

mentioned. Of these the commonest were associated with the cardio-vascular system—for example, paroxysmal tachycardia, sudden sensations of flushing, or coldness in the head, trunk, or limbs. These sensations might be associated with visible redness or pallor of the skin. One particular form of paroxysmal cutaneous erythema was specially common at the climacteric. It consisted in a patch of redness of the neck, shoulders, and upper part of the chest, limited above by a line corresponding to the area innervated by the trigeminal nerve, the upper border of the erythema thus including the angles of the jaws and running along towards the chin just above the lower border of the mandible. Paroxysmal sweating was also common. Attacks of vertigo, with or without tinnitus, but as a rule unaccompanied by deafness, were probably due to transient changes in the circulation of the labyrinth. Variations of cerebral circulation possibly accounted for the headaches and other forms of cephalic discomfort, and possibly also for part at least of the mental anergia, the emotional instability, and the irritability of temper, of which the climacteric woman (and her non-climacteric friends and family) complained so bitterly. Phobias and obsessions of various sorts were also particularly common in climacteric women.

He had made a considerable number of observations on the blood pressure in patients at the menopause, and although the results were far from constant, on the whole he thought that the majority of climacteric cases had a subnormal systolic pressure.

The major neuroses, on the other hand, in his experience, were relatively less frequent at the menopause. An important exception to this statement, however, was in the case of the artificial menopause following oöphorectomy during full sexual vitality. He had seen a number of cases of severe hysterical tremors, functional paraplegia, profound psychological changes, etc., without actual insanity, in young women from whom the ovaries had been removed for ovarian or uterine disease. At the physiological menopause, on the other hand, grave hysterical phenomena were relatively uncommon, with one exception—that of pseudocyesis or false pregnancy, which was specially common at the time of the climacteric, and might be met with in stolid, level-headed women without other apparent nervous stigmata. When he was an undergraduate, his first case in obstetric practice was one of this sort. He well remembered sitting up for many anxious nights with an apparently experienced multiparous patient who believed herself to be on the verge of labour. After several fruitless weeks he went for a holiday, and on his return found that, despite the combined efforts of the patient and of various obstetric fellow-students, the case had turned out to be one of false pregnancy after all.

As regards the treatment of the climacteric neuroses and psychoses, he thought that a good deal could often be done to alleviate the patient's symptoms. Change of scene, removal from domestic worries, and careful attention to all the bodily functions were all important. For the minor cardio-vascular symptoms and the various subjective feelings of discomfort, he was in the habit of prescribing ammonium bromide, valerian, and aromatic spirits of ammonia, and frequently with highly satisfactory results.

In his experience ovarian extract was of comparatively little therapeutic value, except in the artificial menopause. Why this difference as compared with the neuroses following the ordinary menopause? He suggested that, inasmuch as the climacteric was as much a physiological event as was puberty, any attempt to add ovarian secretion to the organism at the normal climacteric was essentially unphysiological. Instead of juggling with a secretion which normally should be diminishing at the menopause, they should try to help the patient to develop the activity of the other internally-secreting glands, so as to attain a new physiological equilibrium, an equilibrium which was as different from the pre-climacteric equilibrium as this latter condition was different again from the condition prior to puberty. Thyroid extract, pituitary extract, adreual extract, etc., were all worthy of trial in suitable cases. In addition, encouraging suggestions and kindly reassurance of the patient were invaluable during the menopause, until she attained the condition of post-climacteric equilibrium.

Dr. PERCY SMITH, in reply, said he was glad to hear that Dr. Grimsdale believed that transplantation of ovarian tissue would relieve the symptoms of artificial menopause, and agreed with him that most women passed through the menopause without nervous symptoms unless they were neurotic. He was glad to find that Dr. Oswald's statistics as to cases agreed closely with his own. He had also met many cases of "borderland" psychoses at the climacteric in his out-patient department at St. Thomas's Hospital. Dr. Maule Smith's cases were cases between 40 and 50 years of age, and not therefore necessarily cases of climacteric insanity. With regard to Dr. Greenlees's question, he did not think operation should be done in any case unless there were definite signs of ovarian or uterine disease, and agreed with Dr. Alexander that it was commonly where there had been neuroses before that the patient broke down after the operation. With regard to Dr. Devine's remark, Kraepelin had adopted Dreyfus's criticism.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

THE CONTAGIOUSNESS OF LEPROSY.

ALL authorities on leprosy will agree with Dr. Lindsay Sandes that the disease is contagious. The vexed question is, How does the contagion take place? Some abrasion of the skin or mucous membrane would appear to be necessary. Black, a former assistant medical officer on Robben Island, noted some years ago that the disease often manifested itself first in the nose, beginning with a small abrasion or ulcer of the mucous membrane. Stickler,¹ out of 153 cases examined, found that 123 showed ulceration in the nasal cavity. The habit, common enough at home, and more so in hot climates, of picking the nose with the finger-nail, would account for the primary ulceration or abrasion. Thin² discusses the question of contagion at some length. The disease does not appear to be contagious in the same way as measles, small-pox, and other diseases are. Impey and Hansen³ also seem to think that some abrasion is necessary. Ross, after a search of the careful records kept on Robben Island for forty-five years, discovered one case of contagion; in this case we have a distinct history of a wound. The boy pricked himself with a fish-hook whilst with the lepers. One well-known case seems at first sight to go against the theory that an abrasion is necessary, the case recorded by Dr. Hawtrey Benson in 1877. I am not aware that it has been recorded whether the Irishman who contracted leprosy after wearing his leper brother's clothes was free from abrasions and scratches; probably he was not. I do not agree with your correspondent of April 20th, or with Dr. Lindsay Sandes, that to contract leprosy after seven years' service amongst lepers is more an unfortunate than an inevitable result. Probably due to carelessness, working or operating, while there was a scratch or cut on some exposed part. Many of the medical officers and the majority of the leper attendants on Robben Island have had longer service than this, and no cases have been recorded. Mosquitos appear to be incapable of spreading the disease. Arning⁴ describes his experiences in the Hawaiian Islands, and his experiments prove that mosquitos do not convey the disease.

It is difficult, indeed almost impossible, to get a reliable history from a coloured patient; they almost always trace the beginning of their disease to a cold, and invariably inform us that their friends and relatives are quite healthy. In the white races it is easy to get a reliable history, once one has gained the leper's confidence. I have amongst my notes an accurate history of several cases, all of which favour the hereditary theory. I append a few.

CASE I.—Patient a tubercular leper; mother, brother, and father died lepers.

CASE II.—Mixed leper; father alive, a leper; on his mother's side, mother's father a leper.

CASE III.—Patient a tubercular leper; mother a tubercular leper; father mixed leper; sister tubercular leper; son by outside woman a tubercular leper.

CASE IV.—Patient a tubercular leper; sister a mixed leper; father and mother were both lepers.

I was informed by one of the attendants at the Leper Asylum at La Laguna, Las Palmas, an asylum which is most beautifully kept (unfortunately it is situated in the middle of the town) that a large proportion of the inmates were near relatives. On the Upper Zambesi, Portuguese East Africa, leprosy is very prevalent amongst the tribe called the Sennas. Natives of this tribe do not marry outside their own tribe. Whether the disease is spread amongst this particular tribe solely by contagion, or whether the hereditary taint plays an important part in the transmission of the disease, I know not.

C. R. MAITLAND PATTISON,
Late Assistant Medical Officer, Robben
Island Leper Settlement, etc.

REFERENCES.

¹ Manson, *Tropical Diseases*, fourth edition, p. 533. ² Thin, *Leprosy*, p. 150. ³ Impey, *Handbook on Leprosy*, p. 27. ⁴ *Journal of Leprosy Investigation Committee*, No. 2.

A CASE OF BENNETT'S FRACTURE.

A MAN about 25 years of age was sent to the out-patient department of the Swansea Hospital with a note to the effect that he had a dislocation of his thumb which could not be kept in place. The injury was received in a fight whilst delivering an "upper-cut." A diagnosis of Bennett's fracture was made and confirmed by the skiagram.

Although the lesion is described in the more modern surgical textbooks, it is said to be frequently mistaken for a subluxation backwards of the thumb, as in this case. No doubt the reason for this is that the description of this injury as a special fracture is not so generally known as might be expected, for the diagnosis presents no difficulty if this fact be borne in mind. The treatment of this lesion is well described in Thomson and Miles's *Manual of Surgery*.

C. LEONARD ISAAC, M.B., B.C.Cantab.,
F.R.C.S.E.

Swansea.

NO DRESSINGS FOR SURGICAL WOUNDS.

I READ with interest the contributions by Messrs. Madden and Dalton in your issue of September 28th, following that of Mr. Alcock,¹ on the use of iodine as the sole application to operation wounds.

The writers of these articles suggest that the satisfactory wound healing obtained by this method is due to some intrinsic property of the iodine solution.

I do not think that this is so.

During the last twelve months or more I have dispensed with any dressing for certain operation wounds; boracic or talc powder is dusted on to the surface of the incision at the conclusion of the operation and again after the stitches have been removed about seven days later. If the wound is in a moist area, powder is more frequently applied.

I at first used this method only in the case of hernia wounds in children, but I have latterly extended its use in adults to inguinal and abdominal wounds, when the support of a bandage has not been considered necessary. The total number of cases I have so treated is 133:

Children.—Hernias	...	...	34
Other cases	...	...	7
Adults.—Hernias	...	...	56
Laparotomies	...	...	16
Other cases	...	...	20

Healing took place by first intention in all cases except one—a femoral hernia. In this instance the infection was evidently of deep origin.

The skin wounds have shown hardly any sign of local reaction, certainly much less than those which I have seen treated by repeated painting with iodine. In all cases care was taken to obtain close apposition of the skin edges in the whole length of the incision. The preliminary skin preparation was carried out in most cases by the application of a 2 per cent. solution of iodine; in a few days a 5 per cent. solution of cresol in methylated spirit was used. I do not put this method forward as being particularly novel, but I quote it in order to show that an exposed dry wound heals excellently without the application of any antiseptic.

St. Thomas's Hospital, C. M. PAGE, M.S.Lond., F.R.C.S.
London, S.E.

¹ BRITISH MEDICAL JOURNAL, February 3rd, 1912.

Reports

ON

MEDICAL AND SURGICAL PRACTICE IN THE
HOSPITALS AND ASYLUMS OF THE
BRITISH EMPIRE.

NORTHERN HOSPITAL, LIVERPOOL.

A CASE OF DEATH FROM INTESTINAL HAEMORRHAGE.

(Under the care of Mr. MURRAY and Dr. BUSHBY.)

[Reported by MAX GREENBERG, M.D., Ch.B.]

THE following case is recorded because of the unusual nature of the complaint, and also on account of the difficulties in connexion with the diagnosis and the treatment:

Mrs. S., a married woman, aged 50. Had had two children. Menstruation ceased at age 34. She was sent into hospital on June 24th, 1912, on account of pain in the right side of the abdomen. She attributed this pain to a strain caused by lifting a heavy box three months previous to admission; otherwise there was nothing in her previous history which threw any light upon her present trouble. The pain subsided a few days after this strain, only to come on again whenever she exerted herself.

On June 18th, whilst attending to her household duties, she was seized with sudden severe pain in the right side of the abdomen. She was obliged to take to her bed, and remained there till the day of admission to hospital. She vomited frequently from June 21st to the 24th. Had always suffered from constipation. No history of jaundice and no haemophilic history.

Condition on Admission.

Her general condition strongly suggested that there was some acute trouble in the region of the gall bladder. The right rectus muscle was very rigid, but a definite mass could be made out just below the ninth costal cartilage, and there was marked tenderness on palpating over that area. The breath was very foul.

On June 25th she vomited twice; castor oil was given and an enema administered; the evacuation was dark but not blood-stained.

The following day the bowels acted and a little blood was present; breath still foul.

On June 27th she vomited twice, and there was a large quantity of bright red blood with stool; pain in hypogastrium very severe.

On June 28th the abdominal pain became so severe that morphine had to be administered hypodermically, and at this site there appeared an extensive subcutaneous haemorrhage. As the extravasation of blood might have been due to the needle wounding a vein, the skin of the other forearm was pinched, and in a short time a definite ecchymosis followed. It was therefore clear that we had to deal with a patient suffering from a grave blood disorder, and by no means a suitable subject for an abdominal operation. We kept her under observation for another two days, and then transferred her to one of the medical wards, in charge of Dr. Bushby, where she remained comparatively well for five days. Her breath had become sweet, and no more blood appeared in her stools.

On July 5th, five days after her admission to the medical ward, she again began to complain of pain, but in the left iliac fossa, and on examination a definite lump was made out in that region. On the following day a severe attack of melaena set in; she lost 4 pints of blood, the pulse became rapid and feeble, and she died of haemorrhage.

Post-mortem Examination.

Skin pale, with subcutaneous haemorrhages.

Lungs congested and oedematous; no fluid in pleura.

Heart soft and pale.

Small Intestine.—No ulceration.

Large Intestine.—Extensively ulcerated. Many shallow ulcers, chiefly run transversely to gut; elongated and irregular in shape, more circular towards sigmoid. Roughened bases, confined to mucous membrane only.

Liver fatty and soft.

Gall bladder distended, and containing sand.

Kidneys.—Left, soft; weight 5 oz. Right, weight $\frac{3}{4}$ oz. Capsule adherent and thickened; irregular surface. Kidney substance entirely disappeared, except a very small piece in centre. Ureter patent.

Except as a complication of typhoid fever, it must be very rare for a person to die in hospital from intestinal haemorrhage. The enlargement of the gall bladder and pain in that area at first suggested biliary colic, but when large quantities of blood were got rid of by the bowel a different light was thrown upon the case, and made it still more difficult from a diagnostic point of view.

WE regret to announce the death of Dr. RAFAEL ULECIA Y CARDONA, of Madrid, which took place on November 2nd. He was the founder, proprietor, and editor of the *Revista de Medicina y Cirugía Practicas*. To him the first dispensary for children suffering from diseases of the chest owes its establishment. Dr. Ulecia was a member of various scientific societies, a Grand Cross of the Civil Order of Beneficence, and a Commander of the Order of Isabel la Católica.

WE regret to announce the death of Geheimrat WILHELM EBSTEIN, which took place on October 22nd, in his seventy-seventh year. He qualified as *Privatdozent* at Breslau in 1869, and was afterwards appointed professor and director of the medical Poliklinik of that university. In 1877 he was appointed professor of internal medicine at Goettingen, a position which he held till 1906. He was the author of a large treatise on practical medicine, and he wrote much on subjects connected with medical history. As a physician he was perhaps best known in connexion with the treatment of obesity.

DR. FRANK HARRISON LOW, who died recently from pneumonia after four days' illness, received his medical education at King's College, London, and the University of Aberdeen. He took the diploma of L.S.A. in 1875 and that of M.R.C.S.Eng. in 1876, in which year he also took the degrees of M.B., C.M.Aberd. Dr. Low took great interest in x-ray and electric matters, and was medical officer of the x-ray department of the Polyclinic. He was a vice-president of the West London Medico-Chirurgical Society and honorary secretary of the Roentgen Society, as well as a member of the British Medical Association.

The Services.

ROYAL NAVY MEDICAL CLUB.

THE annual dinner of the Royal Navy Medical Club was held at the Princes Restaurant, Piccadilly, on November 9th, and though not the first dinner of the Royal Navy medical officers, was the first held under the auspices of the newly formed club.

A very enjoyable evening was spent, which gave the large number of members who attended an opportunity of renewing old friendships and forming new ones. The president on this occasion was Surgeon-General Sir James Porter, K.C.B., Medical Director-General of the Navy, who in the course of his speech, after alluding to the advance made of late years by medical officers in their work and profession, referred in feeling terms to the loss sustained by the Navy through the recent deaths of Sir Herbert M. Ellis, K.C.B., and Deputy Surgeon-General T. J. Crowley. Between the toasts Mdlle. Anna Grondal contributed greatly to the enjoyment of the evening by her delightful singing.

The success of this meeting of the club warrants the hope, and indeed the expectation, that its popularity in future years will be well maintained.

The following members were present:

Surgeon-Generals: Sir James Porter, K.C.B., M.D. (Medical Director-General of the Navy), Sir T. D. Gimlette, K.C.B., A. W. May, C.B., Alex. J. Johnston, C. Pearson (ret.) *Deputy Surgeon-Generals*: J. J. Dennis, M.D., J. Lawrence Smith, M.V.O., M.B., George Welch (Deputy Director-General of Medical Department), A. G. Wildey, F. J. Lilly, F. W. Pryn. *Deputy Inspector-Generals*: J. D. Henwood (ret.), J. McC. Martin, D.S.O. (ret.), Theo. J. Preston (ret.). *Fleet-Surgeons*: L. E. Dartnell, R. F. Yeo, A. Gaskell, J. Menary, W. L. Martin, A. R. Bankhart, C.V.O., M.B., J. D. P. McNabb, A. E. Wightman, C. J. Mansfield, M. L. B. Rodd, J. H. Pead, E. C. Lomas, A. W. B. Livesay, P. W. Bassett-Smith, A. Kidd, W. H. Pope, W. R. Center, J. Moore, E. J. Finch, H. Spicer, M. H. Knapp, R. A. Fitch, H. W. Gordon Green, J. W. Philip, J. F. Hall, F. Fedarb, H. F. Ilievitz, J. J. Walsh, W. G. Axford, R. H. Browne, J. C. F. Whicher (ret.), R. Hill, F. H. Nimmo, R. D. Jameson, Alex. F. Harper. *Staff Surgeons*: Robert Hughes, Henry Hunt, R. W. G. Stewart, W. K. Hopkins, C. B. Fairbank, H. L. Geoghegan, A. F. Fleming, G. E. Macleod, John Martin, D. V. Lowndes, C. A. G. Phipps. *Surgeons*: G. B. Scott, A. G. V. French, G. W. M. Custance, G. P. Adshead.

SANITATION IN THE SCOTTISH COMMAND.

AN interesting instruction has been issued with the Scottish Command Orders regarding the use of disinfectants. Complete disinfection of drains, gullies, traps, etc., is, it is stated, practically impossible, and the results of the use of disinfectants for this purpose is only deodorization and not disinfection. The need of deodorization indicates the existence of faulty conditions, which should be looked into and corrected, and reliance placed upon free flushing with water to remove decomposing

deposits rather than upon surface disinfection or deodorization by chemical reagents. In future the use of disinfectants by units is forbidden, except upon the advice of a medical officer. Medical officers are forbidden to countersign indents of officers commanding units for disinfectants without previous reference to the sanitary officer of the command.

TERRITORIAL RECRUITS AND EYESIGHT TEST.

SPECIAL attention has been directed to the number of men, otherwise physically fit, who in the Glasgow Territorial units are rejected on account of defective vision. This cause of failure seems to be getting more common year by year.

SCOTTISH TERRITORIAL MEDICAL UNITS.

IN his report on the training of the troops under his command during 1912, Lieutenant-General Sir Bruce Hamilton, Commander-in-Chief of the Scottish Command, says of the medical units: The Field Ambulances belonging to the Mounted Brigades and the Highland and Lowland Divisions trained independently. The technical training in these units is excellent, and they are in this respect thoroughly efficient and fit for the duties which would be required of them on mobilization. It is satisfactory to note the excellent effect of the numerous regimental tours and exercises which were held during the individual training season. Officers have now an increased knowledge of general tactics, and they are beginning to be able to adapt themselves to the tactical situation and to handle their units in accordance with its necessities. The General Hospitals trained at Aldershot, Portsmouth, Woolwich, and Shorncliffe have received satisfactory reports.

Universities and Colleges.

UNIVERSITY OF OXFORD.

THE following degrees have been conferred:

D.M.—A. H. Hogarth, M. Davidson.

UNIVERSITY OF CAMBRIDGE.

THE following degrees have been conferred:

M.D.—J. R. C. Canney, J. W. B. Bean.

M.B.—J. C. John, W. L. Johnson.

UNIVERSITY OF LONDON.

MEETING OF THE SENATE.

A MEETING of the Senate was held on October 23rd.

Examiner in Chemistry.

Dr. H. R. Le Sueur, of St. Thomas's Hospital Medical School, was appointed Internal Examiner in Chemistry for the first examination for medical degrees, to be held in December, 1912, and July, 1913, and the second examination for medical degrees, Part I, to be held in March and July, 1913, in place of the late Dr. Wade.

Exemptions in Medicine for External Students.

Section 4 (ii) of the Exemptions in Medicine for External Students (Blue Book, September, 1912, page 211) was amended to read as follows:

(ii) Registered Medical Practitioners who shall have passed the First Examination for Medical Degrees and the Second Examination for Medical Degrees, Part I, may proceed to the Second Examination for Medical Degrees, Part II, and the Third Examination for Medical Degrees without observing the intervals prescribed by the Regulations, on producing certificates that they have gone through the required course of training at any time previously; provided that candidates entitled to the foregoing exemption whose Matriculation, or exemption therefrom, dates from January in any year, shall not be admissible to the Third Examination for Medical Degrees before May of the next year but one ensuing; and similarly, candidates whose Matriculation, or exemption therefrom, dates from June or September, in any year shall not be admissible to the Third Examination for Medical Degrees before May of the third year ensuing.

Appointments.

Sir Alfred Pearce Gould, K.C.V.O., has been elected Dean of the Faculty of Medicine, and Dr. F. Taylor, Chairman of the Committee of Medical Members of the Senate.

Intercollegiate Courses in Physiology.

The Intercollegiate advanced courses in physiology for the Honours, B.Sc., Examination, arranged by University College, King's College, Bedford College, and the medical schools of St. Bartholomew's Hospital and Guy's Hospital are open without fee only to students of the participating colleges and schools. Students requiring further information regarding the courses should address their inquiries to the heads of the laboratories at which they will be delivered: University College (Professor Starling, F.R.S.), King's College (Professor Halliburton, F.R.S.), Bedford College and St. Bartholomew's Hospital (Dr. Edkins), Guy's Hospital (Dr. Pembrey).

Semon Lectures in Laryngology.

On January 22nd and 24th, 1913, at 5 p.m., two lectures under the Semon Lecture Trust will be delivered at University

College by Dr. Peter McBride, M.D., C.M. The subject of the lectures will be "Sir Felix Semon: his Work and its Influence on Laryngology." The forthcoming lectures will be the first to be delivered under the foundation established in May, 1911, by Sir Felix Semon, K.C.V.O., M.D., who transferred to the University for the foundation of a lectureship and medal in laryngology a sum of money amounting to £1,040. presented to him by the British laryngologists on his retirement from practice. Admission to the lecture will be free, by ticket obtainable from the Secretary of University College, Gower Street, W.C.

Lectures in Microscopy.

A course of six lectures on methods of illumination as applied to microscopy will be given at Charing Cross Hospital Medical School, Chandos Street, W.C., by Mr. J. E. Barnard, F.R.M.S., at 5 p.m. on Thursdays, beginning on November 14th.

M.D. Examination: University Medals.

In connexion with the M.D. examination for internal and external students in July, 1912, the university medal in Branch I (medicine) was awarded to Mr. Theodore S. Lukis, B.S., of St. Bartholomew's Hospital, and that in Branch IV (midwifery and diseases of women) to Mr. George Maxted, B.S., of Guy's Hospital.

UNIVERSITY OF MANCHESTER.

Chair of Pathology.

Mr. A. E. BOYCOTT, B.Sc., M.A., M.D., B.Ch., has been appointed to the Chair of Pathology, vacant through the resignation of Professor Lorrain Smith on his appointment to the Chair of Pathology in the University of Edinburgh.

Dr. Boycott was elected to a classical scholarship at Oriel College, Oxford, in 1894. He became Fraser Research Scholar in 1899, graduated in medicine in the University of Oxford in 1902, and proceeded to the degree of M.D. in 1904. In 1903 he was elected a Fellow of Brasenose College in recognition of the researches in pathology carried out by him. Dr. Boycott has had a wide experience of teaching and of hospital work in connexion with pathology. He held the position of Gordon Lecturer in Pathology at Guy's Hospital, and afterwards was for two years on the staff of the Lister Institute of Preventive Medicine; he then returned to Guy's Hospital, being appointed lecturer in pathology there. He is well known for his pathological researches, and notably in the subject of ankylostomiasis in Cornwall, and the prevention of caisson disease.

Obstetrics and Gynaecology.

The following appointments have also been made: Lecturer in Obstetrics and Gynaecology, Mr. W. E. Fothergill, M.D., in addition to Mr. A. W. W. Lea, M.D., who already holds the position of lecturer in these subjects. Assistant Lecturer in the same subjects, Mr. W. Fletcher Shaw, M.D. Mr. W. K. Walls, M.B., M.R.C.S., L.R.C.P., has been appointed Lecturer in Clinical Obstetrics and Gynaecology.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

THE Honorary Secretary of the Society of Members of the Royal College of Surgeons of England (Dr. Sidney C. Lawrence) informs us that at the annual general meeting of Fellows and Members to be held at the Royal College of Surgeons of England, Lincoln's Inn Fields, W.C., on Thursday, November 21st, at 3 p.m., the following resolutions will be moved on behalf of the above Society:

1. Sir Victor Horsley, F.R.C.S. Eng., will move: "That this twenty-eighth annual meeting of Fellows and Members again affirms the desirability of admitting Members to direct representation on the Council of the College, which, as now constituted, only represents those Members who also hold the Fellowship; and that it does so in order that the constitution of the Council of the Royal College of Surgeons of England shall be in keeping with modern ideas of true representation."

2. Dr. W. G. Dickinson (Honorary Secretary of the Society for fifteen years) will move: "That this meeting regrets that the Council has not called a special general meeting of the Fellows and Members to consider the National Insurance Act, 1911."

Medical News.

DR. WILLIAM LESLIE MACKENZIE, medical member of the Local Government Board for Scotland, has been appointed a member of the Royal Commission to Inquire into the Housing of the Industrial Population of Scotland.

AT the meeting of the Royal Meteorological Society at the Surveyors' Institution, Great George Street, Westminster, on Wednesday next, at 7.30 p.m., a paper will be read by Dr. H. R. Mill on the unprecedented East Anglian rainfall of August 26th, 1912.

A DISCUSSION on town planning in relation to the development of the South Yorkshire coalfield will be opened by Dr. A. B. Dunne, M.O.H., Doncaster Rural District, at a provincial sessional meeting of the Royal Sanitary Institute to be held at Doncaster on November 23rd, at 11 a.m.

IN response to an inquiry by the Medical Secretary of the British Medical Association, the publishers of the *Medical Who's Who* state that it is their intention to

include in the publication the names of all members of the medical profession who make returns on the form sent. This statement removes the objection to the publication on the ground that it was a limited list.

AT the meeting of the Medico-Legal Society on Tuesday, November 26th, a discussion on legal responsibility in relation to some states of mental weakness will be introduced by Dr. Robert Jones. The meeting will take place at the house of the Medical Society of London, Chandos Street, London, W., at 8.30 p.m.

THE President (Sir Francis Champneys, Bart., M.D.) and the Council and Fellows of the Royal Society of Medicine will be at home to members of the profession at the new house of the society, 1, Wimpole Street, W., on November 27th, 28th, 29th, and 30th, at 8.30 p.m. There will be music and epidiascope and cinematograph demonstrations, and smoking will be allowed.

THE fifty-ninth session of the Royal Society of Arts will be opened on Wednesday evening by Lord Sanderson, Chairman of the Council, who will deliver an address and distribute the medals. On December 4th Mr. A. Zimmermann will describe the manufacture of sugar from wood and its economic importance, and on December 11th Dr. F. Mollwo Perkin will read a paper on synthetic rubber. The Cantor Lectures, to be delivered on December 2nd, 9th, and 16th by Mr. C. R. Darling, will deal with methods of economizing heat.

A MEETING of the Medico-Psychological Association of Great Britain and Ireland will be held at the house of the Medical Society of London, Chandos Street, London, W., on Tuesday, November 26th, under the presidency of Dr. J. G. Soutar. Papers will be read by Dr. Sidney Coupland on death certification and registration and by Drs. David Orr and R. G. Rows on the subacute and acute inflammatory reactions produced in the spinal cord by infection of its lymph stream. The members will dine together at the Café Monico at 7 p.m. on the same day.

ON Friday, November 29th, Professor Metchnikoff of the Pasteur Institute, Paris, will deliver the Lady Priestley Memorial lecture of the National Health Society at the house of the Royal Society of Medicine, 1, Wimpole Street, London, W. The subject of the lecture, which will be delivered in French and illustrated by lantern slides, is the warfare against tubercle. Tickets of admission can be obtained from the secretary of the society, 53, Berners Street, Oxford Street, W.

THE debate on sarcomata and myelomata of long bones, held by the Surgical Section of the Royal Society of Medicine on Tuesday last, will be continued on Tuesday next, November 19th, at 5.30 p.m. On this occasion the debate will be opened by Mr. George E. Gask, who will deal with prognosis, and Mr. Archibald Reid, who will discuss the subject from the x-ray point of view. Mr. S. G. Scott, Dr. Ironside Bruce, and others will also speak. We are requested to state that the numerous museum specimens, kindly lent by the various metropolitan museums, will remain on view until the next meeting.

IN place of the former electrical department at St. Bartholomew's Hospital, of which Dr. Lewis Jones was medical officer in charge, with Dr. Hugh Walsham as assistant medical officer, there have been created recently two separate departments. One of these will be devoted entirely to x-ray work, and Dr. Walsham was appointed medical officer in charge on October 7th. The second department will be occupied with the electro-therapeutic work, including ionization, diathermy, muscle testing, etc., and Dr. Cumberbatch, formerly chief assistant in the electrical department, has been appointed medical officer in charge. The electro-therapeutic department will remain in its present quarters, while the x-ray department will be moved elsewhere when more rooms can be obtained.

AT the meeting held at the Royal United Service Institution on November 13th, to promote the establishment of a suitable memorial to the late Admiral of the Fleet Sir Frederick Richard, a letter was read stating that the King "heartily sympathizes with the proposal, and will have much pleasure in subscribing to a fund for that purpose." Admiral of the Fleet Sir Gerard Noel, who was in the chair, said that Sir Frederick Richard had done more for the navy and his country than any naval man since Nelson. A resolution to institute a memorial was carried unanimously. Mr. Austen Chamberlain, in moving the resolution, suggested that, if the memorial were to be true to the spirit of the man and to reflect his character, it ought, if possible, to take some form which would be of assistance to brother officers of the great service whom in lifetime he delighted to honour and to whom he had left an imperishable example of noble devotion to a great and noble service.