

Memoranda: MEDICAL, SURGICAL, OBSTETRICAL.

TWO CASES OF HYPERNEPHROMA OF THE OVARY.

In a recent series of 1,000 consecutive morbid growths sent to me for examination I have met with two cases of hypernephroma of the ovary, a neoplasm which is sufficiently rare to justify a brief descriptive note. In both instances the tumour was detected in the left ovary in the course of hysterectomy for fibroids and intractable menorrhagia respectively, and appeared to be causing no symptoms. The right ovary showed nothing abnormal to the naked eye. The appearances, both macroscopic and microscopic, were practically the same in each case, so one description will serve for the two.

Each tumour was oval in shape, and about one inch long by half an inch across, and was embedded in the stroma of the oöphoron proper, its free border projecting into the peritoneal cavity. There was no definite capsule, but in sections the distinction between the white substance of the tumour and its vascular ovarian bed—from which it could easily be shelled out—was well marked.

Serial paraffin sections were cut and stained, some with iron haematoxylin and Biebrich scarlet, and others with acid rubin and Mallory's aniline blue and orange stain; the latter method, however, yielded no additional information.

Macroscopically the ovarian stroma showed no abnormality, and the tumour was seen to consist of a homogeneous mass of cells, the nuclei of which stained faintly with haematoxylin, while the cell substance did not take the counter stain at all. The cells were identical in appearance with those of the normal suprarenal cortex. The nuclei were not in mitosis and there was no evidence of conjunction between those of adjoining cells.

The origin of these hypernephromata would seem to be sufficiently clear from a consideration of the embryology of the parts. Up till the third month of fetal life the suprarenal bodies are in contact with the upper pole of the testis or ovary, and as this descends it may carry with it fragments of suprarenal tissue from which tumours may subsequently be developed. As a matter of fact, however, hypernephromata are more frequently found in the broad ligament than in the oöphoron itself.

There was no clinical or microscopic evidence of malignancy in either of these cases. A section of one tumour was shown at a pathological meeting of the West London Medical Society in February, 1918, and the other was observed quite lately and has not yet been exhibited.

London, W.C. A. KNYVETT GORDON, M.B., B.Ch. Cantab.

IONIC MEDICATION IN CANCER.

I HAVE, during this year, treated a considerable number of cases of varied character by ionic medication, and being impressed by the excellent results obtained, especially by the rapid destruction of carbuncles, I used it in an inoperable case of cancer of the rectum, and publish the following notes in the hope that those who employ the method may give it a more extended trial in treating malignant growths than is possible for one experimenter.

J. C., a man aged 74, was admitted to the Auckland Poor Law Infirmary with cancer of the rectum. His age, his bad general condition, and the large area affected, negatived any attempt at surgical treatment. The rectum, as high as the finger could reach, was filled by a hard mass, the perineum and the soft parts around the anus, extending laterally to the ischia and behind to the coccyx, were involved and indurated. There were a number of raised points commencing to suppurate, and he suffered from the usual typical attacks of severe pain. Knowing (by personal experience) that the excruciating pain of carbuncles is entirely removed by one application of zinc ions, and influenced by the known favourable effect of copper ions on lupus, I put him under treatment by copper ions in the hope of at least relieving his pain without employing opium. The first application was made on July 8th, and from that day until the twenty-fourth dose he was much relieved of pain, but in other respects remained *in statu quo*.

I then changed to zinc ions, and after one application pain had quite ceased. To-day (October 6th), after seventeen applications, his condition is as follows: The anus presents a ring of hard growth; the rectum, as far as can be reached, is soft and normal. All the induration of the perineum and surrounding area has disappeared and only one suppurating point—the largest—remains, but is much reduced in size. The old man is able to get up and walk about, and says he feels "Quite well." His general condition is much improved.

The method adopted was as follows: The rectum was packed with a tampon of wool soaked in a 2 per cent. solution of zinc sulphate, the depressions around the anus were packed so as to make the whole surface level, and a pad of sixteen layers of lint applied, covering all the diseased structures with sufficient pressure to ensure accurate and equal contact throughout. The active electrode (positive) was attached to the pad, and the indifferent (negative) to the lumbar region. The current employed was 60 milliamperes for thirty minutes on alternate days.

This case proves that in zinc ions we have an agent certain to relieve pain, and undoubtedly possessed of the power, to put it at its lowest, of not only checking malignant growth, but of destroying it. Personally, I am optimistic enough to believe that the astonishingly good results obtained in this case show that we have at our command the long sought for "cure for cancer."

I have this week commenced to treat an inoperable case of carcinoma of the uterus involving the vaginal walls by the same method, and purpose sending notes of the case after about a month's treatment.

Bishop Auckland, Durham.

MARK WARDLE.

A CASE OF FRACTURED SKULL WITH HAEMORRHAGE.

THE following case may be of interest owing to the uncomplicated recovery from a serious condition.

A man, aged 38, was admitted to hospital on February 26th, 1919, at 11 p.m., in a semi-conscious condition, with a history of a recent fall, "crushed head," and epistaxis.

There was slight swelling in the right temporal region; reflexes were present, and the patient cried out in response to cutaneous stimuli. The pupils were of medium size, equal and active, the pulse rather small and slow. Ninety minutes after admission a small quantity of blood commenced to flow from the right ear; the right pupil became inactive to light and slightly dilated. The symptoms of compression increased slowly at first, then rapidly, until there was profound coma with a slow, full pulse, abolition of reflexes, flaccidity of both upper limbs, proptosis of the right eye, and wide dilatation of right pupil.

Operation.

No anaesthetic was required, the skin incision causing no response. On turning down a temporal flap on the right side an L-shaped fissure in the calvarium was disclosed, one limb travelling horizontally forwards and one vertically downwards. The skull was trephined over the meningeal artery, close to the angle thus formed. Blood clots thereby exposed were gently removed, revealing slight haemorrhage, which became more and more free as the clots were taken away. The dura mater, seen only fitfully, was at least a quarter of an inch deep to the inner table. The blood came from two directions, above and anteriorly, but no bleeding points could be seen. The skull opening was enlarged, but the haemorrhage, which was increasingly free, could not be traced to its source, nor more than temporarily checked.

By this time the removal of the clots and the copious bleeding had so relieved the pressure on the brain that the patient became less deeply comatose and even slightly restless. Considering the haemorrhage and original compression, it was decided to ligate the right common carotid artery. The skin incision here aroused considerable response, the patient struggling with both arms and both legs. The artery was tied in continuity and the wound sutured. The head wound was lightly packed and a dry dressing applied.

Throughout the day the patient remained unconscious, except about 4 p.m., when he swallowed some milk and uttered a few words.

Next day he was able to swallow fluids at intervals, and on the day following the packing was removed and the wound sutured, leaving a small gauze drain in the lower angle. He now spoke more often and more intelligibly, and was conscious most of the time. There was left-sided paresis and the right pupil was still widely dilated. Six days later the wound was completely closed, and in a week was firmly healed. During this interval the patient's condition steadily improved, speech becoming normal and the paresis much less; the right pupil was still somewhat dilated and very sluggish, but proptosis had disappeared. The hearing on the right side was slightly impaired.

Twenty-five days after admission he was allowed up, and was discharged from hospital a week later, the only remaining defects being a very slight weakness of the left limbs, slight impairment of hearing, and an almost undetectable inequality of the pupils. The temperature, which was 96.6° on admission, rose to normal after the operation and remained so during his stay in hospital.

I am much indebted to my colleague, Dr. W. J. Hamilton, for valuable advice and assistance rendered before, during, and after the operation, and, in conclusion, desire to

acknowledge Sir James Cantlie's kindness in permitting me to publish this case, which was under his supervision.

A. L. GREGG, M.B., B.Ch.Dubl.

Seamen's Hospital, Albert Docks, E.

ABSENCE OF UTERUS, FALLOPIAN TUBES, ONE OVARY AND VAGINA, WITH ONE LARGE CENTRAL KIDNEY.

A YOUNG Parsee woman, aged 17, was brought to me for consultation as she had not menstruated since attaining the age of puberty. At the age of 15 she had an acute attack of pain in the lower abdomen for two to three days, which was taken as a sign of her approaching menses. The attack, however, passed off without any result, and she had had no similar attack since nor any signs of menstruation.

The vulva was perfectly formed, the pubis well covered with hair, and the breasts well developed. There was no vagina except for about a quarter of an inch. On rectal examination a distinct tumour was felt a little above the closed end of the ill-formed vagina. This was believed to be the uterus, but no tubes nor ovaries could be felt. As the parents were very anxious to get the young woman married it was decided that an exploratory coeliotomy should be performed, as, if there was a septum dividing the vagina from the uterus, a communication might be possible. The usual abdominal incision was made under spinal anaesthesia; on opening the abdomen I found that the "tumour" felt from the rectum was a large central kidney, slightly horseshoe shaped, but placed low down. There was no ovary or tube on the right side, but a fairly large-sized ovary on the left, with a Fallopian tube running down and disappearing into the upper end of the closed vagina. There were several small cysts in connexion with the mesentery, which were removed without difficulty, and the abdomen closed without any further interference.

The young woman is healthy in all other respects, and has never shown any other signs of functional derangements.

F. R. PARAKH, M.D., M.R.C.S.Eng.

Parakh Hospital, Khetwadi, Bombay.

Reports of Societies.

ANGINA PECTORIS.

At a meeting of the Medical Society of London, held on October 13th, the President, Mr. V. WARREN Low, in his opening address, referred to the advances which had been made in surgery during the war, and said that much of the time of the medical societies would be occupied for some years in digesting the war experiences and in seeing how far they applied to conditions of peace. A long period of clean surgery had found the surgeon quite unprepared for the septic wounds which were incidental to the war, and had led at first to much confusion of thought and to the abandonment by many surgeons of their customary technique. But as time went on the treatment of septic wounds became more standardized and the value of free excision of infected tissue and early suture of wounds had gradually become more recognized. The war had established beyond doubt the value of prophylactic injections of antitetanic serum and had demonstrated the existence of local tetanus, hitherto unknown. Advances had been made in the study of surgical shock, the researches on which would have a permanent significance. The conservative surgery which the exigencies of the South African war had imposed had been reversed under the novel conditions of the last war, early operation or exploration after intra-peritoneal injuries having been shown to be the safe and proper procedure. It had been proved also that no mechanism which permitted operations under modified pressure was necessary in thoracic surgery. Opinions as to the wide field of usefulness of local anaesthesia had been fully justified. Great advances had been made in the treatment of fractures. Splints suitable for particular cases had been procurable; this close co-operation between surgeon and mechanic embodied a principle which should continue under peace conditions.

Dr. F. DE HAVILLAND HALL read a paper on Angina Pectoris with low blood pressure, during which he said that in the past it had been more or less assumed that high blood pressure was an invariable concomitant of angina pectoris, but in recent years attention had been directed to the occurrence of typical anginal attacks in the presence of low blood pressure. It was, however, possible that whilst the usual blood pressure was low, the cardiac attack might be accompanied by a rise of pressure; hence the relief which was sometimes obtained in these cases from the inhalation of amyl nitrite. In his experience the victim of angina pectoris had usually a blood pressure considerably above normal, and it was to an intensification of the already high pressure that an anginal attack was commonly due. On this occasion he directed attention to those exceptional cases in which anginal symptoms occurred in patients who had in the intervals a systolic blood pressure about or below normal. He had been struck by the failure of the drugs usually employed to give relief in these cases, and was convinced that a fatal termination might be accelerated if vaso-dilators were incautiously administered. The prognosis, always grave, was distinctly worse when anginal symptoms occurred in patients with a low blood pressure. The failure of nitrites to give relief in anginal pain was of bad omen, for it indicated myocardial degeneration and the tendency to death by sudden heart failure. He would insist that all indications of a failing myocardium—such as feebleness of the impulse, a feeble first sound at the apex, low blood pressure, a feeble infrequent pulse, dyspnoeic attacks, swelling of the feet, and signs of commencing oedema of the lungs—were of very grave prognostic omen, that these cases required a stimulating plan of treatment, and that vaso-dilators were useless, if not dangerous. Given in some cases of low blood pressure they might be tried, as they seemed to lighten the burden of the heart. But in these cases vaso-dilators must be used with great caution and not pushed, as an undue lowering of the blood pressure might be attended with disastrous results. It had been suggested that if within a minute or two nitrite of amyl failed to give relief a whiff of chloroform should be administered. He was doubtful of the wisdom of this procedure, especially in cases of low tension, and would prefer to give morphine subcutaneously. As a general rule, angina pectoris occurring in patients with low blood pressure required to be treated on different lines to cases in which it was associated with high blood pressure. An ounce of brandy in hot water might be given, or a mixture containing spirits of ether, aromatic spirits of ammonia, compound tincture of cardamoms in camphor water; this might be taken every half-hour for three doses if required. In cases of threatened collapse ether (m v) or camphor (gr. jss) in sterilized olive oil might be injected intramuscularly. In cases in which the chief symptom was pain, the only drug of any value was morphine in combination with atropine, which might be given in doses of $\frac{1}{4}$ to $\frac{1}{2}$ grain subcutaneously. The application of hot fomentations or of a hot-water bag to the precordium often afforded relief. If the feet were cold, hot-water bottles should be applied to them. In the intervals the patient should be dieted carefully, the amount of alcohol should be limited, and tobacco forbidden; excess in tea or coffee should be checked; dyspepsia and other conditions of lowered vitality should receive appropriate treatment. Among cardiac tonics no drug was so generally useful as arsenic; it might be combined with iron if the patient were anaemic. The addition of strychnine would help to improve the tone of the patient. Dr. de Havilland Hall supported his contention by reports of five cases. He also indicated the necessity for distinguishing between true angina and pseudo-anginal attacks occurring in neurotic individuals with low blood pressure, and recorded a case illustrating this point. Pseudo-angina was especially met with in excessive smokers. He had seen it occur in patients who had also abdominal angina.

In the discussion which followed, Dr. ALEXANDER BLACKHALL-MORISON said that in classical cases nitrites were of great value, but he doubted whether their action was peripheral, and regarded them as centrally acting stimulants. He questioned whether there was any etiological connexion between high blood pressure and angina. The cause of the pain was not known. He was in the habit of administering atropine, since he regarded angina as a variety of vagal inhibition of the left ventricle. Dr. SEYMOUR

Captain Robert Dunlop Goldie, R.A.M.C.(S.R.); Temporary Captain (acting Major) Thomas Clark Ritchie, O.B.E., R.A.M.C.

Médaille de l'Assistance Publique (en Argent).—Major George Edward Ferguson, R.A.M.C.; Captains Walter Fitzpatrick, R.A.M.C.(T.F.), and Thomas James Kelly, M.C., R.A.M.C.; Temporary Captains Carlyle Aldis, Alexander Baldie, and Henry Charles Semon, R.A.M.C.

Conferred by the King of Hellenes.

Greek Military Cross.—2nd Class: Captain and Brevet Major (acting Lieut.-Colonel) Maurice Joseph Williamson, M.C., R.A.M.C.; Captain (temporary Major) Thomas Henry Peyton, D.S.O., R.A.M.C.(T.F.R.). 3rd Class: Temporary Captain William Henry Hooton, R.A.M.C.

Conferred by the President of the Portuguese Republic.

Military Order of Aviz.—Grand Officer: Major-General John Joseph Gerrard, C.B., C.M.G. Commander: Colonel Alfred Bertram Soltan, C.M.G., C.B.E., A.M.S.(T.F.); Major John Humphrey Barbour, R.A.M.C.

The distinction awarded to Captain William Grahame Cobb (of Zungeru, Northern Nigeria), in recognition of gallantry and devotion to duty in the field, was the D.S.O., and not a bar to the D.S.O. as stated in our issue of October 19th, 1918.

Universities and Colleges.

UNIVERSITY OF CAMBRIDGE.

THE following candidates have been approved in both parts of the examination in Sanitary Science:

M. Avent, A. C. B. Biggs, P. C. P. Cloake, M. E. Delafield, J. A. Doull (Major R.A.M.C.), A. A. Martin, R. W. Meller, A. F. Rook (Captain R.A.F.M.S.), Sir E. N. Thornton, K.B.E. (Lieut.-Colonel S.A.M.C.).

UNIVERSITY OF LONDON.

KING'S COLLEGE HOSPITAL MEDICAL SCHOOL.

THE following elections to scholarships, each value £50, have been made:

Pathology and Pharmacology Scholarship, H. A. Osborn; Anatomy and Physiology Scholarship, R. C. Lightwood; Arts Scholarship, A. L. Moorby; Science Scholarship, L. I. Hyder.

UNIVERSITY OF GLASGOW.

THE following candidates have been approved at the examinations indicated:

M.B., Ch.B. (M., Materia Medica and Therapeutics; P., Pathology).—W. R. Allan (P.), A. R. Black (P.), A. W. Borland (M.), A. K. Bowman (M., P.), D. E. Brown (M., P.), D. F. Cappell (M.), T. C. Christie (M., P.), D. F. Craig (M., P.), W. Davie (M., P.), M. Douglas (M., P.), A. Faichney (P.), H. G. Halliday (M.), D. R. Hamilton (M.), J. A. Hamilton (M., P.), G. Harvey (P.), B. Isaacs (M.), L. M. Johnston (P.), W. Jope (M.), W. M. Knox (M.), J. W. McConville (P.), W. R. McCrae (P.), J. A. McCrossan (P.), F. McIlwee (M., P.), P. M. K. McKillop (P.), P. M. Luskie (P.), M. J. Miller (M., P.), J. M. L. Mitchell (M., P.), J. T. Moffat (P.), W. G. Niblock (P.), Tyndra Nath Ray (M.), J. Shulman (P.), A. Smith (M., P.), W. A. M. E. Stewart (M., P.), J. M. L. Strang (M., P.), W. R. P. Templeton (M.), D. W. Tobias (P.), J. W. Walker (M., P.), R. J. Watson (P.), A. F. Whyte (P.), J. H. Wilson (P.), P. A. Wilson (M., P.), W. Wilson (M., P.), J. Young (P.), Alice A. Alexander (M.), Edith A. Allan (M.), Martha L. Anderson (M.), Marion C. Boyd (P.), Muriel J. Brown (M., P.), Catherine M. L. Buchanan (M.), Margaret G. Carrick (M.), Jessie D. Christie (M., P.), Margaret B. C. Craig (M., P.), Isabella C. Darling (P.), Margaret Davidson (M.), Vina C. MacK. Donaldson (M., P.), Christian D. H. Eason (P.), Mary A. Grant (P.), Beryl Grieve (P.), Mary Hendrie (M., P.), Nora G. Henry (M., P.), Isabel R. Hill (P.), Jane S. Knight (M., P.), Frances B. C. Livingston (M., P.), Moira E. N. MacAlpine (M.), Janet S. S. MacKay (M.), Mary McQuaker (M.), Laura M. D. Mill (M.), Elizabeth W. Miller (M.), Edith M. Neilson (M., P.), Catherine A. B. Pettigrew (M.), Annie G. Pollock (P.), Joanna T. Rae (M.), Annabella A. Reid (P.), Isabel Reid (M.), Rebecca E. Rouleston (M.), Isabel M. Smith (M., P.), Margaret Sprout (M.), Helen Y. Stoddart (P.), Janette R. Wilson (P.), Jeanie L. D. Wilson (M.), Grace M. Young (M., P.).

(Old Regulations).—D. S. Buchanan (M.), J. A. F. Gibson (M.), D. M. Macmillan (P.).

(Medical Jurisprudence and Public Health).—A. P. Agnew, A. G. Aitken, J. L. Anderson, J. Baird, B. Barrowman, A. M. Beaton, M. Brown, A. Campbell, J. G. Campbell, A. J. Cronin, D. R. F. Davidson, W. N. Duguid, W. J. Ferguson, R. Fletcher, J. Frew, W. A. Galbraith, R. MacI. Gardner, F. D. Gillespie, R. D. Gillespie, C. Glen, C. N. Gordon, A. Gray, J. L. Halliday, T. O. Howie, J. Hurwich, T. T. Hutchison, G. Jamieson, W. L. Kennedy, W. M. Knox, E. Levine, A. L. M. Adam, H. J. Macbride, A. M. McClure, J. Macdonald, E. Macfarlane, J. Macfarlane, S. W. McGhee, D. L. Macintyre, W. McKendrick, K. MacKenzie, H. H. MacKinnon, J. C. McLean, A. MacLean, J. P. McMillan, P. MacMurray, C. McNaught, M. C. MacQueen, M. F. G. Main, A. Markson, C. Melville, G. A. Mitchell, L. Mitchell, N. M. E. Montgomery, G. W. Murray, G. Paterson, J. Paterson, W. J. Payne, J. Prentice, D. Reid, J. Reid, K. M. Rodger, J. Sachs, T. S. Sargent, W. H. Scott, H. E. Seiler, J. Shankar, A. J. Sinclair, I. Sive, A. G. Smith, D. C. Smith, F. C. Speechly, J. Stirling, H. A. Summers, C. N. Temple, J. N. Tennant, G. Tudhope, J. R. Turner, J. D. Whiteford, G. S. Wilson, J. J. Wyllie, Annie M. Alexander, Marion B. Armstrong, Muriel C. S. Balfour, Margaret Bennett, Margaret W. Blackwood, Lillias E. B.

Buchanan, Edith M. Davidson, Simonne Denil, Elsie F. Farquharson, Christian M. Fleming, Agnes M. Gibson, Margaret E. Gibson, Agnes S. Glover, Mary B. Grant, Margaret Gray, Isabel E. R. Jeffrey, Margaret L. Johnston, Anne T. Kelloc, Jane C. MacDonald, Mary J. Macfarlane, Jean MacI. Mackintosh, Alexandrena M. MacLennan, Marie J. M'Naught, Marjorie Mitchell, Janet D. Montgomery, Mary Russell, Marguerite L. Solanders, Cecelia Shishkin, Mary Shishkin, Alexandra W. Smylie, Mary Stevin, Christina S. Stoddart, Margaret M. Stuart, Dorothy M. Summers, Helen B. Sutherland, Dorothy B. Thomson, Mary C. Walker, Lillian J. T. White, Mary L. Wilson, Helen F. Wingate, Agnes H. M. Young, Elizabeth Young.

(Old Regulations).—J. B. Sweet, R. R. Waters, R. H. Williamson.

* With distinction in Materia Medica and Therapeutics.

† With distinction in Medical Jurisprudence and Public Health.

ROYAL FACULTY OF PHYSICIANS AND SURGEONS, GLASGOW.

THE following have, after examination, been admitted Fellows: R. A. Barlow, J. D. Brownlie, D. K. Henderson, J. B. M'Dougall, A. Patrick.

Obituary.

J. P. GREANY, M.D., M.Ch.R.U.I.,

Surgeon-General, I.M.S. (ret.).

SURGEON-GENERAL JOHN PHILIP GREANY, Bombay Medical Service (ret.), died at Ealing on October 7th, aged 68. He was born on July 21st, 1851, educated at Queen's College, Cork, and graduated M.D. and M.Ch. in the Queen's University, Ireland, in 1874. Entering the I.M.S. as surgeon on March 31st, 1875, he became surgeon-major on March 31st, 1887, surgeon lieutenant-colonel on March 31st, 1895, colonel on January 11th, 1903, and surgeon-general on June 20th, 1905, retiring on October 1st, 1908. After ten years' service in the army, he entered civil employment in July, 1886. For several years he was civil surgeon of Poona, the most popular station in the Western Presidency. On promotion to the administrative grade he served as A.M.O. of the Aden district and Sind district successively, till he was appointed head of the Bombay service as surgeon-general with the Government of Bombay. He received a good service pension on May 22nd, 1907.

On his retirement he settled at Ealing, and showed an active interest in the work of the British Medical Association. He was formerly a member of the Council of the Metropolitan Counties Branch, the representative of the Indian Medical Service on the Central Council, and chairman of the Naval and Military Committee of the Association. At the beginning of the late war he was for some time in charge of the military hospital at Southall, but had been ill for a long time past, having never recovered from the shock caused by the death of his elder son, the late Captain J. W. Greany, of the 5th Battalion Wiltshire Regiment, who, after distinguished service with his regiment in Gallipoli, where he gained the D.S.O., was transferred to Mesopotamia, and reported wounded and missing in the unsuccessful attempt to relieve Kut on April 9th, 1916, and not heard of again.

DR. SAMUEL WRIGHT died at Portrush on September 19th. He studied at Queen's University, Belfast, and qualified in 1913; he served as house-surgeon in the Grimsby Hospital, and subsequently as assistant school medical officer of the Birmingham Education Committee. On the outbreak of war he volunteered for service, and did heavy work in different parts of the Western front. At Neuve Chapelle he sustained an injury to the heart, but, though he never fully regained his health, he remained in the service till 1918. On returning home he rallied and took the D.P.H. Belfast, but his health broke down again. Much sympathy is felt for his widow by a large circle of friends.

CAPTAIN CHARLES NEWBERRY COBBETT, R.A.M.C., died suddenly at Broadstone, Dorset, on October 7th, aged 58. He was educated at University College, London, and at Edinburgh University, where he graduated M.B. and C.M. in 1883, and M.D., with commendation for his thesis, in 1890. Before the war he was in practice at Edmonton, Alberta, Canada. He took a temporary commission as lieutenant in the R.A.M.C. on June 28th, 1915, and was promoted to captain after a year's service. He was recently employed under the Ministry of Munitions.

DR. FRANCISCO ZAYAS Y JIMÉNEZ, a leading physician of Havana, died in May last at the age of 93. He was well known as a writer and had gained a considerable reputation as a poet. He was also an active politician and was a member of the Cabinet formed by Spain in the last days of its rule in Cuba. He also took an interest in agriculture, especially in tobacco and sugar planting.

Medical News.

SIR GEORGE NEWMAN has been nominated by His Majesty, with the advice of the Privy Council, a member of the General Medical Council in the place of Sir Arthur Newsholme resigned.

THE St. Thomas's Hospital old students' dinner, postponed from October 1st, will take place at the Connaught Rooms, Great Queen Street, W.C., on Wednesday, January 14th, 1920. The chair will be taken by Sir George H. Makins, G.C.M.G., C.B., President of the Royal College of Surgeons of England.

THE University College Hospital old students' dinner, postponed from October 3rd, will be held on Friday, October 31st, at the Imperial Restaurant, Regent Street, at 7 for 7.30.

At the Bootle Borough Court on October 7th a prosecution was instituted under the Venereal Diseases Act, 1917. The defendant, according to the report in the *Bootle Times*, was Miller Murray, of the Knowsley Medical Hall. The charge against him was that, not being a duly qualified medical practitioner, he unlawfully treated for reward a person suffering from venereal disease. Dr. W. N. Clemmey, medical officer of the venereal disease clinic at the Borough Hospital, said that the patient had got into a very serious state by the time he arrived at the hospital and an operation was necessary. The defendant denied that he had treated the person for venereal disease. The chairman said that the bench considered the case proved, but in view of the fact that it was the first brought under the Act in Bootle, a penalty of about one-fourth of the maximum would be imposed. The judgement was that the defendant should pay a fine of £20, or go to prison for three months. On an appeal from the defendant he was allowed fourteen days within which to find the money.

HITHERTO local libraries have scarcely justified the enthusiasms of their early promoters, but, if the ideals of the new School of Librarianship—the first attached to any university in this country, which has just been established at University College, London—are fulfilled, the library will be no longer a mere distributing centre for lighter reading, but a focus of the intellectual life of the community. Sir Frederic Kenyon, the director and principal librarian of the British Museum, who opened the school on October 8th, impressed upon its sixty or seventy students the principle that librarianship should not be thought of in terms of shelves and indicators, but should be regarded as public service—very valuable public service, in view of the passing of political power to large numbers of only partially educated people, who may be saved from many mistakes in the use of that power through having access to a library with its works on history and political economy, to mention only two subjects. Sir Frederic deplored, not the lack of knowledge, but the lack of respect for knowledge among the official classes. He himself had heard a Cabinet Minister in a laughing and not at all in a penitent way confess himself a Philistine in matters of education. But the speaker found encouragement in the fact that the younger and more progressive leaders of industry were realizing that expenditure on education might be as profitable as any of the other expenditures which figured on their balance sheet. He paid a tribute to the Library Association for the part it had taken in bringing about the foundation of the school, and in particular to Sir John MacAlister, the president of the association, who is consulting librarian to the Royal Society of Medicine.

THE London County Council has decided to approach the Minister of Health with a view to securing representation on the Central Midwives Board. It has been proposed that the number of members of the board shall be increased from nine to twelve. The present representation of the Royal British Nurses' Association will cease, and members will be appointed, one each by the Minister of Health, the Incorporated Midwives' Institute, the Association of Municipal Corporations, and the Society of Medical Officers of Health.

MR. ARTHUR DOUGLAS COWBURN, M.R.C.S., L.R.C.P., barrister-at-law, has been appointed deputy coroner for the Western District of London.

DR. J. S. CRONE, J.P., deputy coroner for West Middlesex, has been elected president of the Irish Literary Society, London.

DR. T. N. KELYNACK has been appointed by the Lord Chancellor to the Commission of the Peace for the county of London.

THE London County Council has recommended Mr. J. P. Orr, C.S.I., formerly chairman of the City of Bombay Improvement Trust, to be Director of Housing, at a salary of £2,000 a year.

AMONG the names added to the Commission of the Peace for the County of Banff are those of Dr. E. I. Spriggs of Duff House, Dr. McArthur of Gardenstown, Dr. Andrew Brown Murray of Banff, and Dr. Reid of Portsoy.

IT is estimated that there are 1,200 stammering children in attendance at London elementary schools. An experimental class for treatment has proved successful, and the London County Council now proposes to form five classes, each of twenty children.

THE KING has accepted a copy of the memoir of the late Captain William Howard Lister, D.S.O., M.C., R.A.M.C., written by Dr. Walter Seton. It has been privately printed by the Medici Society, and copies are obtainable from the senior clerk, University College, London.

A GENERAL meeting of the Medical Officers of Schools Association will be held at 11, Chandos Street, on Friday next, October 24th, at 4.30 p.m., when Dr. A. A. Mumford will read a paper on the standardizing of physical efficiency during growth, and a discussion on the subject will be opened by Colonel Martin Flack, R.A.F.

THE Association of Infant Welfare and Maternity Centres has arranged a conference of medical officers of such centres to discuss the feeding of infants and young children in view of the shortage and high price of cow's milk, with special reference to the use of dried milk and patent foods. It will be held at Bedford College for Women, Regent's Park, N.W., on Friday next, October 24th, at 6 p.m.

THE Ministry of Health has issued a circular to local authorities calling their attention to the obligation upon them to make a survey of their district, and to prepare and submit to the Ministry a scheme for the exercise of their powers. The Ministry has also issued a statement showing briefly the principal provisions of the new Act and indicating the increased responsibilities of local authorities in the matter of housing.

THE Enham Village Centre, established by the Village Centres Council, of whose executive committee Lord Henry Cavendish Bentinck, M.P., is chairman, will be opened by the Minister of Pensions on Wednesday, October 29th. Enham is near Andover, and the village centre received its first patients last May. It comprises a medical block, workshops and gardens, where now nearly one hundred disabled men are undergoing treatment and training.

THE late Dr. F. J. Smith, physician to the London Hospital, left £11,960. Dr. Thomas Torkington Blease of Altrincham left £32,819.

At a meeting of the London Association of the Medical Women's Federation, held on October 7th, at 11, Chandos Street, Mrs. Flemming, M.D., was elected president for the ensuing year and gave an address on "The future of the association." She referred to some of the work done by the London Association in the past and discussed the need for its continuing existence. In four years' time the number of medical women would be doubled and increasing numbers would increase the need for association and union among them. Women were favourably placed in two ways—first, in that their practice was, as a rule, narrowed and chiefly or solely concerned with women and children. A stream was kept in a narrow channel when required to do work, and the very fact of their observation being directed to one part of the community should enable women in the end to achieve more. The second way was that in this association women were connected with those practising on different lines, while other medical societies often included only those practising along one line. The association had in the past done some work in the investigation of subjects such as menstruation and the menopause, but the results would be wider when their numbers increased and all medical women gave their best. All scientific discoveries took place by many pressing forwards, each with a little more vision until a great mind received sudden illumination which then enabled all to move forward with a long stride.