

She had been married for eight years, and had had three children and no miscarriages. Her last pregnancy had been five years previously. She complained of loss of weight over a period of three months and pain in the left side. Her menstrual periods were normal, and there was no intermenstrual discharge. On examination the cervix was found to be torn and rather hypertrophied. The uterus was retroverted, and there was some tenderness in the region of the left ovary. At operation a Gilliam suspension was done, and both ovaries were found to have small purple blob-like structures on their surfaces. These were easily wiped off and a small wedge of the left ovary was resected.

Encysted Endometrioma

Dr. J. F. CUNNINGHAM, the Master of the National Maternity Hospital, showed an encysted endometrioma of the broad ligament. The patient was aged 41, and had been married for seven years.

Before marriage her health had been good, and she had not had any serious illness; her menstrual history had been normal. After marriage she had had three normal deliveries at term, the most recent one being some two years previously. For the past twelve months she had had pain in the region of the left groin and in the sacrum, with a sensation of pressure in the pelvis. The pain was not severe but became worse during menstruation. There was a slight non-purulent leucorrhoea.

On examination the cervix was thickened and showed some shallow laceration. The uterus was small, retroverted, and lying in the right side of the pelvis. Through the left lateral fornix a tense cystic swelling as large as a tangerine orange could be felt in the base of the left broad ligament. It did not bulge into the vagina. At operation a radial incision was made through the vaginal wall in the left postero-lateral fornix. The cyst was under considerable tension and contained a quantity of dark red fluid. On exploring the cavity it was found to be in the lower part of the left broad ligament below the level of the uterine vessels. It had no connexion with the peritoneal cavity, or with the cervical canal or the uterine cavity. A soft mass was felt in the cyst, and on removal presented the appearance of a mucous polypus. The report of this specimen was:

"This specimen was a mass of tissue about the size of a walnut containing several small cystic cavities. Sections prepared from it show a stroma of fibro-connective tissue containing numerous glandular acini many of which were dilated. There is some infiltration with chronic inflammatory cells, more especially near surface. The specimen is a mucous polypus. The epithelium is columnar. There is no evidence of the presence of placental remnants."

The cavity in which this was found, however, contained some old blood, which was not clotted. Dr. Cunningham said that he believed the specimen to be an endometrioma encysted in the base of the left broad ligament. In the discussion which followed Dr. A. H. DAVIDSON, the Master of the Rotunda Hospital, said that cases of endometrioma were few, and in the last year he had only seen one. Dr. C. C. DOCKERAY said it was interesting to note that in India, for instance, far more cases of this condition were seen than in Ireland. In some of the cases there was an associated salpingo-oophoritis, and he thought that where this existed a leucocyte count might be of value. In replying to the discussion, Dr. FALKNER said that he wondered whether endometriosis might not be due to gynaecological procedures such as dilating the tubes. He thought there was no doubt that sterility and endometrioma were associated. A few cases would respond to conservative surgery, but in most instances cure could be achieved only by removing the endometrium or the uterus, or else by producing an artificial menopause.

Dr. ANDREW HORNE showed a radiograph of triplets, and described their successful delivery.

Vaginal Hysterectomy

Dr. A. H. DAVIDSON, the Master of the Rotunda Hospital, read a paper on vaginal hysterectomy, which was

illustrated by a coloured film. Dr. Davidson said that he had adopted vaginal hysterectomy as the operation of choice in those cases in which the uterus was sufficiently small and was not bound by adhesions or extensive endometriosis. He had been impressed by the absence of post-operative complications and the smooth and rapid convalescence of his patients. He outlined the contraindications and the technique of operation under low spinal anaesthesia. He had performed this operation on ninety patients, of whom one died from peritonitis. Forty-six patients in this series replied to a follow-up questionnaire: in forty-one the general health was good, it was indifferent in five; some vaginal discharge was complained of by three patients, four had symptoms of prolapse, and two of pain; marital relations were satisfactory in all but three cases. In the discussion which followed Dr. T. M. HEALY, Dr. R. E. TOTTENHAM, Dr. BETHEL SOLOMONS, and Dr. O'DONEL BROWNE took part.

Local News

ENGLAND AND WALES

Dickinson Scholarship Trust

A most interesting follow-up study has been published by the trustees of the Dickinson Scholarship Trust. It was in 1920 that a bequest of some £8,000 was received by the Royal Infirmary and the University of Manchester jointly to provide for an annual scholarship in anatomy, an annual travelling scholarship in medicine, and in alternate years a scholarship in pathology and surgery. The trustees have reviewed the progress of those men and women to whom awards have been made since the first scholarships were given some fifteen years ago. It is remarkable how the Dickinson scholars have, in their subsequent careers, risen to places of distinction in the clinical, academic, and research departments of different universities. This review shows the great value of these grants and the care and discrimination that must have been exercised in awarding them, and gives point to the trustees' appeal for subscriptions, donations, or legacies for the further endowment of clinical research. The scholarships are open to graduates of any university who have received the three final years of their medical training at Manchester. They are advertised normally in April in the *British Medical Journal* and the *Lancet*, but the trustees are empowered to consider applications at any time for a scholarship or grant-in-aid of any research in any subject approved by them.

Treatment of Venereal Disease in London

The London County Council has given its approval to the continuance during the year 1937-8 of the arrangements for the diagnosis and treatment of venereal diseases in which six adjoining counties and three county boroughs also participate. During 1936 the number of new cases seen at the clinics was 26,077, but of these 12,817 proved to be non-venereal. Of the total number of new cases those of syphilis numbered 2,921, gonorrhoea 10,043, and soft chancre 296. It is pointed out, however, that these figures do not fully indicate the extent to which venereal diseases come under treatment in London, as a not inconsiderable number of patients receive treatment from private medical practitioners. The number of new cases of ascertained venereal disease is lower by 2,000 than in 1935, when the figure again represented a reduction on the immediately preceding years. But the large decrease is largely accounted for by the fact that for 1936 the Minister of Health altered the form of return, and omitted from that part showing allocation to areas certain cases which were formerly included—in other words, patients who had formerly received treatment at some other venereal

diseases clinic are no longer regarded as new cases. Actually the figures on the old allocation would show a decrease of only 248 on 1935. Last year 37,748 examinations of bacteriological specimens were made at the request of and free of cost to medical practitioners, and the number of practitioners on the approved list for the supply of salvarsan or its substitutes was 556.

Grimsby and District Hospital

It has been decided to inaugurate at the Grimsby and District Hospital a special clinic for the treatment of patients suffering from fractures, deformities, and injuries of bones and joints, along the lines suggested in the British Medical Association's report on fractures. The hospital serves an area comprising the county borough of Grimsby, the borough of Cleethorpes, and northern parts of Lindsey, Lincolnshire. The Grimsby Corporation has arranged to assist in providing an honorarium to be paid to the surgeon in charge, and will pay the cost of maintenance of those patients for whom the local authority is financially responsible. Mr. R. Guy Pulvertaft, F.R.C.S., has been given charge of the new clinic. Mr. Pulvertaft has held appointments at St. Thomas's Hospital, the Norfolk and Norwich Hospital, and the Robert Jones and Agnes Hunt Orthopaedic Hospital. At present he is surgical registrar to the orthopaedic and fracture department of Liverpool Royal Infirmary.

Deaths from Influenza in March

According to a return supplied by the Ministry of Health, the number of deaths recorded as due to influenza in 122 great towns of England and Wales, and the number included in the totals which were recorded in London, for each of the four weeks to March 27, was as follows:

Week Ending	122 Great Towns	London
March 6 181 ..	16
March 13 144 ..	12
March 20 171 ..	
March 27 98 ..	17

The total for the week ending March 27 was the lowest since December, 1936.

SCOTLAND

Jubilee of University Hall, Edinburgh

To celebrate the fiftieth anniversary of the opening of halls of residence for students at Edinburgh by the Town and Gown Association it is proposed to hold a dinner on Saturday, May 29, in the North British Station Hotel, Edinburgh. University Hall, which includes the houses of Ramsay Lodge, St. Giles House, and Blackie House, was the first attempt to institute corporate residential life in the Scottish universities, and was largely the outcome of efforts on the part of the late Sir Patrick Geddes. Residence in these halls, although open to all students of Edinburgh University, has been almost entirely taken advantage of by medical students, and has, therefore, in the past half-century played an important part in the life of the Edinburgh medical school. Those old residents who desire to be present at the dinner should communicate with Sir David Wilkie, 9, Ainslie Place, Edinburgh, 3.

Edinburgh Royal Infirmary Appeal

At a meeting in Edinburgh on March 23 Sir Thomas Whitson, chairman of the Board of Managers of the Edinburgh Royal Infirmary, said that an appeal for £500,000 had been made in 1930 and £300,000 had been raised, but the balance of £200,000 was now required to meet the cost of the work. There was not a county in Scotland which did not send patients for treatment to this institu-

tion, and last year patients came from no fewer than nineteen counties in England as well as from the furthest corners of the world. To-day the Infirmary had 1,100 beds and was treating 20,000 in-patients and 90,000 out-patients each year. It was very necessary to keep up to date with apparatus for both diagnosis and treatment, and Edinburgh was one of the half-dozen places in Great Britain which could give highly specialized treatment for cancer. In its radiological department 23,000 examinations had been made in 1936 and 8,915 therapeutic applications of x-rays had been made; it was estimated that in the present year the latter figure would rise to 15,000. With regard to the present appeal, it had been found fifteen years ago that the need for a new maternity hospital in Edinburgh was imperative, and the managers of the Royal Infirmary, recognizing the advantages of associating this with a general hospital, had agreed to take over the functions of the Simpson Memorial Hospital and to erect a new maternity building adjacent to the Infirmary. A new nurses' home had also become necessary, and these two buildings were now approaching completion. Professor R. W. Johnstone also spoke in support of the appeal, and mentioned that the work at the Maternity Hospital had more than quadrupled in the short period of twenty-five years. The new site of this hospital, facing south over the meadows, was one of the best in the city.

Physical Fitness in Scotland

At the inaugural meeting of the National Advisory Council for Physical Training and Recreation held in Edinburgh on March 20, Mr. Walter Elliot, Secretary of State for Scotland, said that special applications for grants would be considered by the Grants Committee, and the work being done by a similar council in England would be of the greatest importance to the subject of physical fitness in Scotland. It had been suggested that there should be five regional councils, but the scheme differed to some extent from the English scheme. Local organization would be based in Scotland on wider areas, and the scheme must in its early stages be experimental. Only experience would teach them what the ideal machinery was, and how they could best pool resources and work together until the scheme was in operation. Sir Iain Colquhoun, who presided, said that the members of this council had been chosen from men and women who were interested in physical recreation as a whole, and the services of specialists in various branches would be enlisted as the scheme developed. The first thing to do would be to provide the necessary facilities, leaders, and instructors for physical training, and later to engage in propaganda to persuade the Scottish people to take part in the movement. There were many organizations, some large and others small and local in character, that were doing admirable work, but it was exceedingly difficult to assess the extent of the field which was already covered by such voluntary endeavours, although they were at least justified in saying that from a national point of view it was lamentably small. Scotland appeared to have lagged behind in the sphere of physical recreation.

Diet and Health

At a meeting of the Edinburgh Women Citizens' Association, held on March 20, Dr. Isabel Leitch of the Rowett Institute, Aberdeen, gave an address on diet in relation to health. She said that up to the early part of last century the food problem had been complicated by the seasonal nature of plant growth; man had been dependent on local produce, and the standard of diet had been little more than that necessary for survival. The first standard of diet formulated in this country, in 1863, had been for sufficient food "to avert starvation diseases." Great advances had been made since then, and the standard to-day was for "food required to maintain perfect health." It was a general fact that eaters of animal food had always excelled "plant eaters" in physique, powers of endurance, and enterprise, but the eaters of

mixed diets had in their turn excelled the meat eaters in all these respects. The populations of the Far East on a diet of rice and beans were all of relatively poor physique and subject to deficiency diseases. In Europe the pattern for diet and health varied greatly. The peasant populations of the Near East with a diet of cereals, beans, and olive oil were of poor physique, had high mortality rates, and pellagra was epidemic. In the industrialized countries there was a definite social gradient in the matter of diet, for the poor could buy only the cheapest foodstuffs, which were not capable of supporting healthy growth without substantial supplements. Even in this country scurvy had tended to reappear nearly up to the end of last century whenever there was a potato famine, and gross rickets was common up to the beginning of the present century, while perfect teeth were still almost unknown. The present position might be summarized as follows: gross deficiency disease, except for rickets, had been eliminated, but the diet of the poorest people was still dangerously near the deficiency line. Dr. Margaret Martin said that malnutrition in this country was largely due to economic factors; there was abundance of food, yet many people were unable to obtain sufficient to keep them in health. Dr. G. L. Linklater, Medical Officer of Schools, Edinburgh, said that diet was not a panacea, although he did not underestimate its importance. He believed that the health supervision of children from 1 to 5 was still far from adequate, and he urged voluntary associations to undertake nursery schools in new housing areas. We should make sure, he said, that the pre-school child and the mother had adequate diets, and people required to be taught how to buy, prepare, and serve food. Miss Grace Drysdale, Warden of the Edinburgh University Settlement, said that education in food and diet ought not to be confined to one sex, but in the last years of school life lectures on food values should be linked up with physical training. The particular taste of the Scots for solid and simple meals should be studied and popularized. Mr. David Lubbock, of the Rowett Institute, Aberdeen, pointed out that to meet the needs of all the people with regard to optimum diets, milk, eggs, green vegetables, potatoes, and fruit should be produced in greater quantities, and the superabundance of cereals for which a market could not be found might well be checked. The problem of raising the purchasing power of those unable to afford an optimum diet should be tackled.

Edinburgh Post-Graduate Courses

The syllabus of the post-graduate courses in medicine to be held in Edinburgh during the summer contains particulars of the instruction obtainable in July, August, and September. From July 12 to 31 there will be a course in obstetrics and gynaecology at the Royal Maternity Hospital and the gynaecological wards of the Royal Infirmary; fee £8 8s. A general practitioners' course will be held from August 16 to September 11; fee £10 10s. for four weeks, or £6 6s. for two weeks. A general surgical course will be held concurrently. An eight-weeks course on internal medicine will be held from October 18 to December 10; fee £15 15s. Graduates may obtain the syllabus from the secretary of post-graduate courses in medicine, University New Buildings, Edinburgh.

A. B. Fortes and A. Austregesilo (*O Hospital, Rio de Janeiro*, February, 1937, p. 127), who record two cases in a man aged 33 and a girl aged 19, state that the syndromes of catalepsy and narcolepsy usually appear simultaneously, this showing the close connexion between the centres of muscular tonus and sleep. In exceptional cases, such as that of the girl described by the writers, these syndromes may occur separately. The cause of the syndromes is almost always encephalitis lethargica, as was exemplified in the present cases. In the second case cataplexy was associated with the Erb-Goldflam symptom-complex of bulbar myasthenia.

Correspondence

Food and Nutrition

SIR.—In reference to the report on the dietary survey by Professor E. P. Cathcart (*Journal*, February 27, p. 435), I would like to record agreement with one opinion expressed—namely, that the main causal factor of inadequate diets in many households is ignorance of how to buy, what to buy, and how to use the material bought. I have also discovered that there is ignorance of how to persuade the child to eat what is put on the plate. Father may bring home sufficient money, mother may have sufficient knowledge of how and what to buy and how to use, and yet both may fail in the last stage of dieting—that is, to get the food from the plate into the child's stomach.

I have records of children who refuse to eat butter, but prefer margarine or even dry bread; of children who chew meat and spit it out again; of other children and adults who habitually leave fat and green vegetables. Some time ago a girl, 15 years of age, suffering from tuberculosis of the lungs, came under my care. Her father said, "I have bought the best food money can buy, yet she won't eat meat, fat, and green vegetables; she only likes potatoes and gravy and puddings." A youth of 16, suffering from pleurisy with effusion, stated that green vegetables were served three or four times a week, yet he had never eaten them nor had he eaten fat. In conversation with his mother the value of these foods was emphasized, and she remarked, "My fault is that I have given 'afters' (puddings) when they have left the first course." Parents need education in the understanding and guidance of the child.

Inadequate dieting has a psychological aspect. Many members of the medical profession do not yet seem to have realized the importance of the protective foods. I have records of children who have had out-patient treatment at general and children's hospitals, and yet mothers report that no question was asked about the habitual diet of the child and no advice given as to diet, and yet these children have been in the habit of leaving fat and green vegetables. In Hippocrates is written: "A physician must know . . . what man is in relation to foods and drinks and to habits generally." Is not this just as important for us in A.D. 1937 as it was for Hippocrates in 400 B.C.?—I am, etc.,

P. A. GALPIN,
Tuberculosis Officer.

West Ham, March 24.

A New Treatment for Chronic Leucorrhœa

SIR.—Before adopting the treatment by zinc chloride advocated by Drs. Aleck Bourne, L. T. Bond, and K. A. McGarrity under the above heading in the *Journal* of January 16 (p. 116), I earnestly hope surgeons will give the proposal careful consideration. Forty years ago German surgeons (Duhrsen and others) advocated the same treatment, using a 1 in 4 solution—that is, much weaker than that recommended in the above paper—applied for only a few minutes once weekly on a very limited number of occasions; yet even in this form it brought about more serious troubles than those it was designed to cure.

By destroying the intracervical tissues this treatment leads to contraction, stenosis, and interference with normal drainage, followed by the infection which in-

reduce even good milk from a first-class food to one of mere subsidiary value necessitating a variety of specially prepared adjuncts wherewith to try and deceive Nature.

It is as long ago as April and July, 1906, that I was allowed in the *British Medical Journal* to point out the great value of the lime salts for human beings. Fortunately a few of my colleagues had hearing ears, and my only regret is that I did not then point out their importance for animal health as well.—I am, etc.,

Swansea, March 27.

G. ARBOUR STEPHENS.

Compulsory Pasteurization of Milk

SIR.—While naturally agreeing with Dr. C. Fraser Brockington that compulsory pasteurization is imperative, may I be permitted to ask about cream, butter, and cheese. I understand that these products of milk simply teem with microbes of all kinds, and I presume that eating them is just as harmful as drinking. Does Dr. Brockington propose that no butter or cheese should be made except out of pasteurized milk, and if so, can he tell us whether this is practicable?—I am, etc.,

Stoke-on-Trent, April 3. PAUL BERNARD ROTH, F.R.C.S.

Combined Universities Election

SIR.—I am constrained to endorse the sentiments so well expressed by Dr. Manson in your issue of April 3 relating to the appalling apathy of medical graduates who omitted to take advantage of such an excellent opportunity of returning Sir Henry Brackenbury in the recent contest. As one of the representatives present at the Annual Representative Meeting in Oxford last July, I well remember heartily concurring with the expressed need for adequate representation in Parliament, and the desirability of securing someone who would be able to speak with authority on medico-political matters. There is surely no more able, efficient, and well-equipped candidate in the profession for this purpose than Sir Henry, and when one realizes the prodigious energy, devotion, and enthusiasm with which he has served the profession for so many years the epithet of Dr. Manson applied to his colleagues, "shallow-pated amnesia," is more than justified.

It is much to be deplored that blind loyalty to party politics should have resulted in the loss to the House of Commons of such a distinguished leader of the profession, particularly at this critical juncture, when the legislature is in such need of strengthening with men of experience and practical knowledge of our public health services and administration. What is the use of grousing, and then failing to seize opportunities of redress?—I am, etc.,

Bournemouth, March 4.

WALTER ASTEN.

Why "Nocifensor"?

SIR.—I hope I shall be forgiven for butting into an argument which is really none of my business; nor would I presume to take the word for Sir Thomas Lewis, who is obviously quite capable of defending his nocifensor system of nerves with his superior Latin erudition. But I fear that all of us who have learnt the Latin of the ancient Romans must blush for them, since they ignored the rules which Dr. F. J. Allen's classical scholars have established for their language. The fact remains that *noceo* turns into *nocivus*; *prohibeo* into *prohibitio*; *medeor*, belonging to the same group, into *medicabilis* and *medicatio*; and even the "monument" of Dr. Allen begins to shake when we find in brackets in some of the larger handbooks the spelling of "moni-*en*tum" out of *moneo*. The examples can be multiplied by anybody who cares to turn the pages of a Latin

dictionary. I trust a man of Dr. Allen's learning will not take amiss this little attempt to rescue the pleasanter word for our tongues.—I am, etc.,

London, W.1, March 31.

LUCIFER.

Radiograph or Skiagram

SIR.—I am disappointed to learn of the objections which can be stated against the word "skiagram" as detailed by Dr. R. Boulton Myles (*Journal*, April 3, p. 731); and I am indeed sorry that he finds "it has no case." Of course this is simply a matter of opinion, but what appeals to me about the word "skiagram" is that it suggests—remotely at least—the real nature of an "x-ray photograph"—namely, that it is a "shadow-picture." And to this extent and for this reason it seems to me to have more meaning and to be a more expressive word than its rival "radiograph," which faced the starter in its company in those murky days of 1896.

If this argument appears to Mr. Boulton Myles to be merely trifling or whimsical there is nothing more that I can add, but must leave the matter to the judgement of subtler minds and tastes than my own.—I am, etc.,

Broadstairs, April 5.

R. S. LAWSON.

The Services

AUXILIARY R.A.M.C. FUNDS

The annual meeting of the members of the Auxiliary R.A.M.C. Funds will be held at 5.15 p.m. on Friday, April 23, at 11, Chandos Street, Cavendish Square, W., when the annual report and financial statement for the year ended December 31, 1936, will be presented and the officers and committee for the current year elected.

DEATHS IN THE SERVICES

Lieut.-Colonel ROBERT GALE, D.S.O., R.A.M.C. (ret.), died at Southsea on March 14, aged 49. He was born on August 16, 1887, and was educated at Glasgow University, where he graduated M.B., Ch.B. in 1909. Entering the R.A.M.C. as lieutenant on July 31, 1909, he got a brevet majority on June 3, 1919, became lieutenant-colonel on May 1, 1934, and was placed on temporary half-pay on account of ill-health on March 20, 1936, retiring very shortly afterwards. In 1913-14 he was on special duty in Egypt, which he left to serve in the war of 1914-18, when he was mentioned in dispatches in the *London Gazette* of June 29, 1915, and January 1, 1916, and received the D.S.O.

Colonel FERBERD RICHARD BUSWELL, C.M.G., late R.A.M.C. (ret.), died in Kensington on March 13, aged 72. He was born at Brixton on November 3, 1864, was educated at the Middlesex Hospital, and took the M.R.C.S. and L.R.C.P. Lond. in 1887. After filling the posts of house-surgeon and house-physician at his hospital he entered the Army as surgeon lieutenant on January 30, 1893, became colonel on December 20, 1917, and retired on March 20, 1920. He served in the China War in 1900, gaining the medal; and in the war of 1914-18, when he was mentioned in dispatches three times—in the *London Gazette* of June 23, 1916, January 4, 1917, and December 24, 1917—and received the C.M.G. in 1917.

Colonel PHILIP JAMES LUMSDEN, Bengal Medical Service (ret.), died at Fleet, Hants, on February 27, aged 73. He was born on February 2, 1864, at Gorakhpur, where his father was then magistrate, and was educated at Aberdeen, where he graduated M.B., C.M. in 1886. Entering the I.M.S. as surgeon on September 29, 1888, he attained the rank of colonel on October 15, 1918, and retired on November 27, 1920. Most of his service was spent in the political department, where he was agency surgeon for the States of Kotah and Jhalawar, and subsequently agency surgeon and administrative medical officer in Baluchistan. He served on the North-West Frontier of India in the Miranzai first expedition of 1891, and also during the war of 1914-18, when he was mentioned in dispatches in the *London Gazette* of June 26, 1916. His younger brother, J. S. S. Lumsden, entered the Bengal Service in 1891 and died in 1906.

on the subject. It was for these contributions to surgical progress that he was awarded the Liston prize by the Edinburgh College of Surgeons, a distinction which gave him great and legitimate satisfaction.

As a surgeon Malcolm was methodical and painstaking; and he never attempted any spectacular or ultra-rapid technique. He appreciated, earlier than many of his contemporaries, the great importance of complete haemostasis; and his diagnosis was founded on such careful investigations that he was rarely confronted at operation with an unforeseen difficulty. If he had a fad it was an inveterate hostility to the veriform appendix; and he rarely missed an opportunity of removing it when doing any kind of laparotomy. It was said at one time (and probably truly) that there was only one member of his household in Wimpole Street whose appendix had not been removed. He was in many ways the typical Lowland Scot of Anglo-Saxon origin: fair hair, yellow beard, somewhat frosty and very blue eyes; cautious and canny, almost shy, and outwardly not an easy man to know; but when one got through his shell of Scottish reserve a very loyal friend, with a strong sense of pawky humour, and very definitely a gentleman.

Dr. JOSEPH PEREIRA GRAY, who died recently at his home in Northernhay Place, Exeter, at the age of 68, had been in practice in that city for about forty years. His health had been failing for the last five years. He studied medicine at Charing Cross Hospital, and in 1894 qualified M.R.C.S., L.R.C.P. In 1903 he graduated M.D.Brux. with honours. Besides conducting a large private practice he had been honorary surgeon to Exeter Dispensary for a quarter of a century, serving on its committee, and being subsequently elected consulting surgeon. He was well known and highly esteemed in the public life of the city, his appointments including those of police surgeon, visitor to licensed houses under the Lunacy and Mental Deficiency Acts, and medical officer to the City Hospital, the Exeter Children's Home, and the Southern Railway. He helped to found the Exeter City Division of the St. John Ambulance Brigade in 1901, which awarded him its long service medal, and the St. John Ambulance Association elected him an honorary life member in recognition of his services as lecturer and examiner. Dr. Gray was also a member of the Medico-Legal Society, the Royal Medico-Psychological Association, and the Devon and Exeter Medico-Chirurgical Society. For many years he had represented the Exeter Division of the British Medical Association on the local committee of the Queen's Institute of District Nurses, and had been surgeon to the Exeter Lying-in Charity. He represented the local medical practitioners on the Exeter Insurance Committee, and contributed articles to various medical periodicals from time to time on clinical and administrative topics. He joined the British Medical Association in 1904. He is survived by his widow and by two sons, both of whom are in medical practice in Exeter.

The death is announced of Professor GASTON MICHEL at the age of 62 after an acute illness. He was professor of clinical surgery at the Faculty of Medicine of Nancy, and an associate member of the French Academy of Surgery. He was president of the French Surgical Congress in 1935, when his address on the moral traditions of surgery made a profound impression on his audience.

The death is announced at Saint Germain, at the age of 71, of Dr. PECKER, the founder of the system known as "Assistance Scientifique à Domicile." This system, which since its institution has been copied by many communities, began with maternity and child welfare at home in country districts. Its success in this field having been assured, its activities were later extended to medical and surgical as well as to obstetrical cases, and some time after the war the system was expanded to include syphilis and tuberculosis.

Universities and Colleges

UNIVERSITY OF OXFORD

In a Congregation to be held on May 4 it will be proposed that Mr. G. R. Girdlestone be constituted Nuffield Professor of Orthopaedic Surgery while holding the office of clinical director of the Wingfield-Morris Orthopaedic Hospital, subject to the general conditions laid down in December, 1936, with special provisions permitting him to engage in private practice but not to receive emoluments as professor. It will also be proposed that Professor J. A. Gunn be constituted Nuffield Professor of Therapeutics while holding the office of director of the Nuffield Institute for Medical Research, subject to the general conditions of December, 1936, with special provisions for a stipend of £1,200 a year and for the decree to come into operation on the day when he ceases to hold the Chair of Pharmacology.

UNIVERSITY OF CAMBRIDGE

The appointment is announced of S. D. Elliott, M.B., B.S.Lond. as university demonstrator in the department of pathology for three years from April 1, 1937.

UNIVERSITY OF LONDON

ROYAL CANCER HOSPITAL (FREE)

The following candidates have been approved at the examination indicated:

ACADEMIC POST-GRADUATE DIPLOMA IN MEDICAL RADIOLOGY.—
Part I: I. A. Abou Sinna, P. Arunachalam, C. S. Chatterjea, Phyllis M. Fraser, D. W. Smithers, R. C. W. Staley.

UNIVERSITY OF SHEFFIELD

The following candidates have been approved at the examination indicated:

FINAL M.B., Ch.B.—Parts II and III: *Margaret G. Bell, †R. W. Elliott, †S. Schultz, †D. Shapiro, †I. B. Sneddon, S. R. Adlington, G. K. Burton, H. Cullumbine, Sa'dallah Khalil, A. Naylor, M. J. Pivawer, G. E. Robinson.

* With first-class honours. † With second-class honours.

UNIVERSITY OF ABERDEEN

At the spring graduation ceremony on March 31 the honorary degree of LL.D. was conferred on Mr. Naughton Dunn, M.A., M.B., Ch.B., Aberd., surgeon and lecturer in orthopaedic surgery in the University of Birmingham.

The following diplomas were conferred:

D.P.H.—R. Fraser, S. T. G. Gray.

ROYAL COLLEGE OF SURGEONS OF ENGLAND

Lectures

Professor Philip Wiles, M.S., F.R.C.S., will deliver a Hunterian Lecture on "Postural Deformities of the Antero-Posterior Curves of the Spine" in the theatre of the College, Lincoln's Inn Fields, W.C., on Monday, April 12, at 5 p.m.

Two Arris and Gale Lectures on "The Anatomical and Physiological Relations of the Hypothalamus and Pituitary Gland" will be delivered by Dr. John Beattie in the theatre of the College on Wednesday, April 14, and Friday, April 16, at 5 p.m. each day.

SOCIETY OF APOTHECARIES OF LONDON

The May examinations for the Diploma of the Mastery of Midwifery will be held on Tuesday, Wednesday, and Thursday, May 18, 19, and 20, instead of on the dates previously announced. This change is necessitated by the fixtures of the Gynaecological Visiting Society for the following week.

BRITISH COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS

The following candidates have been awarded the Diploma of the College after examination: P. H. R. Anderson, W. G. Bigger, R. G. Buxton, Jane O. French, E. S. Gawne, W. W. Gerrard, R. E. Hirson, C. W. C. Karran, May F. St. J. U. Millar, G. P. Milne, Ethelwyn M. Newham, J. C. Paymaster, Margaret F. Robertson, Sophie Schiller, R. Sinha, Dorothy M. Stewart, C. Tetlow.