

of the latter, for such a complication may arise in impetigo however treated. An increased incidence of such complications would have to be demonstrated in a very much longer series of cases before the very obvious advantages of the method could be seriously decried. But there is no need to stress the benefits of the occlusive dressing in superficial infections: they are already well enough known to all who have used them. An important aspect of impetigo is the administrative one. If the disease can be cured so readily with so little treatment the work of the school clinic can be enormously reduced. The amount of supervision needed from the medical officer will be lessened, and the school nurse, absolved from the necessity of doing daily dressings, can apply her energies in more useful spheres. Adhesive dressings no doubt cost more than ointment, but in the long run their use might well prove to be an economy. At any rate the cost is scarcely likely to outweigh their great advantages. Finally, the occlusion of the individual lesions is likely to have the effect of limiting the spread of the disease from one member of a household to another.

SUMMARY AND CONCLUSIONS

1. Three methods of treating simple impetigo are described—by means of the occlusive dressing, by means of ointment applied intensively, and by means of the same ointment applied in a more desultory way.

2. The evidence indicates that the advantage is strongly with the first method of treatment, the period of invalidism being almost halved. The worst results come from intensive methods.

3. This advantage to the patients may also be felt by the school medical service in the form of increased simplification of work. The occlusive treatment is likely to diminish the infectivity of the disease.

I should like to express my thanks to my colleague Mr. I. D. Dear for permission to use the records of his patients.

Memoranda

MEDICAL, SURGICAL, OBSTETRICAL

FATAL CEREBRAL HAEMORRHAGE IN A YOUNG ADULT

There are several points of interest in the unusual case described below—the extreme difficulty of diagnosis in the first emergency, the occurrence of fatal cerebral haemorrhage in one so young, and the presence of glycosuria and albuminuria.

I was recently called to attend a young lady of 25 who, while dancing, had suddenly sunk to the ground. On examination she was quite unconscious; all reflexes were absent, the pulse was very bad, but colour was good and there were no obvious signs of injury to the head. A stomach wash was done, nothing abnormal being found, and with oxygen the pulse revived a little. Soon after it was noticed that the pupils were becoming unequal, and there was some divergence of the left eye. The history was entirely negative. She had been at her work as a secretary during the day, and had been quite herself all the evening. For two days during the previous week she had been at home with a slight cold. She had had some septic infection of the face some three years before, but had never had a serious illness. After about two hours it was decided to remove her to a nursing home, where a catheter specimen showed a considerable quantity of sugar and some albumin. Blood pressure was 190. A few minutes later the left pupil, which had been smaller than the right, was seen to be dilating. The divergence increased, and the patient died four hours after being first taken ill. Post mortem the only abnormalities found prior to an examination of the skull contents were a few calcareous glands in the abdomen and a slight thickening of the mitral valve suggestive of old vegetations. On opening the head the dura mater was found to be rather adherent. There was a marked

effusion of blood in the subarachnoid space all over both sides of the brain. This was slightly more marked in the left fissure of Rolando and left Sylvian fissure than in the right. The pons, medulla, and the lower surface of the brain were all covered with effused blood. No ruptured aneurysm could be found, but there was so much disorganization that it was difficult to identify the vessels, which, incidentally, did not appear to be unduly thickened.

Cerebral haemorrhage in young persons is not so rare as might be expected. Allbutt¹ quotes the St. Bartholomew's figures of 3,790 necropsies with 134 cases of intracranial haemorrhage, of which 7, or 5.6 per cent., occurred between 21 and 30. In Dr. Cookson's interesting series of eight cases of subarachnoid haemorrhage recently published in the *Journal*,² only one—a boy of 17—was under 30. In the historic work of Charcot and Bichard in 1868 it was considered that haemorrhage came from military aneurysms, but according to Osler and Price this view was negatived by Ellis and Pick,³ and it is now held that the cause is a rupture of a definite aneurysm, or of a weak arterial wall, following an infective embolus.^{4 5} In this case the history of a septic infection of the face and the suspicious mitral valve are suggestive, but there is no explanation of why the rupture took place when it did.

The occurrence of the glycosuria and albuminuria is of practical importance as bearing on the diagnosis of cases of sudden unconsciousness. My colleague Dr. Beare had removed the appendix some two years previously, when the urine was free from sugar and albumin. No history of polyuria or diabetic symptoms since then could be obtained, nor were there any naked-eye changes in the kidneys post mortem. Though the literature on this matter seems scanty, it is generally taught, and held by Munch-Peterson,⁶ that such an occurrence is due to interference with some special centre in the brain, probably in the medulla oblongata or corpus striatum. None of Dr. Cookson's eight cases showed any glycosuria, and in five out of six there was only slight albuminuria. It would appear that this centre must be very active, as in the present case urine in the bladder contained a large amount of sugar and albumin within three hours of the onset of the haemorrhage. The high blood pressure may have had some similar cause, but it may have been terminal, as it was not taken until just before death.

I am indebted to my partner, Dr. Max Davison, and to my colleague Dr. C. E. Beare for their assistance, and to the latter for permission to publish the case.

S. MORTON MACKENZIE, M.A.
M.B., B.Ch.Cantab.

Dorking.

REFERENCES

- ¹ Allbutt: *System of Medicine*, 1910, p. 309.
- ² Cookson: Spontaneous Subarachnoid Haemorrhage, *British Medical Journal*, April 1st, 1933.
- ³ Price: *Textbook of Practical Medicine*, 1929.
- ⁴ Fearnside: *Brain*, 1916, xxxix, 224.
- ⁵ Glaser: *Ibid.*, 1929, lii, 226.
- ⁶ Munch-Peterson: *Ibid.*, 1931, liv, 72.

DRUG ERUPTIONS

The extended use of gold and bismuth salts has been followed in some instances by a rash. I propose to record here an example of an eruption due to solganol, which, so far as I know, has not been recorded in English literature as producing a characteristic rash.

Mrs. M., aged 46, was admitted under my care at St. Mary's Hospital on February 20th, 1933, when she gave the following history. She had suffered for some years, probably since early 1929, from an eruption diagnosed as erythema pernio by a dermatologist in charge of a department at a teaching hospital. This is described as a gyrate purple eruption on the backs of both legs, with a history of having had it at some time upon the face. The

eruption disappeared in the summer, to recur in the winter. She suffers intensely from cold. In January, 1931, the same dermatologist regarded the eruption, which was then upon the face, as lupus erythematosus. She received four doses of solganol (di-sodium salt of sulpho-methyl-amino-auro-mercaptan benzol sulphuric acid) by intramuscular injection at intervals of a week between each. The first injection—0.01 gram—was followed almost immediately by a very extensive eruption closely simulating erythema multiforme. With each successive injection—and four in all were given—the rash became more extensive.

When seen by me in February the patient was obviously extremely ill. She then had a very congestive erythematous eruption, like erythema multiforme, of the whole face, neck, upper arms and forearms, chest, and back. Both legs were entirely covered with a thickly set purpuric eruption, which persisted long after the erythematous rash had died away. Treatment in the hospital was confined to soothing lotions, retention in bed, and administration of bromide, as the patient was sleepless and suffered extreme discomfort from the widespread congestion of the skin.

This patient was shown by me at the meeting of the Dermatological Section of the Royal Society of Medicine on March 16th, 1933, when the diagnosis of solganol eruption was generally confirmed. She has now made a complete recovery, the only traces of the eruption left being some stains upon the legs from the purpura.

At the same meeting of the Dermatological Section three cases were exhibited of widespread eruption closely simulating lichen planus, and clinically, indeed, indistinguishable from that disease, but with a history of having come on during the administration of bismuth injections. I had seen a few weeks previously an eruption in a young man undergoing treatment for syphilis, and showing patches upon the face indistinguishable clinically from hypertrophic lichen planus. In this case the history was that for the twelve months previous to his coming to me he had been having bismuth injections, following upon a course of N.A.B. injections in the previous twelve months, during which, however, he had shown no rash. Eruptions simulating lichen planus and following upon bismuth injections are not, as far as I can find, mentioned in any textbooks, and are probably a new observation. Our knowledge of the causation of lichen planus is so limited that it may be regarded as a tenable hypothesis that actual lichen planus can itself be produced by drugs, just as herpes zoster, usually an idiopathic phenomenon, can be produced by arsenic.

The object of this note is to suggest to practitioners an inquiry into drug antecedents in cases resembling lichen planus, erythema multiforme, and other skin eruptions the aetiology of which is obscure.

St. Mary's Hospital Skin Department. E. GRAHAM-LITTLE.

TWO CASES OF SPONTANEOUS CURE OF CONGENITAL NYSTAGMUS

In view of the poor prognosis associated with congenital nystagmus the following cases may be of interest.

A girl, aged 5, was brought to me in 1925 suffering from a typical congenital nystagmus. The condition had been noticed for some time, but the parent hoped the child would "grow out of it." There was no history of head-nodding. I could do no more than refract the child under atropine and order glasses, but, acting on the theory of congenital albinism, I had the lenses tinted (Crookes A2). No type vision could be recorded. The following year conditions were very similar, except that the vision could now be recorded as R.E., with + 3 D cyl. ax. 105°—6/24; L.E., with + 0.50 D sph. + 2.5 D cyl. ax. 90°—6/18. In 1927 there was no change in the nystagmus, and the vision remained the same. In 1930 the child was brought to me again, when, to my astonishment, no nystagmus could be seen. The parent stated that the condition began to improve in 1928, and about a year later the nystagmic movements had disappeared. The refraction was then: R.E. + 2.5 D cyl. ax. 100°, which gave a vision of 6/9 partly, and L.E. + 2 D cyl. ax. 90°, which gave a

vision of 6/9. New glasses were ordered without any tint, and the condition of affairs is still good.

A boy, aged 6, was suffering from congenital nystagmus when seen by me in 1927. The mother gave a history of "eye movements" for as long as she could remember; no head-nodding, however, had been seen. Both fundi were apparently normal, and the vision in both eyes was 6/24 with a small hypermetropic astigmatism corrected. Glasses were ordered, tinted as in the case recorded above, and I saw him eighteen months later, when no change could be noticed. In July, 1932, I saw him again, but no nystagmus was apparent. The mother gave a similar history—namely, that about eighteen months previously the condition had begun to improve, and six months before I saw the boy the nystagmus had ceased completely. The vision was then: R.E., with + 0.5 D cyl. ax. 90°—6/9; L.E., with + 0.5 D cyl. ax. 90°—6/12. Untinted lenses were ordered. I saw the boy again in January, 1933, and the vision, with glasses, had improved to 6/6 and 6/9.

I can trace no similar cases in the literature.

Swansea. ROY THOMAS, M.B., F.R.C.S.ED., D.O.M.S.

Reports of Societies

TREATMENT OF CHRONIC SUPPURATIVE OTITIS

A meeting of the Section of Otolology of the Royal Society of Medicine was held on May 5th, with Mr. J. F. O'MALLEY in the chair, when a discussion took place on the treatment of chronic suppurative otitis.

Dr. T. RITCHIE RODGER, in opening, said that the problem, which was social as well as surgical, was a reproach to the medical profession in general and to the otologist in particular. Although in no other open sinus was there such an element of danger to life, yet no other chronic suppurating sinus in any part of the body was treated with the same levity and inaction. There were now some hundreds of men engaged in the practice of otology as compared with a mere handful a generation ago, but the question might well be asked whether they were making an impression on this unfortunate condition such as their numbers and endeavours might be expected to make. The average length of treatment was some criterion of progress, and this provided distinct encouragement. At school clinics, before the appointment of aural surgeons, the same patients, treated on the old lines, used to attend month after month, without improvement. Now, with attention to adenoids, improved local treatment, and recourse to mastoid operation where necessary, the average length of treatment was very much reduced. The increased number of mastoid operations performed might perhaps be claimed as an index of progress, although critics would say that it was only an evidence of enthusiasm for surgery. The most searching test of all was to ask whether the number of intracranial complications had been reduced; but this was difficult to answer. The otologist had so recently gained his proper position in most cities and towns that a decade or two ago a large proportion of such complications passed into the hands of the general surgeon. Therefore statistics by otologists might well show an increase in such complications, although the absolute number might be much smaller. Dr. Rodger said that in the first fifty mastoid operations of all kinds that he performed in his city of Hull he had seventeen intracranial complications. The chief explanation of this high ratio was that no special department had previously been in existence in the city, and the general surgeons who did the mastoid work received for the most part only those cases in which immediate operation was required. His figures for 1932 at the Hull Royal Infirmary, where there was now a department similar to the one in Edinburgh, showed, taking all mastoid operations together, a percentage of complications of 10.5, and this was almost identical with the figure in Edinburgh for 1932. At the Children's Hospital in Hull the proportion of complications was smaller—4.2 per cent.—and in private cases of all ages it was 7.1 per cent. The investigation had brought to light one very weak link in the arrangements, for at the two municipal hospitals,

ONE HUNDRED AND FIRST ANNUAL MEETING
of the
British Medical Association
DUBLIN, 1933

THE one hundred and first Annual Meeting of the British Medical Association will be held in Dublin this summer under the presidency of Dr. T. Gillman Moorhead, Regius Professor of Physic, Trinity College, who will deliver his address to the Association on the afternoon of Tuesday, July 25th. The sectional meetings for scientific and clinical work will be held, as usual, on the three following days, the morning sessions being given up to discussions and the reading of papers, and the afternoon to demonstrations. The Annual Representative Meeting for the transaction of medico-political business will begin on the previous Friday, July 21st. The list of officers of the sixteen Scientific Sections and the subjects for discussion was published in the SUPPLEMENT of April 15th. Other details of the arrangements for the Annual Meeting will be given in later issues. We publish below the fourth of a series of descriptive articles on Dublin and its medical institutions. The first, a preliminary note, appeared in our issue of December 3rd, 1932 (p. 1026), the second on the History of Dublin on March 18th, 1933 (p. 476), and the third on the Dublin of To-day on April 22nd (p. 710).



THE UNIVERSITY OF DUBLIN:
TRINITY COLLEGE *

BY GILBERT WATERHOUSE, Litt.D.

At least three ineffective attempts were made in the fourteenth and fifteenth centuries to establish a university in Dublin. Then, in 1585, an old project of associating a university with St. Patrick's Cathedral was revived, but had to be abandoned owing to the opposition of Archbishop Loftus. No further definite step was taken until 1590, when a group of influential citizens, headed by Henry Ussher, Archdeacon of Dublin, Luke Challoner, and two Scots, James Fullerton and James Hamilton, masters at the Grammar School, addressed a petition to the City Council, which had long been well disposed to the establishment of a university. The council undertook to make representations to the Lord Deputy, Fitzwilliam, and more particularly to facilitate the scheme by providing a suitable site. The Archbishop and the Lord Chief Justice added their recommendations to those of the Lord Deputy, the royal sanction was immediately accorded, and by letters patent of March 3rd, 1591 (commonly called "The Foundation Charter"), Queen Elizabeth founded the "Collegium sanctae et individuae Trinitatis juxta Dublin" to be "the mother of a university."

Early Developments

William Cecil, Lord Burghley, was appointed chancellor and Archbishop Loftus provost. A small endowment was granted, but the funds for the erection and equipment of the necessary buildings were raised mainly by public subscription in Ireland. The foundation stone was laid by the Mayor of Dublin, Thomas Smyth, on March 13th, 1592, and the college was opened to students in 1593. The original number of students is unfortunately unknown, but it rose from sixty-five in 1613 to 472 in 1704, 933 in 1792, and to 1,300 in 1886. In 1913 the number was 1,285, of whom 211 were women. During the war, the response to the call to arms—a response which was entirely voluntary—caused the number of men students to drop to 535. There was a temporary return to the pre-war total in 1919 and 1920, when several hundred ex-service students resumed their studies, but the revolutionary period and the progressive impoverishment of the country caused a further decline to 936 in 1924. With the return to more settled conditions numbers have steadily risen to 1,455 in 1931-2. The midsummer entrance for 1930 (162) was higher than in any year, with one exception, since the famine.

The original endowment of Elizabeth was generously supplemented by James I, and in 1637 Charles I granted

a new charter, which forms the basis of the present Consolidated Statutes of Trinity College and the University of Dublin. The Foundation Charter of Queen Elizabeth appears to have contemplated a possible multiplication of colleges on the lines of Oxford and Cambridge. However that may be, all attempts to develop in that way have failed, and for practical purposes "Dublin University" and "Trinity College" are synonymous terms. The framework of a university was undoubtedly created in 1591 by the appointment of a chancellor, by provision for the appointment of a vice-chancellor and proctors, and by the regulations for the conferring of degrees, but the primary executive authority was vested in the provost, as head of the college. The power of appointment to the provostship originally rested with the Fellows, but passed to the Crown under the Charter of 1637. The chancellor is appointed for life by the senate. The vice-chancellor is appointed by the chancellor, and presides, in the absence of the chancellor, at commencements or other meetings of the senate. This body consists of all doctors and masters who keep their names on the books of Trinity College. It is a body corporate distinct from the college, and is the final authority in all matters relating to the institution and conferring of degrees. The caput of the senate consists of the chancellor (vice-chancellor or pro-vice-chancellor), the provost, and the senior master non-regent, who is elected annually by the senate. Any member of the caput may veto any proposed grace for a degree.

The regulation of courses and examinations precedent to degrees (except in divinity) and the nomination of the university professors for appointment (with certain exceptions created by Act of Parliament or by the directions of private founders) are the concern of the University Council, a small body composed mainly of members of the teaching staff, together with representatives of the senate and of the Board of Trinity College. All matters relating to the Divinity School are dealt with by the Divinity School Council, on which the bishops of the Church of Ireland are represented. The provost presides over both the University Council and the Divinity School Council. All the acts of these bodies require the sanction of the Board of Trinity College, which is the supreme authority in matters of administration, discipline, and finance. It consists of the provost, the seven senior fellows, two representatives of the junior fellows, and two representatives of the university professors.

The domestic cares of a residential university are innumerable. Rooms in college are naturally in great demand, but only about 300 undergraduates can be accommodated. The remainder live in registered lodgings or with their parents, if their homes are in Dublin or its neighbourhood. A hostel for women, Trinity Hall, was opened in 1908, and now, after extension, accommodates

* Reprinted from the series: "British Universities To-day," *Discovery*, October, 1930.

about sixty students. About 300 undergraduates dine in hall daily, luncheon is served at a special buffet during term, and the Dublin University Co-operative Society caters for all ordinary requirements. Indeed, life in Trinity offers many attractions not easily found elsewhere. The spacious grounds form an oasis of some 30 acres in the heart of the city, provide the college clubs with ample facilities for cricket, football, hockey, and tennis, and still leave room for quiet walks, for flowers, shrubs, and stately trees.

A Varied Curriculum

In Trinity Week, about the middle of June, the college races provide one of the principal athletic and social functions in Ireland. Similarly, there is ample scope for intellectual and oratorical activity in the College Historical Society, founded in 1770, the University Philosophical Society (1853), the Theological Society (1830), the Choral Society (1837), the Classical Society, and others of more recent foundation. There are advantages also in easy access to the theatres, galleries, libraries, and other institutions of a capital city, while the study and practice of law and medicine in particular are simplified by proximity to the King's Inns and the great Dublin hospitals.

With the passing of the centuries, the curriculum of the

and degrees in engineering were created in 1872. In 1855, when open competition for the Indian Civil Service was introduced, prompt steps were taken to provide the necessary instruction in Oriental languages, with the result that hundreds of Dublin graduates have found, and continue to find, their careers in the Imperial services.

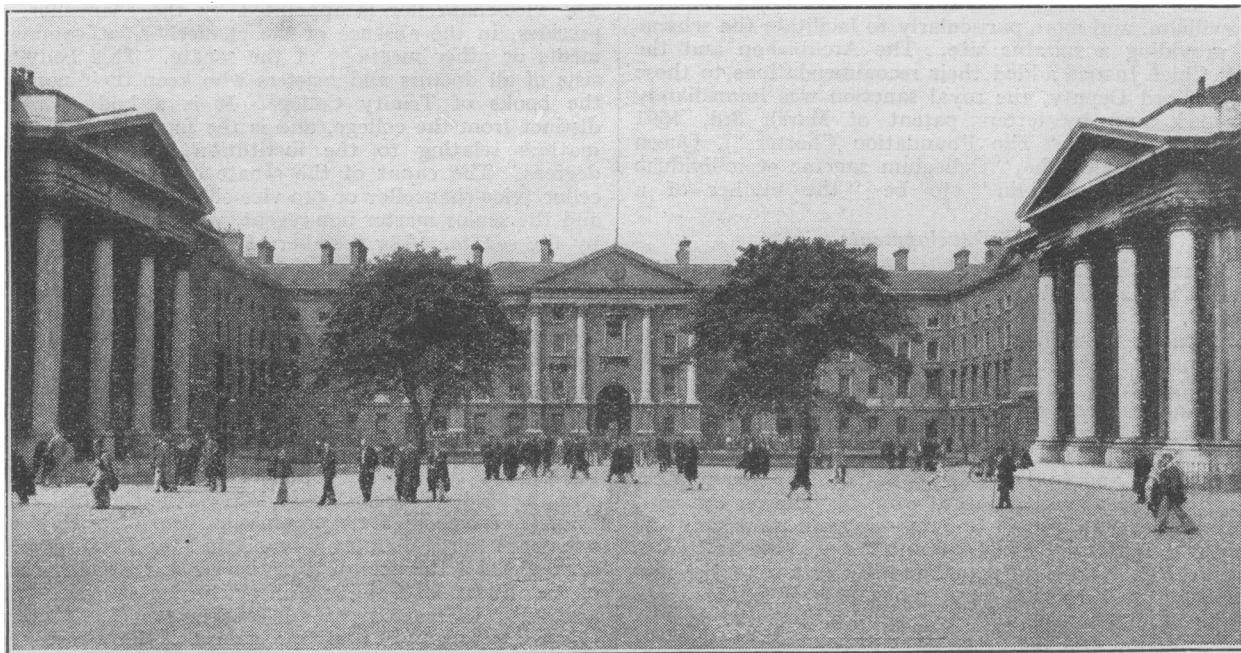
This widening of academic studies has proceeded so far that students can now obtain degrees not merely in divinity, law, medicine, philosophy, classics, and mathematics, but also in modern literature (professorships in French and German, Italian and Spanish were founded in 1778), Oriental languages, Celtic languages, music, history and political science, engineering, natural science, experimental science, and commerce.

Financial Needs

Like other academic bodies throughout the world the Board of Trinity College is constantly engaged on the task of apportioning its limited resources to ever-increasing demands for staff, buildings, and equipment. The needs of the university, like those of Oxford and Cambridge, were the subject of an inquiry by Royal Commission in 1920, under the chairmanship of the late Sir Archibald Geikie. The financial recommendations of that Commission were,



TRINITY COLLEGE LIBRARY.



TRINITY COLLEGE, PARLIAMENT SQUARE.

university has undergone the same changes as in other ancient seats of learning. Sweeping reforms were made during the provostship of Bartholomew Lloyd (1831-7), who opened a new and progressive stage in the history of the college. The school of engineering, the first in any university in the United Kingdom, was opened in 1842,

in part, incorporated in the abortive Government of Ireland Act of 1920, which appeared to guarantee to the University of Dublin an annual subsidy of £30,000. This cheering prospect proved to be only a mirage, and the guarantee disappeared with the Act. The effects of this disappointment were acutely felt for some years,

but there are now signs that relief may come from another source. In 1927 an influential committee of graduates, reverting to the old maxim that self-help is the best help, established the Trinity College (Dublin) Educational Endowment Fund as a thank-offering to the college for the education received within its walls. It is hoped that this fund, which takes the form of a perpetual trust, will, in the course of time, assist the university to maintain that academic independence which is the first condition of a healthy existence. The University of Dublin, subsisting entirely on its endowments and on its fees, thus remains one of the few free universities of Europe, acknowledging no obligation save to the cause of learning and offering equal liberty to all who seek its instruction with good will.

Trinity College owes much, nevertheless, to the generosity of Governments in the past. The library (Fig. 1), the oldest and largest of the existing buildings, was erected in the years 1712 to 1724 at a total cost of £17,000, of which £15,000 was provided by Parliament. The collection of books had its origin in a subscription of £1,800 from Her Majesty's Army in commemoration of the victory over the Spanish troops at Kinsale in 1601. The private collection of Archbishop Ussher, consisting of 10,000 volumes, with many valuable manuscripts, including the priceless "Book of Kells," was also a gift from the officers and men of the English Army in Ireland. Among the more important additions to the library since 1660 are the collections of Archbishop Palliser, Bishop Stearne, Dr. Claudius Gilbert, and Baron Hendrik Fagel. In common with the British Museum, the university libraries of Oxford, Cambridge, and Wales (Aberystwyth), and the Advocates' Library of Edinburgh, Trinity College enjoys the privilege of receiving a free copy of every book published in the United Kingdom.

The cost of the magnificent west front of the College (1759) and the adjacent Parliament Square (Fig. 2), was largely defrayed by a grant of £40,000 from the Irish Parliament. The two wings of the square are terminated with symmetry and dignity by the Public Theatre or Examination Hall (1787) and the Chapel (1798). Indeed, few universities can offer such variety of architectural interest as Trinity College, but space permits only a brief reference to the unique Museum Building (1857), the Graduates' Memorial Building, erected by subscription to commemorate the tercentenary (1893), and the physical and botanical laboratories erected and equipped by the munificence of the late chancellor, the first Earl of Iveagh.

Famous Men

At some time in the beginning of the nineteenth century, Trinity appears to have been reproached as "the silent sister," as one that contributed nothing to the intellectual life of the country, a charge which drew from Dr. Mahaffy the witty comment: "Among all Irish institutions, probably the only one ever accused of silence is the University of Dublin." It is at least open to doubt whether Oxford and Cambridge were in much better case during that period of war, rebellion, reaction, and unrest, which was not unlike the times through which Europe has recently passed. At any rate, the record of Trinity College, as shown by the catalogue of its great men, will bear comparison with that of any other university, British or foreign. Among poets and men of letters it claims Swift, Congreve, Farquhar, Goldsmith, and Moore; among scholars Ussher, Ware, Dodwell, Malone, Hincks, Whitley Stokes, Lecky, Mahaffy, Tyrrell, Dowden, and Bury; among philosophers Berkeley; among mathematicians Hamilton and McCullagh; among scientists Molyneux, Lloyd, and Fitzgerald; among theologians Magee and Salmon; among physicians Stokes and Graves; among statesmen and orators Burke, Grattan, Flood, Plunket, Curran, and a host of others. The past is full of splendour only, its troubles and dangers are forgotten. And what of the future? How will Trinity College face the changing times? The answer must be: exactly as it faced the changes of the past, that is, by the steadfast discharge of a university's supreme function—by single-minded devotion to the advancement of knowledge.

ARRANGEMENTS FOR LADY VISITORS

Many of those members of the Association who attend the Annual Meetings regularly are almost invariably accompanied by their wives and daughters, and it is hoped that those attending the Dublin Meeting will follow this example. Ample provision is being made for the comfort and entertainment of lady visitors. Their headquarters will be in Lord Iveagh's house in St. Stephen's Green, where all ladies will register and procure tickets for the entertainments and excursions arranged for them. Here they will find a comfortable place to rest, read, or write, and here they will be supplied (without charge) with morning coffee and with afternoon tea, to which they may invite their menfolk when the latter's morning labours are over. Lunches are not being supplied at the Ladies' Club, as it is within a few minutes' walk of the sectional meetings, reception room, and many hotels and restaurants.

A number of entertainments have been arranged for the ladies to take place during the meetings of the Representative Body. On Friday, July 21st, there will be a short excursion to the beautiful Walpole's Gardens, where visitors will be surprised at the number of subtropical plants which flourish in the mild climate of County Wicklow. Tea will be provided at Newcastle Sanatorium, which is in the vicinity, and which is itself well worth inspection. On the following afternoon a similar short excursion will show the beauties of the Phoenix Park, the River Liffey, and Carton—the demesne of the Duke of Leinster; tea will be provided at Carton by the kindness of local ladies. These excursions are provided gratis, and ladies accompanying representatives are invited to join in. On the Friday evening Mrs. Barnville, chairman of the Ladies' Committee, will be "At Home" to all ladies, and on the Saturday evening the President and Local Executive invite representatives and their ladies to an "At Home," to be followed by a dance.

On Sunday, July 23rd, a modest 15s. will give representatives and their wives a good view of some of the beautiful scenery of County Wicklow. Lunch will be provided (without extra payment) at Glendalough, where time will be allowed for visitors to explore the lakes and ruins in the Valley of the "Seven Churches." Tea will be taken at Greystones, and the organizers of the trip promise to arrange their time-table so that it terminates in Dublin not later than 6.30 p.m.

Each morning, from Monday to Friday, ladies can amuse themselves with visits to the Club or Dublin's shops, with short excursions by bus or private car; and with golf or tennis. On the Wednesday morning the competition for the Notts Ladies' Challenge Cup will be played on the celebrated Portmarnock Links. On Monday afternoon, July 24th, Mrs. Moorhead, wife of the President-Elect, will be "At Home" to all ladies, and in the evening the ladies, as well as representatives, will be entertained at the Abbey Theatre to a comedy of Irish life, played by the celebrated Abbey Theatre Company, called "Professor Tim."

The President's reception, which will be followed by a dance, will be held on the evening of Tuesday, July 25th. Wednesday afternoon will offer a choice of an "At Home" at Dr. Steevens' Hospital, the oldest of the Dublin hospitals, and a garden party at the Zoological Gardens. In the evening all visitors will be entertained by the Free State Government at a reception in Dublin Castle.

St. Ultan's Babies' Hospital is inviting lady doctors to lunch on Thursday, and some of the ladies will lunch with their husbands at Guinness's brewery at the same time. Dublin University will confer honorary degrees on this day, the ceremony being followed by a garden party in the attractive grounds of Trinity College in the centre of the city. The evening will be occupied by the annual dinner.

Friday afternoon presents the difficulty of deciding which of the three garden parties—at Blackrock College, the Rotunda Hospital, and the Sunshine Home—should be patronized; whichever is chosen the visitors may be assured of pleasant entertainment. In the evening many

ladies will probably wish to hear Professor Macalister's lecture on "Footprints of History in Ireland," and, if they do, they will be convinced that archaeology is not, as they may previously have thought, a dull subject. Later in the evening honorary degrees will be conferred by the National University, and this will be followed by a reception and dance at University College.

The last day, Saturday, July 29th, will be devoted entirely to excursions. It will be difficult to decide on the relative merits of a visit to the "Meeting of the Waters" at Avoca, immortalized by Moore, followed by a visit to a hospital and to Shelton Abbey, where the Earl of Wicklow has invited visitors to tea and to see the gardens, and a northern trip, which covers many of Ireland's most celebrated historical and prehistoric remains at Slane, Tara, and on the banks of the Boyne. Either trip may be enjoyed for about 15s., and this price includes lunch and tea.

So conclude the nine days, but it is hoped that they may be, for many visitors, but a prelude to a more extended visit to other of Ireland's beauty spots, which may be reached by rail or road. Visitors who bring their cars may be assured that the roads are good, and that comfortable hotels are ready to entertain them at quite reasonable prices. The committees responsible for making arrangements for the Dublin Meeting are not unmindful of the fact that the present financial stringency affects the medical profession as well as other sections of the community, and that travelling expenses will be, for most doctors, heavier than in connexion with many other meetings. They have endeavoured, therefore, to keep the incidental expenses of visitors as low as possible; apart from hotel bills, which will be lower than in most cities, visitors will have few expenses. The only entertainments for which payment must be made are the dinners (Annual, Representatives', and Secretaries'), and the excursions on the Sunday and final Saturday: all other entertainments and excursions will be free.

This outline of the programme for ladies will, it is hoped, persuade many to come, as the local ladies are keenly looking forward to their visit, and will do all in their power to make their stay in Dublin both comfortable and pleasant.

THE FREEMASONS' HOSPITAL AND NURSING HOME

NEW BUILDING AT RAVENSCOURT PARK

The New Freemasons' Hospital and Nursing Home at Ravenscourt Park, near Hammersmith, is rapidly approaching completion, and is to be opened on July 17th by the King, who will be accompanied by the Queen. The building is a noteworthy addition to the modern architecture of London, and, as one would expect, an outstanding example of the mason's craft. The trowel, the emblem of freemasonry, has been employed to much advantage, and the result is a building of pleasing red brick. Another feature is the large amount of window space; this is the result of an insistence by the building committee upon the fullest possible provision of light, even to the overriding of aesthetic considerations.

Hitherto the Freemasons' Hospital has been housed in an inadequate building in the Fulham Road, where there are only fifty-nine beds, and where a waiting list of between fifty and sixty patients has been usual. The movement to a site further west and to a building worthy of the benevolence of the society took final shape two years ago under the energetic stimulus of the chairman of the hospital, Lord Wakefield, and the honorary treasurer, Lord Marshall of Chipstead. The new hospital will contain 180 beds; at a superficial glance it might be supposed to contain a much larger number, but the plan has been followed of having many small wards, which necessarily occupy much greater total space. There are no more than eight beds in any ward, and most of the wards are for two or four beds, while a number are single bedrooms. This arrangement will, of course, add

to the burden of nursing, and it is expected that the nursing staff will eventually number about 100. It is hoped to use the old hospital as a nurses' home until such time as a home can be built, on ground already acquired, in close proximity to the new building.

SPECIAL FEATURES OF THE HOSPITAL

The façade of the hospital is extremely pleasing. The wide frontage to the south, capped by a square clock tower, is extended on either side by projecting wings, ending on each floor in large semicircular sun balconies, on which beds can be wheeled out, and from which, on the upper floors, a view of an immense area of West London is obtainable. In the forecourt and approach to the main entrance are garden strips and a lily pond with fountain. On one side of the hospital, above the patients' entrance, there is some further decorative work, and at roof level there are two large busts representing Aesculapius and Hygeia.

Opening immediately from the principal entrance is a large central hall, with inlaid pavement, and galleries above, extending almost to the full height of the building. Near by is the administrative block and the council room, with its walls panelled in French walnut. The hospital consists of four principal floors, three devoted to the wards, and the uppermost to the kitchens; it is intended to have a different colour scheme for each floor. There are numerous devices for the comfort of the patients. Not only will each patient have a locker by his bedside, but also an ample private cupboard. The windows have been so glazed that while the patients can see out, it is not possible to anyone outside to see in. The children's department is distinguished by its zoological frieze and other decorations to delight the child heart; it is overlooked by an observation room for the nurse and leads out on to a large roof playground. The sisters' rooms are doorless—they are entered through curtains—the idea being that sometimes a closed door may act as a psychological barrier to a nervous patient. There are no bells in the building to jar patients' nerves, a system of buzzers and lights having been installed. Abundant bathroom and lavatory accommodation has been provided, incorporating the latest ideas in sanitary equipment. On each floor there is an excellent, well-lighted laboratory.

In the planning and construction of the kitchen care has been taken to ensure that no fumes penetrate to the hospital below, and the lifts communicate only with the service quarters, so that there will be a minimum of noise in the corridors adjacent to the wards. Some 25 per cent. of the patients customarily received are of the Jewish faith; special kitchens have therefore been set apart for the preparation of their food, and it is intended to install a Jewish cook. The theatre block, which at the moment is the least finished part of the building, is on a level with the uppermost wards, with easy access from all parts of the hospital by lift and corridor. There are four operating theatres, two to each suite, so that each pair can be in charge of one theatre sister. The x-ray department is also to be well equipped. All the operating theatres, ward service rooms, and the central sterilizing station have been supplied with a special "recessed" type of sterilizing apparatus.

The hospital is, of course, only for the use of Freemasons and their families. Each patient will pay what he can afford. The cases admitted will be mostly surgical ones, the average stay in hospital being about three weeks, but there will be some medical beds, though not specifically allotted. It is not intended to have an out-patient department. The enlargement of the hospital will mean an increase of the resident medical staff to the number of five or six. In addition to the visiting staff, we understand that it will be open to surgeons on the staffs of other London hospitals to come in to perform operations as required.

For the financing of the hospital Freemasons from all parts of the country have contributed in the aggregate very large sums. There have been few exceptionally large donations, most of the contributions being sums of the order of two guineas. In some instances the masonic provinces have made themselves responsible for a stipulated amount, and wards are to be named after these provinces—for example, Kent; in the same way certain beds have been endowed.

The architects are Sir John Burnet, Tait, and Lorne, and the consulting engineer Mr. Stinton Jones. The sterilizing

legislation on that point. He hoped the inquiry now proceeding into the causes and circumstances of fatal accidents would throw light on the extent to which they were due to any want of capacity such as would be disclosed by a driving test. The provisions of the Road and Rail Bill would add to the safety and convenience of users of the highway, and the investigation which his department, with the help of the police, was now carrying out into the causes and circumstances of all fatal road accidents would, he hoped, provide information on which further remedial action could be based.

Sir JOHN GILMOUR told Mr. Lunn on May 3rd that 416 persons riding pedal cycles were killed, and 17,167 injured, during 1932 in Great Britain in road accidents attributed to motor vehicles other than tramcars and trolley vehicles. The corresponding figures for 1931 were 428 and 15,293.

Road Accidents in Metropolitan Area.—In reply to Mr. McEntee on April 27th, Mr. DOUGLAS HACKING stated that 625 persons were killed and 18,977 injured by motor vehicles in the Metropolitan Police district in the six months ended March 31st last. Of the persons killed 115 were under 15 years of age. The number of children under 15 injured by all classes of vehicles in the same period was 4,668. Mr. Hacking told Mr. Parkinson on April 27th that the number of motor accidents known to have occurred in the Metropolitan Police district in the twelve months ended March 31st, 1933, was 99,540. The number attributable to careless or dangerous driving and the number of convictions arising therefrom were not available.

Food Impurity.—On May 2nd Mr. RANKIN asserted that the work of public analysts in detecting food impurities was hindered because in many commodities there was no official definition to work on. Sir HILTON YOUNG replied that this matter was within the terms of reference of a committee on the law relating to the composition and description of food. The suspension of the work of this committee had been necessary in September, 1931, as a measure of economy. He did not propose to introduce legislation on the subject at present.

Grading of Milk.—In reply to General Clifton Brown on April 27th, Sir HILTON YOUNG stated that the recommendations of the Milk Reorganization Commission for the grading and designations of milk would involve fresh legislation, which he could not undertake to introduce during the present session. Under the existing law a conviction could be obtained for the misuse of a prescribed designation.

Sickness and Disablement Benefit Reduction.—On May 1st Mr. RHYS DAVIES asked the reason for reducing the expected sickness experience of spinsters and widows in the Valuation Regulations of April 14th, 1933, under the National Health Insurance Act. Sir HILTON YOUNG explained that in this new table an overall improvement of 10 per cent. from the level of 1928-30 had been assumed, taking sickness and disablement benefits together, and the anticipated total saving had been apportioned between the two benefits. While in the case of sickness benefit the new rates showed small reductions, substantial increases had been made in the number of weeks provided for in disablement benefit.

Inoculation in the Malton Outbreak.—Replying on May 4th to Mr. Groves, Sir HILTON YOUNG stated he had no complete information as to how many of the persons who developed typhoid fever in the recent Malton outbreak had been inoculated, but at the time of the outbreak he obtained particulars, covering approximately 200 patients, from eight of the nine isolation hospitals in which patients from Malton were treated. Twenty-seven of these patients had been inoculated before admission, but not before contracting the disease. Although the dates of notification and admission to hospital could be ascertained, it was impossible to discover the date of appearance of the first symptoms of the disease in each case.

Operations under Anaesthesia in Glasgow Hospitals.—Mr. SKELTON told Mr. Neil Maclean on May 4th that the number of operations at which anaesthetics were used in Glasgow during 1932, if completely available, could be obtained only by a detailed examination of the records at the individual hospitals. In view of the labour involved, he would not be justified in asking the hospital authorities to undertake the

task. He promised to see what could be done to get some form of statistics regarding these operations. Mr. MACLEAN asserted that there had been certain statements in the Glasgow press concerning operations under anaesthetics.

Insanity and Divorce.—In the House of Commons on May 5th Mr. HOLFORD KNIGHT moved the second reading of the Matrimonial Causes Bill. He said it sought to give effect to a recommendation made twenty years ago by a Royal Commission to permit divorce from a person who had been incurably and continuously insane for a period of five years. Mr. DENMAN seconded the motion. Dr. O'DONOVAN moved the rejection of the Bill. Many persons properly certified as unfit for release, he said, were conscious of all that was going on in the world around them, and their sufferings would be increased if husband or wife took another partner. The practice of the Bill would depend on medical certification. Practice in the Divorce Court was not above suspicion. He looked with distress on the possibility that some weaker members of the medical profession might be tempted to give certificates, as those who kept hotels and boarding houses were asked to furnish evidence for a divorce. One beneficent advance in the treatment of lunatics had been the ease with which, in remission of their illness, they were allowed to return to their own homes. That provision would come to a dead end if this Bill passed. Attention was drawn to the absence of a quorum, and the House was counted out. Mr. Knight put the Bill down again for May 12th.

Universities and Colleges

UNIVERSITY OF CAMBRIDGE

The Vice-Chancellor has published in the *University Reporter* for May 2nd a letter from the Public Trustee relating to a bequest by Mr. Frank Edward Elmore of Boxmoor, Herts, for scholarships for medical research. The testator in his will, dated January 24th, 1929, bequeathed the income of a trust fund "for or towards the provision of scholarships for medical research to male post-graduates of British or Colonial birth other than Scottish birth at Cambridge University. I exclude graduates of Scottish birth as ample provision is made for them under the Carnegie Trust and in other ways." The trustee has discretion to accumulate the income, and if in his opinion the income cannot at any time be advantageously applied in the way proposed he may use it to promote or assist generally the provision of medical education at Cambridge University. The estate was sworn for probate at about £76,000, but provision has to be made *inter alia* for two annuities of £600 each, and the Public Trustee cannot at the present stage say how much the available income is likely to amount to.

UNIVERSITY OF LONDON

The Court, at its meeting on May 3rd, learnt with gratification of the following grants made to the University, payment being spread over a period of years: Haberdashers' Company, £500; Saddlers' Company, 500 guineas; and Apothecaries' Society, £500. It also welcomed a small donation from the Glass Sellers' Company, who expressed its desire to be associated with the Bloomsbury scheme. These benefactions will be applied towards meeting the cost of the new Ceremonial Hall to be erected on the University's site in Bloomsbury.

ROYAL COLLEGE OF PHYSICIANS OF LONDON

Licences: Supplementary List

Licences to practise have been conferred upon the following candidates, who have passed the Final Examinations in Pathology, Medicine, Surgery, and Midwifery of the Conjoint Board, and have complied with the regulations of the Board:

G. G. Airey, D. A. Andersen, W. T. Andrews, K. S. Ayyar, W. O. Baird, G. F. Barran, W. T. C. Berry, N. B. Betts, F. J. Brice, G. O. A. Briggs, R. H. Carpenter, A. H. Charles, A. G. Cross, H. T. Croudace, E. M. Darnady, W. Dean, P. E. Dipple, R. J. Drummond, G. G. Exner, W. L. George, E. M. Griffin, T. F. R. Griffin, T. T. Hardy, H. C. H. Higginson, H. M. Hodgkin, E. K. Hole, J. M. Holford, M. I. A. Hunter, M. J. Ingram, C. W. John, A. E. Jones, R. L. Kennedy, E. S. Lee, H. B. Lee, C. A. Lewis, R. G. Macfarlane, Rosamund M. I. Mackay, R. F. Matthews, A. Miller, P. J. W. Milligan, M. P. Morel, H. Mower, J. B. C. Murdoch, A. G. Palin, J. P. S. Peck, G. Phipps, B. V. S. Rao, R. D. Rowlands, G. E. Scott, E. P. Sharpey-Schafer, J. V. Shemilt, D. Stephens, R. H. Swinglehurst, T. P. Thamotheam, H. B. Tipler, G. E. H. Tisdall, G. I. Watson, A. R. Woodforde, C. W. B. Woodham.

ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH

At a quarterly meeting of the College on May 2nd, with the President, Dr. Robert Thin, in the chair, Dr. Robert Lees (Edinburgh) took his seat as a Fellow, and Dr. Mohamed Abd El-Hamid Gohar (Cairo), Dr. Douglas Begbie McCrie Lothian (Larbert), Dr. Alfred David Gorman (Blackburn), and Dr. William Ritchie Russell (Edinburgh) were elected Fellows. The Freeland Barbour Fellowship was awarded to William Muir, B.Sc., Ph.D.

Dr. John Orr was elected a representative of the College on the Committee of Management of the Triple Qualification.

Dr. Edwin Matthew was elected the representative of the College on the General Medical Council for a period of five years.

ROYAL COLLEGE OF PHYSICIANS OF IRELAND

At the invitation of the Department of Local Government and Public Health, the College has appointed Professor Joseph W. Bigger to be a member of the Therapeutic Substances Advisory Committee.

At the monthly meeting, held on May 5th, Mahmond El Hennawi, L.R.C.P. and S.Ed., was admitted to the Licence in Midwifery.

Medico-Legal

INQUEST ON CHRISTIAN SCIENCE HOME PATIENT

An inquest was held at Harrow last month by the deputy coroner (Dr. J. A. Gorsky) into the circumstances of the death of an elderly woman, Emily Hedges, at the Christian Science Nursing Home, Sunny Lodge, Harrow. The husband stated that his wife, who was a Christian Scientist, had had two strokes within twelve months, a doctor attending her on each occasion for about three weeks. After the second stroke her mental condition became somewhat difficult, and as he could not give her the attention she required at home, she was sent to the Christian Science home on March 27th, and died there three weeks later. Dr. B. H. Barton said that on post-mortem examination he found cancer of the liver, which was the cause of death, but even had this been diagnosed he did not think it would have been possible to do anything to prolong life.

Miss Winifred Moir, in charge of the home, said that she was not a State-registered nurse, but had such nurses in the home. She had conducted the home for three years, and previously one at Hampstead for seven years. She had an exemption certificate under the Nursing Homes Registration Act, whereby the home was inspected, not by the county council, but by a committee of the Church of Christ, Scientist. She took in all sorts of cases, except mental and maternity. Patients were treated by Christian Science practitioners; no drugs of any kind were used, and great care was taken to give the right food. She denied that the deceased was a mental case; the patient was only a little confused, and had to be humoured. Asked how she knew what was wrong with patients, Miss Moir replied that experience had taught her. In reply to Dr. Goddard, medical officer of health for Harrow, who asked what would happen in a case of appendicitis, she said that she would detect the symptoms and keep the patient in bed, and warm, and give a light diet; she would not countenance operation. An officer of the Church explained that the treatment received by those who went into the homes was the application of prayer as understood in Christian Science. Even appendicitis with abscess would be treated in that way, and he had seen relief afforded by such treatment. Miss Moir further stated that following on some public protest when she first came to Harrow, the members of the local council were invited to inspect the home, and came to the conclusion that it was a thoroughly well-organized private nursing home.

The deputy coroner commented on the strange procedure whereby Christian Science homes were exempted from inspection, and the still more strange fact that people with no medical qualifications should profess to say what was wrong with cases.

The jury returned a verdict of "Death from natural causes."

Medical News

The next quarterly meeting of the Royal Medico-Psychological Association will be held at 11, Chandos Street, W., on Wednesday, May 17th, at 2 p.m. At 3 p.m., in the Barnes Hall of the Royal Society of Medicine, 1, Wimpole Street, W., Dr. Adolf Meyer (psychiatrist-in-chief, Phipps Psychiatric Clinic, the Johns Hopkins Hospital, Baltimore) will deliver the fourteenth Maudsley Lecture on "Psychiatry and Mental Hygiene."

The next meeting of the Royal Microscopical Society will be held at B.M.A. House, Tavistock Square, on Wednesday May 17th, at 5.30 p.m. Papers will be read by Mr. J. E. Barnard, F.R.S., and Mr. F. V. Welch ("Some Further Examples of Dark-ground Ultra-violet Microscopy"), and by Mr. G. Dallas Hanna ("An Alcohol-soluble Resin of High Refractive Index").

The Faculty of Medicine of the University of Birmingham has arranged for two lectures dealing with the regulations appertaining to national health insurance practice to be given by Dr. H. Guy Dain, chairman of the Birmingham Panel Committee, on Thursdays, May 18th and 25th, at 4 p.m., in the Medical Theatre, the University, Edmund Street. While these lectures are primarily intended for senior medical students, medical practitioners are also invited to attend.

The next meeting of the Physiological Society will be held in the Physiological Laboratory, Cambridge, to-day, (Saturday, May 13th), at 3.30 p.m. Dinner in Trinity College at 7.15 p.m. On June 10th the society will meet at Leeds, in the Department of Physiology of the School of Medicine.

A provincial meeting of the Fever Hospital Medical Services Group of the Society of Medical Officers of Health will be held at the Municipal Buildings, Park Gates, Poole, on Friday, May 19th, at 4 p.m. A discussion on the position of the smaller provincial fever hospitals in relation to Section 63 of the Local Government Act, 1929, will be introduced by Dr. Maule Horne.

The annual general meeting of the British Institute of Radiology (incorporated with the Röntgen Society) will be held at 32, Welbeck Street, W., on May 18th, at 8 p.m. After the business part of the meeting is completed the following papers will be read: "The Variation in the Response of Animal Tumours after Lethal Doses of X Rays," by Professor Sidney Russ, and "The Biological Response to Gamma Rays of Radium as a Function of the Intensity of Radiation," by Dr. F. G. Spear and Mr. L. G. Grimmett. On May 19th members are invited to visit the National Hospital for Diseases of the Heart, where they will be received by Dr. Campbell Golding (in the absence of Dr. Gilbert Scott) between 11 a.m. and 1 p.m.

In view of the fact that a large number of radium officers from the provinces will be visiting London for a conference on Friday, May 19th, arrangements have been made to devote the monthly meeting of the medical members of the British Institute of Radiology to a subject of interest to them. This meeting will be held at 32, Welbeck Street, W.1, on that day at 5 p.m., when a paper will be read on the treatment of rodent ulcers by radium, by Dr. N. S. Finzi, and a discussion will follow. All radium officers, whether members of the Institute or not, are invited to attend.

The French *Journal Officiel* has just published a decree affecting foreign doctors wishing to practise in France. Henceforth no one will be allowed to practise medicine in France who does not hold a French medical degree or who is not a French citizen or subject, or a person belonging to a country under the protection of France. Citizens of countries in which French doctors are allowed to practise can apply for the benefit of diplomatic conventions which, in certain cases, enable French nationality to be dispensed with. There must, however, be no disparity in the number of doctors from any foreign country and the number of French doctors practising in that country. This decree applies also to dentists.

The first of a series of lectures, instituted by the British Science Guild for the purpose of directing attention to the importance of research—both purely scientific and technical—and the utilization of its results in the service of mankind, will be given by Sir Harold Carpenter, D.Sc., F.R.S., in the Carpenters' Hall, Throgmorton Avenue, E.C., on Tuesday, May 16th, at 4.30 p.m. The subject of the lecture is metals in the service of human life and industry. Tickets are obtainable free of charge from the secretary of the Guild, 6, John Street, Adelphi, W.C.2.

A post-graduate course on diseases of children will be held at the Hospital for Sick Children, Great Ormond Street, W.C., from May 15th to 27th—mornings 10 a.m. to 1 p.m., afternoons (except Saturdays) 2 p.m. to 4 p.m. It will consist of fifty clinical lectures and demonstrations and six laboratory demonstrations. The fee is £6 6s., and applications to take the course should be addressed to the secretary.

At the invitation of the Joint Tuberculosis Council Dr. Peter W. Edwards, medical superintendent, Cheshire Joint Sanatorium, near Market Drayton, Salop, is prepared to give a series of short intensive post-graduate courses on modern methods of therapy in tuberculosis of the respiratory system, with special reference to collapse therapy. Methods of sanatorium administration will also be demonstrated, and no class will exceed four members in number. Suitable arrangements for board and residence can be made within a convenient distance of the sanatorium. Details of dates, expenses, etc., will be sent on application being made to Dr. William Brand, honorary secretary for post-graduate courses, 8, Highway Court, Beaconsfield, Bucks.

The Fellowship of Medicine and Post-Graduate Medical Association announces that two lectures on cataract extraction from the point of view of the general practitioner will be given by Lieut.-Colonel R. H. Elliot, on May 24th and 31st, at 5 p.m. at 11, Chandos Street, W. A course of four lectures will be given at 11, Chandos Street, on Wednesdays, at 5 p.m., as follows: June 7th, Dr. Leonard Findlay: "Chronic Pulmonary Disease in Childhood." June 14th, Dr. C. P. Symonds: "The Disturbance of Cerebral Function in Head Injury." June 21st, Mr. F. J. McCann: "The Repair of Injuries to the Perineum and Vaginal Walls" (illustrated by epidiascope). June 28th, Mr. Andrew McAllister: "Some Features of Eclampsia." Dr. G. F. Stebbings will give a demonstration of selected cases at the Lambeth Hospital, Brook Street, on Friday, May 26th, at 2 p.m. Forthcoming courses include venereal disease at the London Lock Hospital, May 22nd to June 3rd; gynaecology at the Chelsea Hospital for Women, May 22nd to June 3rd; and diseases of the chest (week-end) at the Hospital for Consumption, Brompton, May 27th and 28th.

The Friends Provident and Century Life Office held its centenary dinner at the Park Lane Hotel on May 3rd, when the directorate, both general and local, and the senior members of the staff were entertained, together with certain selected guests. Speeches were made by Mr. H. J. Morland, Lord Brocket, Mr. Arthur Rowntree, Mr. H. J. Tapscott (general manager of the Friends Provident), and Mr. J. R. Little (general manager of the Century). The Friends Provident is one of the principal offices issuing life and permanent sickness policies to doctors, and this company issued the first policies under the scheme for the provision of additional capital required for the purchase of a medical partnership or practice. A short history of the first hundred years, by Mr. Arthur Rowntree, appears in *The Friend* of May 5th. It is interesting to note that of the first fifty-six whole-life policies which were issued, one insured declared he had had cow-pox or small-pox, eighteen declared they had had cow-pox, while the remaining thirty-seven persons had had small-pox.

According to the *Times* correspondent in Cairo the Egyptian Government has decided to authorize 200 Jewish doctors and lawyers who have been compelled to leave Germany as the result of recent events to take up residence and exercise their professions in Egypt.

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 NUMBER of the British Medical Association and the *British Medical Journal* is EUSTON 2111 (internal exchange, four lines).

The TELEGRAPHIC ADDRESSES are:

EDITOR OF THE *BRITISH MEDICAL JOURNAL*, *Aitiology Westcent, London.*

FINANCIAL SECRETARY AND BUSINESS MANAGER (Advertisements, etc.), *Articulate Westcent, London.*

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, Drumsheugh Gardens, Edinburgh (telegrams: *Associate, Edinburgh*; telephone: 24361 Edinburgh).

QUERIES AND ANSWERS

Pain in Chronic Gout

Dr. C. JOYNER (Farnham) writes: I would be grateful if any reader could suggest treatment for the alleviation of pains due to chronic gout. Atcquinol and novalgin have been tried, and dieting; but the pains in the ankles and the feet prohibit the patient from walking, although the joints have good movements.

Oedema of Toes

Dr. WALTER GRIPPER (Willingdon, Eastbourne) writes: In reply to Dr. H. Wilson Miller's query regarding oedema of the toes (May 6th, p. 810) I would suggest examining for the *Epidermophyton interdigitale*, especially if there is slight vesication.

Income Tax

Proportion of Expenses Chargeable to Practice

"G. G." asks what proportion of house rent may be deducted for income tax purposes. In his case "there are only two rooms (excluding the kitchen) on the ground floor, one of which is used as a consulting room and the other as a waiting room for patients, though ostensibly a dining room."

** It is impossible to lay down any general rule with regard to the appropriate proportion. One-half is usually reasonable, and a larger ratio is not often allowed. One useful test is to consider it from the opposite aspect—that is, is one-half the rent, rates, etc., reasonable for the private use derived from the premises? If similar accommodation could be obtained for less than the one-half, then there may be some claim to charge a larger ratio against the practice. With regard to the more specifically professional expenses mentioned—for example, use of car, drugs, medical subscriptions, etc.—*prima facie* these are allowable, the only modification being some deduction from the total which fairly represents the value of the private benefit derived from them.

Obsolescence Allowance: Hire Purchase

"W. H. K." bought a car in 1926 for £275. In 1932 he sold it for £15 and bought another car for £325. The aggregate amount of wear-and-tear allowances in respect of the old car is £173. What is the appropriate obsolescence allowance? Can "hire purchase" payments be deducted for tax purposes?

** £275 - (£15 + £173 =) £188—that is, £87. Where a car is bought on the hire purchase system the monthly instalments represent capital payments, even though made out of income, and are not allowable for income tax purposes.

British Medical Association**ELECTION OF 24 MEMBERS OF COUNCIL BY
GROUPED BRANCHES IN THE BRITISH ISLES**

| Group. | Branches in Group. | Candidates Nominated. | No. of Seats. |
|--------|--|--|------------------|
| A | North of England | Dr. J. HUDSON (Newcastle on Tyne) | 1 |
| B | Yorkshire | Dr. PETER MACDONALD (York) | 1 |
| C | Isle of Man, Lancashire and Cheshire | Dr. F. J. HAILDON (Southport) Professor A. H. BURGESS (Manchester) Dr. FRANK RADCLIFFE (Oldham) | 2 |
| D | Derbyshire, East Yorks, Lincolnshire, Midland | Mr. E. LEWIS LILLEY (Leicester) | 1 |
| E | Bedfordshire, Cambridge and Huntingdon, Essex, Hertfordshire, Norfolk, Northamptonshire, Suffolk | Dr. J. W. BONE (Luton) | 1 |
| F | Berks, Bucks, and Oxford, Birmingham, Staffordshire | Dr. E. H. SNELL (Coventry) Dr. Wm. STOBIE (Oxford) | 1 |
| G | North Wales, Shropshire and Mid-Wales | Dr. J. R. PRYTHERCH (Llangefni) | 1 |
| H | South Wales and Monmouthshire | Dr. E. E. BRIERLEY (Cardiff) | 1 |
| I | Metropolitan Counties | Dr. HAROLD S. BRADLES (Stratford) Sir T. CHIEP ENGLISH (Westminster) Mr. E. W. G. MASTERMAN (Camberwell) Dr. CHRISTINE MURRELL (Kensington) Dr. W. PATERSON (Willesden) Dr. PERCY B. SPURGIN (Marylebone) Mr. HOWARD M. STRATFORD (Kensington) Dr. W. E. A. WORLEY (City) | 4 |
| J | Bath, Bristol, and Somerset, Gloucestershire, Worcestershire and Herefordshire | Dr. R. G. GORDON (Bath) | 1 |
| K | Dorset and West Hants, South-Western, Wiltshire | Dr. H. C. JONAS (Barnstaple) | 1 |
| L | Southern, Surrey | Dr. F. C. B. GITTINGS (Southsea) Dr. S. MORTON MACKENZIE (Dorking) | 1 |
| M | Kent, Sussex | Dr. E. R. FOTHERGILL (Hove) | 1 |
| N | Aberdeen, Dundee, Northern Counties of Scotland, Perth | Dr. G. W. MILLER (Dundee) | 1 |
| O | Edinburgh, Fife | No nomination | 1 |
| P | Glasgow and West of Scotland (Glasgow Division) | No nomination | 1 |
| Q | Border Counties, Glasgow and West of Scotland (5 County Divisions), Stirling | Dr. J. LIVINGSTONE LOUDON (Hamilton) | 1 |
| R | Connaught, Munster, South-Eastern of Ireland | Dr. JOHN MILLS (Ballinasloe) Dr. W. A. MOORE (Freshford, co. Kilkenny) | 1 |
| S | Leinster | Dr. R. C. PEACOCKE (Blackrock, co. Dublin) | 1 |
| T | Northern Ireland, Monaghan and Cavan | Dr. J. C. LOUGHRIDGE (Belfast) | 1 |

The candidates referred to in Groups A, B, D, E, G, H, J, K, M, N, Q, S, and T, being the only candidates nominated for these Groups, are hereby declared elected Members of the Council for 1933-4.

Voting papers will be posted to all Members of the Association in Groups C, F, I, L, and R, where there are contests, from the Head Office on Saturday, May 13th, 1933; they are returnable not later than Saturday, May 20th, to the Medical Secretary, British Medical Association House, Tavistock Square, W.C.1.

No nominations having been received for Groups O and P, it rests, under the By-laws, with the Council either again to invite nominations from members in the Groups in question, or itself to elect members to fill the vacancies.

**ELECTION OF 2 MEMBERS OF COUNCIL BY
PUBLIC HEALTH SERVICE MEMBERS**

The following, being the only candidates nominated for election as Members of Council for 1933-4 by Public Health Service Members, are hereby declared elected Members of Council for 1933-4:

Dr. H. J. MILLIGAN (Reading).
Dr. R. M. F. PICKEN (Cardiff).

**ELECTION OF 4 REPRESENTATIVES AND 4 DEPUTY
REPRESENTATIVES IN THE REPRESENTATIVE
BODY BY PUBLIC HEALTH SERVICE MEMBERS**

The following, being the only candidates nominated for election as Representatives for 1933-4 by Public Health Service Members, are hereby declared elected Representatives in the Representative Body for 1933-4:

Dr. C. K. MILLARD (Leicester).
Dr. E. H. T. NASH (Hounslow).
Dr. J. C. SAUNDERS (Cork).
Dr. R. H. WILSHAW (Worthing).

No nominations having been received for Deputy Representatives, their appointment rests, under the By-laws, in the hands of the Chairman of the Representative Body.

G. C. ANDERSON,
Medical Secretary.

BRANCH AND DIVISION MEETINGS TO BE HELD

BATH, BRISTOL, AND SOMERSET BRANCH: WEST SOMERSET DIVISION.—At Taunton and Somerset Hospital, Friday, May 19th, 3.15 p.m. Ordinary meeting. 3.30 p.m., Combined meeting of the East and West Somerset Divisions to consider Annual Report of Council. Address by Dr. C. Hill (Assistant Medical Secretary): "The Hospital Policy of the Association."

CONNAUGHT BRANCH.—At Railway Hotel, Galway, Saturday, May 20th, 12 noon. Annual general meeting.

EAST YORKSHIRE BRANCH.—At Sutton Branch of the Hull Royal Infirmary, Friday, May 19th, 3.30 p.m. Clinical meeting.

EDINBURGH BRANCH: EDINBURGH AND LEITH DIVISION.—At B.M.A. Scottish House, 7, Drumsheugh Gardens, Edinburgh, Tuesday, May 16th, 8.15 p.m. Annual meeting; election of officers, representatives, and deputy representatives.

EDINBURGH BRANCH: SOUTH-EASTERN COUNTIES DIVISION.—At Railway Hotel, Newtown St. Boswells, Wednesday, May 17th, 3 p.m. Annual meeting; election of officers and representative.

GLASGOW AND WEST OF SCOTLAND BRANCH.—At Western Infirmary (Massage Department), Glasgow, Wednesday, May 17th, 2.30 p.m., Council meeting. 3 p.m., Annual meeting, followed by clinical demonstration by Infirmary staff.

KENT BRANCH: BROMLEY DIVISION.—At Anerley Town Hall, Friday, May 19th, 8.30 p.m. Annual meeting. Mr. Cyril A. R. Nitch: "The Significance of Haematuria."

LANCASHIRE AND CHESHIRE BRANCH: PRESTON DIVISION.—At Overseers Buildings, Lancaster Road, Monday, May 15th, 4.15 p.m. Annual general meeting.

LANCASHIRE AND CHESHIRE BRANCH: ROCHDALE DIVISION.—At Rochdale Infirmary, Wednesday, May 17th, 8.30 p.m. Annual meeting; election of officers, representative, and deputy representative. Lecture by Dr. D. P. Sutherland (Manchester): "Modern Methods of Diagnosis and Treatment of Tuberculosis of the Lungs."

LINCOLNSHIRE BRANCH: LINCOLN DIVISION.—At General Dispensary, Silver Street, Thursday, May 25th, 3 p.m. Annual general meeting.

METROPOLITAN COUNTIES BRANCH: CHELSEA DIVISION.—At Fulham Town Hall, Thursday, May 25th, 3.30 p.m. General meeting. Address by Dr. Robert Forbes (Deputy Medical Secretary).

METROPOLITAN COUNTIES BRANCH: LEWISHAM DIVISION.—At Malvern House School, Lewisham Park, Tuesday, May 16th, 9 p.m. Annual general meeting.

METROPOLITAN COUNTIES BRANCH: STRATFORD DIVISION.—At Queen Mary's Hospital, Stratford, Tuesday, May 16th, 9.15 p.m. Annual meeting; election of officers and representatives.

METROPOLITAN COUNTIES BRANCH: TOWER HAMLETS DIVISION.—At East End Maternity Hospital, Commercial Road, E., Tuesday, May 16th, 4 p.m. Annual meeting; election of officers, representatives, etc.

NORTH WALES BRANCH.—At Bay Hotel, Rhosneigr, Anglesey, Wednesday, May 24th.

SURREY BRANCH: REIGATE DIVISION.—At White Hart Hotel, Reigate, Wednesday, May 17th, 7.30 p.m. Annual dinner. Followed by annual meeting: election of officers, etc.

SUSSEX BRANCH: BRIGHTON DIVISION.—At Royal Sussex County Hospital, Thursday, May 18th, 3.45 p.m. Clinical meeting.

Naval and Military Appointments

ROYAL NAVAL MEDICAL SERVICE

Surgeon Lieutenant Commanders T. Madill and J. J. Mason to the *Pembroke*, for Royal Naval Barracks, Chatham; J. P. Patrick to the *Victory*, for Royal Naval Barracks, Portsmouth; V. F. Walsh to the *President*, for Medical Department, Admiralty; R. W. Mussen to the *Shropshire*; R. A. Graff to the *Malaya*; C. R. Boland to the *Cambrian*.

Surgeon Lieutenants C. Ommamey-Davis and J. L. S. Coulter are transferred to permanent list, seniority May 19th, 1930, and February 7th, 1931, respectively; W. R. S. Panckridge to the *Victory*, for Royal Naval Infirmary, Portsmouth; A. D. Sinclair to the *Hood*; A. J. A. Gray to the *Douglas*; H. D. Plunkett to the *Dundalk*; W. J. F. Guild to the *Pembroke*, for Royal Naval Barracks, Chatham.

ROYAL NAVAL VOLUNTEER RESERVE

Surgeon Lieutenant H. M. Willoughby to be Surgeon Lieutenant Commander.

Surgeon Sublieutenant J. M. Ridyard to be Surgeon Lieutenant.

Probationary Surgeon Sublieutenant A. E. Williams to be Surgeon Sublieutenant, seniority December 15th, 1931.

ROYAL ARMY MEDICAL CORPS

Lieut. Col. E. T. Potts, C.M.G., D.S.O., retires on retired pay.

Major A. H. T. Davis to be Lieutenant-Colonel.

Major G. H. Stack is placed on half-pay list on account of ill-health.

Lieutenant A. N. T. Meneces to be Captain.

J. P. Douglas to be Lieutenant (on probation).

ROYAL AIR FORCE MEDICAL SERVICE

Flight Lieutenant J. B. Gregor to be Squadron Leader.

Flight Lieutenants A. R. French is transferred to the Reserve, Class D (ii); G. Kinneir relinquishes his temporary commission on completion of service; C. W. Coffey to Station Headquarters, Hendon; C. W. Paton to R.A.F. Hospital, Cranwell.

Flying Officers A. M. Weston and V. H. Tompkins to be Flight Lieutenants.

ROYAL AIR FORCE RESERVE: MEDICAL BRANCH

J. L. H. Easton is granted a commission as Flying Officer.

TERRITORIAL ARMY

ROYAL ARMY MEDICAL CORPS

Lieut.-Col. H. F. Wilkin, M.C., T.D., retires and retains his rank, with permission to wear the prescribed uniform.

Captain J. C. C. Howe to be Major.

Captains J. L. Turpie resigns his commission; J. M. Wyatt, having attained the age limit, relinquishes his commission and retains his rank.

Lieutenant R. H. Tootill to be Captain.

To be Lieutenants: D. A. Langhorne (late Lieutenant, R.A.M.C.), seniority August 12th, 1932; J. W. Lobban.

Supernumerary for Service with the O.T.C.—Lieutenant J. P. Raban to be Captain, supernumerary for service with Medical Unit, University of London Contingent, Senior Division, O.T.C.

TERRITORIAL ARMY RESERVE OF OFFICERS: ROYAL ARMY MEDICAL CORPS

Lieut.-Col. J. E. N. Ryan, T.D., from active list, to be Lieutenant-Colonel.

Captain N. Capstaff, from active list, to be Captain.

INDIAN MEDICAL SERVICE

Lieut.-Col. W. T. McCowen to be Colonel, seniority July 30th, 1927.

The services of Lieut.-Col. G. M. Millar are replaced at the disposal of His Excellency the Commander-in-Chief in India, from February 23rd.

Lieut.-Col. F. Stevenson is posted as Residency Surgeon and Chief Medical Officer in Baluchistan, from February 21st.

Lieut.-Col. J. Morison, Director, Pasteur Institute and Medical Research Institute, Shillong, to be Inspector-General of Civil Hospitals and Inspector-General of Prisons, Assam, vice Colonel J. P. Cameron, who has been granted leave.

Major W. J. Webster (Medical Research Department) to be a Supernumerary Officer at the King Institute, Guindy, Madras, from March 4th.

The services of Captain B. S. Nat are placed permanently at the disposal of the Punjab Government, from November 10th, 1932.

To be Captains: Captain (local Major) F. M. Collins, from R.A.M.C., seniority September 1st, 1929, and to retain local rank of Major while employed as Surgeon to H.E. the Viceroy; Captain C. V. D. Rose, from R.A.M.C., seniority October 25th, 1932.

To be Captains (on probation): P. V. Karamchandani, seniority February 26th, 1926; R. K. Misra, seniority April 2nd, 1926; K. R. Saghal, seniority September 26th, 1926.

Lieutenant L. F. Burns to be Captain, seniority March 7th, 1929.

Lieutenant (on probation) D. Dath to be Captain (provisional, on probation).

To be Lieutenants: B. A. Porritt, seniority July 26th, 1930; M. S. Purvis, seniority February 20th, 1932; F. W. Whiteman (remains unseconded); M. E. Kirwan.

To be Lieutenant (on probation): W. S. Morgan.

COLONIAL MEDICAL SERVICES

M. Ellis, M.R.C.S., L.R.C.P., Medical Officer, Nigeria; F. E. R. Bartholomeuss, L.R.C.P. and S. L.F.P. and S., Medical Superintendent, Leper Asylum, Hendala, Ceylon; H. E. Ekanayake, L.R.C.P., M.R.C.S., Provincial Surgeon, Ceylon; W. H. Kauntze, M.B.E., M.D., B.Ch., D.P.H., Director of Medical and Sanitary Services, Uganda; A. M. W. Rae, M.D., Ch.B., Senior Medical Officer, Gold Coast; C. Sivasithamparam, L.R.C.P. and S. L.F.P. and S., Provincial Surgeon, Ceylon; L. G. W. Urich, M.R.C.S., L.R.C.P., D.T.M. and H., Superintendent, Chacachacare Leper Settlement, Trinidad.

APPOINTMENTS

MILLMAN, C. Guy, M.R.C.S., M.R.C.P., Deputy Medical Superintendent, Cell Barnes Colony, St. Albans.

MORRISON, John, M.B., Ch.B., Ophthalmic Specialist Medical Referee under the Workmen's Compensation Act, 1925, for the Bolton, Bury, Rochdale, Oldham, Salford (Circuit No. 5), and Wigan (Circuit No. 6) County Court Districts.

O'SHAUGHNESSY, Laurence, M.D., F.R.C.S., Surgeon to British Legion Sanatorium, Preston Hall.

WALKER, V. R., M.B., Ch.B., D.P.H., Assistant Medical Officer of Health, County Borough of Walsall.

BEXHILL HOSPITAL (to be opened on May 13th).—*Honorary Consulting Surgeon*: David Ligat, F.R.C.S. *Honorary Consulting Ophthalmologist*: G. B. Lowe, M.R.C.S., L.R.C.P., D.O. *Honorary Pathologist*: P. Lazarus-Barlow, M.D. *Honorary Radiologists*: N. Grellier, M.R.C.S., L.R.C.P., T. D. Overend, M.R.C.S., L.R.C.P. *Honorary Oto-rhino-laryngologist*: D. E. O'C. Cuffey, F.R.C.S.Ed.

KING'S COLLEGE HOSPITAL.—*Senior Casualty Officer*: M. L. Bynce, M.R.C.S., L.R.C.P. *Second Casualty Officer*: J. D. H. Bird, M.B., B.S. *House-Anaesthetist*: A. H. Galley, M.R.C.S., L.R.C.P. *Junior House-Anaesthetist*: W. H. Whiles, M.R.C.S., L.R.C.P. *Clinical Pathologist and House-Physician to Dermatological Department*: H. E. Bonnell, M.R.C.S., L.R.C.P. *Radiologist*: T. V. Crichton, M.R.C.S., L.R.C.P., D.M.R.E. *House-Physicians*: H. T. S. Wise, M.R.C.S., L.R.C.P., R. H. Bailey, M.R.C.S., L.R.C.P., D. H. Fulton, M.B., B.S. *House-Surgeons*: R. H. Rushton, M.R.C.S., L.R.C.P., A. H. W. Roffey, M.R.C.S., L.R.C.P., S. O. Jones, M.R.C.S., L.R.C.P., (Urological Department) E. J. Somerset, M.R.C.S., L.R.C.P., (Orthopaedic Department and Third Casualty Officer) H. W. Burge, M.R.C.S., L.R.C.P., (Obstetrics and Gynaecology, Senior) A. B. Simmons, M.R.C.S., L.R.C.P., (Junior) Miss J. M. Egerton, M.R.C.S., L.R.C.P., (Aural and Throat Departments) Miss A. E. M. Herbert, M.R.C.S., L.R.C.P. Non-resident appointments: *Junior House-Surgeon, Aural and Throat Department*, A. Rothwell, M.R.C.S., L.R.C.P.; *Junior House-Pathologist*, B. H. Kirman, M.R.C.S., L.R.C.P.

LEICESTER CITY GENERAL HOSPITAL.—*Consulting Physicians*: J. V. C. Braithwaite, M.D., M.R.C.P., R. McD. Cairns, M.D. *Consulting Radiologist*: D. Forbes Lawson, B.Ch., D.M.R.E. *Visiting Anaesthetists*: D. Justin Davies, M.B., Olive M. G. Jones, M.R.C.S. *Senior R.M.O. and Deputy Medical Superintendent*: A. M. Macqueen, M.D.

CERTIFYING FACTORY SURGEONS.—H. Brookes, M.B., Ch.B. Sheff., for Tideswell District (Derby); A. S. M. Douglas, M.R.C.S., L.R.C.P., for Brixworth District (Northampton); W. C. Latham, M.R.C.S., L.R.C.P., for Newton-le-Willows No. 2 District (Lancaster); J. S. Rowlands, M.D., F.R.C.S., for Rhyl District (Flint); N. Stevens, M.R.C.S., L.R.C.P., for Woolpit District (Suffolk).

VACANCIES

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

ASHTON-UNDER-LYNE DISTRICT INFIRMARY.—H.S.

BEDFORD COUNTY HOSPITAL.—(1) First H.S. (2) Second H.S. Males, unmarried.

BIRMINGHAM: GENERAL HOSPITAL.—(1) Surgical Registrar to Gynaecological and Eye Departments. (2) H.S. to Throat and Ear Department. (3) Anaesthetist.

BLACKBURN AND EAST LANCASHIRE ROYAL INFIRMARY.—R.S.O. (male).

BOLTON ROYAL INFIRMARY.—H.S. (female).

BRISTOL: COSSHAM MEMORIAL HOSPITAL.—R.M.O. (male).

BURTON-ON-TRENT GENERAL INFIRMARY.—(1) Senior H.S. (2) C.O. and H.P. Males.

COBBAM: SCHIFF HOME OF RECOVERY.—R.S.O. (male).

DUDLEY: GUEST HOSPITAL.—Assistant H.S.

EAST LANCASHIRE TUBERCULOSIS COLONY, Great Barrow.—H.P. (male).

ELIZABETH GARRETT ANDERSON HOSPITAL, Euston Road, N.W.—(1) H.P. (2) Obstetric Assistant. (3) Three H.S. (4) Junior Assistant Pathologist. (5) Medical Registrar. (6) Surgical Registrar. Females.

GENERAL LYING-IN HOSPITAL, York Road, S.E.—J.R.M.O. and Anaesthetist.

HOSTEL OF ST. LUKE, 14, Fitzroy Square, W.—R.M.O. (male).

INDIAN RESEARCH FUND ASSOCIATION, Simla.—Research Worker for Malaria Survey of India.

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

JEWISH MATERNITY HOSPITAL, Underwood Street, E.—R.M.O.

LEICESTER ROYAL INFIRMARY.—Resident Assistant Anaesthetist.

LIVERPOOL HAHNEMANN HOSPITAL.—R.M.O.

LONDON COUNTY COUNCIL.—(1) Senior A.M.O. (Grade II) at St. Mary Abbots Hospital. (2) A.M.O.'s (Grade I) at (a) Hackney and (b) New End Hospitals.

LONDON HOSPITAL, E.—Assistant Director of Medical Unit.

LONDON UNIVERSITY.—University Readership in Conservative Dental Surgery at Guy's Hospital Medical School.

MANCHESTER: ANCOATS HOSPITAL.—R.M.O.

MEXBOROUGH: MONTAGU HOSPITAL.—(1) Senior H.S. (2) J.H.S.

MILLER GENERAL HOSPITAL, Greenwich Road, S.E.—(1) H.S. (2) H.P. (3) C.O. (4) O.P. Officer. Males, unmarried.

NEWCASTLE-ON-TYNE EYE HOSPITAL.—R.H.S. (female).

NEWPORT, MON.: ROYAL GWENT HOSPITAL.—J.R.M.O. (male).

OLDHAM ROYAL INFIRMARY.—H.P. and C.O.

ORKNEY COUNTY COUNCIL.—M.O. for Islands of South Ronaldsay and Burray.

OXFORD: RADCLIFFE INFIRMARY AND COUNTY HOSPITAL.—(1) H.P. (male). (2) R.M.O. (female) at Tuberculosis Branch.

PRINCESS LOUISE KENSINGTON HOSPITAL FOR CHILDREN.—Hon. Dermatologist.

READING: ROYAL BERKSHIRE HOSPITAL.—H.S. (male).

ROCHDALE INFIRMARY.—J.H.S.

ROYAL CHEST HOSPITAL, City Road, E.C.—P.

ROYAL FREE HOSPITAL, Gray's Inn Road, W.C.—(1) Three H.P. (2) Second H.S., with care of orthopaedic beds. (3) Third H.S. (4) Gynaecological H.S. (5) Obstetric H.S. (6) Resident Anaesthetist. (7) District Obstetric Assistant. Females. (8) C.O. (9) First H.S. Males.

ROYAL FREE HOSPITAL AND LONDON (R.F.H.) SCHOOL OF MEDICINE FOR WOMEN, W.C.—Resident Assistant Pathologist.

ROYAL NATIONAL ORTHOPAEDIC HOSPITAL.—Two H.S. at Country Branch, Brockley Hill, Stanmore.

ROYAL WATERLOO HOSPITAL FOR CHILDREN AND WOMEN, Waterloo Road, S.E.—(1) H.S. (male). (2) Hon. Clinical Assistant.

ST. MARY'S HOSPITAL, W.—C.H.S.

SALVATION ARMY MOTHERS' HOSPITAL, Clapton, E.—(1) Senior R.M.O. (2) J.R.M.O. Females.

SEAMEN'S HOSPITAL SOCIETY.—(1) H.P. (2) H.S. at Dreadnought Hospital, Greenwich. Males.

SHEFFIELD: CHILDREN'S HOSPITAL.—R.M.O. (male, unmarried).

SHEFFIELD UNIVERSITY.—Department of Bacteriology: Junior Assistant Bacteriologist and Demonstrator.

SHREWSBURY: ROYAL SALOP INFIRMARY.—Casualty Officer and Resident Anaesthetist (male).

SOUTH LONDON HOSPITAL FOR WOMEN, Clapham, S.W.—Third H.S. (female).

SOUTHTEND-ON-SEA GENERAL HOSPITAL.—R.M.O.

SOUTHERN RHODESIA GOVERNMENT.—Medical Superintendent (male) at Mental Hospital, Bulawayo.

SOUTHPORT GENERAL INFIRMARY.—J.H.S. (unmarried).

STOCKTON AND THORNABY HOSPITAL.—(1) S.H.M.O. (2) J.R.M.O. Males, unmarried.

WESTMINSTER HOSPITAL, S.W.—Assistant P. for Diseases of Children.

YORK COUNTY HOSPITAL.—H.P. (male).

CERTIFYING FACTORY SURGEON.—The appointment at St. Albans (Hertford) is vacant. Application to the Chief Inspector of Factories, Home Office, Whitehall, S.W.1, by May 30th.

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 SOCIETY OF MEDICINE

Special Meeting of Fellows, Tues., 5 p.m. Nomination of Officers and Council for 1933-4. *General Meeting of Fellows*, 5.30 p.m. Ballot for Fellowship.

Reception, Wed., 8.30 p.m. At 9.15 p.m. Dr. R. G. Canti will show a film on the Cultivation of Living Tissue Cells *in vitro*.

Section of Dermatology.—Thurs., 4 p.m., Cases. 5 p.m., Annual General Meeting. Election of Officers and Council.

Section of Neurology.—Thurs., 8.30 p.m., Annual General Meeting. Election of Officers and Council. Paper: The Degeneration of the Brain in Chronic Alcoholism, by Professor Ettore Marchiafava (to be read *in absentia*). Specimens will be shown.

Section of Physical Medicine.—Fri., 5.30 p.m. Annual General Meeting. Election of Officers and Council.

Section of Obstetrics and Gynaecology.—Fri., 8.15 p.m. Annual General Meeting. Election of Officers and Council. Specimens: Mr. C. D. Lochrane. Paper, Dr. Herbert R. Spencer: A Review of 658 Ovariectomies.

Section of Radiology.—Fri., 7 p.m. Annual General Meeting. Election of Officers and Council. The annual dinner of the Section of Radiology will be held at the Dorchester Hotel at 8 p.m. Members of the Section of Physical Medicine will be welcome at the dinner.

CHELSEA CLINICAL SOCIETY.—At Hotel Rembrandt, Thurloe Place, S.W. Tues., Discussion: Cranks, Quacks, and Magicians. Opened by Dr. Kenneth E. Eckenstein. Preceded by Dinner at 7.30 p.m.

ROYAL SOCIETY OF TROPICAL MEDICINE AND HYGIENE, 26, Portland Place, W.—Thurs., 8.15 p.m. Paper by Dr. C. H. Kellaway (Director, Walter and Eliza Hall Institute of Research, Melbourne): Some Peculiarities of Australian Snake Venoms.

SOCIETY OF MEDICAL OFFICERS OF HEALTH, 1, Upper Montague Street, W.C.—Fri., 4.30 p.m., Extraordinary General Meeting. 5 p.m., Ordinary Meeting. Discussion: The Responsibility of the Local Authority towards the Blind. Opened by Dr. E. K. Macdonald.

POST-GRADUATE COURSES AND LECTURES

FELLOWSHIP OF MEDICINE AND POST-GRADUATE MEDICAL ASSOCIATION, 1, Wimpole Street, W.—*Maudsley Hospital*, Denmark Hill: Course in Psychological Medicine, afternoons. *St. John's Hospital*, Leicester Square: Course in Dermatology; clinical instruction every afternoon and evening; lectures daily at 5 p.m. *St. Peter's Hospital*, Henrietta Street, W.C.: Course in Advanced Urology; all-day instruction daily. *City of London Maternity Hospital*, City Road, E.C.: Sat. and Sun., Week-end Course in Obstetrics; all-day instruction. *Queen's Hospital for Children*, Hackney Road: Course in Diseases of Children; all-day instruction.

LONDON SCHOOL OF DERMATOLOGY, St. John's Hospital, 49, Leicester Square, W.C.—*Mon.*, 5 p.m., Dr. J. E. M. Wigley, Napkin Area Eruptions. *Wed.*, 5 p.m., Dr. I. Muende, Pathology Demonstration. *Fri.*, 5 p.m., Dr. W. Griffith, Bullous Eruptions.

CENTRAL LONDON THROAT, NOSE AND EAR HOSPITAL, Gray's Inn Road, W.C.—*Daily*, Intensive Course.

ST. PAUL'S HOSPITAL, Endell Street, W.C.—*Wed.*, 4.30 p.m., Dr. R. John Clausen, Anaesthesia in Genito-Urinary Surgery.

ST. PETER'S HOSPITAL FOR STONE, 10, Henrietta Street, W.C.—*Wed.*, 3 p.m., Mr. J. Alban Andrews, Genital Tuberculosis.

WEST LONDON HOSPITAL POST-GRADUATE COLLEGE, Hammersmith, W.—*Daily*, 2 p.m., Operations, Medical and Surgical Clinics. *Mon.*, 10 a.m., Medical and Gynaecological Wards; 11 a.m., Surgical Wards; 2 p.m., Eye and Gynaecological Clinics; 4 p.m., Lecture, Dr. Carter Braine, X-Ray Therapy. *Tues.*, 10 a.m., Medical Wards; 11 a.m., Surgical Wards; 2 p.m., Throat Clinic; 4.15 p.m., Lecture, Mr. T. Gray, Surgery of the Upper Abdomen. *Wed.*, 10 a.m., Medical and Children's Wards; 2 p.m., Eye Clinic. *Thurs.*, 10 a.m., Neurological Clinic; 11.30 a.m., Fracture Clinic; 2 p.m., Eye and Genito-Urinary Clinics. *Fri.*, 10 a.m., Skin Clinic; 12 noon, Lecture on Treatment; 2 p.m., Throat Clinic; 4.15 p.m., Lecture, Mr. Green-Armytage, The Funnel-shaped Pelvis. *Sat.*, 10 a.m., Medical and Surgical Wards, Children's Clinic. The lectures at 4.15 p.m. are open to all medical practitioners without fee.

ABERDEEN MEDICAL SCHOOL.—At Eye Department, Royal Infirmary: *Tues.* and *Thurs.*, 3.15 p.m., Dr. W. Clark Souter: The Pathological Fundus.

DUNDEE ROYAL INFIRMARY.—*Tues.*, 3.15 p.m., Mr. R. C. Alexander, Acute Symptoms in Gall-bladder Disease; Dr. J. M. Morgan, Diseases of the Colon.

GLASGOW POST-GRADUATE MEDICAL ASSOCIATION.—At Royal Infirmary: *Wed.*, 4.15 p.m., Dr. J. C. Middleton, Medical 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. T. H. Oliver, Achlorhydria. *Fri.*, 4.15 p.m., Mr. A. H. Burgess, Surgical Cases.

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 number of British Medical Association and British Medical Journal, Euston 2111 (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

MAY

17 Wed. Medico-Political Committee, 2.30 p.m.
18 Thurs. Committee on Nutrition, 11.30 a.m.
Journal Committee, 2.30 p.m.
19 Fri. Committee on Medical Education, 2 p.m.
Dominions Committee, 2.30 p.m.
24 Wed. Finance Committee, 2.30 p.m.

JUNE

7 Wed. Council, 10 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.

BIRTH

HUNTER.—On April 29th, to Antoinette (née Smyth), wife of J. W. Hunter, M.D., Ch.B., D.P.H., of "Amberley," Skip Lane, Walsall, a son.

DEATHS

ALLEN.—On May 4th, at Queen's Road, Loughton, Essex, William Percival Allen, L.M.S., L.M.S.S.A., eldest son of the late Dr. Josiah Allen of Ripley, Derbyshire, aged 73 years.

JOHNSON.—On May 5th, at Bury, Lancashire, Isaac Wellwood Johnson, F.R.C.S.Ed., J.P., aged 67, for several years member of Council of the British Medical Association.