

FIBROCYSTIC DISEASE OF BONE

At a meeting of the Devon and Exeter Medico-Chirurgical Society, held at the Royal Devon and Exeter Hospital on February 25, with the president, Dr. R. H. NORMAN, in the chair, a paper by Mr. R. WAYLAND SMITH, in association with Dr. H. F. L. HUGO, contained the notes of a case in which fracture of the neck of the right femur was associated with fibrocystic disease.

The patient, shown to the meeting, was a woman aged 70 who had sustained the injury by slipping on her doorstep on October 14, 1936. Radiographic investigation revealed a fracture without much displacement, and showed in addition deformity of the upper third of the femur from fibrocystic disease, extending from the head of the bone to beyond the great trochanter. A pinning operation being considered impracticable, the limb was put up in plaster-of-Paris, but the latter had to be removed after a week owing to a skin complication. Resort was then had to extension and sand-bags, the outlook for ultimate union seeming to be poor. Nevertheless the fracture healed, and she was able to get about on two sticks, a calliper still being worn.

Radiographs were shown to demonstrate the condition as seen a few days after fracture and also observed quite recently. Not only was there every appearance of firm union in good position, but there was obliteration of the cystic disease to a great extent in the area affected by the fracture. Mr. Wayland Smith explained that in these cases union was aided by the periosteal reaction set up around the cystic disease, and thus in these two separate conditions (fracture and fibrocystic disease) reciprocal benefit had been the end-result of their association.

Diagnosis of Paratyphoid B Infection

Dr. J. C. FULLER read a short paper on two cases of pyrexia which had been recently in his care, and in which the course of the febrile symptoms had been somewhat similar. Eventually a diagnosis of paratyphoid B infection had been established in each instance.

CASE I

A young unmarried woman had complained on November 26, 1936, of a sudden attack of headache, shivering, and aching of the limbs. On the following day the symptoms increased and there was difficulty in taking a deep breath. On admission to hospital on November 29 the temperature had been 102.2°, the respirations 44, and the pulse rate 144. Grunting expiration was present, and physical signs of consolidation were noted at the base of the left lung posteriorly. There was no evidence of any cardiac complication, and no enlargement of the spleen or other abdominal abnormality could be detected. There was no sign of any joint disturbance. A diagnosis of pneumonia was made and treatment appropriate to this condition was begun, including injections of a mixed pneumococcal immunogen (antigen). On the fourth day after admission—apparently the eighth day of the disease—the temperature fell by crisis with coincident reduction in the respiration and pulse rates. A total white cell blood count on the day of admission had been 7,100; on December 1 it was found to be 13,400. Up to the time of the crisis the bowels had been irregular, two actions on two days and no action on another. For the next five days her condition had seemed to indicate a satisfactory convalescence, except that the signs of resolution in the pneumonic lung were absent. However, on the evening of December 9 the temperature shot up to 102.8°, remained at that point on the morning of the 10th, and reached 105.4° on the evening of that day. On the 18th the readings were 102° and 104.4° in the morning and evening respectively. The pulse rate ranged from 100 to 130 in this second febrile period; she was listless with low-muttering delirium. There was some rigidity of the neck and a considerable degree of deafness. She was now coughing up blood-stained sputum, but radiological examination showed no abnormality beyond a greying of the left middle and lower zone proportionate to the physical signs. The blood count on December 17 showed a fall in the leucocytes to 6,800, the differential count being non-indicative. The cerebro-spinal fluid was found to be normal in every respect, and a blood culture proved

sterile. The stools, however, were relaxed, and in view of this and the white cell count a Widal test was made on December 22, when agglutination was obtained up to a dilution of 1 in 500 to *B. paratyphosus* B. This organism was also recovered from the stools. Eventually the patient made a slow but complete recovery—the temperature falling by lysis—and she was discharged from the hospital on February 11, 1937, after three negative findings in the stools.

CASE II

A girl aged 9 was an inmate of a children's home, and ten days before her admission to the Exeter City Hospital the matron reported that she had had a typical attack of influenza, forty other children being similarly affected at the same period. She appeared to make a rapid recovery, but a few days subsequently she was noted to be listless and her temperature was found to be high. On admission to the hospital the temperature was 105° and the pulse rate 136. Hyperpyrexia continued for four days and then fell by crisis, pneumonic signs appearing at the left base. For nearly a week following the crisis the temperature remained normal and then rose suddenly to 102°; there was complaint of abdominal pain, and she vomited on several occasions. When seen by Dr. Fuller on January 14 the temperature was 102° and she was pale and listless; no rash was present. Examination of the chest revealed a patch of consolidation at the angle of the left scapula, and crepitations were heard at both bases. There was definite leucopenia (3,400), and the Widal reaction was positive up to 1 in 125 to *B. paratyphosus* B. The child was transferred to the City Isolation Hospital, and a few days later was found to have a typical rash. The subsequent progress of the case offered no particular points of interest, except that the fever was somewhat protracted.

Local News

INDIA

Progress in Public Health

The annual report of the Public Health Commissioner with the Government of India for 1934, which has been recently issued, surveys the state of public health in British India and some of the native States. The death rate was higher than in 1933, also the infantile mortality rate, while the birth rate was lower, but such fluctuations are a normal characteristic of the annual statistics of the country. Although there is evidence of widespread undernutrition in India, there is no evidence of the poorer classes being worse fed than hitherto. There is, however, a great need of a comprehensive survey of food production in the country as a whole. Until such a survey has been carried out the question of food supply in relation to the population, should the latter continue to increase as it did between 1921 and 1931, cannot be satisfactorily determined.

PRINCIPAL CAUSES OF DEATHS

Of the total number of deaths during the year 58 per cent. were attributable to the "fevers" group of diseases. Violent epidemics of cholera are becoming less frequent, a fact explained by the development of the public health services and the extension of the prophylactic use of cholera vaccine, but there is as yet no clear evidence of a significant fall in the mortality rate in this disease. This may be due in some measure to the general improvement in statistical registration leading to the recognition of hitherto overlooked centres of disease and thus offsetting the obviously beneficial results of preventive work. There was increased plague incidence and mortality, but the disease was for the most part confined to the provinces of Northern India. The female death rate from this cause was higher than the male, but comparative freedom from the disease was reported from the whole eastern seaboard, Northern Burma, Assam, Bengal, the south-

eastern parts of Bihar, the western areas of the Punjab, and Upper Sind. Small-pox was only moderately prevalent, but an extension of compulsory vaccination to rural as well as urban areas is still needed, and a wider practice of revaccination at school age. The degree and duration of immunity conferred by infant vaccination against small-pox was investigated at the Belgaum Vaccine Institute and found to be much shorter than was previously believed; it may be taken as four years in one-fifth of the children and seven years in one-half. Deaths from "fevers" totalled nearly four millions in 1934, as compared with three and a half millions in the preceding year, rural rates exceeding the urban in all provinces. Malaria mortality was fairly high, and the debilitating effects of this infection were partly responsible for the exceedingly high mortality figures for influenza, pneumonia, and dysentery. It is estimated that there must have been over 110 million cases of malaria in 1934, and it has previously been computed in other quarters that such a figure is approximately correct. There are probably about two million cases of tuberculosis in India, a great number of these being found in Bengal, Madras, the Punjab, and Bihar and Orissa. An increase in the future is feared since it is thought that there are many villages which have not as yet been exposed to infection, and which consequently will afford a virgin soil for the disease. Leprosy is more common in India than was formerly supposed, and probably a million cases exist. The disease is especially prevalent among semi-aboriginals or aboriginals who have left their tribal seclusion and hired themselves out to agriculturalists and industrial concerns. A network of clinics has been established in endemic areas, and early cases are coming forward in increasing numbers. Leper colonies are overcrowded, and special centres are being established for "burnt-out" cases to lessen the congestion.

MATERNITY AND CHILD WELFARE

A review in 1934 of the maternity and child welfare situation revealed an insufficiency of well-qualified medical practitioners and health visitors. There were five training schools in that year for health visitors; of the major provinces Bengal and the United Provinces alone had no course of training, but in the latter a scheme was ready to be launched. An appeal is voiced in the report for the appointment of a special assistant director for maternity and child welfare in each province and the establishment of a central official controlling body to advise on and to direct policy. Regret is expressed that the importance of sound environmental hygiene is very inadequately recognized, and that this makes it very difficult to secure financial support for urgently needed reforms. It is not infrequent to find that large sums are spent on roads or hospitals in large towns before a safe water supply has been provided. Town cleansing is too often carried out at night, with poor results except in the larger towns, which are well lighted by electricity. Nevertheless, Lieut.-Colonel G. G. Jolly, I.M.S., officiating Public Health Commissioner with the Government of India, concludes his report with the statement that the "sanitary idea" is beginning to penetrate the mind of India. Interest is increasing in rural reconstruction, nutrition, child welfare, and the prevention of epidemics. He thinks that the time is ripe for a great step forwards.

The Mission to Lepers

Mr. Wellesley Bailey, who founded in 1874 the Mission to Lepers, died in Edinburgh on January 29 at the age of 90. Born at Thornbury, Abbeyleix, Queen's County, Ireland, he went out to India when 22 years old, with the intention of joining the Indian police, but he stayed for some time with a missionary friend, and consequently became attached to the American Presbyterian Mission as head master of the mission school in Ambala. There was a small colony of lepers near the school, and Mr. Bailey visited it regularly. In 1874, when he returned home on

his first furlough, he delivered an address at the Friends Meeting-house at Monkstown, Co. Dublin, on the sad plight of the lepers, which aroused so much sympathy and interest that the Mission to Lepers was brought into being. Twelve years later he returned to Great Britain as general secretary of the mission, and for more than thirty years held that appointment, with his office in Edinburgh. When he retired in 1917 he was appointed honorary superintendent of the mission, and participated in its diamond jubilee celebration in 1934. The mission is now caring for some 15,000 lepers and their children in its own and in aided institutions in various parts of the world, the whole organization having evolved from an original small asylum in the Punjab.

FRANCE

[FROM OUR CORRESPONDENT IN PARIS]

Hospital Services for All

At the last general meeting of the *Confédération des Syndicats Médicaux de France* diametrically opposite views were expressed regarding the development of the general public hospital for all classes of the community. Only a generation ago the hospitality of the public hospitals was such that, as a rule, you had to be very poor to want to accept it. As the quality of this hospitality has improved the social and financial status of the applicants for it has risen, and now it is becoming more and more tempting for the medical officers of public hospitals to favour their development for middle-class more or less well-to-do patients. Dr. Rénon of Niort has made such a success of the omnibus hospital that his advocacy of it made a great impression at the meeting. It would seem that at Niort everyone is satisfied; the doctors co-operate, and the citizens of all classes enjoy the benefits of hospital treatment like so many shorn lambs for whom a kindly Providence has provided modern air conditioning. This idyll would, however, seem to be the exception rather than the rule, and Dr. Guillaume of Chaumont painted quite another picture. If it is the truer one of the two the development of paying departments in public hospitals is a veritable menace to the general practitioner throughout the country. It is difficult to escape the conviction that here, as in so many other problems, personalities count more than principles.

Poliomyelitis in Paris

Professor L. Tanon and Dr. A. Besson have recently undertaken a statistical survey of the incidence of poliomyelitis in Paris in 1933, 1934, and 1935. The number of cases in these three years was fifty-six, forty-three, and seventy-two respectively. The deaths in the same three years were seventeen, twenty-two, and nineteen respectively. Only one arrondissement escaped; all the others suffered more or less equally, the disease being evenly distributed irrespective of social strata in the community. A peak in December, 1934, and January, 1935, was contrary to the conception of poliomyelitis as an eminently late summer and early autumn disease. On the whole there were more cases among females than among males, the female predominance in this respect being greatest in childhood. Professor Tanon and Dr. Besson stress the importance of the healthy "carrier" and of the abortive forms of the disease which are, in their opinion, most numerous. With poliomyelitis sporadically endemic in Paris and with the healthy "carrier" largely responsible for its spread, they are sceptical of the value of disinfection measures on the death of a patient or on his removal to new quarters. Whatever the nature of the infecting germ it would seem not to be viable for long out of contact with living beings, and fumigation and suchlike sanitary gestures are probably of moral rather than material value.

ENGLAND AND WALES

Education in Better Feeding

The Gas Light and Coke Company gave a reception at its headquarters in Westminster on March 11, when the nutrition film which this company recently produced was projected and a new venture of the company with a similar objective was explained by Sir David Milne-Watson, the governor. The film is designed to bring out the significance of Sir John Orr's declaration that in a very large number of families not more than four shillings a week per head is spent on food. Sir David Milne-Watson explained that inasmuch as over 90 per cent. of the cooking in its area is done by gas, his company is closely concerned with the choice, treatment, and use of food, and therefore it is intended to follow up the nutrition film as a contribution to the cause of better feeding by an educational campaign. In half a dozen of its show-rooms in working-class areas of London a series of special lecture-demonstrations are to be given under the general heading of "Better Meals for the Money." These lecture-demonstrations will show how, in the opinion of experts on diet questions, the sum of 4s. 6d. per head per week can be laid out to the best advantage in the selection and purchase of food. A leaflet has been prepared giving a week's menus—breakfast, dinner, and tea—for a family of five. The ingredients of these meals have actually been purchased in the areas where the lecture-demonstrations are being given for 22s. 6d. in all. Particulars are given of the time needed in preparation and the cost of the fuel for cooking each meal. Sir David Milne-Watson pointed out that his company must not be taken as expressing any opinion as to the adequacy or otherwise of 4s. 6d. per head, but in view of the fact that large numbers of people have no more than this to spend it seemed desirable to set out how they might spend it with wisdom. He added that the existing menu sheet was based on food obtainable at the present season, and that in due course others would be prepared appropriate to the time of year. The lecture-demonstrations would be made attractive by including a demonstration of the cooking of one or more of the listed meals, and they would explain in simple terms the significance of recent discoveries about diet and the need for the right proportions of different types of foods, particularly protective foods. Professor V. H. Mottram said that the meals represented, so far as the money would go, one of the most sensible ways of laying out the weekly budget, including as much of the right proportions of body-building foods, energy foods, and protective foods as possible. The film, for which Mr. Julian Huxley is commentator, is a very interesting and ingenious production.

Willesden Maternity Hospital

The clinical report of the Willesden Maternity Hospital, published under the auspices of the Willesden Borough Council, is based on a survey of the first 3,000 cases attended at this institution. The majority of these, numbering 2,939, were booked cases, showing a maternal mortality of 1.02 per 1,000. Sixty-one emergencies show a mortality of 65.57 per 1,000, while the rate for all cases is 2.33. In a covering memorandum accompanying this report the medical officer of health describes the methods employed in Willesden with a view to reducing preventable death or disablement consequent upon child-bearing. With the opening of the maternity hospital in 1931 arrangements were made for ante-natal care of the mothers at health centres under the supervision of the council's consultant obstetrician. In this connexion special attention has been paid to the importance of health visiting. Post-natal care is also provided under similar conditions. The memorandum stresses the importance of adequate feeding for expectant and nursing mothers. It is suggested that this aspect of the problem has received insufficient attention, and that it is desirable that mothers should receive meals under an arrangement comparable

to the scheme applicable to school children. It is also suggested that greater attention should be paid to the newborn infant, and that a skilled paediatrician should be attached to the hospital for this purpose. The memorandum envisages a future consideration of means to provide a further period of rest and recuperation following confinement. Despite the extension of the hospital in February, 1935, accommodation is still inadequate, and for this reason 356 cases were refused admission between that date and October 31st, 1936.

L.C.C. Committees : Medical Members

The committees of the newly elected London County Council were settled on March 16, and the distribution among them of the medical members is shown as follows: Education, Dr. J. A. Gillison; Entertainments, Dr. Bernard Homa; Establishment, Dr. Homa and Miss Esther Rickards, F.R.C.S.; Finance, Dr. S. W. Jeger; General Purposes, Dr. F. Barrie Lambert; Hospitals and Medical Services, Dr. C. W. Brook, Dr. S. Monckton Copeman, Mr. Somerville Hastings, Dr. Jeger, Miss Rickards, with Dr. H. Winch (co-opted); Mental Hospitals, Dr. Lambert, with Dr. Doris Odum (co-opted); Parks, Dr. Lambert; Parliamentary, Dr. Jeger; Public Control, Dr. Jeger; Supplies, Dr. Lambert; Town Planning, Dr. Gillison; Welfare of Blind, Dr. Brook. It will be seen that the medical members of the new Council are shouldering a full share of the committee work, which is by far the most important part of the Council's activities; the only notable omission is the entire absence of medical representation on the Housing and Public Health Committee.

SCOTLAND

Crichton Royal Institution

The annual report of Crichton Royal Institution, Dumfries, by Dr. C. C. Easterbrook, physician-superintendent, shows that the number of patients treated during 1936 was 1,231, and the number resident at the close of the year was 978, of whom 626 were private patients and 352 rate-aided patients. During the year there were 258 admissions, 176 discharges, and 77 deaths. Voluntary patients under treatment in 1936 numbered 424, of whom none required to be certified, and of the 180 private patients admitted 70 per cent. came voluntarily. The service patients maintained by the Ministry of Pensions as private patients numbered ten. Of the special stresses activating mental illness among the admissions biologic stresses comprising the critical periods of life were present in 60 per cent.; strain of child-bearing 1 per cent. only; psychic stresses, including worry, affliction, and mental privations such as solitary life and want of occupation, 40 per cent.; toxic stresses such as alcoholic excess, 17.4 per cent. of men and 2.4 per cent. of women; physical shock 7 per cent.; and pathological stress of bodily disease 4 per cent. The types of mental illness among the admissions were: constitutional psychoses of melancholia, dementia, mania, etc., 87.3 per cent.; psychoneuroses 3.8 per cent.; organic psychoses 3.8 per cent.; and congenital psychoses 5.1 per cent. At the time of admission the mental illness had lasted for less than half a year in 56 per cent., under two years in 19 per cent., and above two years in 25 per cent. Of the discharges 105 were voluntary and seventy certificated, and the recovery rate was 34.5 per cent., with 35.9 per cent. improved, among the voluntary patients, and 42.2 per cent., with 14.6 per cent. improved, among the certificated ones. The general recovery rate of all cases was 37.9 per cent., with 26.3 per cent. improved, while the total duration of the disorder in those who recovered was less than half a year in 39 per cent. and less than two years in a further 38 per cent. The causes of death included fatty

degeneration of the heart, apoplexy, senile decay, and pulmonary diseases, the mean age at death being 62.4 years.

Princess Margaret Rose Hospital

At the half-yearly meeting of the Princess Margaret Rose Hospital for Crippled Children at Fairmilehead, Edinburgh, on March 2, the Earl of Home presiding, the remarkable development of this hospital since its opening less than five years ago was described. The hospital then consisted of one ward for twenty-five patients; it now had four wards with accommodation for 100 children and a capacious massage department was under construction. A system of clinics with an outdoor staff was being developed in the south-eastern region of Scotland, and energetic attempts were being made to obtain clinics in those areas which did not yet possess them. The Edinburgh area had at present ten cases in the hospital, Fife and Clackmannan thirty-two, East Lothian four, Midlothian four, Roxburgh four, and Berwick three, while private patients numbered fourteen. The reason that there was a waiting list of eighty when there were empty beds in the hospital was because of the quota system, by which individual counties made definite financial grants for the orthopaedic services to patients from their areas. The result was that a county which had thirty patients requiring treatment might only send five to the hospital at one time, the other twenty-five waiting their turn, and it was only by additional allocations by the local authorities concerned that the number of patients paid for by them could be increased. There were at present seventy-three such patients in the hospital. A large number of out-patients were seen regularly at clinics in the county areas, and as a result many incipient cases of crippling illness could be cured at an early stage and hospital treatment avoided. The report showed that the financial position of the hospital had been improving, and that it had been possible within the last few months to pay off a loan of £3,000 which had been granted by the Scottish branch of the Red Cross Society. Legacies and special donations during the past ten months had amounted to £5,087, and the sum received in patients' fees during this period had been £6,797. Against this the running expenses had amounted to £8,538. The report of the surgeon, Mr. W. A. Cochrane, showed that from July, 1936, to January, 1937, 123 patients had been admitted as compared with seventy-one in the previous six months, and the patients discharged had numbered 108 as against sixty-six.

Perth Royal Infirmary

The income of the Perth Royal Infirmary for the past year was £17,438 and expenditure was £24,454. The Infirmary has received a bequest of £20,000 under the will of the late Miss Chalmers of Ashburton, New Zealand, the last of a family which left Perthshire many years ago for New Zealand. Many necessary improvements have been made since the Infirmary was opened in 1914, and as these have been met by expenditure of capital, the income from invested capital has decreased at the same time as running costs have increased. The directors have decided to erect a new out-patient department, and an appeal is therefore being made to the public to fill up the deficiency in the hospital's funds.

Psychiatric Wards in General Hospitals

At a recent meeting of the Scottish Association for Mental Welfare Dr. William Harrowes, medical director of New Saughtonhall Mental Hospital, Edinburgh, gave a lecture on "Inadequate Health," at which Dr. W. G. Sym presided. Dr. Harrowes said that mental hygiene could be divided into two main branches, of which one was concerned with society as a whole while the other was devoted to individual problems. A new outlook was the gradual recognition of the great extent to which health could be modified by emotional disturbances that were not temporary but semi-permanent, chronic, and unconscious. Faulty function of internal organs might

readily influence the thinking functions, but on the other hand faulty thinking might result in physical malfunction. This principle was contained in the phrase concerning the influence of mind over matter, but the medical profession as well as the community in general had been slow to grasp its implications. Much interest was aroused about two years ago when Dr. Halliday of Glasgow showed that about one-third of all the patients sent to a medical referee under the national health insurance scheme were suffering from physical malfunctions due to faulty mental hygiene and not to any organic physical disease. It was not sufficiently recognized that almost any symptom might be produced by inadequate mental health. As a result many patients wearied of an honest physician who told them that there was nothing wrong (which was in a sense true), and went to unorthodox advisers who told them that there was something very far wrong which could be put right. Very often headaches, indigestion, weak hearts, rheumatism, and constipation were matters of psychology, and it should be recognized that insufficient health was in a high percentage of cases a matter of poor adjustment and poor mental hygiene. Dr. Harrowes suggested that, to overcome this, psychiatric wards should be established in association with general hospitals, and children's hospitals should have a department for the maladjusted.

Correspondence

A Civilian Ambulance Service

SIR,—While the Home Office and local authorities debate and mature their plans for the protection of the civilian population in the event of war and aerial attack, while doctors and policemen are given instruction in anti-gas measures, and moneys are voted for the expansion of fire brigades, we seem to hear comparatively little discussion of arrangements for the collection, sorting, evacuation, and treatment of the numerous civilian casualties which must, we know, be visualized as occurring in spite of all these measures.

The lessons of the last war and of Madrid, with their small-scale raids, have at least given us some measure of what we may some day have to anticipate, and we have reason to believe that gas and incendiary bombs may now be added to high explosive. One or two large-scale raids might easily fill all the hospitals of a city to overflowing. City hospitals themselves might not escape damage. It is evident that, in addition to aid-posts and clearing stations, large fleets of ambulances would be needed, and that a circle of schools and other suitable buildings well beyond the outskirts of exposed towns would have to be equipped as hospitals to receive the casualties.

There are many medical men in this country who will be unwilling, for conscientious reasons, to serve with the armed forces in any future war. There are also thousands of men of military age who will refuse to fight or make munitions. Remembering the fine service given by the Friends Ambulance Units and the British Red Cross Society during the last war on behalf of sick and injured civilians, should we not be turning our thoughts to the provision of an adequate medical service for our own civilian population in the event of the attack which we hope will never come? Such a service would incidentally provide urgent and essential humanitarian tasks for numerous volunteers who might be unable or unwilling to serve with the armed forces in any way. For London alone an efficient organization would require an army of able-bodied ambulance drivers, stretcher-bearers, and orderlies.

There would be no lack of doctors and nurses with experience, both clinical and administrative, gained in the

Universities and Colleges

UNIVERSITY OF OXFORD

Diploma in Ophthalmology

The Board of the Faculty of Medicine has made the following changes in the regulations which will come into force on October 1:

Regulation 6 (ii) Examination Statutes, 1936, p. 316, will read: "A certificate showing that the candidate has satisfactorily attended in the University of Oxford a course of instruction in the anatomy of the eye and its appendages, including the development and minute structure of these parts."

Regulation 6 (iii) will read: "A certificate showing that the candidate has satisfactorily attended in the University of Oxford a course of instruction in physiological optics and in the physiology of vision."

Regulation 6 (iv): for "duly" substitute "satisfactorily."

The last sentence of the first note to the form of certificate 1 (p. 317) shall read: "Two months of the period may run concurrently with the necessary courses at Oxford, and the Registrar may provisionally accept, when a candidate enters his name, a certificate for such concurrent period of two months subject to confirmation at the end of the period."

Certificate 2, lines 3-5 (p. 317), will read: "satisfactorily attended in the University of Oxford a course of instruction in the anatomy of the eye and its appendages, including the development and minute structure of these parts."

Certificate 3, lines 3 and 4 (p. 317), will read: "satisfactorily attended in the University of Oxford a course of instruction in physiological optics and in the physiology of vision."

Certificate 4, lines 3 and 4 (p. 318), will read: "satisfactorily attended a course of ophthalmology in the University of Oxford for a period of at least two months."

And the following note will be added: "The Registrar may provisionally accept, when a candidate enters his name, a certificate for the whole two months subject to confirmation at the end of the course."

UNIVERSITY OF CAMBRIDGE

At a congregation held on March 12 the following medical degrees were conferred:

M.D.—D. W. Smithers.

M.CHIR.—W. H. G. Jessop.

M.B., B.CHIR.—*F. G. Hinks, *F. B. Thomas, *B. L. Williams, *A. Rothwell, *D. G. Freshwater, *W. J. Montague, C. S. Humphries, A. D. Ledward, N. D. Jekyll, V. C. Robinson, E. G. K. Williams, G. I. Watson, I. C. Fletcher, B. C. M. Palmer, E. O. Walker, G. L. Broderick, H. D. Johnson, G. S. W. Organe, A. M. McFarlan, R. G. M. Keeling, F. D. M. Livingstone.

M.B.—*S. J. R. Reynolds, *W. G. Brander, *L. T. Hilliard, *J. H. Stothert, *T. S. R. Fisher, *W. M. Beattie, J. C. Newbold, J. Diver, J. R. Chambers, H. S. Wigfield, C. G. Batty-Smith, C. McNeil, T. C. Larkworthy, C. J. Martin, F. G. A. Beckett.

* By proxy.

UNIVERSITY OF MANCHESTER

A special meeting of the University Court on March 10 gave authority to confer the honorary degree of D.Sc. on Sir Henry Hallett Dale, C.B.E., M.D., F.R.C.P., F.R.S., Nobel Laureate, Director of the National Institute for Medical Research, Hampstead. It is proposed to confer this and other honorary degrees on June 2, when Founder's Day will be celebrated and the new library formally opened.

Dr. Stanley Hodgson has been appointed lecturer in forensic medicine and Dr. E. N. Rowlands chief medical assistant in the Department of Clinical Investigations and Research.

UNIVERSITY OF EDINBURGH

The University of Edinburgh proposes to confer the honorary degree of LL.D. upon Dr. Edwin Bramwell, F.R.C.P., Emeritus Professor of Clinical Medicine in the University, and consulting physician to the Royal Infirmary, Edinburgh.

ROYAL COLLEGE OF SURGEONS OF ENGLAND

A meeting of the Council of the College was held on March 11, with the President, Sir Cuthbert Wallace, in the chair.

Mr. R. B. Wade of Australia was admitted an Honorary Fellow of the College.

Diplomas

A Diploma of Membership was granted to Donald Vale Hague.

A Diploma of Fellowship was granted to Mervyn Henry Bowzer Robinson.

Diplomas in Ophthalmic Medicine and Surgery were granted, jointly with the Royal College of Physicians of London, to the following candidates:

A. Ahmed, E. Bacon, A. K. Banerjee, F. P. C. Claffy, F. J. Darbyshire, B. K. Das Gupta, G. S. Dhillon, M. M. A. Dubash, M. A. K. Durrani, R. L. C. Fisher, S. A. Foad, V. V. Gupte, Helen M. Herbert, R. F. Jamieson, Eileen M. Kennedy, H. M. Kera, R. Labhaya, C. R. D. Leeds, B. N. Pershad, J. D. Maude, Kathleen A. Pih, S. M. Ruwala, B. Sheehan, E. C. Srinivasan, Jean W. Strang, K. J. Talbot, B. D. Telang.

The following hospitals were recognized for the six months' surgical practice required of candidates for the Fellowship:

Victoria Hospital, Burnley: House-surgeon to Unit I; house-surgeon to Unit II.

Withington Hospital, West Didsbury, Manchester: Resident surgical officer; senior and junior assistant medical officer.

Prince of Wales's Hospital, Plymouth: Resident surgical officer; house-surgeon (1), house-surgeon (2), and house-surgeon (3) at Greenbank Road; senior house-surgeon at Devonport until July 31, 1938.

King Edward VII Hospital, Windsor: First, second, and third house-surgeons.

INTER-COLLEGIATE SCHOLARSHIPS BOARD

The London Inter-Collegiate Scholarships Board announces that an examination for fourteen medical scholarships and exhibitions of an aggregate total value of £1,800, will commence on April 26 (altered date). They are tenable at University College and University College Hospital Medical School, King's College and King's College Hospital Medical School, the London (Royal Free Hospital) School of Medicine for Women, the London Hospital Medical College, and St. George's Hospital Medical School. Full particulars and entry form may be obtained from the secretary of the Board, Mr. S. C. Ranner, M.A., the Medical School, King's College Hospital, Denmark Hill, S.E.5.

The Services

DEATHS IN THE SERVICES

Major BENJAMIN ALLEN MATORIN, R.A.M.C. (ret.), died at Southampton on January 7, aged 76. He was born at Lymington on May 4, 1860, was educated at St. Thomas's and Bart's, and took the L.R.C.P. and S.Ed. in 1884. Entering the Army as surgeon on August 1, 1885, he became major after twelve years' service, and retired on August 1, 1905.

Colonel ARTHUR KENNEDY, late R.A.M.C. (ret.), died in Dublin on December 28, 1936, aged 73. He was born at Ballygibbon, County Tipperary, on July 13, 1863, was educated at the Carmichael School, Dublin, and took the L.R.C.S.I. in 1881 and the L.R.C.P.I. in 1882. Entering the Army as surgeon on January 30, 1886, he attained the rank of colonel on September 29, 1916, and retired on November 15, 1919.

Lieut.-Colonel JAMES ROCHEID FORREST, R.A.M.C. (ret.), died on January 22, aged 80. He was born at Brompton on September 2, 1856, was educated at Bart's, and took the L.S.A. in 1882 and the M.R.C.S. in 1883. At Bart's he obtained an exhibition in natural science, the Wix prize, and the Hichen prize, also a gold medal for botany from the Society of Apothecaries. After holding the post of demonstrator in zoology at Bart's, he entered the Army as surgeon on January 31, 1885, passing in first, was on half-pay from November 18, 1892, to February 17, 1895, became lieutenant-colonel after twenty years' service, and retired on June 2, 1911. He took the D.P.H. at Cambridge in 1907, and after retirement the M.B., B.S.Lond. in 1927, and the M.D. in 1931. He served in the Sudan campaign of 1885, at Suakin, receiving the Egyptian medal with a clasp and the Khedive's bronze star; and in the Tirah campaign, on the North-West Frontier of India, in 1897-8, gaining the Frontier medal with two clasps. In 1914 he rejoined for service in the war of 1914-18.

Honorary Brigade Surgeon DUKE PARKE, R.A.M.C. (ret.), died on January 17, aged 90. He was born on August 10, 1846, was educated at the Ledwich School, Dublin, and took the L.R.C.S.I. and the L.R.C.P.Ed. in 1866. Entering the Army as assistant surgeon on March 31, 1868, he became surgeon major after twelve years' service, and retired, with an honorary step of rank as brigade surgeon, on December 4, 1886. He served in the expedition to Sherboro, on the West Coast of Africa, in 1883, when he was mentioned in dispatches.