on the two days prior to admission, the first by drowning and the second by gas. Clinically she appeared to improve rapidly, but suicidal patients are often very deceptive. Because of the satisfactory results obtained from the sugar curve and the water excretion tests, however, she was discharged twenty-six days after admission without ill result.

As a measure of equilibrium with environment, though not of cure in any particular case, the water excretion test is also of use in other psychoses. Thus in eight schizophrenics and non-systematized delusional insanities the average excretion between the third and seventh days was 7 ounces. After three months, in those still solitary and unoccupied, the average was 9 ounces, while in those engaging in occupations it was 19 ounces. The talkative, self-sufficient paranoid types were the first to show normal excretion figures.

Four cases of puerperal insanity showed an average excretion of 4 ounces between the third and twelfth days. In those unimproved after one month the average was 3 ounces, while cured cases averaged 22 ounces.

Seven senile paranoid patients with fairly well preserved personalities showed an increased excretion from 6 to 17 ounces in two months, at which time they were becoming rapidly adapted to their new surroundings and engaged in light occupations.

In an endeavour to ascertain the cause of these results an agitated melancholic patient was kept on a strictly fluid diet for ten days ; the total intake of fluids and the time at which taken were charted, together with the amount of urine passed and the time at which it was voided. In Table II the result is shown, days being divided into quarters of six hours each.

TABLE II

(The fluid intake in successive periods of six hours is shown in lines marked A, while the urinary excretion is shown in lines marked B. The amounts are given in ounces.)

A	...	—	30	13	10	—	20	30	10	—	30	10	8	—	20	30	10	—	30	15	10
B	...	10	—	25	2	6	8	10	—	5	20	20	—	10	10	10	—	22	—	10	—
A	...	—	30	30	10	—	30	10	10	—	40	20	10	—	35	15	20	—	50	20	20
B	...	16	4	10	—	15	12	10	—	12	10	17	10	13	1	8	—	12	6	23	—

During the ten days 641 ounces of fluid were taken and 346 ounces of urine were passed, a little over half the fluid intake. Study of Table II shows that a corresponding half volume of urine is passed roughly six hours after the fluid intake. Thus during this period a water test was performed, the water being given at 9 a.m. At midday a total of 4 ounces had been excreted, but at 2.30 p.m. 10 ounces more urine were passed. It would seem, then, that there is a delay in water excretion in states of emotional tension, and that this is the partial explanation of the results recorded.

CONCLUSIONS

1. A water excretion test for the measure of equilibrium with environment is described and a comparison with the hyperglycaemic index is made.

2. It is suggested that the results obtained are due to the delay in water excretion in states of emotional tension.

I wish to thank Dr. A. T. W. Forrester, medical superintendent, Warwick County Mental Hospital, for permission to publish this article.

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Memoranda

MEDICAL, SURGICAL, OBSTETRICAL

EMBOLISM OF THE ABDOMINAL AORTA ASSOCIATED WITH AURICULAR FIBRILLATION

Mr. A. H. Winchester's and Mr. A. J. Hawes's accounts in the *British Medical Journal* of February 18th and April 15th respectively induce me to record the following recent case.

The patient, F. G., aged 53 years, was admitted to hospital on March 20th, 1933, complaining of difficulty in breathing. He did not look seriously ill, but his radial pulse and cardiac action showed an "irregular irregularity," suggesting auricular fibrillation. Brachial blood pressure, 120/80 mm. Hg. He had been under treatment in 1931 with attacks resembling angina pectoris ; his brachial blood pressure at that time was always somewhat low, varying between 95/50 and 105/80 mm. Hg. His blood serum gave negative Wassermann and Meinicke reactions. He said that during the earlier part of the great war he had been in hospital with severe rheumatism for six weeks. He had been formerly a great smoker.

On the morning of March 22nd he was suddenly seized with severe pain in the left lower limb. The whole left lower limb became pale, and there was some mottling in the thigh ; no pulsation could be felt in the foot or at the groin, and no oscillometric movement could be obtained in the calf or thigh. In the right lower limb, however, though I could feel no pulsation in the arteria dorsalis pedis, there was some definite pulsation in the femoral artery at the groin, and slight oscillometric movement could be obtained—scarcely 1/2 at the calf and 1 in the thigh. There was no pain complained of in that limb. An embolus lodged at the bifurcation of the aorta was diagnosed.

Dry gangrene of almost the whole of the left lower limb followed. On April 15th the patient complained of pain in the right leg, and no pulsation could be felt in the right femoral artery at the groin. A few days later there was cyanotic discoloration of the right foot, which, however, did not become actually gangrenous before the patient's death on May 15th.

The necropsy showed sclerosis of coronary arteries, aorta, and iliac arteries. There was ante-mortem thrombus in the right and left auricles and in both ventricles. An embolus had been arrested ("riding") at the bifurcation of the abdominal aorta ; the right common iliac artery had not been completely blocked, but there was occlusion of the right popliteal artery. There were likewise embolic infarcts in the lungs, kidneys, and spleen.

London. F. PARKES WEBER, M.D., F.R.C.P.

HAEMOGLOBINOMETERS AND HOW TO CHECK THEM

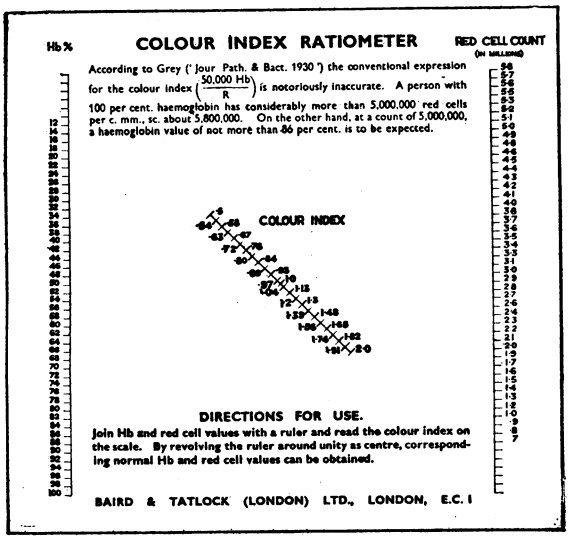
Every clinical pathologist in his routine work does a large number of normal blood counts: sent him because pallor is mistaken for anaemia. I noticed in 1922, working among war pensioners, that at Hb 100 the red cell count was nearer 6 than 5 millions per cubic millimetre. Whence then springs the legend that at Hb 100 the red cell count ought to be 5 millions per cubic millimetre? It is, I think, because (1) the expression 50,000 Hb/R is easy to evaluate ; and because (2) haemoglobinometers lose their tint, so that isolated readings are liable to be too high.

The haemoglobinometer ought to be checked on receipt from the manufacturers and from time to time during use. Those who work among children have early warning that a standard is losing its tint when they get readings of 90 and over, since such readings are seldom found in children apart from polycythaemia—heart lesions, for example. But with adults there is no such warning, nor when the Hb appears to be over 100 is, in general, any surprise felt.

I set myself, in 1927, the problem: Does any—and if so what—relation exist between the Hb percentage and

the red cell count in normal blood? After examining a large number of counts on men, women, and children, I came to the conclusion that this was a constant, and was able to confirm the suspicion held by many that the conventional expression for the evaluation of the colour index was wrong; and propounded in 1930[1] the expression 58,000 Hb/R, observing at the same time that the ratio Hb/R was a constant in normal blood, and that the theoretical haemoglobin value might be calculated by multiplying the red cell count in millions by 17 (or more accurately by 17.24).

The true colour index may be read from the following chart (obtainable from Messrs. Baird and Tatlock).



The application of these data to the checking of haemoglobinometers is obvious. Suppose your assistant's red cell count at any given moment is 5.2 millions per cubic millimetre. This, if I am right, corresponds to Hb 90. Lake and gas 20 c.mm. of the blood in the usual manner and dilute to the 90 mark (1.8 c.cm.) If then your standard differs sensibly from this temporary standard, you must either get a fresh standard or apply a correction.

It must not be forgotten that the specific gravity of the blood (and in consequence the red cell count and Hb, and indeed all other constituents of the blood) varies from day to day and hour to hour; so that it is useless to attempt to check a haemoglobinometer except by a red cell count and haemoglobin estimation done then and there.

London. TEMPLE GREY, M.B., Ch.M.

AN UNUSUAL CASE OF PERFORATION OF THE APPENDIX

About the middle of January I was consulted by a girl, aged 17, on account of abdominal pain which had existed for three weeks previously. There was no previous history of abdominal pain, and no history of biliousness or of cyclical vomiting. The pain, which was at no time severe, was referred to both iliac fossae, but mainly to the right. No increase in pulse rate nor elevation of temperature was recorded during the time she was under observation, although an ill-defined swelling could be felt in the right iliac fossa. No real resistance existed, and the abdomen moved well on respiration.

A diagnosis of "grumbling appendix" was made, and on February 23rd appendicectomy was carried out through a Battle's incision. A retrocaecal appendix was found with but little evidence of recent inflammation. Lying between the two layers of the meso-appendix was a typical blackish concretion, about the size of a cherry-stone, over the surface of which the two layers of the meso-appendix could be freely moved. On slitting open the appendix after removal no evidence of the passage of the stone could be detected; in fact, the organ was inclined to be fibrotic. The clinical course at no time suggested that a perforation had occurred, no doubt owing to the fact that the stone had found its way into the interstitial tissue, leaving the peritoneum intact.

Such an event would appear to be as rare as it was fortunate for the patient.

Sevenoaks. JAMES M. HARRISON.

[1] *Journ. Path. and Bact.*, 1930, xxxiii, 231.

Reports of Societies

EXPERIMENTAL PRODUCTION OF MALIGNANT TUMOURS

DISCUSSION AT THE ROYAL SOCIETY

A discussion meeting took place at the Royal Society on June 15th, with the president, Sir F. GOWLAND HOPKINS, in the chair; the subject was the experimental production of tumours.

Dr. J. A. MURRAY, F.R.S., in opening, said that the investigations of the last thirty years had proved that, under appropriate conditions, the cells of the higher vertebrates were capable of unlimited proliferation. Nothing was commoner in the literature of cancer than loose statements that this or that agent conferred on the cells powers of unlimited new growth, which was nonsense, seeing they already possessed such powers. The essential feature was the uncontrolled or autonomous character of the cellular proliferation—that is to say, the agencies which were effective in the body in limiting the rate and amount of growth and cell division were ineffective against true new growths. This applied to growths both benign and malignant. Examples were seen in the fatty tumours, lipomata, which went on increasing in size in an emaciated individual, and the uterine myomata, which grew progressively even after the menopause. The malignant new growths, carcinoma and sarcoma, exhibited this proliferation still more clearly, showing often a more rapid rate of growth. The other distinctive features of the malignant as contrasted with the benign new growths were differences in degree rather than in kind, and their more perfect independence or autonomy manifested itself in infiltrative progress, disorganizing and destroying the normal tissues by pressure from without or occlusion and rupture of blood supply. The stretching and tearing of the walls of blood and lymph vessels opened the way for the entrance of aggregates of parenchyma cells into the vessels, and these, transferred to remote situations, formed secondary centres of growth, or metastases. It was these manifestations of neoplasia which rendered cancer so formidable a problem in treatment. The new proliferative conditions arose in limited localized foci, and once they had reached a size sufficient for recognition further increase took place only from the descendants of the already transformed cells, without fresh accessions from the surrounding elements of the same kind. One type of cell by its multiplication gave rise to the new formation, so that it was usually possible by microscopical examination to infer the tissue of origin, even after the tumour had reached a great size. Dr. Murray went on to say that these ideas and conclusions had obtained a welcome precision and validity from the study of the transplanted malignant new growths of the mouse and rat. In consequence, it was now possible to define new growths, with some confidence, as single-tissue proliferations arising in a localized area, growing from their own resources in an uncontrolled manner, and showing a continuous graduated series in those arising from any one tissue, both in histological structure and in rate and habit of growth. He discussed the various attempted solutions of the problem of the nature and causation of malignant new growths. There was, first of all, the genetical hypothesis originating with Boveri, and modified by Bauer, the main objection to which now was the necessity of assuming a large number of constituent units in each gene, to allow for the great number of slight modifications presented by the new growths of any one tissue, all practically

administration and the method chosen for interpreting the result of the administration of the hormone.

The Conference agreed that, as in other similar cases, the only safe basis for international agreement on a unit was the adoption of a standard substance, in terms of which the unit could be defined. The standard adopted by the Conference for international use is a quantity of the ketohydroxy form of the hormone in pure crystalline condition, which is preserved at the National Institute for Medical Research, London, and the unit of activity is defined as the specific oestrus-producing activity contained in 0.1 γ (= 0.0001 mg.) of this standard preparation.

In order to provide an adequate amount of material to serve as an international standard, different countries have sent samples of the pure crystalline ketohydroxy form of the oestrus-producing hormone to the National Institute for Medical Research, London (acting for this purpose as the central laboratory on behalf of the Health Organization of the League of Nations), where the final preparation of the standard has been completed, and arrangements have been made for the storage of the standard and for its dispatch to the central laboratories and institutions, in other countries, which have been nominated by the Health Organization of the League of Nations, for local distribution.

Institutions or individual investigators in Great Britain and Ireland requiring the standard for the oestrus-producing hormone should apply to the Department of Biological Standards, the National Institute for Medical Research, Hampstead, N.W.3.

INTERNATIONAL OPHTHALMIC CONGRESS IN MADRID

The fourteenth Concilium Ophthalmologicum was held in Madrid from April 16th to 22nd, and was attended by numerous delegates from about forty countries. At the first session inaugural addresses were delivered by the President of the Spanish Republic, Professor van der Hoekwe (president of the International Council of Ophthalmology), and Professor M. Márquez (president of the congress), who also read a message of greeting from the veteran Professor Ramon y Cajal. Sir John Parsons, on behalf of Great Britain, and delegates from other parts of the world, followed with official expressions of congratulation and good wishes.

The first of the main topics for discussion—namely, tuberculosis of the iris and ciliary body—was introduced by Dr. E. V. L. Brown of Chicago, who criticized the failure in practice of such modern lines of local therapy as the use of x rays and the introduction of the patient's own blood into his anterior chamber. Tuberculin had not been shown to prevent recurrences nor attacks in the other eye, nor did it seem to influence favourably the intrathoracic infection. Open air, rest, dieting, and the promotion of a feeling of confidence would often cure the lesion. Dr. Igersheimer of Frankfort dealt with the pathological anatomy of this manifestation of tuberculosis, and suggested a basis for classification. The characteristic differences between the acute, subacute, and chronic recurrent types were, he said, attributable conceivably to immuno-biological conditions. The third speaker, Dr. H. Lagrange of Paris, devoted his address to the recognition of this form of tuberculosis and its differential diagnosis—a matter of especial importance in the presence of diffuse and anodular iritis or iridocyclitis. In the absence of any direct indications of focal infections and syphilis the diagnosis could be only a statement of probability, since no special clinical signs had yet been defined. The therapeutical test with tuberculin afforded the most dependable criterion. The second main topic for discussion was retinal detachment. This was introduced by Dr. H. Arruga of Barcelona, who critically reviewed the aetiology and pathology, paying special attention to the theories relating to choroidal exudation and vitreous shrinking. He considered that the idiopathic form in the vast majority of instances was due to retinal lesions. The medical treatment of the disease was reviewed by Professor G. Ovio of Rome, the principal lines being keeping the patient at rest in the dark, diaphoresis, the instillation of eserine or atropine, electrolysis, massage, preparations of iodine, subconjunctival and intravitreous injections, and other means such as mercury, adrenaline, tuberculin, and a salt-free diet. Operative treatment for the closure of the retinal hole was considered in detail by Professor A. Vogt of Zürich. Various methods were compared, and the simpler procedures—ignipuncture with the galvanocautery and diathermy—were held to be likely to become the most popular. Special advantages in certain circumstances were possessed, however, by each of the other lines of intervention. Cauterization, it was added, might be dangerous if too prolonged.

With commendable rapidity these valuable addresses have now been published in full in two volumes, fully documented and excellently illustrated. A third volume contains the contributions made during a session on trachoma, in which the progress of the campaign against it in various countries was described. One attractive feature of the congress was the publication each day of a bulletin; this summarized the proceedings of the previous day, and announced details of the programmes of the current and following days. As a souvenir, an album of the names, descriptions, and photographs of those taking part in the congress was prepared and distributed.

ROCKEFELLER MEDICAL FELLOWSHIPS

The Medical Research Council announces that, on behalf of the Rockefeller Foundation, it has made the following awards of travelling Fellowships for the academic year 1933–4. These Fellowships are awarded to graduates who have had some training in research work, either in the primary sciences of medicine or in clinical medicine and surgery, and who are likely to profit by a period of work at a chosen centre in America or, in special cases, in Europe, before taking up positions for higher teaching or research in the British Isles.

HAROLD WILLIAMS FULLERTON, M.B.Aberd., Department of Medicine, University of Aberdeen.

MARGARET HONORA ROSCOE, B.Sc.Lond., Lister Institute, London.

DONAL SHEEHAN, M.D., M.Sc.Manch., Department of Anatomy, University of Manchester.

SOLLY ZUCKERMAN, D.Sc.Lond., M.R.C.S., Department of Anatomy, University College, London.

Dr. Sheehan's Fellowship is tenable at Montreal, the others at centres in the United States.

England and Wales

Hospital Conference at Bath

Bath maintained her well-earned reputation of ideal hostess when the British Hospitals Association and the Incorporated Association of Hospital Officers held their annual conference there on June 8th, 9th, and 10th. There was a large attendance, and papers of interest were read and discussed. Under the chairmanship of Sir Harold Pink, the council reported that the membership was now 1,300, and that 640 hospitals were associated. The first paper was by Mr. G. T. Whiteley (King's College Hospital), on pay-beds in hospitals. He mentioned that there were now 1,680 pay-beds in London, but this was not enough to supply the demand; in his opinion the best system was the separate block, and the time would come when the general practitioner would be allowed to attend his patients in hospital. Dr. C. E. S. Flemming said that pay-beds would enable the general practitioner to attend some of his patients in hospital; it was important to himself and to the public for him to have the advantage of an institution. The young medical man of to-day inherited a vast fortune of scientific and technical knowledge, but in practice he was disheartened to find that he was so often unable to use that knowledge for the benefit of his patients. The Royal United Hospital, Bath, had to some extent met the difficulty, for it had associated with it the Forbes Fraser Hospital, a pay-bed hospital of 72 beds, which was used by general practitioners as well as by specialists. Mr. C. H. Terry, Bath,

Dr. NORMAN E. ALDRIDGE, formerly of Southampton, died at Alton on June 15th, aged 71. Son of J. H. Aldridge, M.D., J.P., of Southampton, whose forebears for many generations lived in Hampshire, he received his medical education at Edinburgh University, where he graduated M.B., C.M. in 1884. He obtained the D.P.H. of the London Royal Colleges in 1890. After taking up general practice in Southampton he became interested in radiography, and in 1896—very soon after the discovery of *x* rays—became one of the earliest workers in this field. Some few years later, when the importance of this subject was apparent, he devoted himself entirely to electro-therapeutics. Having served as house-surgeon to the Royal South Hants and Southampton Hospital, he was appointed honorary physician in 1893, and was in charge of the radiotherapeutic department from its inception until 1929, when he retired as senior physician, having been on the honorary staff of the hospital for thirty-six years. His work for the hospital has been fittingly commemorated by the naming after him of one of the new wards. Dr. Aldridge was also for some years radiographer to the Hants County Hospital, Winchester, and to the South-ampton Infirmary. During the war he served, with the rank of major R.A.M.C.(T.), as radiologist to the Royal Victoria Hospital at Netley and the Auxiliary Military Hospital at Southampton, and latterly was inspector of radiography, Southern Command. It was during this period, under the high pressure of work, that he con-tracted *x*-ray dermatitis of both hands, which gradually extended until, in spite of more than one operation, he became completely crippled, and on this account had to give up practice.

Medico-Legal

DOCTOR INJURED IN MOTOR CAR ACCIDENT

£12,000 DAMAGES AWARDED

At Gloucester Assizes, on June 9th, before Mr. Justice Lawrence and a special jury, Dr. Abraham Goldfoot, a medical practitioner of Cheltenham, brought an action against Mr. R. J. K. Brewer, a publishers' salesman, of Bristol, for damages for personal injuries received in a motor car accident.

Sir Patrick Hastings, K.C., for the plaintiff, asked the jury to award Dr. Goldfoot not merely substantial, but very heavy damages. In June of last year Dr. Goldfoot was driving from Cheltenham to Clifton. Something went wrong with his car, and, stopping at the side of the road, which was twenty-five feet wide, he got out and opened the bonnet and looked at the carburettor. Defendant's car was coming in the opposite direction. Defendant pulled his car out from behind a larger one, and, in attempting to pass it, struck the plaintiff, and despite the fact that the doctor was seriously injured the defendant drove on. He did not return to the scene of the accident until three-quarters of an hour later, when he refused to give any explanation to the police. Later he alleged that the plaintiff had walked suddenly out from behind his car, but there was no foundation for that statement. The injuries which Dr. Goldfoot received were extremely serious. His right hand was rendered useless, and since the accident occurred his practice, which had risen in seven years from £700 a year to £1,500, had to be conducted by a locumtenent, to whom he gave what assistance he could. He could not even write a prescription, and up to now there was no sign of real improvement of his hand. Professor Hey Groves said that he could give no definite promise that Dr. Goldfoot's hand would ever be right again.

Sir Reginald Coventry, K.C., for the defendant, said that his case was that Dr. Goldfoot was mistaken as to what had happened. The injuries he had suffered could not have been received in the way he claimed. He suggested that Dr. Goldfoot stepped out from behind the car, which made the case one of contributory negligence. The defendant, in evidence, said that he had been driving a car for two and a half years without accident. He saw a stationary car with a man standing in front of the radiator. While he was trying to pass a large car in front of him, someone stepped from behind the stationary car, but he had not the slightest idea that he had touched him, and drove on. He admitted that as a result of the accident he had been convicted of dangerous driving and of failing to stop after an accident. Dr. Hill Ernest Griffiths, a consulting surgeon, said that in his view the improvement in Dr. Goldfoot's hand would continue during the next two years, though he could not say when the hand would be a really useful member, and he did not think Dr. Goldfoot would ever be able to do midwifery or surgery again. At the same time, there was a considerable amount of useful work which he could do in his practice even if his hand remained as at present.

The jury awarded Dr. Goldfoot £12,000 damages, and the judge granted a stay of execution for fourteen days, subject to payment into court or the giving of a bond for the amount awarded.

Universities and Colleges

UNIVERSITY OF CAMBRIDGE

At a special congregation of the Senate on June 8th the honorary degree of Doctor of Science (Sc.D.) was conferred on Sir Frederick Gowland Hopkins, M.B., F.R.C.P., P.R.S., Professor of Biochemistry in the University.

Among those who received the degree of Ph.D. on June 9th was Mr. L. W. G. Malcolm, M.Sc., conservator of the Wellcome Historical Medical Museum, London.

Under Regulation 15 for degrees in medicine and surgery the Faculty Board of Medicine has published in the *University Reporter* for June 13th a revised schedule for Part IV of the first examination for the degree of Bachelor of Medicine. This schedule, which has been drawn up by the Faculty Boards of Biology "A" and Medicine, is to replace on January 1st, 1935, the schedule published in *Ordinances*, p. 312.

At a congregation held on June 17th the following medical degrees were conferred:

M.B., B.CHIR.—W. H. Mylechreest.
B.CHIR.—C. E. R. Wood.

The Council of the Senate has appointed Professor H. R. Dean, M.D., Master of Trinity Hall, a member of the Court of Governors of Sheffield University until June 30th, 1936. The Vice-Chancellor, the Master of Gonville and Caius College, the Regius Professor of Civil Law, and the Regius Professor of Physic have appointed G. S. Haynes, M.D., F.R.C.P., a Distributor of Crane's Charity, as Chief Apothecary, in the place of the late Mr. Arthur Cooke.

UNIVERSITY OF BRISTOL

The following candidates have been approved at the examinations indicated:

FINAL M.B., CH.B. (*Part I, including Forensic Medicine and Toxicology*).—R. D. Bodman, J. R. G. Damrel, F. J. W. Lewis, S. P. N. Williams. (*Part I only*): M. W. Maged.

FINAL M.B., CH.B.—(*Part II*): A. J. Board (second-class honours, with distinction in Public Health), J. S. Adamson, C. J. N. Davis (with distinction in Obstetrics), G. M. Evans, Winifred M. Hill, R. L. Marks, H. E. Pearse. (*Group I only*): A. D. Jones, Francis E. Powell.

ROYAL COLLEGE OF SURGEONS IN IRELAND

The following have been appointed examiners for the ensuing year:

For examinations under the management of the Conjoint Committee (Conjoint Licence, Diploma in Public Health, and Preliminary):—*Anatomy*: Prof. E. J. R. Evatt; *Surgery*: Prof. A. Chance, Mr. Henry Stokes; *Physiology and Histology, and Chemistry and Physics*: Prof. W. J. E. Jessop; *Pathology and Bacteriology*: Prof. W. Boxwell; *Midwifery and Gynaecology*: Prof. A. H. Davidson; *Biology*: Mr. R. F. J. Henry; *Ophthalmology*: Mr. E. Maxwell, Dr. L. E. Werner; *Chemistry and Physics* (*for Public Health Diploma*): Prof. W. J. E. Jessop, Prof. E. A. Werner; *Materia Medica, Pharmacy, and Therapeutics*: Prof. L. Abrahamson; *Forensic Medicine and Public Health*: Prof. G. Bewley.

For examinations conducted by the College and not under the management of the Conjoint Committee (Fellowship, Licence in Dental Surgery):—*Anatomy*: Prof. F. J. R. Evatt; *Surgery*: Prof. A. Chance, Mr. A. B. Clery, Mr. R. F. J. Henry, Mr. Henry Stokes; *Physiology and Histology*: Prof. W. J. E. Jessop; *Pathology and Bacteriology*: Prof. W. Boxwell, Dr. J. T. Wigham; *Chemistry and Physics*: Prof. W. J. E. Jessop, Dr. E. A. Werner.

Medical News

The Ingleby Lectures will be delivered by Dr. Alfred F. Hess of New York in the Medical Lecture Theatre, Birmingham University, on June 27th and 29th at 4 p.m. The subject will be the fat-soluble vitamins. The first lecture will be devoted to vitamin A in relation to nutrition and infection, and the second lecture to an appraisal of the prophylactic measures against rickets.

The Cavendish Lecture before the West London Medico-Chirurgical Society will be given by Sir Peter Chalmers Mitchell, F.R.S., in Kensington Town Hall, on Thursday, June 29th, at 8.30 p.m. Subject: "The Diet of Animals." The lecture will be followed by a conversazione.

The annual general meeting of the Fever Hospital Medical Service Group of the Society of Medical Officers of Health will take place at the house of the society, 1, Upper Montague Street, Russell Square, on Friday, June 30th, at 3.30 p.m. The principal business will be the election of officers and council for 1933–4, and an address by Dr. E. C. Benn on "Heart Failure in Diphtheria." The above meeting will be preceded by a meeting of the council at 3 o'clock.

The Dean of St. Paul's will present the prizes to successful students of the London Hospital Medical College on Tuesday, June 27th, at 3 p.m., in the College Library.

The ninety-second annual meeting of the Royal Medico-Psychological Association will be held, partly at Colchester and partly at Clacton-on-Sea, on July 5th, 6th, and 7th, under the presidency of Dr. F. Douglas Turner. The annual dinner will be held at the Grand Hotel, Clacton-on-Sea, on Wednesday, July 5th, at 8 p.m.

The last of four lectures for advanced post-graduates arranged by the Fellowship of Medicine will be given at 11, Chandos Street, W., on June 28th, at 5 p.m., by Mr. A. McAllister, on "Some Features of Eclampsia." On June 26th, at 8.30 p.m., Dr. R. de Hellebranthe will lecture on "Modern Methods of Local and Spinal Anaesthesia." On June 27th, at 8.30 p.m., Mr. Lindsay Rea will give a demonstration on the fundus oculi, at the West End Hospital for Nervous Diseases, in-patient department. On July 13th, at 4 p.m., at 11, Chandos Street, there will be a demonstration of *x*-ray films, by Dr. Kerley, for M.R.C.P. candidates. A week-end course in general medicine and surgery will be held at the General Hospital, Southend-on-Sea, on July 8th and 9th. On June 30th there will be an ante-natal demonstration at the Royal Free Hospital, at 5 p.m. Forthcoming courses include: proctology, at St. Mark's Hospital, July 3rd to 8th; ophthalmology, at the Royal Westminster Ophthalmic Hospital, July 10th to 29th; dermatology, at the Blackfriars Hospital, July 10th to 22nd; practical pathology, at the Brompton Hospital, July 10th to 22nd; urology, at All Saints' Hospital, July 10th to 29th.

A medical conference on contraception will be held in the Great Hall, B.M.A. House, Tavistock Square, W.C., on Saturday, July 8th, at 10.30 a.m. It has been arranged by the National Birth Control Association, with which is incorporated the Birth Control Investigation Committee. The subjects for discussion are: "Recent Researches on Temporary Hormonic Sterilization" (chairman, Professor Julian Huxley); "Public Health Authorities and Information on Contraception" (chairman, Dr. Helena Wright); "Chemical Spermicides and their Effects" and "General Practice and Information on Contraception" (chairman, Lord Horder). Application for tickets (price 2s. 6d.) should be made to the secretary, 26, Eccleston Square, S.W.1.

At the June meeting of the Central Midwives Board for England and Wales approval as lecturer was granted to Mr. H. S. Allen (Cheltenham District Nursing Association), Mr. B. K. T. Collins was appointed an examiner of the Board at Bristol.

An international post-graduate course in paediatrics will be held at the Kaiserin Augusta-Viktoria Haus, Berlin, from July 9th to 15th.

An international congress for the protection of infancy will be held in Paris from July 4th to 9th, under the presidency of M. Paul Strauss, late Minister of Health and a member of the Academy of Medicine. The subjects to be dealt with include pre-natal consultations and the importance of maternal instruction in connexion with reduction of the infantile mortality; supervision of physical development during the school and post-school periods; vocational guidance for mentally deficient children; and the organization of legal guardianship of illegitimate children. The fee for membership of the congress is 100 francs, and further information can be obtained from the secretary of the congress, 26, Boulevard de Vaugirard, Paris XVe.

The sixth French Provincial Congress of Hygiene will be held at Nancy from July 3rd to 5th, when the following subjects will be discussed: (1) preventive control of the health of adolescents; (2) the morbidity of venereal disease; (3) disposal of rubbish. The subscription is 50 francs. Further information can be obtained from the president, M. Jean Benech, Terre-Plein Sant Epvre, Nancy.

The fourth International Congress of Radiology will be held at Zürich and St. Moritz from July 24th to 31st, 1934, under the presidency of Professor N. Schinoz. Further information can be obtained from the general secretary, D. N. S. Wolther, Gloriostrasse 14, Zürich.

The executive committee of the International Congress for the Protection of Childhood, to be held in Paris on July 4th, has decided to include a colonial section for the study of maternity and child welfare.

The trustees of the Lady Tata Memorial Fund announce that, on the recommendation of the scientific advisory committee, they have made the following awards of scholarships for the academic year 1933–4: Dr. Walter Büngeler, University of Frankfort-on-Main; Dr. Leonid Dolschansky, University of Berlin; Dr. Martin Cyril Gordon Israëls, University of Manchester; Dr. Charles Oberling, Faculty of Medicine, Paris. These scholarships were open to graduates of any nationality for research work in diseases of blood, with special reference to leukaemia (see *British Medical Journal*, February 18th, p. 284).

The Import Duties (Exemptions) (No. 6) Order, 1933, issued by the Treasury on the recommendation of the Import Duties Advisory Committee, exempts untrimmed natural silkworm gut in hanks or bundles from duty chargeable under the Import Duties Act, and comes into operation on June 23rd. Untrimmed natural silkworm gut is the raw material for making gut for fishing tackle and for surgical sutures; it is not produced in the United Kingdom or in any other part of the Empire.

In the advertisement columns this week will be found a notice regarding the fourth award of the Nichols Prize by the Royal Society of Medicine. The prize, being the accumulated interest on £2,200, is offered every three years, and is open to any British subject for the most valuable contribution towards the discovery of the causes and the prevention of death in childbirth from septicaemia. The work must be submitted to the secretary of the society, 1, Wimpole Street, W., by October 1st.

On Empire Day the ceremony of opening the operating theatre at Southwold Cottage Hospital was performed by Lord Stradbroke in the presence of a large number of subscribers of all classes. Soon after his death in 1928 there was a general feeling that some tribute should be paid to the memory of Dr. R. Wilson Mullock, who for twenty-five years had been the moving spirit in the work of the hospital, and who had won the gratitude and devotion of all with whom he came in contact. The affection and esteem which he had inspired were amply expressed by the readiness with which the sum of over £600 was raised by the subscriptions of rich and poor alike.

Professor Karl Pearson has been awarded the Rudolf Virchow medal by the Berlin Society for Anthropology.

The March issue of the *Chinese Medical Journal* is devoted to leprosy.