

A CASE OF CHRONIC INTESTINAL OBSTRUCTION DUE TO TUBERCULOUS CICATRICIAL CONSTRICTIONS OF THE JEJUNUM.

BY
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THE patient, a man aged 35, when admitted to hospital on December 26th, 1913, was suffering from intense pain over the greater part of the abdomen, of which the respiratory movements were somewhat restricted. There was no visible peristalsis. On palpation there was some tenderness. No tumour could be felt. The temperature was 101.4° F., and the pulse 120. The only history which could be obtained from the patient was that of occasional fever and great abdominal pain, frequently relieved by vomiting half an hour after food, during the previous six months.

On the morning after admission the temperature was normal and the pulse 100. During the next eight days the temperature varied daily 0.5° F. on either side of the normal line, and the pulse ranged between 100 and 108. On the evening of the following day the temperature ran up to 104.5° F., the pulse reaching 120. Next morning the temperature was normal and the pulse 96, but in the evening the temperature was again 102.5° F., and the pulse 112. During the next two days the temperature was normal, the pulse varying between 114 and 102. Since admission the patient had frequently suffered great abdominal pain, relieved by vomiting, soon after even liquid food.

No diagnosis had as yet been made, but as there was obvious trouble in the abdomen it was decided on the thirteenth day after admission to undertake an exploratory laparotomy. It was at once found that there were five marked cicatricial constrictions of the jejunum about 4 in. apart, the highest constriction being nearly 3 ft. from the upper end of the bowel. The constrictions, which were very hard, were about $\frac{1}{2}$ in. in diameter. The short segments of bowel between the constrictions were remarkably ballooned to over 3 in. in diameter. It was very surprising that the obstruction was not complete. A few only of the mesenteric glands were slightly enlarged. The whole length of the bowel was passed through the fingers, but no other constrictions were found. A lateral anastomosis short-circuiting the bowel above and below the lesions was performed. The patient bore the operation well.

After the operation the vomiting entirely ceased, and the pain was very much relieved. A month after the operation the general condition of the patient was considerably improved, but he had two or three prolonged attacks of distressing hiccough, together with two periods of twelve days each of intermittent fever of the hectic type, the first period beginning thirteen days after the operation. It was not suspected that the patient might be suffering from phthisis until the pathological condition of the bowel was seen. It was thought that the hiccough might be due to irritation by the fermentation of stagnant food, secretions, etc., in the ballooned segments of bowel, and that perhaps the fever was mostly accounted for by toxic absorption from the fermenting material.

Accordingly, six weeks after the first operation, it was decided to resect the 20 in. short-circuited loop of bowel. On opening the abdomen the lateral anastomosis was found to be quite satisfactory, and there were no adhesions to the diseased loop. There was no apparent change in the loop since the first operation. No difficulty was found in performing the resection, and the opened ends of the bowel were closed 1½ in. from the anastomosis. The patient stood the operation extremely well, suffering but slightly from shock, the pulse reaching only 96.

The patient's general condition at once improved rapidly, and he was soon able to eat a large quantity of food without the least discomfort. The hiccough never returned. The temperature remained normal for six days after the operation, when again for two consecutive evenings only the temperature reached 100.5° and 103.5°. During the next four weeks there were daily variations of 0.5° on either side the normal line, the temperature reaching 100° on three occasions only, the pulse varying from 80 to 112. Obviously, in spite of the great general improvement and the complete disappearance of the abdominal symptoms, there was still some active disease

present. Seven weeks after the operation the temperature again became hectic, the evening temperature being about 101°. This fever lasted six days, and then the temperature was normal again for five days, after which the hectic fever again returned, this time with acute pneumonic symptoms, the right upper lobe being consolidated. Cough and copious foul-smelling sputum developed. After thirteen days in this condition the patient died suddenly of a profuse haemoptysis. Previously to this attack of fever he refused to rest sufficiently and insisted on wandering about the neighbouring village.

This was obviously a case of pulmonary tuberculosis with secondary tuberculous ulceration of the jejunum. Tuberculosis was not suspected till after the first operation, when slight dullness and some bronchial breath sounds were noticed near the right apex. There was very little cough or sputum until the last attack of fever.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

STEREOSCOPIC RADIOGRAPHY OF GUNSHOT WOUNDS ON ACTIVE SERVICE.

It may interest those who are acting as radiographers in the field, and, as is often the case, under difficulties, to read of a very simple, quick, and accurate method which I am employing in France for stereoscopically examining gunshot wounds for foreign bodies and fractures, the only apparatus used being the x-ray outfit supplied to the R.A.M.C. on mobilization.

The cumbersome x-ray couch I early discarded, as, owing to the overhead tube holder, it was found impossible to get a stretcher thereon, and I now use a table, the top of which measures 5 ft. 2 in. by 1 ft. 6 in., which fits inside the poles and traverses of any ordinary stretcher, so that the patient, having been comfortably settled in the ward, has not to be disturbed until his return to the ward to be put back to bed, thus saving him pain and myself time.

The method of procedure is as follows:

The patient having been carried to the department by two orderlies, is lifted, stretcher and all, on to the table, which blocks out the canvas, allowing the poles and traverses to fall out of the way. A 15 by 12 black envelope is now placed in position under the part to be examined, and into this is slipped the wrapped plate to be exposed. The exposure made, the plate is easily withdrawn, and No. 2 introduced without any alteration in the position of the patient, the table being moved laterally two inches between the exposures.

The plates are examined by placing them side by side against a window, about 6 inches apart, with a piece of cardboard between, the film side of the left hand radiogram and the glass side of the right hand one being towards the observer, who holds a dark negative (glass side to right) against the right side of his nose, thus blocking out the view of the left hand plate from the right eye. Then, if the observer looks towards the left hand radiogram with both eyes, he will, his right eye accommodating to the reflected image on the surface of the plate thus held, become his own stereoscope and get a perfect vision of the relations of the part under observation.

This is a simplification of the method which I described before the Royal Society of Medicine some years ago, but having now boiled it down to the requirements of field service, where every ounce of apparatus counts in transit, I take the liberty of again describing it with its latest modifications, particularly as I think that there may be some who will be glad to know of a method of examining cases stereoscopically without stereoscopic appliances.

ALFRED J. H. LLES,
Lieutenant, R.A.M.C. (T.F.), Officer in Charge
X-ray Department and Electrical Department,
British Expeditionary Force.

June 8th.

"FATIGUE DYSPEPSIA."

We have received from a correspondent, who prefers that his name should not be published, the following note illustrating the subject dealt with by Dr. Guthrie Rankin in the BRITISH MEDICAL JOURNAL of June 19th, 1915:

Dr. Guthrie Rankin describes a set of conditions which exactly fit a case that has been for many years under my

observation, and the occurrence of so many cases in Dr. Rankin's practice seems to indicate a prevalence that deserves such a distinguishing title as the above to differentiate these cases from others that belong to a broader neurasthenic class.

My patient is a man now aged 56, belonging to a somewhat neurotic family. His father for some years wore an abdominal belt, and died when approaching 70 years of age of chronic pyloric obstruction, apparently non-malignant. My patient, himself always of an energetic disposition, was much subject in his younger days to migrainous headaches. He became an active bicyclist, often riding long distances in a day, and being on the bicycle practically every day. Occasionally after long rides he suffered from some slight burning sensation in the epigastrium when he awoke on the following morning, which proved to be premonitory of what was to follow. He has never been an habitual imbibor of alcoholics though not a total abstainer.

At the age of 44 his health gave way somewhat suddenly. He had recently done a very long bicycle ride over a hilly country, and at the same date was suffering from mental worry in connexion with his private affairs. Severe dyspeptic troubles developed along with circulatory weakness and great irregularity of pulse. The stomach became dilated, and there was more or less ptosis of the abdominal contents, including the spleen and left kidney. There was quite an appreciable amount of albuminuria, and some tenderness in the region of the left kidney.

The deficiency of digestive power led to a diminution of the food ingested, and this in turn to emaciation and loss of physical power. He became anxious, and thought he was suffering from cancer, aneurysm, and other complaints, though there was never any definite sign of these or any other organic lesion. The second sound of the heart was slightly duplicated, otherwise there was no heart bruit. The emaciation allowed of easy palpation and percussion of the abdomen, but there was nothing to discover there excepting the displacement downward of the organs and the dilatation of the stomach and colon. There were marked splashing sounds in the stomach, which the patient could easily elicit himself by movement of the abdominal wall.

From time to time the stomach was filled with extremely sour fluid, and the patient learnt to gain relief from the discomfort of this condition by inciting vomiting. Otherwise an acid condition of stomach contents developed during the night, and made itself evident in the early hours of the morning by a burning sensation in the region of the left costal cartilages. The skin covering this part over an area about the size of a crown piece was at such time extremely sensitive to touch, pressure by the fingertips producing a pain resembling that which might be produced by needle points. Thus the patient was awakened by this sharp burning pain, which, if unaffected by copious dilution caused by drinking large draughts of water or by a dose of sodium bicarbonate in water, continued until the stomach had emptied itself through the pylorus, which it did at the end of nine or ten hours instead of within the normal four hours after the last meal. The burning pain was relieved by change of posture, especially to the upright position, and digestion appeared to be more rapid and normal during the day, when the body was upright, than at night.

In the course of a good many months from the onset the complaint passed into a chronic state, with some improvement, and tendency to intermittence and periodic return, and at length became a matter of periodic attack. As the attacks were sometimes separated by long intervals, great improvement of the general body condition was permitted. This was aided by the bicycling being given up, and walking exercise substituted. The albuminuria disappeared entirely, and has not returned. The tongue, which had been furred, resumed its habitual clean state. The stomach became less sensitive, and able to bear a more varied diet, when care was taken as to quantity and avoidance of certain articles. Former weight was regained and exceeded at a later period, when the deposition of a moderate amount of abdominal fat proved advantageous.

Gouty symptoms, however, had supervened, with some swelling of great toe and knuckle joints and tenderness of the soles of the feet, especially in the spring, and the feet

elongated, so that the shoes that had been made for twenty years on the same lasts were now too short. There was also slight local eczema, development of a well marked arcus senilis, and the urine commonly deposited urates on cooling, though always passed quite clear.

The patient was originally blessed with a set of excellent teeth, and still possesses a mouthful, with two or three stopped, but no active caries. Two years ago—that is, ten years after the onset of the stomach symptoms—the lower incisors became loose, and there was a slight pyorrhoea at the junction of the alveoli and the roots of the teeth. There had been, however, some neglect previously in brushing the teeth and tartar had collected in the locality. A disinfectant tooth paste, with more careful brushing, removed the tartar and the pyorrhoea, and the teeth tightened up again and have given no further trouble. This slight pyorrhoea being temporary and long subsequent to the commencement of the stomach attacks, was undoubtedly one of the effects, and not the cause, of the general condition.

After a dozen years the stomach attacks continue, being determined by several circumstances, one of which—and that a prominent one—being physical fatigue or over-exercise, whether mental or muscular. Any great exertion, either prolonged or shorter, if so violent as greatly to increase the pace of the heart beat, is liable to be followed by a stomach attack with the burning sensation in the early morning. Certain articles of food are likely to bring about the same condition. Seedy acid fruit, a hearty plateful of stewed rhubarb, oranges, jellies, are very apt to prove pernicious in this respect; also too much meat, peas, broad beans, or other richly nitrogenous diet, too much hydrocarbon diet, too much milk, and a loaded state of the intestine, whatever the diet, have all the same effect.

Nevertheless, experience has taught that the tendency to these stomach attacks can to a great extent be circumvented by care in avoidance of strain upon the muscular and nervous systems, and by attention to diet as suggested by Dr. Guthrie Rankin, and there need not be any great deprivation either in the matter of agreeable exercise or of eating and drinking. Much time spent in the open air, combined with gentle exercise, such as slow walking or riding in a motor car, has proved in the above described case to be very beneficial. The air of a Scottish moorland, combined with the exercise of fishing the burn, has always proved antagonistic to the complaint and conducive to the healthy development of weight and strength.

THE CAUSE OF THE SHOCK AND COLLAPSE IN COMPLETE INVERSION OF THE UTERUS.

IN the JOURNAL of April 17th I see the record of two cases of complete inversion of the uterus. The profound shock is, to my mind, entirely due to the jamming and mutilation of the ovaries between the brim of the pelvis and the body of the uterus. The injury is analogous to that received by a man on the cricket field who is struck by a cricket ball full on the testicle. He falls instantly—pale, pulseless, with shallow or sighing respirations, and possibly clammy perspiration on forehead. Now, if he is a man with well developed sexual organs, the shock will be all the more severe. Imagine a woman suddenly getting a blow with two cricket balls on right and left ovaries, possibly bursting the delicate organs, with haemorrhage under tense capsules and between layers of broad ligaments; or, possibly again, the Fallopian tubes are torn—can we wonder at the terrible shock and collapse? If she has well-developed ovaries so much the worse for the patient, for big, healthy ovaries stand a bad chance indeed of passing through the pelvic brim. If she is a "scraggy little woman" she may escape with her life, for small ovaries may escape a terrible contusion where big ovaries will not escape. How should we treat such a case? The answer is, just in the same way as you treat the man felled in the cricket field by the cricket ball: (1) Rest with head low and pelvis high; (2) elevate ovaries; (3) foment ovaries; (4) relieve shock by relieving pain. How can we elevate ovaries? Only by plugging the vagina with an aseptic plug, changed often. Would it be risky treatment to give a hypodermic of one-third of a grain of morphine, or should one have the courage to give a whiff of chloroform? Relieve pain and you relieve shock.

Wigan.

H. W. BERNARD, M.B., B.Ch., B.A.O.

lectures was notably enhanced by the excellent lightning sketches with which he illustrated them.

Lucas wrote a large number of papers on anatomical and surgical subjects, in many of which he displayed remarkable originality. Needless to say, a man of this calibre does not go through life without encountering much opposition. An interesting example of this is worth recording because of its surgical interest. Early in 1880, when the relations between the governors and staff of Guy's Hospital were at a considerable tension, Lucas, then an assistant surgeon, had as a patient a man who was very ill with a tuberculous kidney and a discharging sinus in the loin. Lucas proposed to remove the kidney—an operation which at that time had rarely been attempted, and never, so far as we know, successfully. The governors refused to sanction the operation, but Lucas denied their right to interfere between his patient and himself, and in the presence of the superintendent, whom the governors had deputed to represent them, he operated with a most successful result, as the patient was shown more than twenty years afterwards.

Among the students as a whole Lucas was always to the fore as a patron of sport. For many years he was president of the Students' Athletic Club, and he founded the "tug-of-war," which became such a popular institution at Guy's. His love of sport also made him a prominent figure in the hunting field, where he was a well-known follower of Lord Leconfield's hounds, rarely missing a Saturday meet.

In 1901 Clement Lucas was elected a member of Council of the Royal College of Surgeons, retaining his seat till 1914. He was vice-president of the College from 1909 to 1911, and, in the latter year, Bradshaw Lecturer.

Mr. Lucas married Miss Kathleen Emma Pelly, daughter of Surgeon-General Saville Marriott Pelly, C.B. There were two sons of the marriage, one of whom is now serving as a second lieutenant in the Royal Field Artillery.

W. A. L.

On December 9th, 1911, Clement Lucas delivered the Bradshaw Lecture before the Royal College of Surgeons. The subject was "Some Points in Heredity." He noted how the word "diathesis" was falling into disuse as the true microbic cause of disease after disease was becoming unravelled. He held it libellous to continue to speak of John Hunter as of the strumous arthritic diathesis with a nervous element, yet such was the description given of that great man by Professor Laycock as recently as in 1862. Fallacies concerning tuberculosis, syphilis, leprosy, malaria, and cancer were exposed. He reviewed the Mendelian and Galtonian schools, and turned to those undoubted evidences of heredity where physical deformities, not constitutional diseases, were transmitted. Clement Lucas declared on the ground of personal observation, that deformities tend to increase in succeeding generations. The crooked little finger, which the Mendelians showed as a matter of small account, could easily be shown to be persistently hereditary, and the lecturer reported an instance in which he observed its development in three generations. An ill-developed lateral incisor tooth foretold hare-lip and cleft palate in the offspring. The tenacity of the development of deformity, as Clement Lucas aptly called it, was illustrated by cases of this kind observed in the course of his own experience. Much was said about twins, and the lecturer made out that the one-yolk, or "identical twins," were not necessarily degenerates. One of the pair may undergo prejudicial changes in uterine life, and both may fuse and become double monsters; but on the other hand, both may grow up strong in body, and in some instances strong and "identical" in mind. Lucas quoted the marks gained by twin brothers who passed at the same date the examinations at the Royal Colleges and London University.

DR. THOMAS SMAILES, of Honley, Huddersfield, who died on June 24th after a brief illness, was the oldest doctor in active practice in the Huddersfield district. He was born at Higham Ferrers, Northants, in 1849, the eldest son of a Wesleyan Methodist minister, and after an early training as a chemist he took up medical studies at the Leeds School of Medicine and the General Infirmary, qualifying as M.R.C.S.Eng. in 1875. He subsequently became L.R.C.P. and L.M. Edin. (1876), L.S.Sc. Durh. (1891),

and M.D. St. Andrews in 1892. After acting for a short time as assistant, he settled at Honley, where he acquired a high reputation as a skilful practitioner. He also became well known by his public work as member of the local board and urban district council for about twenty-nine years, and as its chairman for ten years. He acted for over thirty years as medical officer of health for South Crosland, and for three years as medical superintendent of the Colnet Holmes Fever Hospital, a scheme in which he was greatly interested from its foundation. He was a valued member and "father" of the West Riding Local Medical and Panel Committees, the local treasurer for the War Relief and Belgian Refugee Funds, and the President on two occasions of the Huddersfield Medical Society. Whilst taking an active interest in local government, he also found time for church work. Having released his son for military duties, he took on the full burden of a heavy practice in January last, and the strain brought on an attack of acute pneumonia, which proved too much for him. His loss is widely mourned by a large circle of friends and patients, amongst whom he had practised for a period of forty years.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Dr. Michael F. Gavin, formerly professor of clinical surgery at Boston Polyclinic, aged 72; Dr. Bernard G. Maercklein, formerly professor of oral surgery in the Milwaukee Medical College, of which he was one of the founders, and later professor of the same subject in the Marquette University School of Medicine, aged 67; Dr. Léon Maire, surgeon to the Hôtel-Dieu of Vichy; Dr. John Hildreth McCollom, professor of contagious diseases at Harvard and author of numerous writings on diphtheria, scarlet fever, measles, small-pox, and other contagious affections, and for many years medical superintendent and director of the Boston City Hospital, aged 72; Dr. Alfred Mitchell, emeritus professor of internal medicine in the Medical School of Maine, Portland, and for many years Dean of the school, aged 78; Dr. Gabriel Pichardo, Alcalde of Santa Clara, and a prominent figure in the medical profession of Havana; and Dr. Samuel Baldwin Ward, Dean of the Albany Medical College and professor of the theory and practice of medicine since 1884, aged 73.

THE LATE PROFESSOR HOWARD MARSH.—We have been informed by the Secretary of the Hospital for Sick Children, Great Ormond Street, that the late Professor Howard Marsh held the appointment of house-surgeon to that institution as early as in 1862, before he became Mr. Skey's house-surgeon in October of that year at St. Bartholomew's Hospital. He was elected assistant surgeon to the Children's Hospital in 1868.

Universities and Colleges.

UNIVERSITY OF CAMBRIDGE.

THE following degrees have been conferred:

M.D.—A. G. Atkinson, D. H. Fraser, E. Mellanby.
THIRD M.B. (*Part II, Medicine, Pathology, and Therapeutics*).—The following candidates have passed: E. D. Adrian, F. H. Brice Smith, H. Gardiner Hill, W. Hillbrook, T. J. H. Hoskin, L. M. Ingle, R. W. P. Jackson, R. A. Mansell, W. H. Marshall, W. New, R. A. Peters, C. M. Ryley, G. R. S. Thomas.

UNIVERSITY OF LONDON.

MEETING OF THE SENATE.

A MEETING of the Senate was held on June 16th.

Election of Vice-Chancellor.

Sir Alfred Pearce Gould, K.C.V.O., M.S., was elected Vice-Chancellor for the year 1915-16 in succession to Sir Wilmot Herringham, C.B., M.D., to whom the thanks of the Senate were accorded for the services rendered during his tenure of office.

Recognition of Teachers.

The following were recognized as teachers of the university in the subjects and at the institutions indicated:

London Hospital Medical School: Dr. F. J. Smith (Hygiene).
Middlesex Hospital Medical School: Dr. R. A. Young (Clinical Medicine).
London (R.F.H.) School of Medicine for Women: Mr. A. G. R. Foulerton (Hygiene).

Appointments.

Dr. Frederick Taylor has been elected Chairman of the Committee of Medical Members of the Senate.

Dr. T. G. Brodie, F.R.S., was appointed one of the representatives of the university at the hundredth anniversary

celebration of the founding of Alleghany College, held at Meadville, Pennsylvania.

Brown Animal Sanatory Institution.

The annual report of the Superintendent of the Brown Institution for 1914 was presented. It showed that 5,865 animals had been taken to the institution, of which 508 were in-patients at the hospital. The commonest diseases had been mange and scabies in dogs, and lameness in horses. Treatment of a number of animals had been refused on the ground that the owners could afford to pay the proper fees of veterinary surgeons. Of the 508 in-patients 478 were cured or relieved, 10 died, and 20 were destroyed as incurable. The five lectures required under the will of the late Mr. Brown were delivered during November by the Superintendent, the subject selected being the biology of acid-fast bacilli. The report also contained particulars of investigations carried out in the laboratory by different workers.

UNIVERSITY OF DURHAM.

THE following candidates have been approved at the examinations indicated:

- FIRST M.B.—G. Hurrell, P. C. Arnold, C. N. Armstrong, F. J. Armstrong, O. Colville, C. C. Carr, R. A. McK. Dickson, R. Davison, J. M. de Lacey, S. Foskett, W. D. Forrest, F. T. Gass, A. S. Graham, A. Hanson, G. Hall, J. Hetherington, H. Kamel, T. N. V. Fotts, R. P. Pratt, S. J. C. Smith, A. H. Whyte.
SECOND M.B. (*Anatomy and Physiology*).—D. G. P. Beil, W. E. M. Wardill, W. A. Freedman, A. T. Harrison, D. E. Hearn, Mary K. Henegan, W. A. Jaques, W. I. F. Powell.
THIRD M.B. (*Materia Medica, Pharmacology and Pharmacy, Public Health, Medical Jurisprudence, Pathology and Elementary Bacteriology*).—H. M. Leete, E. C. Dunlop, J. A. Berry, N. Braithwaite, W. Duncan, Stephanie P. L. H. T. Daniel, M. J. Erdberg, R. Hunter, J. D. Johnson, M. C. Joynt, Freda Newman, R. R. Scott, T. W. Shaw, K. I. Shalaby.

* Passed with second-class honours.

VICTORIA UNIVERSITY OF MANCHESTER.

THE following candidates have been approved at the examinations indicated:

- FINAL M.B., CH.B.—J. S. Choriton, A. T. Gibb, E. Granger, H. M. von Mengershausen, J. Rigby, H. H. Stones, F. E. Vause, R. Willan. (*Medicine*).—W. Halliwell. (*Forensic Medicine and Toxicology*).—J. H. Albinson, H. W. Bennett, W. Christopher, R. Colley, E. W. Fish, E. R. Gilmore, Eva L. Glasier, G. Lapage, B. L. Lloyd, R. L. Newell, F. C. Ormerod, Nesta H. Perry, Dorothy Potts, C. R. Sandiford, W. Stansfield, G. B. Wild.

* Awarded second-class honours.

† Awarded distinctions in Surgery and Medicine.

- THIRD M.B., CH.B. (*Pharmacology and Therapeutics and Hygiene*).—F. H. Anderson, P. E. Archer, W. T. G. Boul, Hilda K. Brade, Frances G. Bullough, C. F. J. Carruthers, Kathleen L. Cass, Ruth E. Conway, W. C. C. Easton, J. Holker, N. Kletz, E. N. P. Martland, R. S. Paterson, A. B. Platt, Elizabeth C. Powell, J. Schlossberg, D. M. Sutherland, H. Taylor, H. Tomlinson. (*Hygiene*).—J. C. T. Fiddes.
FIRST M.B. AND CH.B. (*Part III, Organic Chemistry and Bio-Chemistry*).—Mary E. Boulton, G. H. Buckley, T. H. S. Bullough, T. E. Coope, G. Cumming, Kathleen Doyle, Georgiana M. Duthrie, Olive M. Gimson, A. Harris, F. C. Jones, S. Kelly, J. N. Jaing, P. McCormick, J. A. Marriott, W. E. Mason, P. B. Mumford, J. G. Nolan, E. R. Ormerod, Olga M. Payne, H. D. Preston, Ethne Ratner, W. Reikan, A. H. Eadek, H. Stafford, Dorris M. R. Tompkin, Ruth A. Wilson.

UNIVERSITY OF BRISTOL.

THE following candidates have been approved at the examinations indicated:

- FIRST M.B., CH.B.—Hilda Mary Brown, J. R. Duerden, A. J. Keevil, T. H. A. Pinniger, Marjorie Smith Neville.

UNIVERSITY OF ST. ANDREWS.

THE following candidates have been approved at the examinations indicated:

- FINAL M.B., CH.B.—Margaret A. Alexander, Agnes W. Andrew, M.A., Mohan Lab. Bery, A. C. Cassells, D. Dempster, M.A., Margaret Fairlie, G. M. Grant, C. B. McDonald, M.A., W. J. McDonald, M.A., Mohan Chand. Madhok, D. H. Murray, M.A., D.P.H. (*Second Examination*).—J. C. Robertson.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

THE COUNCIL OF THE COLLEGE OF SURGEONS.

THE annual election of Fellows into the Council took place on Thursday, July 1st, Sir Frederic Eve, Vice-President, in the chair, in the absence of Sir Watson Cheyne, Bt. Mr. Wilnot Evans and Mr. H. J. Price acted as scrutineers; 767 Fellows voted, 758 sending their ballot papers through the post and 9 voting in person.

The result was declared by the Vice-President as follows:

Mr. RYALL	...	449	votes.
Mr. J. CHARTERS SYMONDS	...	443	"
Mr. H. F. WATERHOUSE	...	317	"
Mr. F. P. BURGHARD	...	301	"
Mr. WALTER G. SPENCER	...	300	"
Mr. J. B. Lawford	...	264	"
Mr. T. H. Openshaw	...	249	"
Mr. H. B. Robinson	...	196	"
Mr. P. M. Yearsley	...	80	"

Mr. Burghard, being fourth on the poll, becomes substitute-

member of Council for Sir Rickman Godlee until 1921 and Mr. Walter Spencer, being fifth, becomes substitute-member for the late Mr. Lockwood until 1918.

Mr. Ryall and Mr. Symonds were declared duly re-elected and Mr. Waterhouse, Mr. Burghard, and Mr. Walter Spencer duly elected members of Council.

ROYAL COLLEGES OF PHYSICIANS AND SURGEONS, IRELAND.

Reuben Harvey Memorial Prize.

THE Reuben Harvey Memorial Prize for the year 1915 has been awarded to Mr. Bryan A. McSwiney, of Kingstown, co. Dublin, for a thesis entitled "Creatine and Creatinine."

Medical News.

DR. JOHN SHEARWOOD ROBERTS, of Sheffield, has left estate valued at £78,164.

THE next meeting of the Society for the Study of Inebriety will be held in the rooms of the Medical Society of London, Chandos Street, Cavendish Square, W., on Tuesday, July 13th, at 4 p.m., when Major Leonard Darwin, President of the Eugenics Education Society, will open a discussion on alcoholism and eugenics.

THE following is a list of recently elected Honorary Fellows of the Royal Society of Medicine:—*British*: Sir R. Douglas Powell, Lord Moulton, Sir John McFadyen, Sir Francis Darwin, Robert Bridges, Lieutenant-Colonel Sir David Prain, T. Pridgin Teale, Sir John Williams, Professor E. G. Browne, Professor S. G. Shattock. *Foreign*: Professors J. Babinski, A. Chauffard, Jules Dejerine, M. T. Tuffier (Paris), and Paul Heger (Belgium).

THE seventy-fourth annual meeting of the Medico-Psychological Association of Great Britain and Ireland will be held at 11, Chandos Street, Cavendish Square, W., under the presidency of Dr. David G. Thomson, at 3 p.m., on Thursday, July 22nd. The business will include the election of officers, council, and standing committees, the reception of reports of committees, and the consideration of a resolution empowering the council, should it think fit, to make grants in aid of original research on the recommendation of the research committee.

ON June 25th the annual meeting of subscribers to the British Hospital for Mothers and Babies and Training School for District Midwives was held at the residence of Countess Brassey in Park Lane. The Countess of Stamford presided in the absence, owing to indisposition, of the Princess Louise Duchess of Argyll. The report of the Committee of Management stated that the home at Woolwich had been amalgamated with the British Lying-in Hospital. The sum of £25,000 was being raised for a new hospital, and about half the amount had been subscribed, including £1,500 by King Edward's Hospital Fund. Lord Sydenham referred to the great wastage in infant life, and expressed himself as strongly in favour of making the Notification of Births Act universal and compulsory, and was glad the new President of the Local Government Board had promised to take this subject in hand. Sir Francis Champneys, Chairman of the Central Midwives Board, said the Board had inaugurated a scheme by which the training of midwives would be extended from three to six months. The Queen and Princess Louise Duchess of Argyll have consented to become patrons of the hospital, and Princess Christian has consented to act as president.

ON July 3rd the Mothercraft and Child Welfare Exhibition at the Passmore Edwards Settlement in Tavistock Place was opened by Muriel Viscountess Helmsley, Chairman of the National Society of Day Nurseries. The object of the exhibition is to spread knowledge whereby the mothers of this country shall be helped to rear healthy children. It will be open daily from 2.30 to 8.30 p.m. till July 10th. Health talks, lectures, and demonstrations are to be given every day by Dr. Eric Pritchard, Miss Florence Petty, Dr. Alice Benham, Dr. Halford Ross, Dr. H. C. Cameron, Dr. Louis Sambon, and Dr. Langmead, and it is hoped that the exhibition may be of practical assistance to health visitors and social workers in different parts of the country in their task of endeavouring to improve the health of the community. It is intended that this exhibition shall be a permanent one, moving from place to place, and requests for the exhibition to visit particular centres will be received by the Secretary, Mothercraft and Child Welfare Exhibition, 7, Hanover Square, London, W. The exhibits include models of rooms, an artificial feeding exhibit, model clothes, model of a day nursery, a dental exhibit, housewifery and cooking, and a fly exhibit, illustrating how flies carry disease and how they may be kept away from houses.