

was in the fifth space, three and a half inches from the mid-line, and was forceful and heaving. A presystolic thrill was felt all over the praecordium, more marked at the cardiac apex. At the mitral area the first sound was loud and slapping, and was preceded by a crescendo presystolic murmur. At the pulmonary area the second sound was accentuated. Electrocardiogram: sinus rhythm 80; normal auriculo-ventricular conduction times, right ventricular preponderance; angle 120 degrees; slurring of QRS in Lead III; inverted T wave in I and II; P wave diphasic.

Respiratory system was normal, except for a few rales and rhonchi at bases and in axillae. The liver and spleen were not palpable, and there was no ascites. Blood picture: 4,140,000 red cells per c.mm.; haemoglobin 48 per cent.; colour index 0.58; white blood cells 22,000 per c.mm.; polymorphs 83.25 per cent.

Progress

On the second day after admission, since the patient was reasonably well and able to be moved without discomfort, she was sent to the x-ray department. There she suddenly became dyspnoeic and distressed; she was very pale, with a cold, clammy skin, and air-hunger was marked, the general appearance resembling the picture seen in severe haemorrhage. The pulse was feeble and rapid, the heart sounds extremely faint; no thrill was felt and no murmur was audible. Stimulant treatment provoked no response. Oedema of the lungs developed, and the patient died about fifteen hours after the onset of these severe symptoms. At no time was her pallor replaced by cyanosis.

Post-mortem Findings

The pericardium contained a slight excess of fluid. The right auricle and right ventricle were dilated, but there was no ante-mortem thrombus. The left ventricle was normal. The left auricle was filled by a mass the size of a large hen's egg, attached by a firm pedicle to the interauricular septum at an area posterior to the foramen ovale, which was not completely closed. The tumour (Fig. 1), measuring $6 \times 3.5 \times 3.5$ cm., was slightly lobulated, yellowish-brown in colour, gelatinous in consistence, and contained areas of haemorrhage. The mitral valve appeared slightly thickened, but there were no old or recent vegetations, and the mitral orifice was of normal size. There was no evidence of any primary valvular disorder. Microscopically the auricular "tumour" showed areas of red and white blood cells, granular debris, and fibrin. In the more completely organized areas were polymorphonuclear and plasma cells, newly formed thin-walled blood vessels, and fibroblasts. In places the scanty, rather stellate fibroblasts in a clear matrix resembled myxomatous tissue (Figs. 2, 3, and 4).

COMMENTS

There are certain features in this case which belie the presumptive diagnosis of mitral stenosis. One would expect cyanosis and venous congestion in a case of mitral stenosis which was so severe as to cause the patient to be bed-ridden. The pallor can be explained by the intermittent blocking of the mitral orifice; there was no continuous damming of the venous circulation, yet sufficient impediment to cause an anaemia of the tissues. A feeling of faintness on bending down was in all probability due to the alteration of position causing the thrombus to rest on the mitral orifice and to occlude it, so producing a sudden systemic anaemia.

Of particular interest is the comparatively sudden death, which does not usually occur in uncomplicated mitral stenosis. On changing the position of the patient the mobile tumour occluded the mitral orifice; the tumour had by then attained such a size that it could not be dislodged, and the patient died from failure of the blood to pass through the mitral orifice. Although the latter was normal in size, electrocardiographic examination showed a diphasic P wave, which has been considered characteristic of mitral stenosis due to valvular disease.

A common feature of previously reported cases has been transitory discoloration of the extremities with a state

of mild shock. Occasionally gangrene of all the fingers and toes has been noted. These signs have been considered diagnostic of intracardiac thrombi. Although this patient had attacks of faintness or mild shock, there was never any discoloration of the extremities. No cause could be found for the origin of the "tumour"; there were no dilated veins on the interauricular septum, the auricular contractions were quite regular, the mitral orifice of normal size, and the only abnormality was a slight patency of the foramen ovale.

I am greatly indebted to Dr. Cloake for permission to publish this case, and also for his kind assistance and that of Dr. Neale.

BIBLIOGRAPHY

- Allbutt and Rolleston: *System of Medicine*, vol. vi, p. 721.
Schwartz and Biloon: Occluding Thrombi of the Left Auricle, *Amer. Heart. Journ.*, 1931, vii, 84.

Memoranda

MEDICAL, SURGICAL, OBSTETRICAL

CERVICAL RIB WITH VASCULAR COMPLICATIONS

(With Special Plate)

Cervical ribs causing vascular complications are rare. In a recent paper Professors Telford and Stopford¹ have reported three such cases. The conclusions they draw are that the arterial condition is one of spasm followed by thrombosis, the spasm being induced by the continued irritation of those sympathetic nerves supplying the artery. The sympathetic nerve supply of the artery below the insertion of the pectoralis major is received from the main nerve trunks, and it is these sympathetic fibres which are compressed against the cervical rib and consequently irritated while still an undistributed bundle on the under surface of the lowest trunk of the plexus. They have shown that the vascular complications depend entirely upon the distribution of the sympathetic nerve fibres in the lowest trunk. The old view that these complications are due to actual mechanical compression of the subclavian artery would still appear to have certain advocates, and in a recent paper Gladstone and Wakeley² have stated that "the symptoms caused by cervical ribs are those due to pressure upon the subclavian artery and brachial nerve trunks." Professors Telford and Stopford have, I think, proved conclusively that actual mechanical pressure on the artery does not occur in those cases where the vascular symptoms are predominant. In view of the fact that these conclusions do not appear to be generally accepted, I feel that an account of the following case, which entirely corroborates their finding, is justified.

On October 2nd, 1931, a man, aged 24, consulted me and gave the following history. Twelve months previously he first noticed a feeling of general tightness of the left arm and hand whenever he became excited. In February, 1931, while riding a motor cycle, he felt a sudden pain in his left arm and hand, and noticed that the latter had become cold and very blue. At frequent intervals after this date he developed attacks of cramp in all the fingers, associated with a dead white appearance of the skin. The cramp would pass off after a short time, and as the fingers regained their normal colour he would feel a tingling sensation.

On examination the left hand was cold and blue; there was no definite wasting of the thenar or hypothenar muscles. There was slight anaesthesia, chiefly to pin-prick, over the dorsum of the terminal phalanx of the middle finger, but otherwise no involvement of the sensory nerves was manifest.

¹ Telford, E. D., and Stopford, J. S. B.: *Brit. Journ. Surg.*, 1931, xviii, No. 72.

² Gladstone, R. J., and Wakeley, P. G.: *Journ. Anat.*, April, 1932, p. 334.

The subclavian and axillary arteries showed excessive pulsation. The pulsation of the brachial artery was, however, markedly diminished, and the pulsation of the radial artery at the wrist was barely perceptible. Three weeks later, just prior to operation, I was unable to detect any pulsation in the radial artery or in the brachial artery below the insertion of the pectoralis major. Apparently, during the period of three weeks after my first examination and just prior to the operation, he had experienced a sudden intense pain in his arm while putting on his coat. This symptom undoubtedly indicated the rapid spread of the thrombosis, which completely obliterated the pulse. On examination of the neck a well-marked cervical rib could be palpated on both sides. This was confirmed by an *x*-ray photograph. (See Plate.)

On October 25th I explored the left cervical rib under general anaesthesia. The subclavian artery showed no sign of compression against the cervical rib; in fact, it showed what appeared to be excessive pulsation right into the axilla. It could be easily moved away from the cervical rib, and was not in actual contact with it. The lower cord of the brachial plexus, however, was lying in close and tight contact with the cervical rib. The cervical rib was about two inches in length, and was fixed by a very broad bony attachment to the first rib. The lower cord and artery were gently retracted outwards, and the rib was shaved off at its attachment to the first rib; the cord and artery were then retracted inwards and the upper end of the rib cleaned and resected. The upper end was, in addition, smoothed with bone-cutting forceps. The rib and its periosteum were then removed. The artery did not alter its position, but it was noticed that the lower cord of the brachial plexus now appeared to be quite free from all tension.

After-history.—One day later the hand and arm were completely free from pain. When discharged, on November 6th, 1931, slight pulsation was noticed at the wrist. On February 6th, 1932, there was no pain and no anaesthesia; the pulse at the wrist and elbow was equal to that of the right hand, and the circulation of the hand was normal.

CONCLUSIONS

1. It would appear that this is an earlier case than those reported by Professors Telford and Stopford, and had not reached the stage of gangrene of the fingers.

2. The spread of the thrombosis is extremely rapid when it once begins in the main vessels. In this case, when first seen, the pulse was perceptible, but in three weeks' time it had completely disappeared.

3. The complete recovery of pulsation in the brachial and radial arteries after operation shows that an early thrombus can be absorbed.

4. The necessity for early operation is apparent, otherwise gangrene of the fingers is an inevitable sequel.

Manchester.

R. L. NEWELL, M.D., F.R.C.S.

RETROPERITONEAL SARCOMA

(With Special Plate)

The photograph reproduced is of a retroperitoneal tumour which involved and embedded the right kidney. It was removed from a man of 55, a bus conductor. His subjective symptoms were those of gastric irritation simulating nothing definite in the way of a lesion of the stomach. Curiously enough, he went to his doctor only for this complaint, which had begun to trouble him some six months before. He had always had, so far as he could remember, a feeling of heaviness on the right side, but this did not seem to affect him; he was never off work. He was very thin, and the mass filled up almost the whole of the abdomen, extending deep into the pelvis and across to the left lumbar and iliac regions. The disproportion between the size of the individual and that of the mass was extraordinary; it seemed rather as if he

were attached to it. On palpation there was a suggestion of fluctuation. The man had lived in the Tropics for a number of years, and a tentative but erroneous diagnosis of a liver tumour was made. The stomach symptoms were probably due to displacement of that organ by the mass. The tumour could not be freed from the kidney, which was removed with it. The man made an uninterrupted recovery and is back at work. On section the tumour showed a flesh-coloured bossy surface, suggesting sarcoma. Sections were sent to Mr. D. M. Greig of the Royal College of Surgeons of Edinburgh, who reported it to be a sarcoma of the fibroblastic type with no indication of renal tissue present. A kidney of more or less normal size is placed beside it for comparison.

Torquay, Devon.

DONALD MACLEOD, F.R.C.S.ED.

FRACTURE SEPARATION OF EPIPHYSIS OF LESSER TROCHANTER OF FEMUR

(With Special Plate)

Owing to the rarity of this injury and to the paucity of information concerning it in most current textbooks, a short account of a case recently under my care may prove of interest. The *x*-ray photographs clearly demonstrate the injury and the result of two months' treatment.

The patient, a boy aged 16, slipped and fell while playing tennis on August 10th in Guernsey. On attempting to rise he experienced acute pain in the left groin, and was unable to move the left leg. He was examined by Dr. R. E. Gibson of Guernsey. No shortening or other sign of gross bony injury was found, but Dr. Gibson was particularly impressed by the patient's inability to flex the thigh on the abdomen. He concluded that the injury was probably a rupture of the ilio-psoas muscle. The first *x*-ray photograph, taken on August 18th, clearly demonstrates a fracture separation of the epiphysis of the lesser trochanter. On August 23rd the patient was transported from Guernsey to his home in Dover by boat and rail. He was put in a carrying chair with his left thigh fixed by bandages in a position of extreme flexion. The journey was accomplished satisfactorily, the patient experiencing no pain and little discomfort. At home he was treated in bed. Relaxation of the left ilio-psoas muscle was maintained for five weeks by a suitable arrangement of back rest, pillows, and foot rest. Passive movements were then instituted for a week, after which he was permitted to do graduated exercises. Eight weeks after injury he was able to walk without a limp. The second *x*-ray photograph was taken on October 21st. A few days later he was allowed to return to school and to resume his normal life, with the exception of playing games. The functional result is most satisfactory. The second *x*-ray photograph shows union of the epiphysis to the shaft of the femur about one inch above its original seat.

Dover.

A. R. FISHER, M.R.C.S., L.R.C.P.

ACUTE STREPTOCOCCAL PERITONITIS WITH RECOVERY

In the *Journal* of February 18th, 1933 (p. 270), Messrs. G. Gordon Bruce and Norman J. Logie recorded three cases of acute streptococcal peritonitis that recovered after operation. The following notes of another case may be of interest in view of the infrequency of this happy outcome.

The patient was a girl of 8, who had had umbilical pain for twelve hours and had vomited; six hours before the onset of pain she had passed a loose slimy stool. Temperature was 101° and pulse rate 130. The abdomen was slightly distended, with hyperaesthesia in the right lower quadrant. There was slight rigidity in the right iliac fossa and above the

pubes, and tenderness over the lower abdomen, very marked over McBurney's point. She was admitted to a nursing home as a case of acute appendicitis, and was operated on sixteen hours after the onset of the pain. No free fluid was present in the pelvis or general peritoneal cavity. The appendix showed only a mild superficial engorgement, and was removed. All other abdominal and pelvic organs seemed normal, and the abdomen was closed without drainage.

After operation several slimy stools were passed, one of them blood-stained, and abdominal tenderness and distension increased. For a week the temperature ranged round 102°. On the ninth day signs appeared in the lower lobe of the left lung and acute pneumonia developed. Pure cultures of haemolytic streptococci were obtained from the blood stream and from the sputum. The temperature fell by lysis in ten days. On the twentieth day after operation there was a small discharge of pus from the laparotomy wound, and on the thirty-first day, after three days of increasing tenderness over the whole lower abdomen, this recurred. During the following six days more than a pint of pus was discharged, from which haemolytic streptococci were cultured. From this point onwards a steady convalescence was established.

It seems that in this case acute streptococcal peritonitis was mistaken for acute appendicitis. Laparotomy was performed before any appreciable pus had formed, and the wound thus made afforded a path of lowered resistance for the subsequent escape of the pus, and had the effect of a delayed operation for drainage.

North Finchley.

A. W. M. ROOKE, M.B., B.S.

COMPLETE TORSION OF THE OMENTUM

Complete torsion of the omentum occurs with sufficient rarity to make the following case worthy of record. In Keen's *Text-Book of Surgery* it is stated that "torsion of the great omentum, with sufficient constriction of the blood vessels to produce gangrene, occurs in rare instances. The symptoms are much like those of intestinal obstruction."

A man, aged 26, was admitted to the Leeds Jewish Hospital on February 20th, 1933. He had had a right inguinal hernia for the past eighteen months. This was badly controlled by an inefficient truss, but had not caused the patient any trouble. During the week preceding admission he had experienced vague abdominal discomfort, and on February 19th complained of severe pain around the umbilicus, followed by vomiting. The pain then became worse, and was felt in the right iliac fossa. The bowels had been constipated, but an action was secured on the day of admission by the use of castor oil, previously taken by the patient.

On admission the pulse was 120, temperature 100.6° F. The face was flushed and the tongue coated. There was a large right inguinal hernia, easily reducible, and presenting no untoward signs. There was rigidity and marked tenderness in the right iliac fossa, and pressure in the left iliac region and the right hypochondrium caused pain to be felt in the region of the appendix. There was marked cutaneous hyperaesthesia over the appendix, and rectal examination revealed tenderness high up on the right side, but a mass was not felt.

A diagnosis of acute appendicitis was made. The abdomen was opened by a right paramedian incision, the rectus muscle being displaced outwards. On opening the peritoneum a little blood-stained free fluid escaped, and a mass was felt in the abdomen, which on delivery was found to be the twisted omentum. It had undergone three complete turns, and the lower portion was intensely congested, with haemorrhage into the tissues. The mass was untwisted, and, as its viability was in doubt, the greater portion of the omentum was ligated in sections and removed. Appendicectomy was performed, and the abdomen closed without drainage. The patient made an uninterrupted recovery.

I am indebted to Dr. Samuel, under whose care the patient was admitted, for permission to publish this case.

Leeds.

L. BRILL, M.B., Ch.B.

Reports of Societies

SIMPLE GOITRE IN DERBYSHIRE

At a meeting of the Section of Epidemiology and State Medicine of the Royal Society of Medicine on April 28th, with Dr. WILLIAM BUTLER in the chair, a paper was read by Dr. P. H. J. TURTON on the distribution of simple goitre in Derbyshire.

Dr. Turton said that although goitre had been endemic in Derbyshire for many centuries, the references to the disease in the county were scanty. Erasmus Darwin in 1796 said that the "inferior people" of Derby town were much affected. In 1887 Mr. (now Sir) James Berry made the first detailed tour of inquiry. Dr. Turton himself had spent much time during the last eight years in studying the distribution of simple goitre among school children in Derbyshire of the age group 8-13, and over 40,000 such children had been examined. He dismissed from his survey all cases of incipient goitre, in which a slight thickening at the neck was only observed on close inspection or seen on deglutition. His cases comprised simple goitre, in which the enlargement caused a definite alteration in the condition of the neck; medium goitre, with definite lateral or anterior bulging; and large goitre, the Derbyshire "thick neck," once so common. He discussed with the aid of maps of the county the relation of goitre to the various geological formations and sources of water supply. The carboniferous limestone region had always been a goitrous one; in the millstone grit region the incidence was much less. In the parts of Derbyshire occupied by coal measures goitre was formerly very common, but had lessened since the water supply had been derived from upland sources. In the magnesium limestone goitre was fairly common, especially where surface wells were in use for drinking water. It was very rare indeed at Buxton, and many doctors there had never seen a case native to the town. The goitre incidence was approximately as follows among school children:

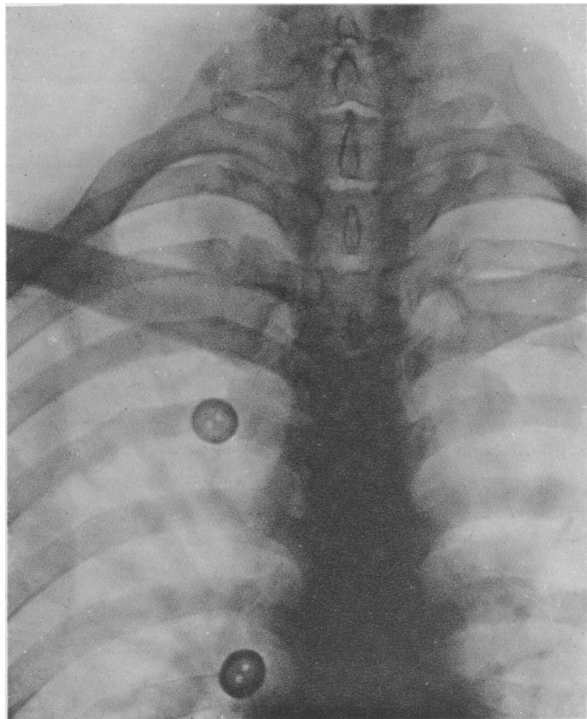
Regions from which the public water supply is derived:

Carboniferous limestone	...	...	...	2.0 to 2.5 %
Coal measures and limestone shales	...	...	...	1.5 to 2.0 %
Millstone grit	...	...	...	1.0 to 1.5 %
Surface, Glacial, Bunter, Keuper, and Permian	...	...	...	0.5 to 1.0 %

In discussing the causes of goitre Dr. Turton dismissed the iodine deficiency theory. Suggestions had been made that Derbyshire was deprived of iodine because of its distance from the sea, but in fact the source of the iodine was the land, and not the sea. There was no definite correlation between the iodine content of the water or the soil and the incidence of goitre. If iodine deficiency were the cause the administration of the element in the form of sweets to children and iodizing the water supply might be expected to have some effect, but this had been done at Heanor, and the results were not encouraging. No case had been made out for the promiscuous administration of iodine amongst either children or adults. An improperly balanced diet was likely to be one of the factors, perhaps more important than was commonly supposed. Not only was thyroid disease related to vitamin deficiency, but to mineral imbalance in the diet. But there was also a good deal of evidence in Derbyshire to support the view that drinking water was a very powerful agency in the production of the disease, and there were numerous instances of the disappearance of goitre from a locality following the introduction of improved water supply. At Heanor and Ilkeston a striking fall in incidence had occurred after the water supply was efficiently filtered and continuously chlorinated. But while the water supply was an important factor, it was certain that there were other factors in operation.

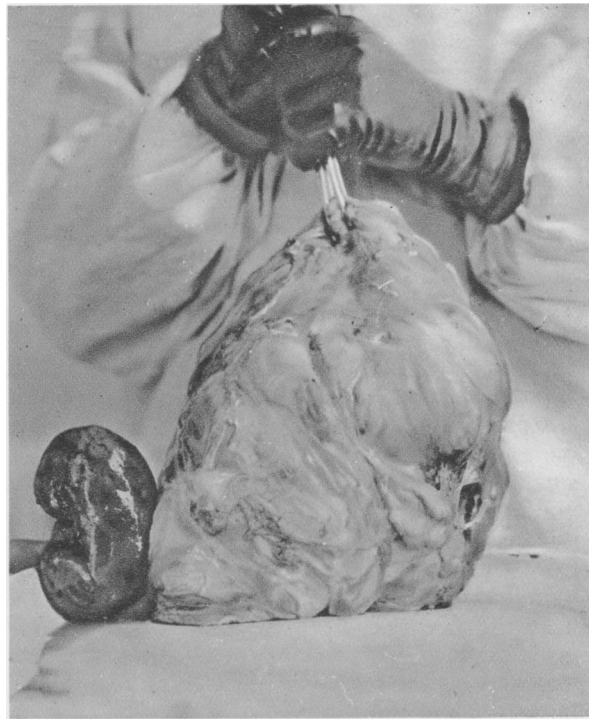
The president, Dr. BUTLER, spoke as one who had suffered from goitre, from which he had recovered, thanks to Sir James Berry. His own case suggested that there was a hereditary and familial element. No member of his family who had had goitre had lived in goitrous districts, nor had they all lived in the same district, but an ancestor had come from Derbyshire, and there was a tradition of goitre in his line.

**R. L. NEWELL: CERVICAL RIB WITH VASCULAR
COMPLICATIONS**



Skiagram showing cervical rib on left side.

**DONALD MACLEOD: RETROPERITONEAL
SARCOMA**



Photograph of tumour, with normal kidney beside it for comparison.

A. R. FISHER: FRACTURE SEPARATION OF EPIPHYSIS OF LESSER TROCHANTER OF FEMUR



FIG. 1.—Skiagram, August 18th, 1932.



FIG. 2.—Skiagram, October 21st, 1932.

disturbances. Suitable cases were the convalescent patient whose circulatory system showed a lag in recovery, and patients with what for convenience might be referred to as tired heart, toxic heart, and irritable heart. Besides these functional derangements there were cases of organic heart disease which benefited at spas. Arteriosclerosis and chronic subacute septic endocarditis (both of which seemed to be more prevalent nowadays) might furnish appropriate material for general treatment at a spa. In all cases of circulatory disease, Lord Horder said, the first indication was organized rest. What "rest" meant in a heart case was not generally appreciated; mental and emotional as well as physical unrest must be abolished. Later would come graduated exercise—rest being a means to health, not health itself. It was not so much any special virtue in a mineral spring that was needed in these cases as a comprehensive mode of treatment; there must be the maximum of care, skill, and team work on the spot, and the importance of the doctor's personal influence on heart cases should never be overlooked. Since there were patients with circulatory disease whom spas helped very much, why were the facilities for such cases so meagre in this country? How had Nauheim, with no particular name on account of its water, gained a reputation for treating diseases of the heart and circulation? Lord Horder's answer was that the chronic heart invalid was specially catered for at Nauheim: the physician knew the sort of treatment his patient would get there, and who would apply it. Were those British spas which had the same facilities prepared to give all that Nauheim gave, and in the same spirit? This would mean venturing a little way along the lines of specialization. It was really an anomaly that British medicine, which had led the world in the study and diagnosis of cardiovascular disease during the past twenty-five years, should allow its heart patients to go to foreign spas.

Dr. H. E. RHODES explained the facilities available at Leamington for treatment of such cases. He made a special appeal to practitioners sending patients to spas to ensure beforehand that sources of septic infection were removed; it was most discouraging to the spa doctor to find a mouthful of evil teeth or septic tonsils, which it was impossible to attend to within the limited time at disposal. Thus the patient returned home little better for balneotherapy and the spa was discredited. Dr. J. STRICKLAND GOODALL saw no reason why British spas should not be able to give all the treatments given on the Continent, but inquiry would soon show why English people went abroad for cures. The success of spa treatment depended on a great deal more than mineral waters and baths. He suggested that the political circumstances in Germany to-day made this a good opportunity for providing accommodation at British spas for orthodox Jews who had hitherto gone to Nauheim.

ROCKEFELLER MEDICAL FELLOWSHIPS

The Rockefeller Medical Fellowships for the academic year 1933-4 will shortly be awarded by the Medical Research Council, and applications should be lodged with the Council not later than June 1st. These fellowships are provided from a fund with which the Medical Research Council has been entrusted by the Rockefeller Foundation. Fellowships are awarded by the Council, in accordance with the desire of the Foundation, to graduates who have had some training in research work in the primary sciences of medicine, or in clinical medicine or surgery, and are likely to profit by a period of work at a university or other chosen centre in the United States before taking up positions for higher teaching or research in the British Isles. In special circumstances the fellowships may be tenable at centres of research not in America.

A fellowship held in America will have the value of not less than £350 a year for a single Fellow, with extra allowance for a married Fellow, payable monthly in advance. Travelling expenses and some other allowances will be paid in addition. Full particulars and forms of application are obtainable from the Secretary, Medical Research Council, 38, Old Queen Street, Westminster, S.W.1.

INSTITUTE OF MEDICAL PSYCHOLOGY

ANNUAL MEETING AND LUNCHEON

The annual meeting of the Institute of Medical Psychology (the Tavistock Clinic) was held at the Wharnccliffe Rooms, Marylebone Road, on May 1st.

In taking the chair at the preliminary meeting, Sir HENRY BRACKENBURY said that years ago it was not recognized in medical education and experience how far the disturbances of the mental faculties entered into physical illness. To-day the attitude of the medical profession and of the public towards mental disorders in their earliest stages was such that it was possible to take a much more hopeful view of preventing these "insanities," and of making much more comfortable and useful in life those who were beginning to suffer from emotional or mental disorder. That was the work which thirteen years ago the Tavistock Clinic set out to do. It had now entered into excellent premises in Torrington Place; it had a splendid staff of medical men and others, a superabundance of material, and, unfortunately, a very long waiting list. A waiting list was even more to be regretted with such an institution than with an ordinary hospital, because these cases required skilled treatment at a very early stage. The only thing necessary for complete success of the Institute was money, which was hard to come by, and indeed, much more generous financial support was essential if this magnificent work was to continue.

Mr. H. M. ABRAHAMS, chairman of the Finance Committee, followed with some account of the financial position, mentioning that last year the income fell short of expenditure by some £1,300, and in addition there was the heavy outlay incurred in connexion with the new building. To run the Institute efficiently between £5,000 and £6,000 a year was needed.

Dr. H. CRICHTON-MILLER, the honorary director, said that work such as the Institute was doing was likely to be an increasingly essential factor if civilization was going to hold out. That might sound rather a pretentious claim, but he did not think it was so altogether, because civilization was rather a "sick man" just at present, and unless some better methods could be devised it was not unlikely to crash somehow or other. From all sides ominous warnings were heard, and in the whole of that situation of a creaking civilization the work done under the aegis of medical psychology had a definite place. In a situation where the creative was killed by the repetitive (which meant more for human discord and dissatisfaction than was commonly supposed), where the craftsman had been replaced by the robot, where the personal had been overwhelmed by the impersonal, where the instincts of men and women, especially the procreative, were interfered with by the exigencies of society, and especially of economics, there was surely need for the witness and the work of an Institute of Medical Psychology. The community had had offered to it in generous measure every form of medical and surgical help for physical ills, but that was not all that it required. We were living in an age in which the function that psychotherapy, in the broadest sense of the term, ought to fulfil became of ever-increasing importance.

At the luncheon which followed, and which again was presided over by Sir Henry Brackenbury, the principal guest was Mr. John Buchan, M.P., Lord High Commissioner for the Church of Scotland. A company of about 200 assembled.

A LAYMAN LOOKS AT MODERN PSYCHOLOGY

Mr. JOHN BUCHAN said that the Institute was engaged in a most vital branch of science. Its task was both therapeutic and educational. While he professed profound ignorance of the art of healing, he had been interested in psychology for many years. A wholly new branch of knowledge had come into being, with a terminology of its own. Of the value of that new knowledge it was not for him to speak; he could only humbly recognize it. But he condoled with the psychologists on the unfortunate fact that it had become so popular; it had become what

Universities and Colleges

UNIVERSITY OF CAMBRIDGE

At a congregation held on April 29th the following medical degrees were conferred:

M.D.—*J. E. Semple.
M.B., B.Chir.—J. H. Beilby, R. W. C. Murray, E. D. Ward,
L. R. W. Price.

M.B.—*R. O. Lee, R. A. Ratcliff, C. J. K. Hamilton.

* By proxy.

The following candidates have been approved at the examination indicated:

DIPLOMA IN MEDICAL RADIOLOGY AND ELECTROLOGY.—(*Part I*): S. S. Alam, A. Cawadias, W. O'Neill, M. Singh, P. J. Sinnott, (*Part II*): J. S. Austin, L. R. B. Birt, L. G. Blair, H. J. Davies, C. C. Divanji, I. Fine, R. McWhirter, W. W. Main, R. F. May, R. J. L. O'Donoghue, R. F. Phillips, E. J. Rawnsley, E. W. H. Shawcross, W. Sowerby, J. Z. Walker, B. W. Windeyer.

UNIVERSITY OF LONDON

The following candidate has been approved at the examination indicated:

DIPLOMA IN PSYCHOLOGICAL MEDICINE (*with Special Knowledge of Psychiatry*).—Marjorie Low.

UNIVERSITY OF LEEDS

The Council of the University announces the gift of £1,000 by Mr. C. R. Brotherton, nephew of the late Lord Brotherton, for equipment of the museum at the Algernon Firth Pathological Institute, which was formally opened last week (see page 801).

UNIVERSITY OF DUBLIN

TRINITY COLLEGE

At the first summer commencements held on April 26th the following degrees in the Faculty of Medicine were conferred:

M.D.—W. R. Johnston, T. J. O'Reilly, V. St. G. Vaughan,
M.B., B.Ch., B.A.O.—C. C. Langford.

NATIONAL UNIVERSITY OF IRELAND

At a meeting of the Senate on April 27th, with the Chancellor, Mr. Eamon de Valera, in the chair, the reports of the examiners on the results of the medical and dental examinations, spring, 1933, were considered, and passes, honours, etc., were awarded in connexion therewith.

The following appointments were made in University College, Dublin: James J. O'Kelly, M.B., B.Ch., M.A.O., lecturer in obstetrics; Reginald J. White, F.R.C.S.I., lecturer in gynaecology.

ROYAL COLLEGE OF PHYSICIANS OF LONDON

A meeting of the Royal College of Physicians was held on April 27th, with the President, Lord Dawson of Penn, in the chair.

Fellowship

The following Members were elected Fellows of the College:

Robert Alexander Gibbons, M.D.Ed. (London); Arthur Douglas Heath, M.D.Lond. (Birmingham); Julius Meyer Burnford, M.B. Lond. (London); Herbert Chavasse Squires, C.M.G., M.D.Oxf. (London); Sir Robert Stanton Woods, M.D.Lond. (London); Frank Clayton, M.D.Camb. (Leamington); Elkin Percy Cumberbatch, M.B.Oxf. (London); Bernhard Ehrenfried Myers, C.M.G., M.D.Ed. (London); William Rees Thomas, M.D.Lond. (London); Joseph le Fleming Coy Burrow, M.B.Ed. (Leeds); Edmund Walter Neill Hobhouse, M.D.Oxf. (London); John Cadman Tull, M.D.McGill (Singapore); Tom Watson Wadsworth, M.D.Liverp. (Liverpool); Joseph Wilkie Scott, M.C., M.D.Glasg. (Nottingham); Egerton Llewellyn Pope, M.D.McGill (Edmonton, Alberta); William Siegfried Dawson, M.D.Oxf. (Sydney); Geoffrey Barrow Dowling, M.D.Lond. (London); Theo Jenner Hooper Hoskin, M.D.Camb. (London); Frederick Grieg Hobson, D.S.O., M.D.Oxf. (Oxford); Matthew Sydney Thomson, M.D.Camb. (London); Cecil Charles Worster-Drought, M.D.Camb. (London); Arthur Griffith Maitland-Jones, O.B.E., M.C., M.D.Lond. (London); Harold Esmond Arnison Boldero, M.D.Oxf. (London); Gerald Tyler Burke, M.D.Lond. (Lucknow); Charles William Buckley, M.D.Lond. (Buxton); Charles Keith Johnstone Hamilton, M.C., M.B.Oxf. (London); Arthur Arnold Osman, D.S.C. (London); Leslie Barrett Cole, M.D.Camb. (Cambridge); James Livingstone Livingstone, M.D.Lond. (London);

Samson Wright, M.D.Lond. (London); Wilfrid Percy Henry Sheldon, M.D.Lond. (London); Hugh Barber, M.D.Lond. (Derby); Claude Wilson, M.D.Ed. (Tunbridge Wells); William Fletcher, M.D.Camb. (London); Sydney Wentworth Patterson, M.D.Melb. (Ruthin Castle); Thomas Arthur Ross, M.D.Ed. (Penshurst); Alexander Mills Kennedy, M.D.Glasg. (Cardiff); Kenneth Shirley Smith, M.D.Lond. (London); George Frederick Buchan, M.D.Glasg. (London); Edward Charles Dodds, M.V.O., M.D.Lond. (London); Arthur Cecil Hampson, M.C., M.D.Camb. (London); James Alison Glover, O.B.E., M.D.Camb. (London); Lionel Ernest Howard Whitby, C.V.O., M.C., M.D.Camb. (London); Sheldon Francis Dudley, O.B.E., M.D.Lond. (Chatham); Richard Robertson Trail, M.C., M.D.Aberd. (Midhurst).

Sir Robert William Philip, M.D.Ed. (Edinburgh), and Captain Stewart Ranken Douglas, F.R.S. (London), were elected Fellows under By-law XXXVIII (b).

Membership

The following were admitted Members of the College:

Arthur Doyne Courtenay Bell, M.B.Oxf.; George William Bray, M.B.Sydney; John Rennie Braybrooks, M.B.Oxf.; John Ritchie Gilmour, L.R.C.P.; Gopal Haridas, L.M.S.Singapore; Henry Albert Harris, M.B.Lond.; Gordon Barrett Mitchell Heggs, M.D.Lond.; Eric Boxall Jackson, M.B.Lond.; James Balfour Kirk, M.B.Ed.; Gordon Ormsby Lambert, M.D.Camb.; Paul McGregor Moffatt, M.B.Lond.; Alfred Patrick Menzies Page, M.B.Lond.; Francis Edward Pilkington, L.R.C.P.; Joseph Alexander Purser, M.B.Melb.; Ursula Shelley, M.D.Lond.; Indar Singh, M.B.Punjab; Brian Stanley, M.B.Lond.; William George Adrian Swan, M.B.Durh.; James Oliver Terry, M.B.Leeds; Janet Maria Vaughan, M.D.Oxf.; Reginald Lawson Waterfield, M.B.Lond.

Appointments

Dr. W. Mitchell Stevens was appointed to represent the College at the forthcoming nineteenth Conference of the National Association for the Prevention of Tuberculosis, at Cardiff.

Professor Edward Mellanby will deliver the Croonian Lectures on "Nutrition and Disease—the Interaction of Clinical and Experimental Investigations," on June 8th, 13th, and 15th, at 5 p.m.

Licences

Licences to practise were granted to the following candidates:

E. H. Allen, I. G. Anderson, I. B. Asafu-Adjaye, D. R. Ashton, A. D. Aveling, Kashi G. Awati, J. E. M. Ayoub, G. Barasi, N. H.-R. Bathurst, F. G. Beauchamp, R. Bolton, S. G. Browne, T. J. K. Brownlees, H. R. Cara, A. Carling, E. L. Cohen, F. H. Coleman, J. Collinson, R. E. C. Copithorne, T. M. Cuthbert, T. J. Davies, J. J. A. Embleton, A. B. Evans, C. J. Evans, Helen M. Evans, G. D. Galwankar, V. V. Garde, P. H. R. Ghay, T. Gibson, P. R. Goodfellow, G. P. Goodwin, J. Gordon, G. L. Hardman, C. V. Harries, Edith K. Harris, W. H. Hughes, A. H. Ismail, E. R. James, J. L. S. James, J. F. Jarvis, N. H. Jones, T. J. Jones, A. Kekwick, A. B. King, A. H. Knowles, S. B. Lange, S. Lee, S. B. Levy, Vida L. Liddell, M. J. Lindsey, Monica Low, J. N. McArthur, A. B. McGregor, J. P. Mackenzie, W. S. McKenzie, H. F. McNickle, T. C. Maling, R. L. Mansi, J. N. Matthews, C. R. Mayou, H. N. Miles, K. O. Milner, S. C. Misra, J. Montgomerie, C. C. Morgans, H. J. V. Morton, P. D. Mulkern, W. B. Mumford, J. A. W. Musson, Kowkab H. Nassif, L. G. Nicholas, D. D. O'Callaghan, W. L. Ogle, L. C. Oliver, G. S. W. Organe, R. M. M. C. Orpwood, H. E. S. Pearson, M. L. Platt, A. K. Price, A. U. Prodhan, S. A. Propert, J. N. N. Robinson, K. Robson, H. P. Russell, R. D. Scriven, G. H. Shaw, P. P. Sheth, H. S. Shoham, R. T. Simcox, K. H. Singh, E. J. Smith, D. W. Smithers, J. G. C. Spencer, J. T. W. Spiridion-Kliszczewski, F. R. Store, E. W. Taylor, B. A. Thomas, F. W. Thomas, W. H. D. Trubshaw, E. R. Van Langenberg, G. E. Walker, G. N. Wardle, C. E. M. Ware, A. G. McD. Weddell, C. S. Whitehouse, A. Willcox, R. H. H. Williams, J. Wilson, C. W. Wollaston, Tamsin M. Wynter, E. C. Zorab.

The names of the recipients of the Diploma in Tropical Medicine and Hygiene, conferred jointly with the Royal College of Surgeons, were printed in our issue of April 15th (p. 681).

Diplomas in Gynaecology and Obstetrics were granted, jointly with the Royal College of Surgeons, to H. Sobhi and N. J. Thanavala.

SOCIETY OF APOTHECARIES OF LONDON

The following candidates have passed in the subjects indicated:

SURGERY.—W. H. Ekin, L. I. F. Kerridge, T. Morgan, S. G. Nathan.

MEDICINE.—P. A. Diemer, P. M. Heirshberg, R. Sugarman.

FORENSIC MEDICINE.—A. E. Glanvill, A. S. Rosuck, E. C. Rowlands, R. P. K. Sen.

MIDWIFERY.—S. Adams, N. F. Bishay, A. E. Hassan, M. Sourasky, R. H. Wheeler, F. H. Williams.

The diploma of the Society has been granted to Messrs. P. A. Diemer, R. H. Wheeler, and M. Sourasky.

The Services

NAVAL COMPASSIONATE FUND

At the quarterly meeting of the directors of the Naval Medical Compassionate Fund, held on April 19th, Surgeon Vice-Admiral R. St. G. S. Bond, C.B., K.H.P., Medical Director-General of the Navy, in the chair, the sum of £225 was distributed among the several applicants.

The King has conferred the Territorial Decoration on Lieut.-Colonel H. G. Smeeth, R.A.M.C. (ret.); and the Efficiency Decoration on Lieut.-Colonel F. R. Harris, R.A.M.C., and Major and Brevet Lieut.-Colonel E. W. Matthews, R.A.M.C.

Medical News

The eighty-ninth half-yearly dinner of the Aberdeen University Club, London, will be held at the Trocadero Restaurant at 7 for 7.30 p.m. on Thursday, May 18th, under the chairmanship of Mr. J. Hall Barron. Secretary's address: 9, Addison Gardens, W.14.

The Glasgow University Club, London, will dine at the Trocadero Restaurant, Piccadilly, on Friday, May 26th, at 7.15 for 7.30 p.m. Professor Ralph Stockman of Glasgow University is to be in the chair. Any Glasgow University men who, though not members of the club, desire to attend, are requested to communicate with the honorary secretaries, 62, Harley House, N.W.1.

At a meeting of the Royal Sanitary Institute in the Town Hall, Weston-super-Mare, on Friday, May 12th, at 5 p.m., a discussion on "Prevention of Human Tuberculosis of Bovine Origin" will be opened by Dr. W. G. Savage, medical officer of health, Somerset County Council, and Mr. S. V. Gollidge, county veterinary officer, Wiltshire.

A course of demonstrations in neurology for candidates for the M.R.C.P. examinations will be held on Tuesdays and Thursdays, from May 9th to June 29th, at 6 p.m., at the National Hospital, Queen Square, W.C.1.

The Fellowship of Medicine and Post-Graduate Medical Association, has arranged a whole-day course in advanced urology at St. Peter's Hospital, from May 8th to 20th. An intensive week-end course of instruction on rheumatic disorders and applied hydrotherapy will be given at the Royal Mineral Water Hospital, Bath, on May 13th and 14th. An all-day course in diseases of children will be given at the Queen's Hospital, Bethnal Green, from May 15th to 27th. There will be a week-end course in obstetrics at the City of London Maternity Hospital, on May 20th and 21st. Forthcoming courses include gynaecology at the Chelsea Hospital, May 22nd to June 3rd; venereal diseases, at the London Lock Hospital, May 22nd to June 17th; M.R.C.P. evening course, Tuesdays and Thursdays, May 23rd to June 16th.

During the course of the annual conference of Rotarians, which is being held at Scarborough from May 5th to 9th, Dr. H. C. Jonas of Barnstaple will preside over a vocational meeting of medical Rotarians in Great Britain, when a discussion will take place on the four following topics: (1) How can we organize better for service (a) nationally, and (b) internationally. (2) Has the crisis affected our profession (a) either ethically (especially as regards unfair practices and bribery) and (b) commercially? (3) Do we do everything in our power to ensure that medical etiquette is primarily to the advantage of the public? (4) What are the admitted evils of our profession, and how should we attempt to combat them?

The thirteenth International Congress of Neurology will be held at La Salpêtrière, Paris, on May 30th and 31st, when the subjects for discussion will be: serous cerebral and spinal meningitis, introduced by Claude of Paris, Boschi of Florence, Barré of Strasbourg, and Petit-Dutailis of Paris; and exploration of the cerebral cavities by means of air, introduced by Clovis Vincent, assisted by David and Puech for ventriculography and Berdet and

Rappoport for encephalography. Further information can be obtained from the general secretary, Dr. Crouzon, Avenue de Jéna, 70 bis, Paris, 16e.

The second Italian Congress of Sport Medicine will be held at Bologna from May 20th to 22nd, when the following subjects will be discussed: renal function in sport, introduced by Professor Aiello of Milan; diet in sport, introduced by Professor Del Guerra of Pisa; and training, introduced by Dr. Poggi-Longostravi of Milan.

The Cardiological Society of Czechoslovakia will hold a congress in Prague from June 2nd to 4th (Whitsuntide), under the patronage of the President of the Republic, Dr. T. G. Masaryk. The president of the congress is Professor V. Libensky, with Sir Thomas Lewis (London), Professor F. Mares (Prague), and Professor H. Vaquez (Paris) as presidents of honour. The subject for consideration is myocardial disease, its physiology, pathology, and treatment. At the opening session on the morning of Friday, June 2nd, in the Institute of Physiology and Histology, Professor Libensky will give his inaugural address; the secretary, Dr. S. Mentl, will present his report; and a number of communications will be made by delegates, the official rapporteur from London being Dr. T. F. Cotton. On Sunday, June 4th, visits will be paid to the principal Czechoslovakian spas. All inquiries about the congress should be addressed to Dr. S. Mentl, Myslikova 7, Prague II.

The forty-eighth German Balneological Congress was held at Baden-Baden from April 4th to 8th under the presidency of Professor Dietrich, when the principal subjects for discussion were the importance of diagnosis in spa practice, and the position of climatology.

We are asked to state that the course of lectures on pathological research in its relation to medicine, usually held at this time of year at the Institute of Pathology and Research of St. Mary's Hospital, has been postponed until the autumn. The new lecture theatre will not be completed in time for these lectures to be given in the spring and early summer.

The March issue of the *Radiological Review* is the annual radium number.

The April issue of *Jahrbuch für Kinderheilkunde* is dedicated to Professor Adalbert Czerny on the occasion of his sixtieth birthday.

In the March number of the *Quarterly Bulletin* of the Health Organization of the League of Nations is a report of the conference on economic depression and malnutrition held in Berlin last December, at which representatives from the following countries were present: Austria, Belgium, Denmark, France, Germany, Italy, the United Kingdom, and the United States of America. In the same number of the *Bulletin* there is an instructive article by Dr. W. R. Aykroyd on diet in relation to small incomes.

The current issue of the *Liverpool Medico-Chirurgical Journal* (vol. xli, Part 1) includes a tribute to the memory of Sir Robert Jones, by Dr. T. P. McMurray; a report of a discussion at the Liverpool Medical Institution on avoidable wastage in connexion with industrial injuries, opened by Dr. H. E. Moore; also the text of papers read before the institution, and a review on intestinal intoxication by the editor, Dr. Robert Coope.

Additional lists of articles chargeable with duty under Part I of the Safeguarding of Industries Act, 1921, have been issued by the Board of Trade, and will take effect as from May 12th, 1933. These lists refer to articles under the following headings: optical instruments; scientific glassware; scientific instruments; synthetic organic and other fine chemicals. Copies of the lists may be obtained from H.M. Stationary Office (2d. net).

Dr. George F. Buchan has been elected chairman of the council of the Royal Sanitary Institute for the session 1933-4, in succession to Dr. Charles Porter, whose term of office has expired.

Dr. James Gairdner, now aged 87, has retired from the position of certifying factory surgeon for the Crieff district, after holding it for sixty-two years.