

distance being 30 cm.—and a filter of 0.5 mm. copper + 2 mm. aluminium was used.

Sections showed papillomatous cystadenoma of ovary. Some of the cysts revealed small papilliferous ingrowths, and in other parts there was a more glandular structure, but no evidence of malignancy. Appendix showed chronic obliterative appendicitis, with growth adherent to the surfaces. The patient made an uneventful recovery.

#### SECOND ADMISSION TO HOSPITAL

On June 18th she came to me complaining of heartburn, fatigue and bad nights; she had gained 2 lb. in weight. The abdomen was not, however, markedly fuller. I saw her again on June 28th: she felt ill and had vomited slightly. On July 2nd she was very poorly, with slight pain in epigastrium; she had had one large vomit. There was much distension, and she was constipated in spite of many aperients. She was admitted to hospital on July 9th. The bowels were eventually opened, but a good deal of distension remained. She was seen in consultation on July 11th and a large mass palpable in Douglas's pouch was found. For the preceding eight days she had been on light diet, fluids, glucose in her drinks, and two-hourly feeds. By July 13th the abdominal distension was definitely increasing although the bowels were acting well.

On July 16th the patient had a disturbed night; she talked nonsense and was very restless. Sedobrol was given, and later luminal, but without effect; finally, at 1.30 a.m., an injection of 1/100 grain of hyoscine hydrobromide was given, but the patient did not quiet down until 3.45. When I saw her later in the morning she was much distressed, said people were saying she was out of her mind, that she saw coloured lights, and that there had been a great noise in the night, etc. Her blood pressure was 120/90, pupils dilated, disks normal, and I could find nothing abnormal in her central nervous system. On July 18th the mental condition was very bad, and for the first time acetone was present in her urine. The following day the mental condition was still very bad, and the pulse rapid—110, and soft.

On July 20th the urine contained no acetone, and the patient's mental condition became quite rational. Acetone was again present the next day, but in lesser degree. The patient's mind was clear, and indeed never became clouded again.

During the period July 13th to 20th the temperature rose to 99° on several evenings, and the pulse ranged from 92 to 110. The distension increased rather than lessened, but gradually she was able to take light, solid food, which was digested without discomfort. She had a long talk with me as to the queer "nightmares," the details of which she remembered clearly. She left the hospital on July 29th and had more intensive x-ray treatment, which to some extent reduced the abdominal distension.

#### FATAL STAPHYLOCOCCAL INFECTION

On September 9th I was sent for urgently to Worthing, where she had just moved for a month's change of air. Five days earlier she had noticed what she called a small "cold sore" on the outer right side of her upper lip. This she had not squeezed, but had painted with tincture of iodine; later, she had used hot fomentations. The swelling had suddenly spread upwards into the neighbouring cheek, her temperature had risen to 101°, pulse to 112, and the general appearance of the face at first glance almost suggested erysipelas, but there was no defined margin or raised edge. I moved her again into the New Sussex Hospital, and the following day an incision under N<sub>2</sub>O was made. Film and culture showed a growth of *Staphylococcus aureus*. Sodium cacodylate hypodermically, mercury perchloride hypodermically, salines and glucose per rectum and later intravenously, entirely failed to check the infection, which spread rapidly, causing proptosis of both eyes just before her death on September 14th. Her temperature swung in a typically septic fashion, rising finally to 107.4°, accompanied by a relative increase in pulse rate.

#### ABSTRACT OF POST-MORTEM FINDINGS

The septic condition of the face extended through both cavernous sinuses, which contained pus and ante-mortem thrombi, to the brain, where pus was found on the under surface of the pons. There were petechial haemorrhages in the gastro-intestinal tract, which contained altered blood, and

the spleen was diffuent. A metastatic abscess was found on the right middle lobe of the lung. The peritoneum contained several pints of yellow fluid, and the omentum was thick with a myxomatous material resembling sago or frog spawn, and lined by a single layer of flat cubical epithelium. A horseshoe kidney was present, the ureter being from the left half, which was in normal position, the right half being on the aorta.

I am indebted to my colleagues Dr. Louise Martindale for the detailed report of her operative measures and intensive x-ray treatments, and Dr. Mary Leslie-Smith for the pathological and post-mortem findings.

## Memoranda

### MEDICAL, SURGICAL, OBSTETRICAL

#### ACUTE STREPTOCOCCAL PERITONITIS IN CHILDREN

In the *British Medical Journal* of October 15th, 1932 (p. 704), Mr. L. E. Barrington-Ward states:

In my experience, recovery with or without subacute encysted intraperitoneal collections never occurs. Operation has no effect. In fifteen years there have been twenty-two cases at Great Ormond Street: twelve were operated upon, ten were not, but all terminated fatally.

Although we agree with Mr. Barrington-Ward that acute streptococcal peritonitis is one of the most tragic of all abdominal catastrophes, we think there is frequently a chance of recovery. During the last four years we have seen eight cases, three of which have lived. All were treated by operation.

##### CASE I

Female, aged 3. She had complained of increasing abdominal pain for the previous twelve hours. On admission to a nursing home (January 28th, 1929) the temperature was 101.5° F., the pulse rate 120, and the respirations 26. Her chest and back were covered by a scarlatiniform rash. Rigidity and tenderness were present over the lower abdomen. Immediate operation disclosed an early pelvic peritonitis with pus. The appendix, which appeared normal, was rapidly removed and the pelvis drained. During the operation the child had clonic contractions of both legs and arms, and a convulsion which lasted for almost fifteen minutes. Following the operation, she received large doses of anti-streptococcal serum, and, after an acute illness of seven days, made a rapid recovery. The pus gave a pure culture of haemolytic streptococci.

##### CASE II

Male, aged 7. He had had acute abdominal symptoms for two days. On admission to hospital (July 8th, 1929) the temperature was 103.4° F., the pulse rate 128, and the respirations 38. When the abdomen was opened a large quantity of pus escaped. The appendix, which was not inflamed, was removed and the pelvis drained. In three days he appeared to be out of danger, and made an uneventful recovery. Non-haemolytic streptococci, of the *Streptococcus faecalis* type, were grown from the pus.

##### CASE III

Male, aged 4½. He was admitted to a medical ward on April 4th, 1932. The boy complained of pain in the right loin, of drowsiness, and inability to walk, and had had two convulsions the day before. The temperature was 102° F., the pulse rate 126, and the respirations 28. Nothing abnormal was found on examining the chest or central nervous system, but the right side of the abdomen was rigid and tender. Three weeks later the abdominal picture had not changed. The temperature was 103°, the pulse rate 144, and the respirations 40. Operation was decided on, and an abscess, involving the omentum, was found beneath the liver on the right side. After being acutely ill for two weeks, he gradually recovered. Non-haemolytic streptococci were grown from the pus.

We are of the opinion that a suitably timed operation distinctly improves a child's chance of recovery.

G. GORDON BRUCE.  
NORMAN J. LOGIE.

Aberdeen.

## EMBOLIC GANGRENE OF BOTH LEGS ASSOCIATED WITH AURICULAR FIBRILLATION

Embolism of the larger arteries is perhaps so seldom recorded that the following may be of interest.

A woman, aged 46, had had exophthalmic goitre and auricular fibrillation from August, 1930. She was almost entirely confined to bed until April, 1931, and when she first came under my notice the goitre was improving but the heart was not. Eleven septic and carious teeth were removed in twos and threes, each dental extraction being followed by slight rheumatic pains and slight fever, which continued for a few days. By July she had gained 12 lb. in weight, and was getting about in a bath chair. The pulse remained irregular, and the apex beat was in the sixth interspace five inches from the mid-line.

On September 2nd she had severe pain in the right side of the abdomen, and the heart was again fibrillating. Next day there was swelling and tenderness in the right loin, and a tentative diagnosis of an embolic condition was made. In view of the cardiac state a bad prognosis was given, but the condition cleared up in a fortnight. She remained fairly well until February 28th, 1932, when complete rest in bed was advised on account of symptoms of cardiac failure. She had been taking digitalis in pill form. She was given ten minims of standardized tincture thrice daily.

On March 2nd the patient had sudden severe pain in the right leg from groin to toes; the leg was said to become useless, bluish, and cold. After two and a half hours the pain subsided rapidly, and when I arrived, half an hour later, the limb appeared no different from its fellow. Next day she had nausea, and the dose of digitalis was reduced. On March 4th, after a bad night, she had severe pain in the left foot, and a few minutes later similar pain in the right foot and calf. An hour later she appeared in great pain; the feet were a little cyanosed, as also were the hands; the pulse was now very irregular, about 140, and the general condition alarming. A diagnosis of bilateral embolism below the popliteal arteries was made. Tr. digit. 5j was given in two doses, and later pil. digit. co., gr. 5, at eight-hourly intervals. It was evident next day that both legs were going gangrenous, the left to mid-calf, the right leg to within four inches of the knee-joint. Catheterization was required; the urine contained albumin and sugar. Oedema of the thighs and back developed rapidly, and there was free fluid in the abdomen. It was decided to operate if there appeared any prospect of the patient surviving.

Salyrgan 1 c.cm. was given intramuscularly, and ammonium chloride by the mouth. A rapid and considerable diuresis followed, with lessening of the oedema and increased comfort to the patient. The cardiac state improved very little. Pain was very troublesome, and was controlled by giving six to eight tablets of combral daily, with an occasional hypodermic injection of morphine. The operation was arranged for March 15th, but on that day jaundice appeared, and it was decided not to proceed.

In view of the possible toxic effect of combral in large doses its administration was stopped, and morphine was given hypodermically three or four times a day. The patient improved again, and within a few days the urine became free of sugar, albumin, and bile. The heart remained irregular, and there was still oedema to the scapulae. The skin at the level of demarcation began to ulcerate, and some blistering appeared. On March 20th salyrgan was again given, and nearly nine pints of urine were passed in eighteen hours.

Next day, after an injection of hyoscine-morphine, stovaine was given intrathecally, and I amputated the right leg through the lower third of the thigh. The patient stood the operation surprisingly well, but I decided to leave amputation of the left leg for another occasion. Fibrillation ceased within thirty-six hours of the first operation. The left leg was amputated, also through the thigh, on March 24th, twenty days after the onset of gangrene. The patient improved rapidly, and was discharged two months later, some delay being caused by a bed sore and an attack of cystitis; the bed sore had developed before operation. She has remained well, has put on considerable weight, and the pulse remains regular, though the heart is much enlarged and there is mitral incompetence.

It is interesting that the first embolism was presumably due to the onset of auricular fibrillation, and that the emboli at a later date were probably a sequel of digitalis medication. No minor embolic phenomena were observed.

St. Annes-on-Sea.

A. H. WINCHESTER, F.R.C.S.Ed.

## Reports of Societies

### TISSUE CULTURES OF TUMOURS

At the meeting of the Royal Society on February 9th a paper by Mr. R. J. LUDFORD on differences in the growth of transplantable tumours in plasma and serum culture media was communicated by Dr. J. A. MURRAY. Mr. Ludford stated that in tissue cultures of tumours there were present: (a) the malignant cells; (b) non-malignant cells, consisting of cells of the stroma and cells of the monocyte-macrophage series, which varied in number according to the extent of the resistance which the animal from which the tumour was removed had opposed to the malignant growth. The malignant cells could be distinguished from the non-malignant cells by the addition of trypan blue to the cultures, since the former did not segregate the dye like the latter. The two types of cells were further distinguishable by vital staining with a basic dye such as neutral red, and by their general cytological characters, such as size of nuclei and nucleoli, and cytoplasmic vacuolation. In plasma cultures both malignant and non-malignant cells migrated from the explants. In serum cultures only non-malignant cells wandered out from the explants. In serum cultures the explants of carcinomata soon became rounded. The carcinoma cells inside the explants divided mitotically. In serum cultures the explants of sarcomata tended quickly to disintegrate—the sarcoma cells rounding off—and later floated freely in the medium. Mitosis occurred in rounded sarcoma cells. The non-malignant cells which wandered out in serum cultures exhibited a wide variety of forms, but they all stained vitally with trypan blue. The outgrowth of non-malignant cells in serum cultures was usually greatest when tumours were explanted at a time when they were not growing at their best *in vivo*. Plasma cultures made at the same time did not exhibit good growths of malignant cells. Mr. Ludford suggested that the different behaviour of malignant cells in plasma and in serum was the result of an alteration in their plasma membrane such that they were unable to adhere to glass, though able to use the fibrin network of a plasma clot as a support for their movement. This might be brought about by a greater amount of fats or lipins in the plasma membrane. To such an alteration might be attributed also the failure of malignant cells to segregate the water-soluble acid dyes, since these might be unable to penetrate such a membrane. The results of this research rendered invalid conclusions drawn concerning the specific destructive action of immune serums on cancer cells in serum cultures.

### TREATMENT OF BURNS

At the annual meeting of the Devon and Exeter Medico-Chirurgical Society on January 26th, with Mr. R. WAYLAND SMITH in the chair (in the absence of the newly elected president, Dr. T. C. C. EVANS), Mr. NORMAN LOCK read a paper on the treatment of burns.

Mr. Lock alluded to the high rate of mortality encountered from shock among the casualties during the earlier years of the war, and to the benefit which had accrued from the researches of a commission appointed in 1915 to survey the question of shock from every point of view. These investigations had led to an alteration in the conception of shock and to the establishment of a rational method of treatment. Quoting from the records of St. Thomas's Hospital, he stated that up to about 1900 the mortality from burns and scalds was roughly 23 to 24 per cent. of the cases occurring annually.

in the R.A.M.C. A colleague, F. G. T., writes: Rhys Lewis came to Swansea eight years ago to join Dr. J. Lloyd-Davies in general practice, and two years later took over the whole practice on his own account. Already a large one, he built it up further by ability and selfless devotion to his patients, until it must have been one of the largest general practices in South Wales. It was this devotion to duty which led to his death, as on the day before he took to his bed he paid fifty visits, and there can be little doubt he had influenza himself on that last day, but, contrary to all the precepts he instilled into his patients, he made light of his own overwork and seediness. Rhys Lewis's enthusiasm for his profession, and his enormous practice, left him no time for recreation. Indeed, he had no hobbies outside his work. This did not increase his chances when influenzal pneumonia supervened and reserves were necessary to cope with a failing heart. The end came on January 29th, after a week's illness. He was integrity and loyalty personified, and his death is mourned by a large circle of friends to whom he had endeared himself. Since he settled at Swansea his character and personality developed and mellowed, and there can be little doubt he was marked out for a brilliant future and a large consulting practice throughout South Wales. He leaves a widow and two young children.

The following well-known foreign medical men have recently died: Professor KARL MARCUS, the Dresden orthopaedic surgeon; and Geh. Med. Rat. Professor HANS VON REYHER, a Dresden mechano-therapeutist, aged 72.

## Universities and Colleges

### UNIVERSITY OF OXFORD

At a congregation held on February 11th the degree of Bachelor of Medicine (B.M.) was conferred on C. H. Fagge (Lincoln College).

### UNIVERSITY OF CAMBRIDGE

At a coagregation held on February 11th the following medical degrees were conferred:

M.D.—\*A. D. Charters, J. R. Armstrong, S. W. Savage, J. L. Newman.

M.B., B.CHIR.—R. S. C. McDade, S. S. Jaikaran.

M.B.—G. H. A. Graetz.

B.CHIR.—\*R. L. Osmaston, K. M. A. Perry.

\* By proxy.

### UNIVERSITY OF LONDON

The following have been appointed examiners for the Diploma in Public Health for internal and external students in 1933: *Public Health (Part I)*, Internal: M. E. Delafield (chairman), W. W. C. Topley; External: C. C. Okell and H. M. Maitland. *Public Health (Part II)*, Internal: M. Greenwood, W. W. Jameson (chairman); External: T. Carnwath, A. Joe. *Hospital administration and the clinical aspects of infectious disease*: A. Joe.

Mr. H. L. Eason, C.B., C.M.G., has been reappointed representative of the University on the General Medical Council, and Professor W. W. Jameson representative at the Royal Sanitary Institute Congress at Blackpool, June, 1933.

Applications for grants from (1) the Dixon Fund, for assisting scientific investigations, and (2) the Thomas Smythe Hughes and Beaverbrook Medical Research Funds, for assisting original medical research, must be sent in between April 1st and May 15th. Particulars can be obtained from the Academic Registrar.

The Leathersellers' Company has decided to make a grant to the University of £1,000, payable by annual instalments over a series of years. The benefaction is to be applied towards meeting the cost of the new ceremonial hall to be erected on the University's site in Bloomsbury.

### UNIVERSITY OF LIVERPOOL

The Lady Jones Lecture for 1933 will be delivered in the surgical theatre of the Medical School by Mr. R. C. Elmslie, on Tuesday, February 28th, at 4 p.m. The subject is "The nature of so-called osteitis fibrosa cystica." The lecture, which will be illustrated by lantern slides, is open to members of the medical profession.

### ROYAL COLLEGE OF SURGEONS OF ENGLAND

An ordinary Council meeting was held on February 9th, when the President, Sir Holburt Waring, was in the chair.

#### Deaths

The secretary reported the death of Sir Percy Sargent (Vice-President) on January 22nd, and of Sir Frederic Hallett (formerly Assistant Secretary and Director of Examinations at the Royal College of Surgeons and Secretary to the Conjoint Examining Board and to the Imperial Cancer Research Fund) on February 5th. A vote of condolence was passed in each case.

#### Diplomas

Diplomas of Membership were granted to 134 candidates. (The list of successful candidates was given in the report of the meeting of the Royal College of Physicians of London, published in the *Journal* of February 4th at page 209.)

#### Appointments

Mr. G. E. Gask was elected a Vice-President for the rest of the current collegiate year.

Sir Cuthbert Wallace was elected a representative of the College on the Executive Committee of the Imperial Cancer Research Fund in the vacancy occasioned by the death of Sir Percy Sargent.

Mr. Victor Bonney was re-elected a representative of the College on the Central Midwives Board for one year from April 1st, 1933.

The President reported that he had appointed Mr. A. H. Burgess as Bradshaw lecturer for the ensuing year, and Mr. L. W. G. Malcolm, Conservator of the Wellcome Historical Medical Museum, as the next Thomas Vicary lecturer.

#### Council Election

The President reported that an election of five Fellows into the Council would take place on Thursday, July 6th, at 11 p.m. in the vacancies occasioned by the retirement in rotation of Lord Moynihan, Sir John Lynn-Thomas, Mr. A. H. Burgess, and Mr. V. Warren Low, and by the death of Sir Percy Sargent; that notice of the election would be given to the Fellows by advertisement and by circular on March 10th; that March 20th would be the last day for the nomination of candidates, and that a voting paper would be sent on April 4th to every Fellow of the College whose address is registered at the College.

### ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH

A quarterly meeting of the Royal College of Physicians of Edinburgh was held on February 7th, when the President, Dr. Robert Thin, was in the chair. Dr. Ion Simson Hall (Edinburgh) was introduced, and took his seat as a Fellow of the College. Dr. Robert Lees (Edinburgh), Dr. Charles Mackay Seward (Exeter), and Dr. Ian George Wilson Hill (Edinburgh) were elected Fellows.

## Medical News

The Right Hon. Sir Austen Chamberlain, K.G., M.P., has accepted nomination by the Minister of Health to be a Governor of the British Post-Graduate Medical School, and has been appointed by the Governors to be chairman of the Governing Body in succession to Lord Chelmsford, who resigned on his election to be warden of All Souls College, Oxford.

At a joint meeting of the Sections of Comparative Medicine and Therapeutics and Pharmacology of the Royal Society of Medicine, to be held on Wednesday, February 22nd, at 5 p.m., there will be a discussion on plant poisoning in man and animals.

The next monthly clinical meeting for medical practitioners at the Hospital for Epilepsy and Paralysis, Maida Vale, W.9, will be held on Thursday, February 23rd, at 3 p.m., when Dr. Wilfred Harris will demonstrate. Tea will be provided, and it will be a convenience if those intending to be present will send a card to the secretary.

At a meeting of the Royal Statistical Society on February 21st Dr. A. Bradford Hill of the statistical staff of the Medical Research Council will read a paper on some aspects of the mortality from whooping-cough. The meeting will be held in the hall of the Royal Society of Arts, John Street, Adelphi, W.C., at 5.15 p.m.

The twelfth annual dinner of the Society of Radiographers will be held at the Restaurant Frascati, Oxford Street, W., on Saturday, February 25th, at 7.30 p.m.

A meeting of the Medico-Legal Society will be held at 11, Chandos Street, W.1, on Thursday, February 23rd, at 8.30 p.m. Dr. C. S. Dyke will read a paper on the human blood groups, which will be followed by a discussion.

At the meeting of the Hunterian Society of London, to be held at the Mansion House on Monday, February 27th, at 9 p.m., Sir T. Crisp English will deliver the Hunterian Oration on "The language of facts."

At the meeting of the Royal Medico-Psychological Association on Wednesday, February 22nd, at 11, Chandos Street, Cavendish Square, W., a paper on the Rorschach test and its clinical application will be read by Dr. D. R. MacCalman.

The next lecture in the series on practical problems in medicine and surgery arranged by the Fellowship of Medicine will be given on March 28th at 11, Chandos Street, W., at 4 p.m., by Mr. J. P. Lockhart-Mummery, on the causes and treatment of incontinent anus. There will be a week-end course of practical demonstrations in general medicine and surgery at the New General Hospital, Southend-on-Sea, on March 4th and 5th. The course will include ward rounds, demonstrations, and a discussion on infection by the staphylococcus. Special arrangements have been made with the Palace Hotel, Southend, details of which can be had from the Fellowship of Medicine, 1, Wimpole Street, W.1. Forthcoming courses include medicine, surgery, and gynaecology at the Royal Waterloo Hospital, March 6th to 25th, all day; a course in orthopaedics at the Royal National Orthopaedic Hospital, March 6th to 18th, all day; and an evening course in rheumatism, March 7th to 23rd, Tuesdays and Thursdays at 8.30 p.m.

The next course of post-graduate lectures and demonstrations on medical, surgical, and special subjects given by the honorary staff of the Manchester Royal Infirmary will open on Tuesday, February 21st, and will continue each week (with the exception of April 18th) till May 30th. The demonstrations of clinical cases and methods in the wards and special departments, which commence on Friday, February 24th, will be continued till Friday, May 26th (with the exception of April 14th and 21st). There is no fee, and arrangements are made for the parking of cars.

A clinical research scholarship of the value of £100 per annum is offered at the Royal Westminster Ophthalmic Hospital, Broad Street, W.C.2, the holder to commence work at the hospital on May 1st. Further particulars can be obtained on application to the honorary secretary, Medical Committee, at the hospital before March 7th.

Seven further volumes of statistics relating to English counties at the Census of 1931 have now been issued, and are on sale at H.M. Stationery Office. These comprise Chester (price 4s.), Durham (3s. 6d.), Staffordshire (3s. 6d.), Worcestershire (2s. 6d.), Berks (2s. 6d.), Warwickshire (2s.), and Bedfordshire (2s.).

The thirteenth Salon des Médecins for the exhibition of works of art by medical practitioners, dentists, pharmacists, and students will be held at the Cercle de la Librairie, Boulevard St. Germain, Paris, from March 12th to 21st. Further information can be obtained from M. Pierre Malet, 46, Rue Lecourbe, Paris.

The thirty-first Italian Congress of Obstetrics and Gynaecology will be held at Bari from April 21st to 23rd, under the presidency of Professor Paolo Gaifami, director of the Bari Obstetrical and Gynaecological Clinic. The subjects for discussion are vaginal coeliotomy, introduced by Professor Bertino, and female sexual hormones, introduced by Professor Aconci.

For the week ending February 11th, 1,306 deaths from influenza were returned from the 118 great towns of England and Wales. During the previous five weeks the deaths numbered 681, 1,041, 1,589, 1,934, and 1,911 respectively. In all the geographical regions, except the south-western area, there has been a decline in the influenza death rate. The above figures in respect of the great towns are extracted from the Registrar-General's weekly return.

## Letters, Notes, and Answers

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

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

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

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

The TELEPHONE NUMBERS of the British Medical Association and the *British Medical Journal* are MUSEUM 9861, 9862, 9863, and 9864 (internal exchange, four lines).

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MEDICAL SECRETARY, *Medisecra Westcent, London.*

The address of the Irish Office of the British Medical Association is 18, Kildare 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

### Treatment of Epiphyseal Displacement

"PRACTITIONER" (Glasgow) writes: My attention has been drawn to the condition of shortening which occurs subsequent to epiphyseal displacement. I would like the benefit of some opinions on the mode of treatment which is usually given in this condition. Furthermore, I inquire as to the possibility of influencing the growth of the affected long bone by the administration of appropriate endocrine preparations—either orally or locally—such as by intramuscular injection or directly into the bone, as per cannula.

### Digitalis in Partial Heart-block

Dr. ALBERT A. FITZGERALD PEEL (Glasgow) writes: Dr. Frewen Moor (February 4th, p. 211) need have no hesitation in prescribing digitalis for his patient whenever the state of her circulation demands it. The lesion causing the bundle-branch block is presumably a localized area of fibroid or fatty change resulting from coronary disease, and is likely to be permanent. Digitalis will not affect this lesion in any way, and will have exactly the same pharmacological action on the remainder of the heart muscle as in a similar case without bundle-branch block. The lesion itself may extend and involve the main stem of the bundle causing full heart-block; but digitalis is no more likely to do so than in any other patient. The efficacy of digitalis in relieving the circulatory failure will depend on the extent to which the remainder of the myocardium is affected by lesions similar to that which involves the right branch of the bundle; the results in many cases are excellent, in some disappointing. An attempt should also be made to reduce the very high diastolic blood pressure in this case.

### Dupuytren's Contraction

"P. M. K." writes in reply to Dr. E. S. Stokes's letter of inquiry published in the *Journal* of December 17th, 1932 (p. 1130): The condition is considered to have a nervous origin, mainly for these reasons—(a) the hereditary factor, (b) the preliminary capillary flushing, (c) the entire exclusion of any question of injury, (d) diminished sensation over palmar areas of both ulnar nerves. A radiograph taken on January 28th shows: On the right side the transverse process of the seventh cervical is large, and beyond this there is seen a bony process which is also just visible below it. The evidence, therefore, is that of a partial cervical rib. The space between the first dorsal transverse process and the seventh cervical is very much diminished. The lateral view of the neck shows nothing abnormal except a little lipping of the fourth and fifth bodies.

### Income Tax

#### Replacement of Car

"G. C.'s" firm bought a car in 1919 for £425, and were told by the then inspector of taxes that depreciation could not be claimed, but the "full allowance" could be claimed when the car was replaced. The car was sold for £2 in

## Association Notices

## TABLE OF DATES

Mar. 16, Thurs.	Branch Reports for 1932 due by this date.
Mar. 25, Sat.	Nomination papers available (on application at Head Office) for election of (i) 24 Members of Council by grouped Branches in the British Isles; (ii) 2 Public Health Service Members of Council and 4 representatives of Public Health Service in Representative Body.
April 18, Tues.	Last day for receipt at Head Office of clinical papers by medical students and newly qualified practitioners.
April 29, Sat.	Publication of Annual Report of Council in <i>Supplement</i> . Last day for receipt at Head Office of Nominations: (i) by a Division of not less than 3 members, for election of 24 Members of Council by grouped Branches in the British Isles; (ii) for election of 2 Public Health Service Members of Council, and 4 representatives of Public Health Service in Representative Body.
May 13, Sat.	Publication in <i>Supplement</i> of list of nominations for election of (i) 24 Members of Council by grouped Branches in the British Isles; (ii) 2 Public Health Service Members of Council, and 4 representatives of Public Health Service in Representative Body. Voting papers posted from Head Office where there are contests in above elections.
May 15, Mon.	Motions by Divisions and Branches for A.R.M. agenda on matters of which 2 months' notice must be given must be received at Head Office by this date.
May 20, Sat.	Applications for Scholarships and Grants must be received at Head Office by this date. Publication in <i>Supplement</i> of motions and amendments by Divisions and Branches for A.R.M. on matters of which 2 months' notice must be given. Representatives and Deputy Representatives must be elected by this date. Last day for receipt at Head Office of voting papers for election, where there are contests, of (i) 24 Members of Council by grouped Branches in the British Isles; (ii) 2 Public Health Service Members of Council, and 4 representatives of Public Health Service in Representative Body.
June 3, Sat.	Publication in <i>Supplement</i> of result of elections of Members of Council by grouped Branches, and of result of election of Members of Council and Representatives in Representative Body by Public Health Service members. Nomination Papers available (on application at Head Office) for election of 12 Members of Council by grouped Representatives (British Isles).
June 8, Thurs.	Names of Representatives and Deputy Representatives must be received at Head Office by this date.
June 22, Thurs.	Meetings of constituencies must be held between this date and July 20th to instruct Representatives.
June 24, Sat.	Publication of Supplementary Report of Council in <i>Supplement</i> .
July 5, Wed.	Other items for inclusion in A.R.M. printed agenda must be received at Head Office by this date.
July 21, Fri.	Annual Representative Meeting, Dublin.
July 22, Sat.	Annual Representative Meeting, Dublin.
July 24, Mon.	Annual Representative Meeting, Dublin.
July 25, Tues.	Annual Representative Meeting: Annual General Meeting; President's Address, Dublin.
July 26, Wed.	Council.
July 27, Thurs.	Meetings of Sections, etc., Dublin.
July 28, Fri.	Meetings of Sections, etc., Dublin.

G. C. ANDERSON,  
*Medical Secretary.*

## BRANCH AND DIVISION MEETINGS TO BE HELD

BATH, BRISTOL, AND SOMERSET BRANCH.—At Fortt's Restaurant, Milsom Street, Bath, Wednesday, February 22nd, 8.30 p.m. Professor F. A. E. Crew: Heredity in relation to man and medicine.

BORDER COUNTIES BRANCH: CUMBERLAND DIVISION.—At Globe Hotel, Cockermouth, Thursday, February 23rd, 3.30 p.m. B.M.A. Lecture by Mr. H. Harvey Evers: Gynaecological fallacies and pitfalls. The meeting is open to non-members and members of other Divisions.

KENT BRANCH: BROMLEY DIVISION.—Joint meeting with Beckenham Medical Society, at the Railway Hotel, Beckenham, Wednesday, February 22nd, 8.30 p.m. Dr. W. J. O'Donovan: Mental element in skin affections. Supper (3s. 6d.) at 7.40 p.m. All practitioners in the Division are cordially invited.

METROPOLITAN COUNTIES' BRANCH: FINCHLEY DIVISION.—At Finchley Memorial Hospital, Tuesday, February 21st, 8.45 p.m. Dr. W. R. Reynell: Morbid states of anxiety and depression.

METROPOLITAN COUNTIES BRANCH: HENDON DIVISION.—At Hendon Cottage Hospital, Friday, February 24th, 8.30 p.m. Clinical meeting. Lecture by Mr. Norman Lake: The surgery of the sympathetic nervous system.

METROPOLITAN COUNTIES BRANCH: LEWISHAM DIVISION.—At Town Hall, Catford, S.E.6, Tuesday, February 21st, 9 p.m. Dr. Thomas Tennent: Psychiatric problems in general practice.

METROPOLITAN COUNTIES BRANCH: STRATFORD DIVISION.—At Gas Light and Coke Company's Offices, Broadway, Ilford, Tuesday, February 21st, 9.15 p.m. Dr. T. Izod Bennett: The nutritional anaemias.

METROPOLITAN COUNTIES BRANCH: TOWER HAMLETS DIVISION.—At London Hospital Medical College, Turner Street, Tuesday, February 21st, 4 p.m. (tea 3.45 p.m.). Lecture by Dr. Robert Hutchison: The dyspepsias of childhood. The meeting is open to non-members.

MIDLAND BRANCH: LEICESTER AND RUTLAND DIVISION.—At Leicester Royal Infirmary, Friday, February 24th, 8.45 p.m. Paper by Professor John Fraser (Edinburgh).

SOUTH WALES AND MONMOUTHSHIRE BRANCH: SWANSEA DIVISION.—Thursday, February 23rd. Lecture by Dr. James Mennell: Physical treatment as an aid to recovery.

STIRLING BRANCH.—At Falkirk and District Royal Infirmary, Wednesday, February 22nd, 3 p.m. Clinical meeting. Demonstration of cases by Dr. T. Kay MacLachlan and Mr. Robert Tennent.

YORKSHIRE BRANCH: WAKEFIELD, PONTEFRAC, AND CASTLEFORD DIVISION.—At the Stafford Arms Hotel, Wakefield, Thursday, February 23rd. Lecture by Dr. W. MacAdam (senior assistant physician, Leeds General Infirmary): The medical aspects of diseases of the thyroid. Preceded by supper (3s.) at 7.45 p.m.

## APPOINTMENTS

MCCALDIN, Cecil W. R., M.B., Ch.B., F.R.C.S.Ed., Assistant Honorary Surgeon to the Nottingham and Midland Eye Infirmary.

CERTIFYING FACTORY SURGEONS.—A. K. Tateson, M.D.St.And., for the York District (York); H. H. V. Welch, M.B., B.S.Lond., F.R.C.S.Ed., for the Newport District (Isle of Wight).

## VACANCIES

ALL SAINTS' HOSPITAL FOR GENITO-URINARY DISEASES, Austral St., S.E.—R.H.S. (male).

BIRKENHEAD: GENERAL HOSPITAL.—(1) Senior H.S. (2) Second H.S. (3) H.P. (4) C.O. Males.

BIRMINGHAM: EAR AND THROAT HOSPITAL.—Third H.S. (non-resident).

BRIGHTON: SUSSEX MATERNITY AND WOMEN'S HOSPITAL.—R.H.S. (male).

BURNLEY: VICTORIA HOSPITAL FOR BURNLEY AND DISTRICT.—H.P. (male).

BURSLIM HAYWOOD AND TUNSTALL WAR MEMORIAL HOSPITAL.—J.R.M.O.

CAMBRIDGE: ADDENBROOKE'S HOSPITAL.—(1) First H.S. (2) Second H.S. (3) Resident Anaesthetist and Emergency Officer. Males, unmarried.

CHARING CROSS HOSPITAL, W.C.—Registrars: (a) Medical, (b) Surgical, (c) to Nose, Throat, and Ear Department. Males.

CHESTER: EAST LANCASHIRE TUBERCULOSIS COLONY.—A.M.O. (male).

CHESTER ROYAL INFIRMARY.—Hon. Anaesthetist.

CUMBERLAND INFIRMARY, Carlisle.—(1) H.S. (2) H.P. (3) Second H.S. (4) H.S. to Special Departments.

DERBY: ROYAL DERBY AND DERBYSHIRE NURSING AND SANITARY ASSOCIATION.—Hon. Obstetric Physicians to Nightingale Home.

DUDLEY: GUEST HOSPITAL.—Assistant H.S.

EDINBURGH: ELSIE INGLIS MEMORIAL MATERNITY HOSPITAL.—J.H.S. (female).

ESSEX COUNTY COUNCIL.—Assistant County M.O.H. (male).

GOLDEN SQUARE THROAT, NOSE, AND EAR HOSPITAL, W.1.—H.S. (male).

HARROGATE ROYAL BATH HOSPITAL.—R.M.O. (male).

HENDON BOROUGH.—R.M.O. at Isolation Hospital and A.M.O. for General Purposes.

HOSPITAL FOR SICK CHILDREN, Great Ormond Street, W.C.—(1) H.P. (2) H.S. Males, unmarried.

IPSWICH: EAST SUFFOLK AND IPSWICH HOSPITAL.—H.S. (male).

KING EDWARD VII HOSPITAL, Windsor.—R.M.O.

LEEDS: KILLINGBECK SANATORIUM.—Senior A.R.M.O. (unmarried).

LEEDS PUBLIC DISPENSARY.—Hon. P.

LONDON HOMOEOPATHIC HOSPITAL, Great Ormond Street, W.C.—Assistant P.

LOUGHBOROUGH AND DISTRICT GENERAL HOSPITAL.—R.H.S. (unmarried).

MANCHESTER BABIES' HOSPITAL, Levenshulme.—J.R.M.O.

MANCHESTER CITY.—Medical Superintendent at Crumpsall Hospital and Institution.

MANCHESTER ROYAL INFIRMARY.—H.S. (lady) at Central Branch.

MIDDLESBROUGH: NORTH RIDING INFIRMARY.—Senior H.S.

MIDDLESEX COUNTY COUNCIL.—R.A.M.O. (unmarried) at Hillingdon County Hospital.

NATIONAL TEMPERANCE HOSPITAL, Hampstead Road, N.W.—Hon. Assistant P.

NEWCASTLE-UPON-TYNE: BABIES' HOSPITAL.—Non-resident M.O.

NEWCASTLE-UPON-TYNE: ROYAL VICTORIA INFIRMARY.—Junior Surgical Registrar.

NORTHWOOD: MOUNT VERNON HOSPITAL.—H.S. (male).

NORWICH INFIRMARY.—R.A.M.O.

NOTTINGHAM: GENERAL HOSPITAL.—H.S.

OXFORD: RADCLIFFE INFIRMARY AND COUNTY HOSPITAL.—(1) H.P. (2) Obstetric H.P. (3) Three H.S. Males.

PRESTON COUNTY BOROUGH.—R.A.M.O. (female) at Sharoe Green Hospital.

PRINCESS ELIZABETH OF YORK HOSPITAL FOR CHILDREN, Shadwell, E.—H.S.

QUEEN'S HOSPITAL FOR CHILDREN, Hackney Road, E.2.—(1) H.P. (2) C.O. (3) Two Clinical Assistants for Medical O.P.

ROYAL SCOTTISH NATIONAL INSTITUTION, Larbert.—A.M.O.

ST. JOHN'S HOSPITAL FOR DISEASES OF THE SKIN, 49, Leicester Square, W.C.2.—(1) O.P. and I.P. Medical Registrars. (2) Clinical Assistants.

ST. MARY'S HOSPITAL, W.2.—Director of All-day Venereal Diseases Clinic.

ST. THOMAS'S HOSPITAL, S.E.1.—Resident Anaesthetist.



SHREWSBURY: ROYAL SALOP INFIRMARY.—C.O. and Resident Anaesthetist (male).  
 SHROPSHIRE ORTHOPAEDIC HOSPITAL AND AGNES HUNT SURGICAL HOME.—H.S. (male).  
 TOTTENHAM: PRINCE OF WALES'S GENERAL HOSPITAL.—(1) Senior H.P. (2) Two Senior H.S. (3) J.H.P. (4) Two J.H.S. Males.  
 WALLASEY: VICTORIA CENTRAL HOSPITAL.—(1) Senior H.S. (male). (2) J.H.S.  
 WESTMORLAND COUNTY HOSPITAL, Kendal.—H.S.  
 WESTON-SUPER-MARE GENERAL HOSPITAL.—R.H.S.  
 WIGAN INFIRMARY.—Hon. Assistant S.

CERTIFYING FACTORY SURGEON.—The appointment at Huddersfield, East (York) is vacant. Applications to the Chief Inspector of Factories, Home Office, Whitehall, S.W.1, by March 7th.

*This list is compiled from our advertisement columns, where full particulars are given. To ensure notice in this column advertisements must be received not later than the first post on Tuesday morning. Further unclassified vacancies will be found in the advertising pages.*

## DIARY OF SOCIETIES AND LECTURES

ROYAL COLLEGE OF PHYSICIANS OF LONDON, Pall Mall East, S.W.—Thurs., 5 p.m. Milroy Lecture by Dr. Robert Cruickshank: Pneumococcal Infections.

ROYAL COLLEGE OF SURGEONS OF ENGLAND, Lincoln's Inn Fields, W.C.—Lectures: Mon., 5 p.m., Professor Laurence O'Shaughnessy, Thoracic Surgery—the Factor of Post-operative Infection; Wed., 5 p.m., Professor G. A. Mason, The Surgical Significance of the Vitelline Duct; Fri., 5 p.m., Professor E. R. Flint, Some Observations on Pre-operative Procedure.

### ROYAL SOCIETY OF MEDICINE

General Meeting of Fellows, Tues., 5.30 p.m. Ballot for casual vacancies on Council, and ballot for Fellowship.

Section of Pathology.—Tues., 8 p.m. for 8.30 p.m., at the Bland-Sutton Institute of Pathology, Middlesex Hospital, W. Demonstrations.

Sections of Comparative Medicine, and Therapeutics and Pharmacology.—Wed., 5 p.m. Discussion: Plant Poisoning in Man and Animals. Speakers, Mr. W. Horner Andrews, Sir William Willcox, Mr. J. A. Nicholson, Dr. G. Clough, Dr. P. Haas.

Section of Urology.—Thurs., 8.30 p.m. Mr. J. Swift Joly: Bilateral Renal Calculi.

Section of Disease in Children.—Fri., 5.30 p.m. Cases at 4.30 p.m.

Section of Epidemiology and State Medicine.—Fri., 8 p.m. Dr. G. C. M. McGonigle (Stockton-on-Tees): Some Results of the Removal of a Slum Population to Modern Dwellings.

CHELSEA CLINICAL SOCIETY, Hotel Rembrandt, Thurloe Place, S.W.—Tues., 8.30 p.m. Discussion: Contraception. To be opened by Mr. Harold G. Taylor. Preceded by dinner (5s.) at 7.30 p.m.

MEDICAL SOCIETY OF LONDON, 11, Chandos Street, W.—Mon., 9 p.m. Lettsomian Lecture by Mr. V. Zachary Cope: The Pathology of Acute Abdominal Disease.

MEDICO-LEGAL SOCIETY, 11, Chandos Street, W.—Thurs., 8.30 p.m. Dr. S. C. Dyke: The Human Blood Groups. Followed by discussion.

ST. JOHN'S HOSPITAL DERMATOLOGICAL SOCIETY, 49, Leicester Square, W.C.—Wed., 4.30 p.m., Clinical Cases; 5 p.m., Dr. Hugh Gordon, Arsenical Jaundice.

## POST-GRADUATE COURSES AND LECTURES

FELLOWSHIP OF MEDICINE AND POST-GRADUATE MEDICAL ASSOCIATION, 1, Wimpole Street, W.—Royal Free Hospital, Gray's Inn Road, W.C.: Fri., 5 p.m., Dame Louise McLroy, Ante-natal Demonstration. St. John's Hospital, Leicester Square, W.C.: Post-Graduate Course in Dermatology; Clinical instruction daily, 2 p.m. and 6 p.m.; Lectures, Tues. and Thurs., 5 p.m. National Temperance Hospital, Hampstead Road, N.W.: Mon. and Fri., 8 p.m., Evening M.R.C.P. Course. Prince of Wales's Hospital, Tottenham, N.: Post-Graduate Course in Medicine, Surgery, and the Specialties; all day. Hospital for Consumption, Brompton, S.W.: Mon. and Thurs., 11.30 a.m. to 1 p.m., Post-Graduate Course in Practical Pathology, dealing with laboratory methods and interpretation of results. Fellowship of Medicine, 1, Wimpole Street, W.: Mon., Wed., and Fri., 8 p.m., The Interpretation of Pyelograms. (Courses open only to members and associates of the Fellowship of Medicine.)

CENTRAL LONDON THROAT, NOSE AND EAR HOSPITAL, Gray's Inn Road, W.C.—Fri., 4 p.m., Mr. A. Lowndes Yates, Diseases of the Ear which Lead to Deafness.

HOSPITAL FOR EPILEPSY AND PARALYSIS, Maida Vale, W.—Thurs., 3 p.m., Dr. Wilfred Harris, Demonstration.

KING'S COLLEGE HOSPITAL MEDICAL SCHOOL, Denmark Hill, S.E.—Thurs., 9 p.m., Dr. E. Creed, Recent Work on some Blood Diseases.

LONDON JEWISH HOSPITAL, Stepney Green, E.—Thurs., 4 p.m., Dr. Geoffrey L. S. Konstam: Anaemias due to Defective Maturation of Red Blood Cells.

LONDON SCHOOL OF DERMATOLOGY, St. John's Hospital, Leicester Square, W.C.—Tues., 5 p.m., Dr. J. A. Drake, Leprosy. Thurs., 5 p.m., Dr. A. Burrows, Leukaemia Cutis, Mycosis Fungoides.

NATIONAL HOSPITAL, Queen Square, W.C.—Mon. to Fri., 2 p.m., Out-patient Clinics. Mon., 3.30 p.m., Dr. C. M. Hinds Howell, Vascular Disease of the Nervous System. Tues., 3.30 p.m., Dr. Grainger Stewart, Spinal Tumours and Syringomyelia. Wed., 3.30 p.m., Dr. James Collier, Clinical Demonstration. Thurs., 3.30 p.m., Dr. F. M. R. Walshe, Cerebral Tumours. Fri., 3.30 p.m., Dr. James Collier, Virus Diseases of the Nervous System.

NORTH-EAST LONDON POST-GRADUATE COLLEGE, Prince of Wales's General Hospital, Tottenham, N.—Mon., 2.30 to 5 p.m., Medical, Surgical, and Gynaecological Cases, Operations. Tues., 2.30 to 5 p.m., Medical, Surgical, and Throat Clinics, Operations. Wed., 2.30 to 5 p.m., Medical, Skin, and Eye Clinics, Operations. Thurs., 11.30 a.m., Medical, Surgical, Throat, and Children's Clinics, Operations. Fri., 10.30 a.m., Throat Clinics; 2.30 to 5 p.m., Medical and Surgical Clinics, Operations.

ROYAL INSTITUTE OF PUBLIC HEALTH.—Wed., 11.30 a.m., Demonstration at the British Red Cross Society Clinic for Rheumatic Diseases, Peto Place, N.W.1.

ST. MARK'S HOSPITAL FOR DISEASES OF THE RECTUM, City Road, E.C.—Thurs., 4 p.m., Dr. J. K. Hasler, Anaesthesia in Rectal Surgery.

SOUTH-WEST LONDON POST-GRADUATE ASSOCIATION, St. James's Hospital, Balham, S.W.—Wed., 4 p.m., Mr. Edwin Lindsay, Painful Feet.

UNIVERSITY COLLEGE, Gower Street, W.C.—Mon., 5 p.m., Lecture by Dr. H. R. Ing, Chemical Structure and Pharmacological Action. Wed., 4.15 p.m., Lecture by Dr. J. S. Prendergast, Renaissance Medicine.

GLASGOW POST-GRADUATE MEDICAL ASSOCIATION.—At 242, St. Vincent Street: Tues., 3.30 p.m., Dr. Nora I. Wattie, Gonorrhoeal Infections in Women. At Ear, Nose, and Throat Hospital: Wed., 4.15 p.m., Dr. W. S. Syme, Cases.

LIVERPOOL UNIVERSITY CLINICAL SCHOOL ANTE-NATAL CLINICS.—Royal Infirmary: Mon. and Thurs., 10.30 a.m. Maternity Hospital: Mon., Tues., Wed., Thurs., and Fri., 11.30 a.m.

MANCHESTER ROYAL INFIRMARY.—Tues., 4.15 p.m., Dr. E. W. Twining, The Value of X Rays in Cardiac Conditions. Fri., 4.15 p.m., Dr. F. E. Tylecote, Demonstration of Medical Cases.

MANCHESTER: ST. MARY'S HOSPITALS.—At Whitworth Street West Hospital: Fri., 4.15 p.m., Dr. Ward, Problems of Infant Feeding.

## British Medical Association

OFFICES, BRITISH MEDICAL ASSOCIATION HOUSE  
TAVISTOCK SQUARE, W.C.1

### Departments

SUBSCRIPTIONS AND ADVERTISEMENTS (Financial Secretary and Business Manager, Telegrams: Articulate Westcent, London).  
 MEDICAL SECRETARY (Telegrams: Medisecra Westcent, London).  
 EDITOR, BRITISH MEDICAL JOURNAL (Telegrams: Aitiology Westcent, London).

Telephone numbers of British Medical Association and British Medical Journal, Museum 9861, 9862, 9863, and 9864 (internal exchange, four lines).

SCOTTISH MEDICAL SECRETARY: 7, Drumsheugh Gardens, Edinburgh. (Telegrams: Associate, Edinburgh. Tel.: 24361 Edinburgh.)

IRISH MEDICAL SECRETARY: 18, Kildare Street, Dublin. (Telegrams: Bacillus, Dublin. Tel.: 62550 Dublin.)

### Diary of Central Meetings

#### FEBRUARY

- 17 Fri. Committee on Medical Education, 2.15 p.m.
- 21 Tues. Sir Charles Hastings Lecture at B.M.A. House by Sir Henry Gauvain: Sun, Air, and Sea Bathing in Health and Disease, 8 p.m.
- Ethical Subcommittee, 2.15 p.m.
- 23 Thurs. Library Subcommittee, 2.30 p.m.
- 28 Tues. Maternity and Child Welfare Subcommittee, 2.30 p.m.

#### MARCH

- 1 Wed. Medical Students and Newly Qualified Practitioners Subcommittee, 3.30 p.m.
- 3 Fri. Public Assistance Medical Service Committee, 2.30 p.m.
- 15 Wed. Hospitals Committee, 11.30 a.m.

## BIRTHS, MARRIAGES, AND DEATHS

The charge for inserting announcements of Births, Marriages, and Deaths is 9s., which sum should be forwarded with the notice not later than the first post on Tuesday morning, in order to ensure insertion in the current issue.

### BIRTHS

JACKSON.—On February 7th, at the Imperial Nursing Home, Cheltenham, to Gertrude M. (née Collins), wife of Thomas Jackson, F.R.F.P.S.G., L.D.S., of Thornbury House, Cheltenham, a son.

LORD.—On February 9th, 1933, to Helen, wife of Herbert Lord, F.R.C.S.Ed., of Colwyn Bay, a son.

### DEATH

PARKIN.—On Wednesday, February 8th, 1933, suddenly, at The Cedars, Osborne Road, Newcastle-upon-Tyne, Alfred Parkin, M.D. F.R.C.P., F.R.C.S., beloved husband of Elizabeth Parkin.