

on the part of the person conducting the examination. In deaths occurring under an anaesthetic his own practice was not to consider that such deaths necessarily called for an inquest, but he was guided very largely by the desire of the relatives. A sharp distinction should be drawn between death due to an anaesthetic and death occurring while the patient was under the anaesthetic. With regard to the question of reporting a sudden death to the coroner, the legal position was nebulous. There was no Act of Parliament requiring a doctor to report certain deaths to the coroner, the legal compulsion being on the registrar of deaths, but it was customary for the doctor to make the notification.

Dr. T. SKENE KEITH said that in 800 recent necropsies, all performed at the request of coroners, the causes of death were found to be cardiovascular disease in 60 per cent., pulmonary disease in 8 per cent., intestinal disease in 2.5 per cent., diseases of the nervous system in 1.5 per cent., and renal disease in 0.5 per cent., while "special conditions" accounted for 6 per cent. and "external agencies" for 21 per cent. Of the external agencies, accidents and suicides represented about two-thirds, and pathologically were of little interest; surgical operations accounted for just under a quarter of these deaths. No pathologist could avoid the conviction that there was a condition in which enlarged lymphatic glands, enlarged lymphoid follicles, an enlarged thymus, a lymphoid spleen, and often an enlarged thyroid, were associated with sudden death; this was often seen in children who died under an anaesthetic.

NEOPLASM OF THE COLON

At a meeting of the Manchester Medical Society on April 7 Dr. S. W. PATTERSON (Ruthin Castle) reviewed eighty-two cases of new growths of the colon and rectum.

He said that Sir Edmund Spriggs had during the last few years analysed the admissions to Ruthin Castle of patients with diseases of the colon, and had collated and published papers on diverticulitis, ulcerative colitis, and functional disorders of the colon. Of the eighty-two cases of cancer of the colon and rectum the colon was involved in sixty-eight and the rectum in fourteen. Two-thirds of the patients had been men. Their average age was 62 years; 64 in the case of men and 57 for women. The age of most lay between 50 and 70; five patients were under 50 and eight were over 70. The sigmoid and pelvic colon were the parts of the colon most affected. The length of history ranged from a week or two to three years, but was usually a few months. The lesion was sometimes well advanced before it caused any sign or symptom. The symptoms at onset were divided into five main forms: (1) increasing constipation; (2) irregular stools or looseness of the bowels of the colonic type; (3) pain, usually above or below the navel, but occasionally in the back, thighs, or rectum; (4) upper abdominal discomfort or nausea, sometimes related to food—dyspeptic onset; and (5) the early passage of blood from the rectum. There might be an overlapping of two types of onset in the same patient. In some cases the onset was insidious. The bowel symptoms were almost negligible until some other condition led to the investigation of the digestive tract; recurring lumbago in one patient was found to be due to a secondary growth in the bodies of the eleventh and twelfth thoracic vertebrae, which had originated in a carcinoma of the descending colon. In the fourteen cases of carcinoma of the rectum the age at the onset of symptoms ranged from 37 to 75 years. The symptoms of onset were described as a frequent desire to stool or diarrhoea in eleven, constipation in two, and increased epigastric pain after meals in one. Only two patients had noticed no blood in the motion; five had suffered serious loss of weight, and in one man pain

with micturition had been an early and troublesome complaint.

In the diagnosis the triad of constipation, more or less associated with diarrhoea and haemorrhage, was characteristic, but only half of the patients with cancer of the colon complained of serious constipation, and constipation might be present in ordinary intestinal stasis. Bleeding from the bowel occurred in 60 per cent. of the patients, and was not seldom ascribed to piles. Among the general symptoms loss of weight and anaemia were predominant. The anaemia might be severe in cases of carcinoma affecting the proximal colon without much obvious blood appearing in the motion; whereas when the growth involved the distal colon and blood and mucus were common, anaemia was not a prominent symptom. In all cases rectal and sigmoidoscopic examinations should be made. The patients might thus complain of dyspepsia or general malaise, usually with colonic symptoms, constipation, diarrhoea, pain, stoppage, or haemorrhage, but there was always a change in the character of the motions.

The radiological diagnosis of new growth was illustrated by a series of x-ray photographs and diagrams. In differential diagnosis the age factor had to be considered. Full discussions of the treatment from the surgical point of view had been published in the weekly medical journals during the last few years by Wilkie of Edinburgh, Devine of Melbourne, Rayner of Manchester, and Martin of London. In the present series excision was undertaken in thirteen of the cases of colon carcinoma and two of carcinoma of the rectum. Colectomy was performed in fifteen and ten cases respectively, while a short-circuit operation without removal had proved possible in nine of the colon cases. A consideration of the length of history with the results of surgical treatment showed that if advice had been sought earlier and a diagnosis made many more lives could have been saved.

In the subsequent discussion Dr. LUXTON, Professor MORLEY, Mr. RAYNER, and the President (Mr. GARNETT WRIGHT) again stressed the importance of early diagnosis and attention to the commencing disturbances of the bowel.

Local News

NEW ZEALAND

[FROM OUR CORRESPONDENT IN WELLINGTON]

Royal Australasian College of Surgeons

The annual scientific meeting of the College was held at Auckland from January 19 to 22. The first meeting was in the Town Hall, and was addressed by Viscount Galway. The incoming president, Sir Louis Barnett, delivered an address, and the fifth J. A. Syme Oration was given by Professor Hercus on "Prevention and Research in Relation to Surgery." The meetings may justly be called a course of intensive study during full morning, afternoon, and evening sessions. So many papers were read that there was little time for discussion. Orthopaedics was included in the general surgery section and ophthalmology constituted a separate section. Papers of more than ordinary importance were read by Sir H. Devine on "Advances in the Surgery of the Rectum"; L. A. Bennett on "Lobectomy"; and Miller and Coates on "Surgery of Head Injuries"; while Royle introduced some new operations. The epidiascope, the lantern, and the film reduced the actual reading of the papers to a minimum. On general questions, the discussion of apprenticeship in surgery took a prominent place, and it became evident that conditions of hospital appointments and organization are quite different in Australia and New Zealand, and are far from uniform in the different States

of the Commonwealth. In Victoria the hospital system is more nearly comparable to the British system, but generally the honorary appointment is rapidly losing ground. It is more applicable to the situation, at least in New Zealand, to advocate a visiting staff rather than a purely honorary staff.

British Medical Association

The biennial conference of the New Zealand Branch of the British Medical Association was held in Wellington from February 23 to 26, under the presidency of Mr. T. D. H. Stout. Sir Edmund Spriggs attended as a representative of the parent Association and also as a delegate from the Royal College of Physicians. He addressed the meeting on "Diseases of the Colon: their Diagnosis and Treatment," and his address was illustrated by very striking and instructive x-ray films. Sir Edmund spoke also on the subject of coronary disease. Sir Robert Muir of Glasgow delivered an address on "Paget's Disease of the Nipple," bearing on his outstanding investigations into intraduct cancer. He showed on the screen a large number of photomicrographs revealing consecutively the various stages of development of Paget's disease of the nipple. As is well known, he believes that cells can be malignant for a long time before they infiltrate, for infiltration is a secondary effect of cancer. His slides illustrated the changes not only in the epithelial cells but also in the connective tissue. His views lend support to the belief that malignant changes are the result, at least in part, of endocrine disturbances. Another visitor was Dr. F. G. Morgan of the Australian Commonwealth Laboratories, who spoke on the intravenous use of therapeutic sera, and also contributed notes on the use of serum in poliomyelitis. The Hunterian Gold Medal was presented to Dr. F. O. Bennett, this honour coming for the first time to New Zealand.

National Health Insurance

The Government has decided to introduce in the next session of Parliament a national health service, and a Parliamentary Committee is now considering the British system and also taking the evidence of witnesses. This subject came before the Conference of the New Zealand Branch of the British Medical Association, which was asked for advice by the Ministry of Health. There was little or no discussion in open meeting, but a committee of the Association has given serious consideration to the question. A political section in Parliament appears to favour nationalization of the medical profession, but the consensus of opinion in the medical profession is against nationalization and in favour of a modified scheme of national health insurance. Though they considered that adequate provision for a full health service should be made available for those not able to make financial provision for themselves, members of the National Health Insurance Committee of the New Zealand Branch of the British Medical Association favoured the view that any scheme embracing a large section of the community is neither necessary nor desirable. To quote the finding of the B.M.A. Committee:

"By all means let the State ensure that no necessary medical service shall be unattainable by anyone from reason of lack of ability to pay for it. By all means let the heavier costs be so spread that no one will be crippled financially by major calamities of sickness; but leave to those who can meet their own costs the responsibility of meeting their needs in their own way and to their own satisfaction. Let the State concern itself more particularly with building a healthy, virile race, which cannot be done by running to the doctor and leaning on the State, but by education, disease prevention, and encouragement of self-reliance."

These sentiments are reminiscent of Macaulay and appear sound, but may not be practical in these times. In the meantime the doctors may extract whatever comfort they can from the assurance of the Government that it does not contemplate any scheme which will react

detrimentally on the profession either as regards its earnings or its professional standards. But what actually does it contemplate? We must wait and see. The British system of national health insurance cannot be applied unmodified to New Zealand. In this Dominion there is no shortage of doctors and certainly no shortage of hospitals, the standard of living is very high, and the sick in all classes of the community expect, and will exact, close and skilful individual attention.

IRELAND

The Need for a National Serum Institute

At a meeting of the Section of Medicine of the Royal Academy of Medicine in Ireland on April 2 Dr. C. J. McSweeney opened a discussion on the need for a national serum institute in Ireland. He pointed out that all the different varieties of sera and other biological products used in the prevention and treatment of infectious diseases had to be imported from abroad, a most unsatisfactory arrangement in view of the fact that a national emergency elsewhere might lead to a grave shortage of supplies in the Irish Free State. Moreover, sera prepared from strains or organisms prevalent in other countries could not be expected to be as potent against the local dissimilar strains. The case mortality rates for diseases such as diphtheria and cerebro-spinal fever were consistently higher in Dublin than in cities across the water, even when similar methods of treatment and dosage were employed. Elsewhere such serum institutes had proved beneficial; they were not conducted on profit-making lines, and they served also as centres for research into problems related to serum therapy and prophylaxis. Such an institute could most usefully be organized in connexion with the new Dublin fever hospital scheme; there would be adequate land available for the grazing of the necessary animals, and a great wealth of bacteriological material would be obtained from the wards. In it there could be prepared a good supply of human sera for the prophylaxis and treatment of virus diseases such as measles and anterior poliomyelitis, and there would be enough convalescent donors to provide sera for private medical practitioners, a procedure which had hitherto been found to be impossible in most European countries. The administration of measles immune serum to the children of the poorest classes would materially lessen the mortality from this disease without requiring hospitalization of the patients. Commercial firms had not the facilities which such an institute situated in the grounds of a fever hospital would enjoy. Dr. McSweeney thought it essential that the institute should be linked closely with the newly formed Medical Research Council and the Irish medical schools. A specially qualified medical director, who was experienced in serology, should be in charge, and young graduates should be given facilities to conduct investigations of the public health problems peculiar to the Irish Free State. The institute would not undertake the routine work of bacteriological examinations; it would not be given a monopoly of the manufacture of sera for use in the Free State, nor would it attempt to compete with the many reputable commercial firms which marketed their biological products there. Its function would be to conduct research into biological problems generally, and to prepare human immune sera for use, especially by dispensary doctors, particularly in the homes of the poor and by orphanages and similar institutions which had no facilities for manufacturing their own supplies. The institute might be financed out of the hospital sweepstakes funds, which were not necessarily wholly earmarked for the building and equipping of hospitals. Professor J. W. Bigger remarked that such an institute might well become a centre of education, research, and propaganda, while it would reduce the adverse trade balance of the country, give employment, and teach medical practitioners the value

of diphtheria prophylaxis. From the financial point of view little would be gained; the institute should be free from State control, which would tend to narrowness of administration and outlook as well as to undesirable attempts at undue economies. Professor Henry Moore, who for three years had been conducting a large serum institute at the Rockefeller Institution, which supplied pneumococcal sera throughout the world, said that it was not very difficult to run such an institute if the help of sufficient technical experts could be obtained. Before deciding on its establishment in the Irish Free State there should be a careful preliminary examination of the business aspects, since it would almost certainly not prove to be commercially successful. It should not be controlled by the Medical Research Council, but should gain useful constructive advice from it. Professor Abrahamson thought that further examination of the whole question was necessary. If it could be proved that the increased mortality from diphtheria could be combated by the local preparation of serum, such an institute was then a necessity, whether self-supporting or not. Dr. V. M. Synge remarked that in Ireland the cases of meningeal infection were sporadic, and so the mortality was higher than in England, where cases were epidemic. Professor W. D. O'Kelly agreed that with a population of only three millions the establishment of such an institute could not be economical, though from the point of view of research it was most desirable. Dr. W. R. F. Collis stressed the necessity for the supply of measles serum, and thought that the institute could be best started in a small way in connexion with the new fever hospital, but not as a State venture. Dr. J. C. Flood was sure that the State would not consent to financing such an institute without some measure of control of it. He deprecated dependence on one serum production centre alone, and indicated the advantages of permitting competition. Dr. McSweeney replied that in Cork Street Hospital, with its 300 beds, between £3,000 and £4,000 was spent annually on sera, and that probably the expenditure in this connexion in the whole country amounted to at least £20,000. To run a small institute would not cost more than £10,000 a year. The diphtheria mortality in Dublin could be much reduced by using better brands of sera, and the measles mortality could be almost abolished. There must be no monopoly as regards the conduct of the institute; it should be controlled by medical practitioners and not run for profit.

ENGLAND AND WALES

A Centre of Physical Medicine in London

The Institute of Ray Therapy and Electrotherapy in Camden Road, N.W., which was established about eight years ago for the assistance of people of small means who cannot afford physical treatment in the ordinary way, is appealing for £25,000 by the end of the present year. The object of the appeal is to secure more space for its crowded work, to treble the equipment and accommodation of the electrotherapy department, and to make the Institute a centre for physical fitness, with classes for remedial and corrective exercises combined with light baths—in fact, a London spa, a home of physical medicine in the heart of the capital. To commend this plan to the sympathy of the Press a luncheon was given at the Institute on April 19, with Lord Horder, the president of the Institute, in the chair. Lord Horder said that a great work had been done in this Camden Road hospital during the last eight years, and he commended in particular the proposed enlargement on the electrotherapeutic side. Electrical methods in treatment were some two hundred years old—not nearly as old, of course, as massage or heliotherapy—but they had been obscured by a spate of new discoveries in the direction of what was generically called ray therapy. Electrotherapy had thus become the

Cinderella of medicine, and he applauded the effort to be made by the Institute to restore it to a more dignified place. The Institute, with its Medical Advisory Committee under the chairmanship of Sir Robert Stanton Woods, provided up-to-date equipment and a staff expertly trained. There was much indiscriminate use by untrained people of old-fashioned machines—really a form of quackery by which the public was exploited. A type of pseudo-scientist was accustomed to go round an apparently well-equipped room and turn on one switch after another in the hope that at last the patient would say he felt better. Lord Horder also welcomed the Institute, especially with its projected extensions, as a strong ally in the campaign against that crippling and disabling group of diseases called rheumatism. Lord Semphill, chairman of the governors, described the work in more detail. The conditions treated, he said, included rheumatism and kindred diseases, the after-treatment of accidents on discharge from hospital, the prevention and cure of children's diseases such as rickets, also skin diseases, nervous disorders, and diseases of ear, nose, and throat. The Institute was giving nearly three thousand treatments a week, the number of new patients—2,344 last year—was growing rapidly, and there was evidence of the real need of this form of treatment in industrial London. Miss Violet Vanbrugh added a few sympathetic words about cases known to her which had benefited at the Institute, and Mr. Russell Howard, a member of the Medical Advisory Committee, underlined the appeal, after which, under the guidance of Dr. William Beaumont, honorary physician and medical director, and Mrs. Beaumont, honorary secretary, the visitors made a tour of the building. The equipment includes all forms of ray therapy: infra-red rays, radiant heat, ultra-violet and x rays, diathermy, including the new "short wave," galvanism, faradism, sinusoidal currents, ionization, and Schnee baths. More impressive still was the sympathetic handling of the patients, especially the child patients, for whom something of a playroom atmosphere is provided. The patients all come on a certificate from their own doctors, and pay what they can afford.

Advisory Committee on Scientific and Ancillary Mental Health Services

The Board of Control, with the approval of the Minister of Health, has appointed the following to be a committee to advise upon questions arising in connexion with scientific and ancillary mental health services: The Earl of Radnor (chairman), Sir Laurence Brock, Sir Hubert Bond, M.D., Alderman J. W. Black, Alderman W. E. Lovsey, Dr. A. A. W. Petrie, Miss Adeline Roberts, M.B., Alderman J. C. Grime, Dr. C. J. Thomas, and Dr. George Somerville, with Mr. H. J. Clarke as secretary. A committee was appointed in 1931, but owing to the financial crisis which occurred in that year its work remained in abeyance. The Mental Treatment Act, 1930, empowered local authorities to provide for out-patient treatment and for the after-care of mental patients, and, subject to the approval of the Board of Control, to undertake, or contribute towards the expenses of, research in relation to mental illness. The primary function of the Advisory Committee will be to advise the Board of Control regarding organization and encouragement of research, and other ancillary services will be within its purview. On technical questions relating to research the committee will have the expert assistance of members of the Committee on Mental Disorders, of the Medical Research Council.

The Isle of Wight Mental Clinic

Some five years ago the Mental Hospitals Committee of the Isle of Wight County Council established a mental welfare clinic for out-patients under the Mental Treatment

Act, 1930. The result, as outlined in the report of the medical superintendent of the county mental hospital, Dr. C. Davies-Jones, has been very encouraging. The clinic meets at Cowes, Newport, and Ryde approximately every week, and at Whitecroft (the county mental hospital) about every fortnight. In 1936 there were in all 211 patients, including thirty-nine under 16. The medical superintendent indicates the disadvantages of trying to deal with children and adults together, and hopes for the establishment of a child guidance clinic. He regards the work with potential suicides as most important, and hints that the recent fall in the incidence of suicide on the island may be due in some measure to the help which the clinic gives to persons whose anxiety and misery are overcoming them. The Ryde sessions are held at the county hospital and the Newport sessions at premises in the town, so that the clinic is an interesting example of the three different systems which are advocated for out-patient clinics—namely, in conjunction with the general hospital, with the mental hospital, and with neither.

SCOTLAND

Lunacy in Scotland

The annual report of the General Board of Control for Scotland shows that during 1936 the total number of patients admitted to mental establishments (excluding transfers) was 2,564, 130 fewer than in the previous year and 304 fewer than the average for the quinquennium 1930-4. The number of insane persons, excluding those maintained at home by their natural guardians, was 19,631. Of these 2,719 were privately maintained, 16,821 were maintained from the rates, and ninety-one at the expense of the State. The number of voluntary patients admitted to asylums was 900, and the total number of such patients resident on January 1, 1937, was 1,327. Private patients discharged as recovered numbered 148, and pauper patients similarly discharged 842, these numbers being respectively 7 and 9 more than those for the preceding year. There were 266 deaths of private patients and 1,116 of pauper patients, the death rate for all patients having been 7.5, as compared with 7.3 per cent. in the previous year. Of the 147 patients discharged on probation sixteen were finally discharged as recovered, forty-three returned to asylums, and three died. The report refers, among other matters of general interest, to the present shortage of asylum accommodation. While extensions have recently been made, or are in process of being made, at the Aberdeen Royal Mental Hospital, the Crichton Royal Institution, and the Montrose Royal Asylum, there is considerable congestion in several other institutions. It is pointed out that admission is now taking place at an earlier stage of mental illness, for while in the period 1890-4 the average number of persons in residence in Scottish asylums on a voluntary basis was sixty-two, the average number of such persons during the years 1930-4 was 1,069. The report expresses the opinion that generally speaking the mental hospitals throughout Scotland are medically under-staffed. Wide variations were found to exist in different mental hospitals in regard to the ratio of medical officers to the number of patients—from 65 to 389 patients in residence per single medical officer. It is suggested that the medical superintendent and his assistants should be regarded as specialists, and that their time and energies should not be occupied in ancillary services—such as those of clerk of the works, stewards, farm managers, and dispensers—while their services to the public outside the institutions to which they are attached would be of great value. With regard to expenditure, the returns furnished by local authorities show that for pauper lunatics a total sum of £943,616 was spent during the year, and for aided mental defectives a further £264,106.

Association of Physicians

The annual meeting of the Association of Physicians of Great Britain and Ireland was held in Edinburgh on April 16 and 17. The sessions for hearing scientific communications were held in the Music Classroom of the University; clinical cases and demonstrations of new methods were arranged in the wards and clinical laboratory of the Royal Infirmary. On the evening of April 16 Sir Robert Philip presided at the annual dinner of the association, which was held in the hall of the Royal College of Physicians.

Falkirk Infirmary

At the annual meeting of the Falkirk and District Royal Infirmary the report submitted for 1936 mentioned that two serious problems had arisen: the provision of additional accommodation for in-patients and the obtaining of an income necessary for the ordinary maintenance of the Infirmary. The managers had therefore resolved to proceed with an appeal for £40,000, which would be used for the erection of a new nurses' home, capable of later extension, which would set free for the reception of patients a newly erected two-story ward unit which was at present occupied by part of the nursing and domestic staff. The report showed that for the first time in the history of the Infirmary there had been an adverse balance, amounting to £757. Employees' contributions represented 51.5 per cent. of the total income of the institution, and employers' contributions 5.58 per cent. The total number of in-patients during 1936 was 2,130, and of out-patients 5,836.

Correspondence

Auditory Nerve Section

SIR,—The possibility of section or partial section of the auditory nerve is a question of great interest to otologists, as by this means the most severe cases of Ménière's symptom-complex can undoubtedly be cured.

It is very much open to question whether the operating endoscope suggested by Mr. Rutherford in his article in the *Journal* of March 27 is likely either to facilitate the operation or to diminish its risks. Having spent a great many hours during the past twenty-five years in direct laryngoscopy, bronchoscopy, and oesophagoscopy, I have come to realize the limitations of tubal vision and, still more, the limitation that is imposed on an operative procedure which must be carried out at the end of a rigid tube. In the case of exposure of the auditory nerve and in the region of the internal auditory meatus the view through an endoscope might permit the identification of the facial nerve, pars intermedia, and auditory nerves, as their relationship is constant; but the nerves are accompanied by vessels whose relationship is not so constant, and it would seem that to limit one's field of vision and manipulation to an endoscopic area, without the possibility of any lateral approach, might result in the disaster that it is its intention to avoid.

The approach to the auditory nerve by open operation under local anaesthesia and after evacuating the basal and lateral cisterns is a matter of comparative simplicity, and the operation has passed long beyond the experimental stage. MM. Ombredanne and Aubry, working in Hautant's clinic in Paris, have evolved a technique which they have employed in more than forty cases. With their method a free exposure of the region of the internal auditory meatus is obtained, the nerve required can be picked up with a crochet hook and divided or partially divided, and vessels can be avoided or bleeding dealt with by

Combined Universities Election

SIR,—The implication, stated or implied, in the letters of Dr. J. S. Manson (*Journal*, April 3, p. 729) and Dr. Walter Asten (April 10, p. 786) that the result in the Combined Universities Election was a deplorable party triumph over an independent candidature does not bear examination. First, the successful candidate was supported by nearly all those members of all parties and of no party who assisted Miss Eleanor Rathbone in what was the first completely independent candidature in this constituency. Secondly, the "reasoned argument in Sir Henry's election address on complete independence," which according to Dr. Manson has carried "so little weight with that portion of the constituency which included medical graduates," may have been rejected by some because they feel that even a candidature based on a resolution of the Representative Body of the British Medical Association may not conform to their ideas of independence. It is to be noted that the general electorate were not informed of the origin of the candidature.

It is possible for many to honour and respect Sir Henry Brackenbury as they do and still to feel it right to support another candidature. It is churlish to reflect on the success of the successful independent candidate by ascribing it to a blind party loyalty, to which it obviously was not due.—I am, etc.,

School of Medicine, Leeds, April 12. FRANK C. HAPPOLD.

Radiograph or Skiagram?

SIR,—Mr. Lawson and Dr. Myles may prefer skiagram and radiograph respectively, but there is only one word which truly meets the case—namely, röntgenogram—about the meaning of which there can be no doubt. This and the other members of the same group, röntgenbild, röntgenaufnahme, etc., are almost exclusively used in the American, Scandinavian, and German medical literature. For general clinical use the shortest word will always be most popular, and "the x-ray," short for "the x-ray photograph," will be hard to supplant.—I am, etc.,

A. G. G. MELVILLE, F.R.C.S.Ed.

Victoria Infirmary, Glasgow.

Reprints of Papers

SIR,—From time to time I receive reprints of papers which have appeared in various periodicals. May I call attention to a not uncommon fault in these reprints? It is the omission of the number of the first page of the article. I have before me a reprint from a well-known scientific publication. It gives the name of the journal, the number of the volume, the number of the issue, and the date of publication, but no page number. In a country like this it is not always possible to get into touch with a library to repair the omission, and I find the impossibility of inserting a page number a difficulty in carrying out properly the Harvard system of references.—I am, etc.,

Nairobi, Kenya, March 27.

JAMES H. SEQUEIRA

The Institute of Linguists (Lambert House, 10, Ludgate Hill, E.C.4), of which Sir Francis Goodenough is president, has reissued in an enlarged form its approved *List of Translators and Interpreters*. An index of trades and an index of languages are included, also the scale of minimum charges for translations confirmed at a conference of translators and interpreters held in London in 1935. This classified list is intended mainly for commercial and business houses, but a few of the translators claim acquaintance with medical terms.

Universities and Colleges

UNIVERSITY OF LONDON

The regulations for the Academic Post-Graduate Diploma in Medical Radiology were amended at a meeting of the Senate on March 17 by the deletion of the following words in the seventh paragraph on page 617 of the *Red Book*, 1936-7:

A mark of distinction will be placed against the names of those candidates who show exceptional merit in the whole examination, whether taken at the same time or in two parts.

Sir Ernest Graham-Little was appointed representative of the University at the celebrations to be held on the occasion of the four hundredth anniversary of the foundation of the University of Lausanne from June 3 to 5.

The ceremony for presentation for degrees will take place at the Royal Albert Hall on Thursday, May 20, at 2.30 p.m., and at 5.30 p.m. the same day the annual service for members of the University will be held at St. Paul's Cathedral. The preacher will be the Right Rev. Frank Partridge, D.D., Bishop of Portsmouth. Applications for tickets, accompanied by a stamped addressed envelope, should be sent to the honorary secretaries, Presentation Day Service Committee, 42, Torrington Square, W.C.1.

UNIVERSITY COLLEGE

A course of three lectures on "The Meninges and the Cerebro-spinal Fluid" will be given by Professor Lewis H. Weed, director of the School of Medicine and professor of anatomy in Johns Hopkins University, Baltimore, at University College, Gower Street, W.C., on May 24, 26, and 28, at 5.30 p.m. At the first lecture the chair will be taken by Professor H. H. Woollard.

A course of four lectures on "The History of Physiology" will be given in the Department of Physiology, Pharmacology, and Biochemistry at University College, Gower Street, W.C., as follows: May 18, Ancient Biological Conceptions, by Dr. E. S. Russell; May 20 and 21, Emergence of Modern Doctrines to the end of the Eighteenth Century, with special reference to the growth of views on the circulation of the blood, by Professor Charles Singer; May 24, Development of Theories regarding Combustion and Respiration in the Eighteenth Century, by Dr. D. McKie; and May 25, The Development of Certain Aspects of Metabolism during the Nineteenth Century, by Dr. F. G. Young. All the lectures are at 5.30 p.m., and are open without fee or ticket to students of the University and others interested in the subject.

A course of three lectures on "Some Economizing Mechanisms as a Condition of the Body's Adaptation to Increased Activity" will be given at University College, Gower Street, W.C., by Professor H. Rein, director of the Physiological Institute in the University of Göttingen, on May 3, 4, and 6, at 5 p.m. At the first lecture the chair will be taken by Professor C. A. Lovatt Evans, F.R.S. The lectures, which will be delivered in English and illustrated by films and lantern slides, are addressed to students of the University and to others interested in the subject. Admission is free, without ticket.

LONDON SCHOOL OF HYGIENE AND TROPICAL MEDICINE

The following candidates have been approved at the examination indicated:

ACADEMIC POST-GRADUATE DIPLOMA IN PUBLIC HEALTH.—*Part I*: Beatrix H. Bakewell, J. S. B. Bray, Enid S. Davies, Sylvia C. Gavron, E. H. Harte, M. U. Hayat, S. M. H. Naqvi, A. W. Rasiah, H. C. Saksena, Margaret B. Steel, M. N. de S. Suriyawansa, V. M. Vatve.

WESTMINSTER HOSPITAL MEDICAL SCHOOL

At the recent Entrance Scholarship Examination in Anatomy and Physiology scholarships were awarded to F. C. N. Holden (King's College, London) and P. D. Trevor-Roper (Clare College, Cambridge).

COLLEGE OF PHYSICIANS AND SURGEONS OF BOMBAY

The Council of the College of Physicians and Surgeons of Bombay at its meeting in January decided to institute an examination for the Diploma in Ophthalmic Medicine and Surgery. A committee appointed to draw up regulations and a syllabus of study for the diploma reported to the Council at its meeting on March 12, when the report was adopted. The first examination for the diploma will be held in July. A copy of the regulations can be obtained from the secretary of the College.