

Memoranda: MEDICAL, SURGICAL, OBSTETRICAL.

APPARENT INTUSSUSCEPTION RELIEVED BY ACCIDENTAL JOLTING.

SISTER — complained of mild colicky pain about 2 p.m. on August 25th, 1919. It had been noticed at long intervals for about twenty-four hours, but she had felt neither need nor desire to go off duty. Nothing in the diet seemed likely to have disagreed, but she was advised to take a dose of castor oil and rest.

Not appreciating oil, and being a dispenser, she preferred and took two grains of calomel and five minims of tr. chlorof. et morphinae, but vomited it almost immediately. Within ten minutes she vomited three times, bringing up partially digested food but no bile, and the vomit was not unduly acid. She had had a motion the day previously and that same morning.

During the afternoon she had recurring colicky pain and passed one motion; the pain steadily increased in frequency (about ten minutes' interval) and in intensity, till at 6 p.m. she went to bed and sought advice. The tongue was coated and white, the expression of the face pinched, and the pulse depressed and somewhat slow; the temperature was 97°; the abdomen looked natural, was not unduly tympanitic, and not tender. Pain was referred to the right iliac fossa and localized over the caecum. Pressure was fairly well borne, even during a rather sharp paroxysm, which lasted almost a minute, but some relief was felt on removing the pressure. No swelling was felt; there was no hernia at the usual sites. A mixture containing hyoscyamus, compound tincture of cardamoms, dilute hydrocyanic acid and aromatic spirits of ammonia was immediately vomited. Hot water was ordered to be given in small quantities and nothing else. A hot binder was applied. She stated that her bowels had acted twice (but with formed motion) during the afternoon.

At 8.30 p.m. she was having violent paroxysms of pain at intervals of five minutes. The lips were blue, the nose pinched, the expression anxious, and the general appearance and feeling that of desperate illness. Even hot water was not retained; there had been continual sickness and constant desire to go to stool; one loose discharge was passed during vomiting, but this, unfortunately, was not seen. The extremities were cold and clammy. The pulse was still slow between the pain attacks, but before and during attack became small and "running." The pain, still localized and griping (so violent as to cause moaning in a "good" patient), was edging inwards, above the umbilicus, to the mid-line. Still no swelling could be detected on palpation; gurgling was heard in the bowel over the site of pain, but nowhere else. The percussion note was perhaps dulled, but there was no absolute dullness. Tenderness was increasing.

Commencing intussusception being diagnosed, the patient was placed in an ambulance and started for hospital, accompanied by the doctor; just before starting she vomited a clear, non-acid watery fluid.

For a short time pain, tenesmus and nausea continued, but just as a paroxysm started the ambulance "jumped" at a level crossing and she was swung sharply up, falling gently back into her supine position. Relief was immediate; two minutes later the lips regained colour, the face looked relieved, and she said she felt well enough to get up. Ten minutes later the driver was asked to return; no more pain occurred, and only tenderness remained; shortly after she was in bed and smiling. Within a few hours a small quantity of brown mucus was voided per anum.

Willesden, N.W.

GEORGE S. WARE,
Captain R.A.M.C.

ACUTE SUFFOCATIVE CATARRH.

ON the morning of September 9th M. B., female, aged 7½ years, previously healthy, woke up feeling out of sorts, and complaining of some soreness of the throat. I saw her at 10.30 a.m.; her pharynx and tonsils were somewhat inflamed; temperature 103°; pulse 120, regular; respirations 30 per minute; no cough; nothing abnormal made out in chest, but she was constipated and in an extremely excitable condition.

I was called to see her again at 6 p.m. She had had a movement of the bowels and immediately a convulsion began. Her mother stated that she had complained of difficulty in getting her breath at times during the day. The convulsions were very marked; she was quite unconscious; pupils equal and dilated; temperature 103.5°; pulse 120, regular; respirations 40 per minute; no rigidity of neck, and no cough. She brought up quantities of pale brown froth, and occasionally about a tablespoonful of "prune juice." We swabbed out her throat frequently but could not at any time get any cough reflex, even when she was conscious later on. A colleague and myself carefully examined her throat; nothing was found except the redness previously mentioned; her heart was normal; inspiration and expiration were apparently normal and neither was exaggerated; there was no sucking in of intercostal spaces; no consolidation, but fine moist râles were to be heard all over the chest.

At about 7.30 she became conscious and complained of pain over the pit of the stomach and difficulty in breathing, and the nurse in charge was instructed to send if anything further developed. At 11.30 I was again summoned. She had had convulsions off and on since I left. She still brought up brown froth and "prune juice." There was no cough, and no cough reflex could be obtained. Her breathing was shallow—44 per minute. The air entered the lungs fairly well, but moist fine râles were heard all over both lungs. Her lips were blue and her nails and fingers gradually assumed the same colour. Her pulse was 160, poor tension and volume. Gradually the convulsions ceased. She passed into a comatose condition. Respirations became Cheyne-Stokes. She ceased to bring up froth and "prune juice," and, in spite of stimulants and artificial respiration, her heart failed and she died at 1 a.m.

It is interesting to note that her three brothers all developed a typical chicken-pox rash next day. It would appear that the above was a toxæmic condition, due to paralysis of vagal nerve endings in the respiratory passages.

Permission for a necropsy was not obtained.

New Brighton.

C. O. JONES, M.D., M.Sc., M.R.C.S.

PENETRATING WOUND OF PELVIS WITHOUT INJURY OF PERITONEUM.

A boy of 15, experimenting with a pulley and tackle, was climbing a rope, when he fell some 5 ft. in a sitting posture.

On the ground immediately beneath him there was standing erect the weight holder of a weighing machine, of which a sketch is given. The hook end entered his pelvis about half an inch to the right of the anus, and when I saw him he was lying on the abdomen, and about 4 in. of the weight end were protruding, while the hook end was under the abdominal wall. The weight was sawn off and he was removed to hospital. With the buttocks supported on sandbags I performed a laparotomy, and to my astonishment found no signs of any injury to any of the viscera, nor was I able to feel any bare metal.

The hook was presenting about 2 in. to the left of the middle line from a point midway between pubes and umbilicus, and had evidently passed between the peritoneum and the parietes. By retracting the margin of the incision to this extent it was easily withdrawn, and the patient has made an uninterrupted recovery.

CECIL P. LANKESTER, M.R.C.S.,
Assist. Surgeon, Royal Surrey County Hospital.

Guildford.

SEPARATION OF TIP OF NOSE WITH COMPLETE PRIMARY UNION.

THE case of primary union of the separated tip of a man's nose, recorded in your issue of September 27th by Sir J. O. Skevington of Windsor, reminds me of a somewhat similar case which occurred many years ago when I was a boy (and long before the days of antiseptic or saline dressings) in the practice of my father, the late Dr. David Hadden of Skibbereen. In a street row the tip of a man's

nose was bitten off! He ran at once to my father's surgery with the piece of his nose in his pocket. After being stitched on the result was as satisfactory as in the case at Windsor.

Porta Town.

W. E. HADDEN, M.D.

Rebuelus.

THE DIAGNOSIS AND TREATMENT OF VENEREAL DISEASES.

It is a sign of the times that a book entitled *Veneraeal Diseases*¹ has been written by a clinician and a pathologist in collaboration, and Dr. WATSON and Dr. BROWNING are to be congratulated on the result of their combined labours—a book of small dimensions but containing nevertheless a full and practical account of these very important diseases.

The first half deals with syphilitic infections, and here the advantage of the pathologist's special knowledge is very evident. Since the discovery of the *Spirochaeta pallida* by Schaudinn in 1905 laboratory investigations have assumed a high and important place in the diagnosis and treatment of syphilis. The careful description of the technique employed in the examination of the exudate from chancres, and (in an appendix) of the method followed by Dr. Browning in carrying out the "Wassermann" reaction, are thus of peculiar value. The authors also give in its proper place the interpretation of these results, but, while emphasizing their importance, are careful not to advocate reliance on them to the exclusion of clinical evidence. Thus, although more space is allotted to laboratory methods than is usual in books of this kind, the balance is so well maintained that a clearer conception of disease results.

It should not be assumed from what has been said that the clinical part has been neglected; it is fully considered and illustrated by numerous plates, some in colour. In discussing treatment the collaborators are equally happy, the schemes are well conceived and practical, and while chief place is naturally given to salvarsan and its substitutes, subsequent prolonged courses of mercury are insisted upon. This advice will appeal with particular force to those workers who are now seeing the many unsatisfactory results of the short intensive methods.

While for syphilis much can be accomplished, for gonorrhoea many things may be done. These and other matters are discussed in the second part, where gonorrhoeal infections are considered. The maxim that "the first attack of gonorrhoea is never cured" finds no place here. Various and elaborate methods for eliminating the gonococcus from the genito-urinary tract are explained, and descriptions are given of the manner of employing the complicated apparatus of the surgeon-instrumentalist. The list on p. 201 of seven chosen methods of treatment used in chronic gonorrhoea is evidence of what it is possible to do in the more resistant forms of this complaint.

The book is a carefully thought out and accurate exposition of scientific medicine, and is of special value because of the practical manner in which it deals with its subject.

TREATMENT OF MALARIA.

In his book on *Malaria and Its Treatment*² Captain ALPORT gives a great deal of information and his own experiences in a form that should be of use to others besides members of the R.A.M.C. The book deals almost entirely with his work in the Balkans; it begins with a short account of the three types of malarial parasites, and the diagnosis and prophylaxis of malaria; of the prophylactic exhibition of quinine as a routine he speaks slightly.

After a brief chapter on the clinical features of acute malaria he comes to the subject of its treatment; he has treated about 12,000 cases himself in Macedonia. The best salt of quinine, he says, is the bihydrochloride, given

in solution, whether by the mouth, by deep intramuscular (gluteal) injection, or by intravenous injection. He is a believer in the large dose; from 10 to 40 grains for single administration, and 30 to 120 grains within a period of twelve hours in cases of emergency. The intravenous method is recommended in cases with mental symptoms, drowsiness, noisiness, aphasia, twitches; in cases of severe exhaustion, anaemia, cachexia, jaundice; and in cases of blackwater or bilious remittent fever; from 20 to 40 grains of the salt dissolved in 8 ounces of boiled water are allowed to run slowly into a vein through a salvarsan needle. As an instance of the large doses successfully employed by Captain Alport may be quoted the case of a man of 41 with cerebral malaria, who received 1,880 grains of quinine salt in the course of fifty-six days with excellent results; the drug must be pushed in the early stages—say 100 grains intravenously or intramuscularly in the first twelve hours, 160 grains in the first thirty-six hours, and 200 grains in the first sixty hours.

Details of the methods of treatment adopted are given freely, with many illustrative cases, both of cerebral malaria and of pernicious malaria with cardiac symptoms and collapse. In the treatment of chronic malaria the author again advises that quinine should not be stinted; he speaks of 45 grains a day for a month, and, if relapse occurs meanwhile, recommends that the dose should be increased to 60 grains a day for a week. Quinine deafness, he notes, may be treated with bromides. For chronic malarial anaemia he advises the use of quinine and galy by intravenous injection, or some other arsenical preparation by the mouth. In his chapter on blackwater fever, which he attributes to neglect of quinine in the treatment of malaria, the author advises the liberal use of intravenous and intramuscular quinine; one patient, for example, averaged over 47 grains a day for six weeks. It is encouraging to read that Captain Alport has only met with four cases of quinine blindness in ten years' experience of the treatment of malaria; all recovered their sight, possibly with some contraction of the field of vision.

The author writes with the conviction born of great experience, and his book, which loses nothing by being perhaps a little polemical, may be recommended warmly to the attention of all medical men who have to treat acute or chronic malaria. It is well illustrated.

WAR NEUROSES.

A CHEAP reprint of the excellent little volume on *Shell Shock and its Lessons*,³ by Professor G. ELLIOT SMITH and Mr. T. H. PEAR, is particularly opportune at the present time. The problem of the war neuroses is by no means solved by the termination of hostilities and the consequent removal of the stress which has been instrumental in their causation. There are still a large number of "shell shock" cases in the country, and though many of them have been cured of their gross hysterical symptoms, yet the habit of maladaptation has been formed and they are drifting into a condition of chronic neurasthenia. Such a book as this, therefore, serves a most useful purpose, both for the intelligent layman, to whom the whole subject is somewhat of a mystery, and for the general practitioner, who will find in it valuable indications of the direction in which treatment may be usefully applied.

After a discussion of the nature of the war neuroses, in which stress is laid on the psychogenetic factors instrumental in their production, the question of treatment receives detailed consideration. The methods of isolation, suggestion, hypnosis, "rational treatment," and work-therapy are described and their limitations indicated. The authors themselves favour the method of psychological analysis and re-education, which, after all, would seem to be the most scientific method of treatment and the one which promises the most permanent results, since it aims at finding out the mental conflict at the root of the neurosis and leads the patient back to mental health by his own intelligent co-operation and by the development of insight and self-understanding. The last chapters of the book deal with the lessons that have been learnt from experience of the war neuroses and their application to the wider social problem of the treatment of the psychoses and neuroses generally. Strong criticism is levelled at the

¹ *Veneraeal Diseases*, By C. H. Browning, M.D., D.P.H., and David Watson, M.B., C.M. London: Henry Frowde, and Hodder and Stoughton. 1919. (Cr. 8vo, pp. xv + 336; 50 figures. 16s. net.)

² *Malaria and Its Treatment: In the Line and at the Base*. By Captain A. Cecil Alport, R.A.M.C.(T.), M.B., Ch.B. Edin. London: John Bale, Sons, and Danielsson, Ltd. 1919. (Demy 8vo, pp. xii + 279; illustrated. 21s. net.)

³ *Shell Shock and its Lessons*. By Professor G. Elliot Smith, M.D., F.R.S., and T. H. Pear, M.A., R.Sc. London: Longmans, Green and Co. Cheap edition. (Cr. 8vo, pp. xv + 135. 1s. 6d. net.)

the meeting which called the committee into existence, and they cannot be accepted as a substitute for the particular engagement which the committee definitely undertook.

Again, in the course of the original meeting the chairman, in response to a question from a member of the audience, assured the meeting that the committee would not concern itself with the electoral affairs either of Scotland or of Ireland, and in reliance on this promise an intention to press for representation of Scottish graduates on the committee was abandoned. Yet, at the general election the committee supported the claims of one of the candidates for the Scottish Universities constituency, and it co-opted a representative from a body which called itself the Scottish Universities Parliamentary Association, and which came into existence shortly before the general election, not, as its name might suggest, in one or other of the Scottish academic centres, but at 37, Russell Square, W.C.—that is, at the official address of the gentleman whose candidature the association was formed to promote but failed to carry to success. In other words, the pledge not to interfere with the question of Scottish representation in the House of Commons, though explicitly given by its chairman, was broken by the Steinway Hall committee. Here, then, are two instances in which this committee has not kept its word, and the record, I repeat, does not invite confidence.

So far as I know, the gentlemen signing the letter in your issue of September 20th, and of whose desire to serve the profession there can be no question, took no active part in the Steinway Hall meeting, but I understand that some of those personally committed by the promises made at this meeting are among the officials or directors of the British Federation. What constituency they represent in the Federation I do not know, but most certainly it is not the general meeting of the profession which first called them into being. They were there given a definite and specific reference. This reference they have not discharged, and any other activities they have cultivated have been wholly without warrant. The Federation appears as one of these activities, and its appeal for confidence, therefore, cannot be separated from the story of its origin. The style and title may be new, but the broken pledges remain, and have acquired by this time, it is to be feared, "a very ancient and fish-like smell."—I am, etc.,

London, W., Sept. 28th.

C. O. HAWTHORNE.

* * We referred this letter to the Chairman of the British Federation of Medical and Allied Societies and have received the following communication:

SIR,—We thank you for the opportunity you have given us to reply to a communication from Dr. C. O. Hawthorne dealing with what he terms the ancestry of "The Medical Parliamentary Committee." Dr. Hawthorne rightly assumes, in his letter, that we personally were neither present at the Steinway Hall meeting on October 1st, 1918, nor were we then connected with the "Medical Parliamentary Committee." The pledge referred to as having been given at that meeting was that the temporary committee should report to a further meeting of the whole profession, as distinct from a meeting of representatives of the existing medical organizations. It is hardly likely that the same individuals would have attended a second meeting convened on the lines of the first, and it is more than probable that a meeting of representatives of existing medical bodies would be a far more representative gathering of the profession. What actually took place was that, as a result of the resolution put by the Right Hon. Christopher Addison, M.P., at the Steinway Hall meeting, and carried, a temporary body was formed, which body reported to a further conference convened and held at the Central Hall, Westminster, under the chairmanship of Sir Wm. Watson Cheyne, M.P. At this second conference of representative bodies it was decided to proceed in the formation of a permanent body, the duty of giving effect to the seven resolutions adopted, and of preparing a financial scheme, being left to the provisionally constituted "Medical Parliamentary Committee." This meeting was reported in your columns on May 10th, 1919, and also in the *Lancet* of the same date. The Provisional Committee further reported to a meeting of the representatives of the various associations and societies on

July 11th last, at the College of Ambulance, when the present Federation came into being.

We know of no body established on a "mandate" from all the members of a profession or trade. Surely every new movement owes its origin, and its triumph over the difficulties inseparable from its initial stages, to the forward policy of a few individuals. It matters little, however, how and by whom the movement was started; we now have in the Federation a definite body which, if adequately supported, should enable the profession to unite and exercise the function of guiding public opinion in all matters affecting the national health. Thus can we hope to secure for the nation sound legislation based on expert opinion. A central organization, unconcerned with either the internal affairs or the policies of the bodies forming it, can achieve this aim and provide a common channel of utterance.—We are, etc.,

MALCOLM MORRIS,
Chairman.

CHARLES BUTTAR,
Honorary Secretary.

N. HOWARD MUMMERY,
Organizing Secretary.

The British Federation of Medical and Allied Societies,
20, Hanover Square, W.1, Oct. 6th.

STIFF KNEE IN COMPOUND FRACTURE OF FEMUR.

SIR,—From August, 1917, till the armistice I devoted my whole time to fractured femurs, and found that this bogey of stiff knee is very largely done away with by treating the fracture on a splint bent to an angle between 30 and 40 degrees, which bears out the inference drawn by C. D'Oyly Grange from his observation of the position of the patella.

This bent splint has the added advantage that it tends to prevent the lower fragment from becoming displaced backwards if the extension is applied below the knee only. I also found that there was no looseness of the knee after 20 lb. had been applied continuously for two months as long as the knee was flexed about 30 degrees.—I am, etc.,

P. T. SPENCER-PHILLIPS,
Late R.A.M.C.(T.)

Chelmsford, Oct. 7th.

MUSIC THERAPY.

SIR,—Your editorial in the *BRITISH MEDICAL JOURNAL* of September 20th, p. 388, is very gratifying evidence of a revival of interest in a valuable means of treatment. I gather from Sir F. W. Mott's letter in the *BRITISH MEDICAL JOURNAL* of September 27th, p. 424, that he employs music subjectively—if I may so express it. May I point out that the aim of the Guild of St. Cecilia and of the earlier workers in this field was to use the effects of music objectively, and my paper "Music and medicine" (*Medical Magazine*, 1893) was an attempt to illustrate the rationale of the method? At present the subject is in able hands, and we may look forward with interest to further useful developments.—I am, etc.,

Portsmouth, Sept. 27th.

J. G. BLACKMAN.

Universities and Colleges.

UNIVERSITY OF CAMBRIDGE.

THE UNIVERSITY IN THE WAR.

DR. A. E. SHIPLEY, F.R.S., Master of Christ's, in resigning the post of Vice-Chancellor on October 1st, made an address to the senate, in which he reviewed the recent history of the University. He said that though victory had been won, in many parts of the world the war still lingered; and weekly, almost daily, news was received of the loss of more and still more members of the university who had given up all for the sake of the country and the cause they believed to be right. The careful records prepared by Mr. Austin Fabb showed that of the total number of Cambridge soldier students serving—some 16,000—2,652 had been killed and 3,460 wounded; 497 were reported as missing and prisoners, but most had now been accounted for. The honours included: Mentioned in Despatches 5,036, Victoria Crosses 12, Distinguished Service Order 899, Distinguished Service Crosses 37, Distinguished Flying Crosses 34, Air Force Crosses 34, Military Crosses 1,861, various Orders of the British Empire 874, Distinctions from Allies 624, Knights Commanders of the

Bath, Companions of the Bath, Knights Commanders of St. Michael and St. George, etc., 305, Companions of Honour 5. It was also to be placed on record that 76 university attendants had been on military service, and that 10 had laid down their lives.

"It is with pride," Dr. Shipley said, "that I recall the connexion of the University and of University men with the defence of the country. It was during the South African war, when a not inconsiderable number of undergraduates joined the ranks as privates, that a movement was inaugurated for the establishment of an Officers' Training Corps in lieu of the Cambridge University Volunteer Rifles, and it was further suggested that enrolment to this new corps should be compulsory. The formation of the O.T.C. in 1908 has proved most valuable both here and in other universities. In January, 1913, the question of compulsory military training at the University was revived in the general interests of education; and no less than 1,800 members of the Senate supported a requisition to the Council for official sanction. It was hoped that a first step might thus be taken by Cambridge towards increasing the supply of officers for the Auxiliary Forces. The outbreak of the war within a few weeks after the presentation of the memorial swept away all such proposals, and the present circumstances are not opportune for elaborating the question. Here I leave it to my successors with confidence that our University will not fail—as it has never failed—to realize its national responsibilities."

After reference to the death of the Chancellor, Lord Rayleigh, that of Professor Alexander Macalister was mentioned, and he was described as "a great teacher and a life-long student of wide and varied erudition, one whose steady and laborious work during the war in the school of anatomy, where he was left almost single-handed, was an example to us all."

The number of matriculations in the last normal year, 1913-14, was 1,178, and during the period of the war—1914-15, 727; 1915-16, 344; 1916-17, 235; 1917-18, 281. With the signing of the armistice the numbers leapt up. In 1918-19 1,835 matriculated, and of these 1,835, no fewer than 1,552 were matriculated in the Lent and Easter terms of 1919. In addition, at the request of the Admiralty, accommodation had been found for some 400 naval officers during the first half of 1919. From the beginning of the Easter vacation to the end of the Easter term, 200 American soldier students were attending the University, and the teachers sacrificed most of their vacation to provide courses for them; the experiment was a complete success, and Cambridge now had scattered through every State of America a small but influential group of citizens, all members of the University, who valued their connexion with Cambridge and its colleges, and would not readily forget.

Dr. Shipley then enumerated the endowments received by the University; they included £210,000 from oil companies and individual benefactors for the endowment of a chemical school at Cambridge; a gift of £10,000 for a chair in Italian from Mr. Arthur Serena, of £1,000 from Mrs. Gibson to provide a scholarship in Spanish literature, of £20,000 from Lord Rothermere to endow a chair of naval history, and of £20,000 from Mr. Emile Mond, for a professorship in aeronautical engineering. Dr. J. B. Hurry, of Reading, who in 1912 founded a research studentship in physiology, of the annual value of £100, had provided a further endowment, which would double the income of the studentship, as "an expression of his admiration for the great services which Cambridge University has been able to render to the cause of humanity."

After mentioning that Sir Ernest Rutherford had become Cavendish Professor of Physics, in succession to Sir Joseph Thomson, who had consented to occupy the new chair of physics without stipend, Dr. Shipley specially welcomed Dr. Hazeltine, professor in the faculty of law, the first citizen of the United States to occupy a professorial post in the University of Cambridge.

The financial outlook, Dr. Shipley stated, was very serious, and it had been resolved to seek Government aid. An interim grant had been promised, but did not amount to 50 per cent. of the minimum stated by the various departments as necessary to reopen the University next term on a pre-war basis. The fees in some departments did not meet the expenses incurred by the students, so that the increase in numbers was in reality a cause of financial embarrassment. The Government proposed to set up a commission to inquire into the resources of the university and its colleges, and into the use made of them. Meanwhile, owing to the inadequacy of the emergency grant, it might be necessary to increase the fees charged to students. Further, the lack of a pension fund hampered university activities in all directions. The earnest hope was expressed that in this period of reconstruction the need for simplification would not be overlooked. The multiplicity of examinations and the complexity of their regulations, which increased yearly, was a heavy tax on college tutors and on the staff of the registry. "The number of syndicates and boards is constantly increasing. I cannot," Dr. Shipley added, "recall an instance in which any really big piece of work in the world's history has been done by a committee, and I venture to think we have too many of them; I feel certain they are usually too large, and I know that in a great majority of cases they lack the inspiration and effectiveness of youth."

Dr. Shipley has been succeeded as Vice-Chancellor by Dr. Peter Giles, Master of Emmanuel.

UNIVERSITY OF LONDON.

GUY'S HOSPITAL MEDICAL SCHOOL.

The following entrance scholarships have been awarded:

Senior Science Scholarships for University Students: A. H. Douthwaite, £75. Junior Science Scholarships: T. S. Blackledge, £120; W. G. Sears, £50. Scholarships in Arts: D. F. Durward, £60; O. F. Farndon, £40.

UNIVERSITY OF GLASGOW.

The following degrees were conferred on October 6th:

M.B., CH.B.—*D. MacC. Blair, †Elizabeth Pace Cameron, †J. Caddies, †A. J. Cronin, J. S. Aitken, T. Anderson, N. B. Borthwick, Edith D. Dobbie, J. Hill, F. McDonald, Ellen T. Mackenzie, Margaret E. MacLaren, Caroline J. Macneenan, D. J. Nicol, Kathleen Nicol, A. G. Petrie, H. A. Ross, Catriona Sinclair, H. H. Spencer, D. McD. Sproull, N. E. Stone, J. Whitelaw, W. A. Wilson.

* With honours.

† With commendation.

The Brunton Memorial Prize of £10 has been awarded to John William Peden, as the most distinguished graduate in medicine of the year.

The Services.

HONOURS.

The following are the statements of services for which the decorations announced in the *London Gazette* of March 8th, 1919, were conferred:

Bar to the Distinguished Service Order.

Captain (acting Lieut.-Colonel) William Ross Gardner, D.S.O., R.A.M.C.(S.R.), attached 138th Field Ambulance.

He was in charge of all forward medical arrangements of the division for the period October 4th, 1918, to October 25th, 1918, first in front of Gheluwe, and then both west and east of Courtrai. During the period in question, night and day, he visited the rear aid posts, relay and forward collecting posts, often under heavy shell fire and gassing, in order to personally ascertain that the work of evacuation was proceeding satisfactorily. He showed great gallantry and ability, and his devotion to duty saved many lives. (D.S.O. gazetted January 1st, 1918.)

Lieut.-Colonel Daniel Paul Kappeler, D.S.O., 5th Field Ambulance, C.A.M.C.

For conspicuous gallantry on October 12th, 1918, in the vicinity of Iwuy, north-east of Cambrai. He drove a car to the forward area through shell fire, which wounded him and others. He proceeded to dress the wounds of the others, directing and assisting in their removal to a place of safety. It was not until all were attended to and removed from danger that he allowed himself to be taken away and suffered his own wound to be dressed. He showed great pluck and devotion to duty. (D.S.O. gazetted June 3rd, 1918.)

Lieut.-Colonel Thomas McCrae Leask, D.S.O., 10th Field Ambulance, C.A.M.C.

During recent operations in front of Cambrai he was given the task of clearing the wounded of a division. For five days on end he worked with untiring energy and absolute disregard for personal danger. On the night of September 30th–October 1st, 1918, he, with the help of a near-by non-commissioned officer and one of the wounded drivers, succeeded in rescuing patients from a burning car, and had them immediately evacuated. His conduct throughout was admirable. (D.S.O. gazetted January 1st, 1918.)

Distinguished Service Order.

Captain (acting Lieut.-Colonel) William Wallace Boyce, No. 2 Field Ambulance, R.A.M.C.

For great gallantry, initiative, and resource in personally supervising the evacuation of casualties during the operations on November 4th, 1918, near Petit Cambresis. He effected the rapid removal of wounded across the Sambre Canal under very difficult circumstances and considerable shell and machine-gun fire. On one occasion, when his advanced dressing station was blown in by shell-fire, he personally reorganized his stretcher-bearers in a new site, inspired confidence in his officers and men, and undoubtedly saved many wounded under heavy fire.

Major Robert Fulton Craig, 15th Field Ambulance, A.A.M.C.

For conspicuous gallantry and devotion to duty in charge of the bearer division near Bellicourt from September 29th to October 2nd, 1918. During the whole of this period he rendered valuable service, and by his coolness and initiative surmounted all difficulties under most trying conditions. He not only worked the evacuation of wounded from rear aid posts of his own brigade, but he personally reorganized the evacuation from other brigades under very heavy shell and machine-gun fire.

Captain (acting Lieut.-Colonel) William Hingrove Leslie McCarthy, M.C., R.A.M.C.(S.R.), attached 19th Field Ambulance.

During the operations connected with the crossing of the Sambre, November 4th to 5th, 1918, he exhibited marked gallantry and devotion to duty. He was in command of the advanced dressing station, and maintained the closest touch with the front-line troops, arranging for the immediate evacuation of casualties as they occurred. He worked continuously for three days and three nights, and his energetic management, and devotion to duty saved many lives.

Temporary Captain Clarence Randolph Young, M.C., R.A.M.C., attached 1st Battalion Shropshire Light Infantry.

On September 18th, 1918, when the battalion had suffered very heavy casualties, he followed up and remained close behind the front line, and in ground swept by the enemy's machine-gun fire, and exposed to artillery fire, spent the whole day tending and clearing the wounded; and on the following morning he went up, and, after spending some hours in No Man's Land, he got in several wounded men. By his gallantry and devotion to duty he undoubtedly saved many lives.

DR. ARTHUR COLIN MACKENZIE, J.P., of Mount Morgan, Queensland, Australia, died on July 22nd, 1919. He was the seventh son of the late John Robertson Mackenzie, D.D., of Birmingham, and was born on December 31st, 1860. His eldest brother was the late Sir Alexander Mackenzie, K.C.S.I., late Chief Commissioner of Burma, Chief Commissioner of the Central Provinces, and Lieutenant Governor of Bengal. Of the seven sons only one now is left. Arthur Colin Mackenzie received his education at Cheltenham College, Edinburgh University, and the London Hospital, and obtained the Scottish triple qualification in 1886. He came out to Australia in 1890, and after a trip in Western Queensland and a period of practice in North Rockhampton he settled in Mount Morgan, where he was engaged in active practice until the time of his death. In former years he took an active interest in Masonic matters, and had attained to the 18th degree in Freemasonry. At the time of his death he was Government medical officer, medical officer of health to the municipality of Mount Morgan and the Banana Shire Council, medical inspector of schools, and 676 B. Section, 7th A.A.M.C.

EDWARD FRANK NICHOL, M.C., Captain 3rd Battalion Royal North Lancashire Regiment, youngest son of Dr. Nichol of Margate, died as the result of an accident at Dunkirk on September 24th, aged 22. He got his commission on August 15th, 1914, and attained the rank of captain on May 2nd, 1916.

Medical News.

THE Prime Minister has, through the Minister of Health, addressed a letter to members of Medical War Committees and to members of local tribunals and appeal tribunals, thanking them for their work, which, he says, played a vital part in securing the victory and peace which have been achieved.

SIR GEORGE NEWMAN, K.C.B., chief medical officer to the Ministry of Health, will deliver the inaugural address at the opening of the winter session of the West London Post-Graduate College, West London Hospital, Hammer-smith, W.6, on Thursday next, October 16th, at 4 p.m.

THE postponed opening of the winter session of the Middlesex Hospital will take place on Wednesday next, October 15th, at 3 p.m., and the dinner of past and present students will be held on the same evening at the Holborn Restaurant at 7 o'clock.

THE first annual dinner of the Belfast University Services Club will be held on November 11th (Armistice night), in Thompson's Restaurant, Belfast. Queensmen who have served in H.M. Forces desiring invitations should write to the Honorary Secretary, Services Club, Queen's University, Belfast.

DR. EDWARD HINDLE, Kingsley Lecturer and Bye Fellow of Magdalene College, Cambridge, assistant to the Quick Professor of Biology, has been appointed to the chair of biology in the School of Medicine, Cairo, Egypt.

SIR BERTRAM WINDLE, F.R.S., in his annual report to the governing body of University College, Cork, announces that his resignation of the presidency of the College will shortly take effect. Failing the creation of a university for Cork, he had intended to resign on attaining a pensionable age—that is, a year ago; but the war delayed this step, and the certainty of a university would have delayed it still further. He has accepted an invitation from St. Michael's College in the University of Toronto to deliver a course of lectures on Science in Relation to the Scholastic Philosophy during the first three months of next year.

AN advanced course will be given at the ophthalmological clinic of the Hôtel Dieu, Paris, under the direction of Professor de Lapersonne, beginning on Tuesday, October 14th, at 4 p.m. The course will consist of sixteen sessions, comprising lectures, clinical work, and practical demonstrations. Medical practitioners and students from France and other countries should apply to the Secretariat of the Faculté de Médecine, Paris. The fee is 50 francs. A certificate will be given to those attending the course.

THE Islington war memorial fund for enlarging the Great Northern Central Hospital, Holloway Road, has reached £7,398. The Prince of Wales has consented to preside at a festival dinner in aid of the hospital early in December.

THE Wellcome Historical Medical Museum will be reopened on Monday next.

DR. ALEXANDER MORISON of London has, by due legal process in Scotland, assumed the name of Alexander Blackhall-Morison.

DR. WILLIAM FAIRBANK, O.B.E., M.V.O., Surgeon to H.M. Household at Windsor Castle, is mayor-elect for Windsor.

COLONEL JAMES TURTON, F.R.C.S., V.D., has been appointed to the Commission of the Peace for Brighton.

DR. R. DUNSTAN, who contested the Moseley Division of Birmingham at the last general election, was the Labour candidate at the Rusholme by-election.

THE Ministry of Health has issued to local authorities and public utility societies model forms of tender and agreement for use in connexion with contracts for State-aided housing schemes.

AT the matriculation examination of the University of London in September, 45 candidates passed in the first division and 340 in the second.

A DISCUSSION on influenza at a meeting of the Royal Sanitary Institute at Poole, on Friday next, at 6.30 p.m., will be opened by Dr. A. T. Nankivell, M.O.H. for the borough.

A SPECIAL dinner of the Tuberculosis Society, at which many of the distinguished foreigners attending the Conference of the National Association for the Prevention of Tuberculosis will be present, is to be held in Claridge's Hotel on Wednesday, October 15th, at 7.30 p.m. Applications for tickets (inclusive of wine) together with remittance, 30s., should be sent to Dr. Blackmore, Woolwich Tuberculosis Dispensary, Maxey Road, Plumstead, S.E.18, not later than by last post on Monday, October 13th. A certain number of tickets are available for guests.

THE courses arranged by the Paris Society of the directors of laboratories of radiology and electrotherapy, suspended during the war, will be resumed on November 3rd. They will include lectures and practical demonstrations in radiology, radiumlogy (we are not responsible for the word), electrology, and photoherapy. Full particulars can be obtained from Dr. Delherm, Hôpital de la Pitié, Boulevard de l'Hôpital, 83, Paris (xiii^e).

THE American Relief of Belgium Committee has allotted funds amounting to £3,200,000 for the intellectual restoration of that country. The Universities of Brussels; Ghent, Liège, and Louvain are each offered £80,000, and £2,400,000 will be placed at the disposal of the Belgian Government for grants to students in need of assistance for the prosecution of higher studies.

LIEUT.-COLONEL W. TEMPLE, who won the V.C. by gallantry in the Maori war of 1863, left £3,704. Dr. R. D. Purefoy, for many years Master of the Rotunda Hospital, Dublin, left £44,960. Dr. Clifford Luxmore Drew, coroner for the Western Division of London, left £16,327.

THE Italian Society of Medical Radiology will open its second congress at Genoa on October 20th.

AT the annual meeting of the American Medical Association this year the secretary, Dr. Alexander R. Craig, stated that the membership was 45,412.

A PICTORIAL history of the work of the medical department of the United States army during the operations in Europe, comprising about 75,000 feet of moving and 10,000 of still pictures, has, we learn from the *Journal of the American Medical Association*, been turned over to the Surgeon-General's Office. Fifteen pictures were taken of every hospital, including an aerial view of the buildings, views of the operating theatres and wards, patients, medical officers, and men.

ACCORDING to a statement issued by the Surgeon General's Office at Washington more than 93 per cent. of the 2,000,000 men demobilized since the signing of the armistice have been discharged with a clean bill of health. Six per cent. were reported to the Bureau of War Risk Insurance for disabilities and 1 per cent. were held back on account of communicable diseases in course of development.

IN January, 1919, seventeen students received diplomas at the Hangchow Hospital after a three years' course. In 1918 fifty doctors graduated from the Hangchow Hospital. Twenty maternity nurses, eighteen pharmacists, and a few male and female nurses also obtained diplomas. There are at present very few schools of pharmacy in China, although there is great need of qualified dispensers in hospitals, dispensaries, and chemists' shops, of which there are now many in the country.