

thoroughly restored to health and there were no signs of there ever having been any trouble in the neck. To take no risks I gave her three more similar applications.

### CASE III.

A boy, aged 4, one of a large family, nearly all of whom had suffered from tuberculosis; several had died. His mother and one or two uncles and aunts had died of phthisis. When I first saw him he had extensive tuberculous adenitis on both sides of the neck. The glands had suppurated, and sinuses secondarily infected were present.

I gave him ten applications of from eight to twelve hours each, twice a week. On several of these occasions, after four hours the applicator was moved to cover another group of glands, and so on. The same strength, 15 mg., of radium was employed. At the end of this treatment all the sinuses had healed, and the masses of glands had shrunk till only a few fibrous nodules could be felt. The boy had also improved much in health, and when I saw him a few months later one would hardly recognize him.

Carious teeth or unhealthy tonsils and adenoids, if present, must be dealt with at the beginning of the treatment, as it would be folly to cure the existing glands and leave a future source of infection behind.

## FATAL CEREBRAL HAEMORRHAGE AT 34.

BY

ALLAN B. FEARNLEY, M.D.,

POTTERS BAR, MIDDLESEX.

THE following report may be of interest owing to the difficulties of diagnosis the case presented and to the comparative rarity, as far as I am aware, of the condition:

A single woman, aged 34, of healthy parentage, whose previous health had been good, and who had had no serious illnesses, was in her usual health till September 8th.

On that day, while straining to reach up to a high shelf, she had a sudden sensation "as though someone had struck her on the back of the head," followed by a "fainting attack" (though she did not lose consciousness) and severe occipital headache, which prevented her sleeping that night.

On September 9th she came to my surgery complaining of occipital headache. The temperature and pulse were normal; she was given aspirin and told to report again in the morning. She then said that she had had a good night and that the headache had practically disappeared. She was given a tonic and told to report again if necessary. The "attack" was attributed to the sun, the weather being very hot at the time.

She remained quite well except for slight occasional stiffness of the neck until the afternoon of September 14th, when she had a sudden seizure; without any warning she fell suddenly unconscious. I saw her ten minutes after the onset of the attack. She was then deeply unconscious, the conjunctival reflex was absent, and the complexion ashen grey; there was very marked Cheyne-Stokes respiration and very feeble pulse (100). The reflexes were variable during the attack, which at first was characterized by slight spasmodic contractions of the arms and chewing movements of the jaws, alternating with periods of complete relaxation. There was no definite paralysis of any part. After about an hour she was suddenly seized with violent convulsions with most extreme opisthotonos, which lasted on and off nearly another hour, when she vomited and began to come round. She passed water and sweated during the fit.

On partial return to consciousness she screamed out with agonizing pains in the occipital region, rolling her head backwards and forwards apparently in extreme distress. There was no retraction. Kernig's sign was doubtful, as were the plantar reflexes. The knee-jerks were equal and variable.

She was given morphine gr.  $\frac{1}{2}$ , which eased the pain, though she had no sleep; she vomited frequently during the night.

On September 15th she was completely conscious and mentally clear. She complained of very severe occipital headache and vomited occasionally. The temperature was 98°, and the pulse 100; systolic pressure 150. The skin was moist. She was passing water freely. Urine, specific gravity 1025, acid, very faint cloud of albumin; partially reduced Fehling's solution; microscopically a few blood casts and red cells. Ophthalmoscopic examination showed clear discs and the fundus normal on both sides. During the day the vomiting ceased and the headache improved.

On September 16th the headache was more severe and there was definite retraction and well marked Kernig sign. The temperature began to rise (99.2°); the pulse fell from 100 to 60. Lumbar puncture was performed in the afternoon. The fluid was under great pressure, spurting out on withdrawing the trocar; about 1 c.cm. was withdrawn. The bacteriological examination was difficult, as the specimen was contaminated with blood. The report stated that the fluid was sterile and polymorph leucocytosis absent.

From September 16th to 25th there was steady improvement, the chief difficulties being the headache (which gradually

became frontal as well as occipital, though less severe) and a persistent insomnia. The albuminuria disappeared after the first forty-eight hours. The glycosuria became more pronounced, but was less than 1 per cent.; there was no acetoneuria. A most marked feature, considering the severity of the symptoms, was the general good spirits of the patient in spite of the headache, and the mental clearness. There was no further vomiting; the optic discs remained clear.

On September 25th, after a good night, and while appearing better than usual, she had a seizure similar to that of the 14th, which was fatal in about two minutes.

*Post-mortem Examination.*—Brain: There was a large clot of blood between the dura and the brain; the bleeding point was apparently in the frontal region, in the neighbourhood of the crest of the ethmoid. The clot extended between the frontal lobes and on the outer surface of the right frontal lobe as far back as the motor area. In places the brain substance was torn. There was no evidence of disease of bone nor any sign of cerebral tumour or abscess. There was no evidence of any inflammatory condition at the base or elsewhere. The other organs were healthy.

Presumably the first seizure was caused by a minute haemorrhage, which was not discovered *post mortem*. The haemorrhage seen at the *post-mortem* examination was presumably the one which caused the fatal seizure.

The interesting features from the point of view of diagnosis were: The basal symptoms accompanied by evident raised pressure in the spinal canal, the marked mental clearness all through, and the absence of vomiting and optic neuritis.

## Memoranda:

### MEDICAL, SURGICAL, OBSTETRICAL.

#### CAESAREAN SECTION FOR PLACENTA PRAEVIA WITH CONCEALED HAEMORRHAGE.

ALTHOUGH the case reported below had a fatal termination, most probably from pulmonary apoplexy, I consider the treatment by Caesarean section was correct and satisfactory. I cannot remember reading of a case of placenta praevia with concealed haemorrhage so profuse as to fill the uterus, distending it and causing tonic contraction; and, although some authorities on the subject agree that Caesarean section is correct in certain cases of placenta praevia, I have not yet seen the operation recorded in any such cases.

On November 6th, at 5 p.m., I was called to a woman aged 39, primipara, eight months pregnant. She was in agonizing pain, and on examination of the abdomen the uterus was very distended, and in a state of tonic contraction, so that nothing but the shape of it could be made out. Examining per vagina, I found the os dilated to the size of half a crown, rigid, and a soft mass presenting with no landmarks; the vagina was very narrow and rigid. The pulse was about 120, and the patient very restless; on inquiry I found she had been in this condition since 2 o'clock. I came to the conclusion that she must be delivered as soon as possible; I therefore decided to call in Dr. W. S. McDougall to see if he agreed as to removal to hospital and Caesarean section. During the interval before he arrived the presenting part gave way, and a large haemorrhage occurred, blanching the patient. On arrival Dr. McDougall made an examination and found the placenta at the os, and nothing else presenting; the patient was bleeding. He agreed with me, and the patient was removed to the Carshalton, Beddington, and Wallington District Hospital.

At 9.30 p.m. the patient was put on the table; Dr. McDougall gave the anaesthetic, and Dr. W. H. Passmore assisted me. Operating by the abdominal route, I opened the uterus with a median longitudinal incision, and found the uterus full of clots. I extracted the child already dead, and cleared the uterus, and sewed up with five or six catgut sutures through-and-through, missing the mucosa. Having completed the toilet of the peritoneum, the uterus was returned, and the abdomen closed with three layers of sutures; during the later stages of the operation ergotinine and pituitary extract were injected. The operation was completed in fifteen and a half minutes, a pint of saline was given on the table, and later she was given a continuous saline.

The next morning the patient's condition was satisfactory, except that she vomited when she took feeds, chiefly of Valentine's juice. On November 8th the abdomen was much distended, and the vomit becoming offensive and enemas giving very little relief, it was apparent that the bowel was paralysed. Towards evening I made an opening in the ileum, which relieved the situation; the sickness stopped, the distension disappeared, and in twenty-four hours the bowels acted in the ordinary way. On November 9th the condition was good, the patient taking some food. Next day the condition was still

good, but towards evening the patient became flushed, with temperature 101.8°, but she passed a good night. On November 11th, she was restless during the afternoon; at 7.30 p.m. she had a good action of the bowels after an enema; her temperature rose to 104°, but she slept till 11.30 p.m., when the temperature dropped to 102°. At this time the patient asked for a bedpan, and whilst using it was seized with a bad attack of dyspnoea; oxygen was given, but she gradually sank and died at 12.10 a.m.

Referring to the discussion on the incision for Caesarean section reported in the BRITISH MEDICAL JOURNAL of November 15th, I have always made the longitudinal incision towards the upper part of the uterus in the nine cases of Caesarean section I have performed, and have sewn up, as advocated by Dr. Clifford (Manchester), with very good results.

ARTHUR Z. C. CRESSY,  
Honorary Surgeon, Carshalton, Beddington, and  
Wallington District Hospital.

## Reports of Societies.

### DEFICIENCY DISEASES.

At a meeting of the Section of Therapeutics and Pharmacology of the Royal Society of Medicine, held on November 18th, Sir W. HALE-WHITE, Vice-President, being in the chair, Professor F. G. HOPKINS, F.R.S., opened a discussion on the treatment and management of diseases due to a deficiency of the accessory factors in diet.

He said that the vitamine hypothesis was now passing through a phase during which it would meet with sound and considered criticism. Many experiments and observations were necessary. The small concentration of vitamins in the substances which contained them was no doubt one reason why they had so long been ignored. Another reason was that experimenters in feeding, thinking only of carbohydrates, proteins and fats, never administered these substances pure, so that the pathologist and the experimental investigator were not working along the same lines. It was curious that the factor concerned in the etiology of scurvy was not recognized earlier. Scurvy constituted a remarkably clear example of deficiency disease, yet this had recently been denied by so prominent an authority as McCollum, who had ascribed it to intestinal stasis. The quantitative work at the Lister Institute and experiments with the monkey made the position clear. Thanks to the quantitative experiments we could now classify and indicate the relative potency of the antiscorbutics. There were still certain difficulties in applying the vitamine hypothesis to infantile scurvy. Milk was by no means rich in the antiscorbutic factor, and this factor was easily destroyed. It might therefore be asked why scurvy was not much more common in infants. Many physicians said that though they used pasteurized milk, they had not found it necessary to add antiscorbutics. As an explanation it was just conceivable that the infant started with an excess of the antiscorbutic element. With regard to beri-beri, several officers of the Japanese military services had expressed doubt whether anti-beri-beri vitamine was the sole deterrent. They stated that they had not seen the same improvement after correction of the army diet as had occurred when that of the navy was altered some years ago. In the case of rickets the facts were less well established, but if they proved to be true were of great national importance. He had seen a good deal of Dr. Mellanby's work from personal observation, and was convinced that the influence of the vitamine associated with fats was an all-important factor. That there were contributing factors was quite certain, but these were of minor importance. In exceptional cases the disease might occur without dietetic deficiency. The functioning of some of the vitamins seemed in some way to be concerned with stimulation of the glands of internal secretion. The response of an animal was a more complicated process than a direct action to any one factor. The quantitative demand might depend on the rate of metabolism. Such considerations must be taken into account before it could be held that exceptional cases disproved the hypothesis. There was more evidence in favour of it than of any other view. Referring to the theory of acidosis advanced by Eric Pritchard, he said

that it seemed to be based on a misconception of the equilibrium of acids and bases in the blood, and was contrary to the tenets of modern biochemistry. There was another condition associated with the absence of the fat-soluble vitamine—namely, one of the eye, which, beginning as a slight conjunctivitis, often led to destruction of the eyeball. In certain experiments every rat fed only on vegetable fats suffered from this condition. Infection had naturally been suspected, but animals might be mixed together, and only those fed on food lacking in the vitamine developed the symptom, and none of the others. It cleared up with extraordinary rapidity if butter or cod-liver oil were administered. Very rare in this country, it was very common in Denmark, especially when the butter supply was being sent out of the country during the war. Apparently the deficiency needed to be very complete. In pellagra the deficiency seemed to be not one of vitamins, but of some other variety of food. In experiments which he had made some years ago animals given a diet deficient in tryptophane developed a remarkable group of symptoms which, on later consideration, he thought might be those of pellagra. Although he had often tried, he had never been able to repeat this experiment.

Professor F. D. BOYD said that as Consulting Physician to the Egyptian Forces he had had to report on an outbreak of pellagra among Turkish prisoners of war. He and his collaborators had come to the conclusion that the view that pellagra was a deficiency disease was correct. Inquiry into the sanitation showed that it was good. Analysis of the water gave a negative result. Hydrochloric acid was absent from the stomach; this, of course, led to deficient pancreatic secretion, to imperfect digestion and decomposition of food, and also to loss of food elements by diarrhoea. No specific micro-organisms could be found. The blood of fifty patients was examined and not only were no organisms found, but there was also an absence of the mononuclear excess, so constant in protozoal diseases. There was no fever. The cerebro-spinal fluid, urine, and stools also failed to yield any specific organism. The stools of 220 were examined. They were very fetid and contained flagellates and ascarides, but no specific micro-organism. Examination of healthy Turkish prisoners showed that they were in a pre-pellagrous state. It was now recognized that protein was only useful to the body when it contained certain amino-acids. He then exhibited tables and charts which showed that the incidence of beri-beri had no relation to the calorie value of fat or proteins ingested, but depended upon the biological value of the proteins. The association of pellagra with maize could be explained by the low biological value of the protein it contained. It might be asked why there was a seasonal incidence in pellagra, for it occurred chiefly in the spring. It must be remembered that peasants were particularly prone to the disease, and these would have gone through a hard winter, and might therefore be in a pre-pellagrous condition at the end of it. The men who were put upon extra protein gained more weight than those given extra fat or the ordinary ration. They also improved if the absent hydrochloric acid were supplied.

Dr. W. H. WILLCOX spoke of the incidence of scurvy and beri-beri as it affected the troops in Mesopotamia. A paper by him on the subject will be published shortly.

Dr. MACKENZIE WALLACE spoke of a substitute for nutrose, made from monkey nuts, which he had prepared for the treatment of beri-beri. It was superior to nutrose and cost only 2d. a pound, as compared to 9s. a pound. A biscuit had been made from the flour. It was very rich in protein and sufficiently palatable to be well received on the whole by the British soldier. Experiments with pigeons had shown it to be very protective against beri-beri, and it also proved efficacious in an epidemic of beri-beri in a criminal settlement.

Dr. H. E. ROAR said that in the treatment of deficiency diseases it was not only necessary to make good the deficiency, but also to see that the deficient substance was properly absorbed. The low biological value of maize might explain its association with beri-beri. Possibly tryptophane was the amino-acid which was missing from maize. The majority of pellagra patients had indicanuria, which meant that there was a further loss of a certain amount of tryptophane. Pellagrous people, *post mortem*, were wasted and the intestine was translucent, and clearly in a condition not

he entered the I.M.S. in 1893, and attained the rank of lieutenant-colonel on January 30th, 1913. After three years' military duty he took civil employment in Bengal in January, 1896, served as resident surgeon of the Medical College Hospital, Calcutta, from 1896 to 1899, as a civil surgeon in various districts, including Bhagalpur and Darjiling, from 1899 to 1907, and in June, 1907, was appointed professor of anatomy in the Calcutta Medical College and second surgeon to the College Hospital. In November, 1914, he reverted to military duty, and came to Europe, and through 1915 served in the Indian hospital at Bournemouth. He had previously served on the North-West Frontier of India in the Chitral campaign of 1895, receiving the medal and clasp, and in the Tirah campaign of 1897-98, gaining two more clasps to the Frontier medal.

We regret to announce the death of Dr. H. L. ATKINSON of Cockermouth at the age of 50. He had not been in the best of health for some time past, but his condition was not regarded as serious, and he had been at his work two days before his death, which took place on November 15th from heart disease. Dr. Atkinson was a Yorkshireman; he was educated at Christ's College, Cambridge, taking his B.A. degree in 1891. He received his practical training in medicine and surgery in the Leeds School of Medicine, and St. Mary's Hospital, London, obtaining the diplomas of M.R.C.S. and L.R.C.P.Lond. in 1902. He then held the appointment of house-surgeon in the Leeds Infirmary. After this he was for some time in practice at Kirkstall, near Leeds, but about seven years ago he went to Cockermouth, taking over an old-established practice formerly carried on by the late Dr. Harrison Mitchell. Here his marked ability and kindness of heart quickly obtained for him the confidence of his patients. He took a keen and practical interest in some of the town's most useful institutions, and it was through his training that the members of the St. John Ambulance Brigade attained their efficiency and the members of the V.A.D. were enabled to do such creditable work in the Cockermouth Castle Auxiliary Military Hospital during the war under his guidance as honorary medical officer. In his recreations his talents were no less marked than in his profession. He was an accomplished musician, an enthusiastic chess player, president of the local Chess Club, and the originator of several published chess problems. He was also interested in golf, and took an active part in local church work. He leaves a widow and two young sons, with whom much sympathy is expressed. A numerous company attended at his funeral, and the local V.A.D. and St. John Ambulance Brigade attended in a body, testifying to the high esteem in which they held their instructor.

DEPUTY INSPECTOR-GENERAL WALTER BOWDEN, D.S.O., R.N. (retired), died at Weymouth on November 13th, aged 60. He was the son of the late William Bowden, was educated at University College, London, and took the diplomas of M.R.C.S., L.R.C.P.Lond., and L.S.A. in 1886, and entered the navy as surgeon in 1887. He became staff surgeon in 1899, fleet surgeon on February 28th, 1903, and retired with an honorary step as D.I.G. on February 27th, 1908. After retirement he settled at Weymouth, where he held the posts of admiralty surgeon and agent, of assistant medical officer of health, and of anaesthetist to the Princess Christian Hospital. He served in the River Gambia expedition in 1894, was present at the bombardment and occupation of Gunjur, and received the African medal with a clasp and also the D.S.O.

DR. HUGH LOGAN CALDER was for many years a well known and busy practitioner in Leith. He died suddenly from heart failure on November 17th. He graduated M.B. and C.M. Edin. in 1878 and proceeded to the M.D. in 1885; in 1888 he gained (by examination) the Fellowship of the Royal Faculty of Physicians and Surgeons of Glasgow. Soon after graduation he served as house-surgeon in Burton-on-Trent Infirmary, and then he settled in Leith, acting for several years as surgeon to the hospital of that town. He was much interested in midwifery, and was a Fellow of the Edinburgh Obstetrical Society.

## Universities and Colleges.

### UNIVERSITY OF EDINBURGH.

At the meeting of the Edinburgh University Court on November 17th it was reported that the gift of £10,000, from an anonymous donor to found a lectureship in orthopaedics, had been paid over, and that the scheme for the institution of the lectureship, prepared by the Faculty of Medicine and approved by the senatus, was under consideration. The court has also under consideration proposals from the Faculty of Medicine with regard to the institution of a lectureship in venereal diseases. It has been decided, in order to provide the temporary accommodation for the class of practical histology during the next summer term, to erect at once a third story on the agricultural and forestry buildings of the University in George Square. The purchase of land at Craigmillar for the extension of the University has been completed and the erection of a new chemical laboratory begun.

Dr. R. W. Johnstone has been recognized as an extra-academical lecturer in midwifery, and the classes on physical methods in the treatment of disease (Dr. Harry Rainy) and in the history of medicine (Dr. J. D. Comrie), suspended during the war, have been resumed.

### UNIVERSITY OF CAMBRIDGE.

DR. H. K. ANDERSON, F.R.S., Master of Caius College, has been appointed a member of the syndicate to consider the allocation and administration of the munificent gift recently made to the University for the department of chemistry by the British Oil Companies.

At a congregation held on November 21st the degrees of M.B. and B.Ch. were conferred on H. D. McIlroy.

### UNIVERSITY OF LEEDS.

At a congregation held on November 20th the honorary degree of D.Sc. was conferred upon Lieut.-General Sir Alfred Keogh, G.C.B., G.C.V.O., C.H., late Director-General Army Medical Service, and Sir Almroth Wright, C.B., F.R.S. Sir Alfred Keogh was presented for the degree by Professor J. K. Jamieson, and Sir Almroth Wright by Sir Berkeley Moynihan.

### UNIVERSITY OF LONDON.

THE following candidates have been approved at the examination indicated:

THIRD M.B., B.S.—Mary Day (a, c), J. Joffe (b, d), R. T. Jones (a, c, d, University Medal), F. Portas (b), A. B. K. Watkins (a, d), G. V. W. Anderson, O. D. Brownfield, M. W. B. Bulman, C. H. C. Byrne, Alix J. Churchill, S. M. Cohen, R. Creasy, Nora A. Crow, Florence M. Edwards, R. S. Foss, P. J. Freilich, J. N. Glaister, St. G. B. D. Gray, H. O. Gunewardene, C. E. Harrison, H. N. Hornibrook, S. R. Joglekar, S. W. M. Jones, V. E. Jones, V. R. Khanolkar, H. J. Levy, N. M. Lewis, R. G. Lyster, C. D. Maitland, F. N. Moos, Marie M. A. Morait, Edith M. P. Morris, M. J. Panthaky, J. E. Pearce, G. S. B. Philp, Dorothy P. Priestley, Mary M. Prior, W. A. Richards, J. F. Ryan, E. P. Scott, E. D. Scott, G. H. Sims, H. W. Southgate, Frances M. Spickett, R. Theron, A. D. Wall, C. J. B. Way, J. W. Wayte, W. R. White-Cooper, A. Williams-Walker, A. G. Winter.

(a) Distinguished in Medicine; (b) in Pathology; (c) in Forensic Medicine; (d) in Surgery; (e) in Midwifery.

The following candidates have passed in one of the two groups of subjects:

THIRD M.B., B.S.—Group I: D. W. J. Andrews, Mary R. Barkas, W. K. Brown, E. A. L. Crichtlow, W. E. K. Coles, Joyce E. Craggs, E. I. Davies, Elizabeth C. Eaves, H. Ellis, T. L. Ellis, R. K. Ford, G. O. Hume, Norah D. Pinkerton, W. E. K. A. Quilmann, J. A. W. Robinson, B. M. G. Thomas. Group II: C. F. Beyers, Ella M. Britten, J. Brodetsky, J. R. Dingley, A. Evans, A. B. Green, C. E. E. Herington, C. L. Hewer, E. C. Hinde, O. H. Hyman, G. E. Kidman, R. H. Leigh, S. S. Lindsay, K. McFadyean, H. I. Marriner, H. E. Reburn, W. Thomas, M. J. T. Wallis, J. P. Williams.

### ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH.

A QUARTERLY meeting of the Royal College of Physicians of Edinburgh was held on November 4th, when the President, Sir Robert Philip, M.D., was in the chair.

The following members were admitted to the Fellowship:

T. A. Ross and R. B. Johnston.

The following were admitted to the Membership of the College:

J. L. Boyd, C. H. Tewsley, R. C. Robertson, J. B. McDougall, and L. B. Cox.

The following new law was adopted:

4. A candidate eligible for the Membership whose work in any sphere of medicine shall be adjudged to be of high distinction may be exempted by the Council from the whole or any part of the prescribed examination.

The Morison lectures for 1920 will be delivered in March by Lieut.-Colonel Richard C. Rows, M.D. Lond.

A SERIOUS fire occurred on November 22nd in the buildings of Laval University, Montreal. According to a Reuter's dispatch, the main buildings, containing the medical department, were destroyed, and the damage is estimated at half a million dollars.

## Medical News.

THE Council of Epsom College will shortly be considering applications for "France" pensions of £30 a year. Candidates must be registered medical practitioners in necessitous circumstances who are not less than 60 years of age. Forms of application can be obtained from the secretary of the College, Mr. J. Bernard Lamb, 37, Soho Square, W.1.

THE Yarrow Convalescent Home at Broadstairs, which was opened twenty-four years ago for the reception of children belonging to middle-class families of limited means, was closed during the war owing to military occupation. It was reopened in August last. Particulars can be obtained from the Secretary at the London office, 6, Holborn Viaduct, E.C.

THE biography of Sir Victor Horsley, by Mr. Stephen Paget, has now been published by Messrs. Constable and Co.; it is entitled *Sir Victor Horsley: a Study of his Life and Work*. It is illustrated with several portraits and other pictures, and there is a short prefatory note by Lady Horsley. We hope to review the work at an early date.

DR. G. F. V. LEARY of Castlederg has been appointed to the Commission of the Peace for county Tyrone.

DR. B. H. SPILSBURY has been appointed lecturer on morbid anatomy and histology to the Medical School of St. Bartholomew's Hospital.

THE National University of Ireland has conferred the degree of LL.D. (honoris causâ) upon Sir Warren Crooke-Lawless, C.B., M.D.

LOUVAIN UNIVERSITY was formally reopened on November 18th with 3,180 students.

THE annual meeting of the Royal Surgical Aid Society will be held at the Mansion House, London, on Thursday next, December 4th, at 4 p.m., under the chairmanship of the Lord Mayor, who will be supported among others by Sir George Makins, P.R.C.S.

A DISCUSSION on diverticulitis will be opened at a meeting of the Subsection of Proctology of the Royal Society of Medicine by Dr. W. Maxwell Telling of Leeds on the afternoon of January 7th. Cases, notes, and specimens are asked for; communications may be addressed to Mr. Sampson Handley, 36, Harley Street, W.1.

THE Röntgen Society is arranging a collection of prints, illustrating the employment of  $x$  rays, for exhibition at the house of the Royal Photographic Society from January 6th to February 7th. Further particulars will be published later.

THE Graham Legacy Committee of the University of London have, under the regulations for the administration of the Charles Graham Medical Research Fund, made their first award of the gold medal to Dr. Charles Bolton, D.Sc., F.R.C.P., F.R.S., in recognition of the original work in experimental pathology which he has conducted in the Medical School of University College Hospital.

AT their meeting on Friday, November 21st, the directors of the Edinburgh Royal Maternity and Simpson Memorial Hospital appointed John McGibbon, M.B., Ch.B., and F.R.C.P. Edin., Obstetric Physician, New Town Dispensary, to be Assistant Physician to the Hospital. There were four candidates for the vacant post.

THE annual dinner of the Bristol Medical School, which has been in abeyance during the war, will be held once more on Thursday, December 4th, at the Royal Hotel, Bristol. Mr. R. G. P. Lansdown will be the president and Sir Anthony Bowlby, K.C.B., K.C.M.G., K.C.V.O., the guest of the evening.

A JOINT meeting of the Tuberculosis Society and the Association of School Medical Officers will be held at the house of the Medical Society of London, Chandos Street, at 8 p.m., on Monday, December 1st, when Dr. Kerr will open a discussion on the various aspects of tuberculosis in relation to school life.

SIR GEORGE NEWMAN'S memorandum, *An Outline of the Practice of Preventive Medicine* (Omd. 363), has been temporarily unobtainable, but a third edition has now been printed, and copies are available through any bookseller.

THE late Sir Hermann Weber formed a very fine collection of Greek coins; some of the best specimens have now been bought for the nation, with the help of a special Government grant, and contributions from the National Art Collections Fund, and some friends of the British Museum, including Dr. Parkes Weber and his sister.

THE British Association for the Advancement of Science, after paying printing and office expenses, devotes its

surplus funds to research. For eighty years it has been able to provide a total of about £1,000 a year for the various research committees it appoints. The National Physical Laboratory grew out of the New Observatory, maintained by the British Association from 1842 to 1872, at a cost to itself of £12,000. An appeal is now made for donations to the research fund. Subscriptions may be sent to the treasurer, Professor John Perry, F.R.S., at Burlington House, London, W.

ST. ANDREW'S HOSPITAL, Dollis Hill, Cricklewood, having been relinquished by the Government, has now reverted to its original purpose—namely, a hospital for the middle classes, where patients who cannot afford the fees which are asked at nursing homes, and who do not desire to take advantage of the ordinary hospitals, can be admitted at charges within their means. The hospital is under Catholic administration (Cardinal Bourne is at its head), but is undenominational in its admission of patients.

THE Children's Jewel Fund, initiated on January 1st, 1918, to provide financial support for the establishment of welfare centres for ante-natal and post-natal care, as well as day nurseries for children whose mothers are compelled to earn their living, has now allocated £22,273 18s., in 126 grants, for the establishment of new centres or for the development of new work in connexion with existing centres—such as dental clinics, ante-natal clinics, observation wards for ailing babies, massage clinics. Only 50 applications have been refused in accordance with certain definite conditions defined by the committee. The war being over, the fund has served its purpose. Now that the importance of welfare work is generally recognized and local authorities are being urged to establish municipal centres and to develop child welfare work in its various branches, the committee has decided to concentrate its efforts in a permanent memorial and to establish a large model centre for ante-natal and post-natal care in a suitable London district. It is hoped that all who have supported the appeal during the years of war will continue to give their interest and help to this centre, which is designed to be not only a model of its kind, but also a centre of useful work. After providing for contingent expenses in connexion with this proposal, there will be a small balance to be allocated for other centres if they apply before December 1st, after which date no further applications will be entertained, and the fund, in so far as the general grants are concerned, will be closed.

THE annual dinner of the staff and past and present students of the Royal Dental Hospital of London was held at the Connaught Rooms on November 22nd, when Sir Harry Baldwin presided. In proposing the loyal toasts the chairman referred to the great interest which the King and Queen and the whole Royal Family took in the art of dentistry. The toasts having been duly honoured, the chairman proposed that of the past and present students. He said that during the war past students of the school had been rendering service in all parts of the world in the interests of the soldiers and sailors, and had helped to carry out the work of the hospital when the regular staff and students were engaged elsewhere. He congratulated the institution on opening its doors to women students. The time had come when the arrangements for the welfare of the patients and students must be amplified. Like other dental hospitals, the Royal Dental Hospital had no beds. The committee had the option of purchasing a site adjoining the hospital for its enlargement, which would enable them to provide beds, and the money to secure completion of the purchase and erection of the building was all that was necessary. It was proposed to enlarge the scope of the hospital's work so as to include treatment of injuries and diseases of the jaw. The staff would include surgeons and dental surgeons, working in collaboration, who had acquired special skill and knowledge in dealing with such injuries. The dean, Mr. W. H. Dolamore, in responding on behalf of the school, said that on the proposed site they could extend the hospital and also the school. Sir George Makins, P.R.C.S., in acknowledging the toast of the guests, recalled the fact that his father was one of the earliest teachers of the staff of the Dental Hospital.

MESSRS. WATSON AND SONS have issued an elaborate illustrated catalogue of  $x$ -ray and electro-medical apparatus manufactured by them at Sunic House, Parker Street, Kingsway, W.C.2. It is systematically arranged, dealing in order with, among other matters, the production of  $x$  rays, induction coils and transformers, electron  $x$ -ray tubes, electric power supplies, alternating current, alternating mercury interrupters, and power mains. A good many interesting notes and short essays are interspersed, and we observe that the firm now offers the services of a radiographer to advise in cases of mechanical difficulty or breakdown.