Ridehalph, I. G. Robin, K. Robson, G. Scott, E. P. Sharpey-Schafer, D. W. Smithers, J. G. C. Spencer, T. V. Tattersall, E. W. Taylor, H. B. Tipler, G. E. H. Tisdall, G. I. Watson, W. E. Wells, C. J. G. White, A. Willcox, J. Wilson, R. M. Yeo. Women: D. K. Emery, A. C. Taylor. (Part II, Principles and Practice of Physic, Pathology, and Pharmacology); S. E. Birdsall, C. P. F. Boulden, A. Bowen-Davies, E. Bradbury, W. D. Brown, J. W. Campbell, C. A. Clarke, F. J. Curtis, S. F. L. Dahne, W. D. Dick, L. W. B. Dobbin, R. H. Dobbs, G. A. Emmerson, R. H. Foster, D. W. C. Gawne, W. G. Gill, G. W. Hall-Smith, E. R. Hargreaves, B. P. Harris, J. Howell, N. M. James, H. V. Knight, A. R. R. Le Fleming, R. S. Lewis, G. A. Mandow, A. R. R. Mears, D. A. Metcalf, G. A. Miller, F. H. Morrell, J. Parkes, E. B. Pawson, R. V. Payne, K. M. A. Perry, R. G. Pulvertaft, C. G. Roberts, R. D. Roper, F. W. Shepherd, S. K. K. Sze, C. W. Thomas, C. B. M. Whitfield, W. Wilson. Women: P. M. Dobbs, J. C. Drury, C. A. Grove.

#### UNIVERSITY OF LONDON

#### Lectures

Lectures

A course of six lectures on factors in nutrition will be given by Professor S. J. Cowell at Bedford College, Regent's Park, N.W., on Wednesdays, January 11th, 18th, 25th, and February 1st, 8th, and 15th, at 5 p.m. Four lectures on the integration of the circulation will be delivered at King's College, Strand, by Professor R. J. S. McDowall on Thursdays, January 12th, 19th, 26th, and February 2nd, at 5 p.m. Dr. L. E. Bayliss will give four lectures on the respiratory functions of the blood at University College, Gower Street, W.C., on January 16th, 20th, 23rd, and 27th, at 5 p.m. Two lectures on reflex action will be given by Sir Charles Sherrington at University College, Gower Street, W.C., on Mondays, January 30th and February 6th, at 5 p.m. Professor Max Bergmann (Dresden) will deliver three lectures on the chemistry of proteins at University College Hospital Medical School on January 20th, 23rd, and 25th, at 5.15 p.m. Admission to all January 20th, 23rd, and 25th, at 5.15 p.m. Admission to all the above lectures is free without tickets.

The following candidates have been approved at the exam-

ination indicated:

M.S.— $Branch\ I\ (Surgery)$ : O. V. Lloyd-Davies, E. G. Muir (University Medal).

#### SOCIETY OF APOTHECARIES OF LONDON

The following candidates have passed in the subjects indicated.

Surgery.—J. L. Bates, A. E. Glanvill, J. Harris, C. A. Saggoo, . Wailer.

L. Wailer.

Medicine.—W. E. P. Corbett, F. M. F. Forrest, M. F. Levick,
E. M. F. O'Donovan, J. C. Selnes.

Forensic Medicine.—M. F. Levick, C. W. O'Donoghue, J. C.
Selnes, M. Sourasky, E. Teplitzky.

Midwifery.—L. Bhanot, P. D. Bhatt, E. L. Burgess, W. H. Ekin,
A. J. McGuire, J. C. Selnes, T. B. Smith.

The diploma of the Society has been granted to Messrs. J. L. Bates, P. D. Bhatt, F. M. F. Forrest, J. Harris, M. F. Levick, C. A. Saggoo, J. C. Selnes, and E. Teplitzky.

## **Medical News**

The nineteenth annual conference of the National Association for the Prevention of Tuberculosis will be held on July 13th, 14th, and 15th in Cardiff, by invita-tion of the City Council. Particulars will be issued in due

The annual general meeting of the Harveian Society of London will be held on Thursday next, January 12th, at 11, Chandos Street, W., at 8.30 p.m., when the president will give his address on the role of specialization, followed by a smoking concert.

At the next meeting of the Pharmaceutical Society of Great Britain, to be held at 17, Bloomsbury Square, W.C., on Tuesday, January 10th, at 8.30 p.m., Dr. G. Roche Lynch, senior official analyst to the Home Office, will deliver a lecture on poisons and their effects. Members of the society are invited to bring friends. Refreshments will be served after the meeting

A course of twelve illustrated lectures on primitive man by Dr. T. M. Finlay began on January 4th in the lecture theatre of the Imperial College of Science, Exhibition Road, South Kensington. The lectures will be continued on Mondays, Wednesdays, and Fridays, at 5.30 p.m., until January 30th. Admission is free.

Factory cleanliness in the food industry will be the subject of a discussion arranged jointly by the Royal Sanitary Institute and the Food Group of the Society of Chemical Industry, at 90, Buckingham Palace Road, S.W., on Friday, January 20th, at 5.30 p.m. The discussion will be opened by Mr. E. B. Hughes, M.Sc., who will be followed by Dr. Thomas Carnwath (Ministry of Health), Dr. Gerald Leighton (Department of Health for Scotland), Dr. Charles Porter, Sir Weldon Dalrymple-Champneys, and Dr. T. W. Naylor Barlow.

Twenty lectures, open to the medical profession only, on psychological types and mechanisms, being an introductory course in psychological medicine for the general practitioner, will be given at the new premises of the Institute of Medical Psychology (formerly the Tavistock Square Clinic) at Torrington Place, W.C.1, on Wednesdays, beginning January 18th. Dr. E. Graham Howe will lecture each day from 3 to 4 o'clock, and Dr. H. Crichton-Miller from 4.30 to 5.30. The fee for either series is £1 11s. 6d., and for both series £2 2s. Tickets must be obtained in advance from the honorary lecture secretary; cheques payable to the Institute of Medical Psychology. A lecture on occupational therapy, and a demonstration of the methods by which such treatment can be scientifically applied to physical and mental illness, will be given on Saturday, February 4th, at 3 p.m., by Miss Joan West. Tickets (price 2s. 6d.) to be obtained in advance from the lecture secretary.

A course of lectures on rheumatism and arthritis as a public health problem will be delivered at the Royal Institute of Public Health, 23, Queen Square, W.C., on Wednesdays at 4.30 p.m. The inaugural lecture will be given by Professor W. Langdon Brown on Wednesday, January 18th; Dr. R. Fortescue Fox will lecture on rheumatism as a social and industrial problem on January 25th; Dr. C. W. Buckley on the economics of rheumatism on February 1st; Dr. W. S. C. Copeman on a scheme for industrial rheumatism on February 8th, and Miss M. W. Edminson on the rheumatism clinic and its relation to the social services, on February 15th. A demonstration will be given at the British Red Cross Society's Clinic for Rheumatic Diseases, Peto Place, N.W., on February 22nd, at 11.30 a.m. The demonstration is restricted to fellows, members, and students of the institute, but others may attend the lectures, for which no ticket is required.

The following international medical post-graduate courses will be held in Berlin in the spring: internal medicine, from February 27th to March 4th; practical haematology, from March 6th to 11th; indications for, and the technique of, modern diagnostic and therapeutic

methods, from March 10th to 16th; dermatological and venereal diseases, from March 20th to April 1st; practical advances in radiotherapy, April 2nd to 9th; and surgery, from April 24th to 29th. In the autumn there will be courses in endocrinology, diseases of old age, thoracic surgery, anaesthetics and analgesics, colloid therapy, diseases of children, ophthalmology, and orthopaedics. Further information can be obtained from the Information Bureau of International Courses, Kaiserin Friedrich Haus, Robert Koch Platz 7, Berlin, N.W.7

The Fellowship of Medicine and Post-Graduate Medical Association announces a demonstration of cases of general medical and surgical interest at the Lambeth Hospital on January 13th, at 2 p.m. A series of lectures on "Practical problems in medicine and surgery" will be given at the Medical Society of London, 11, Chandos Street, W., on Tuesdays at 4 p.m., beginning on January 17th. A demonstration of x-ray films, especially suitable for M.R.C.P. candidates, will be given by Dr. P. Kerley at the Medical Society of London on Friday, January 20th, at 4.30 p.m. A whole-day course in cardiology will be given at the National Heart Hospital from January 16th to 27th. It is hoped to arrange a practical demonstration of case illustration diseases of children on demonstration of cases illustrating diseases of children on January 26th at 8 p.m., at the National Temperance Hospital, Hampstead Road. Other forthcoming courses include dermatology, gynaecology, diseases of the chest, ante-natal treatment, etc. The above courses and demonstrations are open only to members and associates. Application for particulars should be made to the Fellowship of Medicine, 1, Wimpole Street, W.1.

The thirty-seventh Congress of French-speaking Alienists and Neurologists will be held at Rabat (Morocco) from April 5th to 12th, under the presidency of Professor Georges Guillain of Paris. The subjects for discussion will be psychotic encephalitis, the ataxias, and the medicolegal consequences of traumatic amnesia.

The German Society for Internal Medicine will hold its forty-fifth meeting from April 18th to 21st, 1933, in Wiesbaden, under the presidency of Professor Lichtwitz of Berlin. The subjects for discussion are: the significance of the heavy metals in physiology and pathology, and the pathology of the erythrocytes and haemoglobin. A survey of the problem of the suprarenal will probably be given on April 19th. Notice of papers, with manuscripts, must be sent not later than February 5th, 1933, Professor Lichtwitz, Rudolf-Virchow Krankenhaus,

A research fellowship has been founded at Nottingham University College with a view to developing physical methods for the diagnosis and cure of cancer, and Dr. L. A. Woodward has received the appointment. The local branch of the British Empire Cancer Campaign is contributing £500 for the purchase of instruments, and £100 annually towards the biochemical side of the work. A joint cancer research committee has been established including representatives of the University College, and Dr. F. H. Jacob, Mr. R. G. Hogarth, and Mr. A. M. Webber, representing the Notts branch of the campaign.

The sixtieth anniversary of the foundation of Le Progrès Médical by Désir-Magloire Bourneville was celebrated in Paris on November 23rd, 1932, by a dinner presided over by M. A. de Monzie, the Minister of Education.

Dr. Portmann, professor of oto-rhino-laryngology at Bordeaux, has recently been elected a member of the French Senate.

Messrs. John Bale, Sons and Danielsson, Ltd., announce for publication this month the seventh edition of A Compendium of the Pharmacopoeias and Formularies, by C. J. S. Thompson. It includes a synopsis of the new British Pharmacopoeia, 1932, as well as the official and unofficial formularies of the United States, the French Codex, and the last editions of the pharmacopoeias of ten other countries.

The publishing offices of Messrs. H. K. Lewis and Co., Ltd., have been moved from 28, Gower Place, to the new building. All communications should be addressed to 136, Gower Street, W.C.1. unchanged—Museum 2853. The telephone number is