

through some of the speeches that there could be two races of medical men—one with something superior in the way of education and the other with something inferior, and that the latter would do for the average general practitioner. The man who was going to be a general practitioner all his life needed to be at least as good a scientific man as the specialist or the professor. His was a different kind of work, it was true, but he ought to be on as high a level in his own work as the specialist or professor was in his. There were, of course, many inferior general practitioners; there were many specialists also who were not good specialists—specialists who got into the habit of routine and lacked enthusiasm—and it had been admitted in that discussion that there were even professors who did not do their work properly. They were all medical men, even though some of them had got into different walks of medical life, and they must all recognize that they had something in common as members of the same profession. He could not admit the relegation of the general practitioner to a lower level. In the second place, nothing had been said with regard to the place of examinations. It was of no use leaving the present system of examinations with an altered system of curriculum. The registration of medical students might be prevented until they were 18 years of age if this was thought wise, but the requirement should be made that during the preceding years they had made acquaintance with scientific subjects. Lastly, he wanted to utter his profound conviction that medical sociology could not be separated from the subject of medical education. Whatever schemes for the development of State services might be forthcoming, everything depended upon the place occupied by the general practitioner.

Professor T. WARDROP GRIFFITH (Leeds) was a little doubtful about giving a vocational bent to the training at too early an age. How many of those present made up their minds to be medical men at the age of 16 or 17? Some of the changes suggested in the way of lightening the cargo would tend to the accentuation of specialism at an earlier date than was the case even now. He did not think that the present method of teaching chemistry, physics, and biology should be radically altered. The test of good teaching should be to get the student, when he came upon a bit of chemistry, or other subject which he had taken in the preliminary science course, to deal with it intelligently. Professor Griffith expressed his cordial agreement with the value of lectures, to which one speaker had referred slightly.

Professor A. E. BOYCOTT (University College, London) said that the proposal to transfer chemistry and physics from the professional curriculum to the school curriculum was unfortunate. Chemistry and physics could not be taught effectually to boys of 15 and 16. When chemistry and physics were taught to schoolboys it meant simply that they were taught odds and ends of things, and the result was that they reached the university without knowing any chemistry and physics to speak of. His other objection was to the crude proposition that boys of 15, or even of 14, should be told that they were going to begin vocational education at that age. That would be a great set-back. What was wanted was schoolboys with well-trained minds, not youths who had already acquired a certain amount of detached information with a view to starting on a career.

Mr. A. G. TANSLEY, M.A. (Lecturer in Botany, Cambridge), said that a remark made by one speaker in the discussion furnished the key to the situation—namely, that the students often felt that these preliminary subjects were imposed upon them and were not really part of their necessary training. It seemed to him that in the past the teachers—certainly of biology, and perhaps also of chemistry and physics—had fallen into the mistake of trying to turn out zoologists and botanists or chemists or physicists, as the case might be. They had taken up the same mental attitude towards students who were preparing for medicine as they would take up towards students who were preparing for other degrees. There had been too much of a feeling that the teacher must insist on the importance of his subject. But the primary object of biology for medical students was to help to provide a broad basis for the more special studies which came after, while a secondary object was to give some knowledge of the simple animal types leading up to

man, as well as some preliminary training in simple dissection. The ideal would be to have one teacher for the whole of the student's biology, which should be taught as one subject and not separated into botany and zoology. If this was impracticable they should try to establish a closer co-ordination between the teaching in the two branches and be careful elsewhere to insist on the fundamental aspects of the study of living beings rather than on the special problems of the botanist or the zoologist. As for the time necessary to give students a good grounding in biology, at Cambridge they had now sixty lectures and 120 hours' practical work, of which twenty-four lectures and 48 hours' practical work were given to plants. In his judgement that was enough for the purpose. Mr. Tansley briefly indicated the plan of his own course, and again urged that all teaching in biology should be frankly tested by the criterion of its importance to the medical student.

#### RESOLUTIONS.

Three resolutions were handed to the President of the Section, but were not formally put to the meeting. They were, however, tacitly accepted, and the meeting concurred by applause in the President's suggestion that he should be authorized to convey them, along with the whole text of the discussion, to the University Grants Board and to the General Medical Council for reference to its Education Committee. They read :

1. That the lowest age of registration for a medical student be 17 years.
2. That in the forthcoming revision of curriculum promised by the General Medical Council the lightening of professional studies would be facilitated if chemistry and physics were made school subjects, biology remaining a professional subject.
3. That with a view to securing adequate training in physics, chemistry, and biology as applied to medicine by courses of these subjects within the professional curriculum, it is desirable to exact a knowledge of physics and chemistry of matriculation standard of all medical students before they register.

#### Memoranda : MEDICAL, SURGICAL, OBSTETRICAL.

##### ANTIMONY IN LEPROSY.

In view of the success that has been obtained when antimony has been used in the treatment of some chronic ulcerated conditions due to micro-organisms, as well as in diseases which are macro-parasitic in origin, I was induced to test the efficacy of the drug in treating some lepers at Durban who manifested various aspects of the disease. As it was difficult to arrange for intravenous injections, I confined myself to intramuscular injections of the drug, using Oppenheimer's colloidal antimony (oscol stibium) in doses ranging from 1 to 4 c.cm.

The decided improvement in the clinical condition of these patients and their own conviction that the treatment was doing them good, encourages me to publish a few notes on the cases; though the treatment had to be discontinued just when it had become most promising, because the Union Government was unprepared for the patients to remain longer in Natal.

*Case 1* (Chengado) gave a seven years' history of his condition. His was a typical tubercular form of leprosy. He had lost both eyebrows, a sign of leprosy which Dr. Roycroft of Greytown first pointed out to me as characteristic of the disease. There were numerous ulcerated nodules on the hands and feet, particularly on the tips of the fingers and toes. Some of these were actively discharging. There were also occasional pains in the joints. On March 9th he received 1 c.cm. oscol stibium intramuscularly. This dose was repeated on March 11th, and on each day until the 15th. Improvement in the condition of the ulcers was noticed on March 13th, though only the worst were being dressed. The injections were then discontinued for ten days, though *Bacillus leprae* was present in the nasal discharge. On March 24th, after receiving a total of 6 c.cm., all the ulcers were dry except the extremities of the right fourth finger and the left index. The patient stated that the pains in his joints had improved. On the 25th intramuscular injections of 1 c.cm. oscol stibium were recontinued daily until the 31st, but omitted on March 30th. On March 26th all the ulcers were dry. Dr. W. A. Murray, the Government pathologist, who kindly examined the nasal discharge of these cases, reported that *Bacillus leprae* was present

on March 31st. Treatment was then discontinued for five days. At the end of this time two of the ulcers had broken out again. 1 c.cm. oscol stibium was given on March 6th, 7th, and 8th, and 3 c.cm. on April 9th and 10th, without ill effect, and it was proposed to continue with the larger doses; but as the lepers were sailing for Madras on April 20th treatment was discontinued. *Bacillus leprae* was present in the nasal discharge on April 13th. On April 16th, though the larger ulcers were still protected by dressing, there was no discharge except a slight haemorrhagic discharge from a nodule that had been grazed.

*Case 2* (Dhama) could give only a three months' history of his condition. On March 11th there was pronounced left wrist-drop and contraction of both hands with "pins and needles" down each arm. There was also conjunctivitis of the left eye and irritability of the left eyelid. On March 28th he had had ten intramuscular injections of 1 c.cm. oscol stibium. After the fourth injection the eye condition had improved without other treatment. On March 24th, after the injections had been discontinued for nine days, the eye condition recurred, but was not so severe as when the treatment commenced. He stated that the sensations of pins and needles had disappeared from his left arm, which had been used for injection, and were better on the right arm. The patient was well able to straighten out his arms and hands, and there could be no doubt that his condition had materially improved. The injections of 1 c.cm. were recommenced on March 25th, and given daily for four days. On March 31st the patient had received 14 c.cm. of oscol stibium. Dr. Murray reported that *Bacillus leprae* was absent from the nasal discharge on March 15th and 31st. The injections seemed to have been responsible for an attack of diarrhoea lasting from March 29th to 31st, though the patient was subject to gastric trouble. However, 1 c.cm. was given intramuscularly on April 7th, 8th, and 10th, without appreciable ill effect.

*Case 3* (Kamaru), with anaesthetic leprosy, commenced similar treatment on March 9th. By April 10th he had received a total of 18 c.cm. oscol stibium intramuscularly. No change in his condition could be detected. Bacilli resembling *Bacillus leprae* were present in the nasal discharge on March 15th and on April 13th.

*Case 4* (David) commenced treatment on March 25th. He also presented the symptoms of the anaesthetic form of leprosy, with nasal catarrh and stiffness of the shoulders. He had worked at the Durban Zoo for several years, but his condition had only recently been diagnosed. Treatment commenced with 1 c.cm. oscol stibium intramuscularly daily for five days and again on the 31st. He received 1 c.cm. on April 6th, 7th, and 8th; 2 c.cm. were given on April 9th. No bacilli resembling *Bacillus leprae* could be detected in the nasal discharge sent to Dr. Murray at the Government laboratory on April 14th. The improvement in this leper's condition was very real. When the injections were discontinued on April 16th, after a total of 13 c.cm. had been given intramuscularly, he was able to move his arms about without difficulty, and touched his back over his shoulders to demonstrate the improvement he had experienced. He stated that the irritability of the skin on his face and arms had disappeared, and that there was much improvement in the condition of his nose.

#### Conclusions.

It would seem, from the study of these lepers, that intramuscular injections of antimony have a decided effect upon the changes produced in a patient where *Bacillus leprae* is at all active. Irrespective of the possibly beneficial action of antimony in regard to the infectivity of leper patients, antimony would appear to have a very beneficial effect on the general condition of leper patients.

Durban.

F. G. CAWSTON, M.D.Cantab.

#### SYPHILIS INSONTIUM.

I was very interested to read about Dr. McWalter's case (June 19th, p. 827), as lately there occurred in my practice another example of the condition.

The female infant of Mrs. X. was born about three weeks prematurely; it had several sores around its wrists and ankles which appeared to be syphilitic. Mr. X. was a widower whose child by his first wife is a fine healthy girl of six years old. He had never suffered from venereal disease. Mrs. X. had never had symptoms of syphilis, but she had slept before her marriage with some female relations who (she found out afterwards) were affected by the disease.

Examination of fluid from the sores on the infant showed the *Spirochaeta pallida*. A Wassermann reaction in the case of the male was negative, of the female positive. The most extraordinary fact is that the husband escaped infection.

Dublin.

BETHEL SOLOMONS.

THERE are at present 7,724 female students in the German universities, 2,080 of whom are studying medicine, as compared with 944 in 1915, 200 dentistry (65 in 1915), and 16 pharmacy (6 in 1915).

## Reviews.

#### RELAXATIONS OF A SURGEON.

In the spring of 1880 Sir JOHN BLAND-SUTTON joined the Middlesex Hospital as a student; in the spring of the present year he retired after serving his hospital as student, teacher, and surgeon for a continuous period of forty years. During that period he has not only earned for himself a lasting place in the history of his hospital, but has also won for himself a name and fame in the English-speaking world. In the volume of essays<sup>1</sup> issued as a memento to mark the fortieth milestone of a busy professional life, the author spreads the riches of his mind for the reader's delectation.

Somewhere Samuel Butler has said that no man can write a book without reflecting his unconscious self in its pages. In this volume of anatomical and biological sermonettes the reader, if he is so minded, can discern the secret of the author's success in life. He has become great because he has succeeded, as few men have done, in keeping his interest and curiosity in the romance of living things as keenly alive at the end of forty busy years as they were on the day he first took a scalpel in his hand. He began his studies when Darwin's teaching was taking a firm hold on the minds of younger men—particularly in those interested in anatomical problems—leading them to see that every structure in the human body has a history which could be unravelled by dissection if the dissector had the gift of imagination. Bland-Sutton had this gift and was carried away on the crest of the evolutionary wave, and his interest in its progress has never paled.

In his student days this London bred lad spent his spare hours in the prosectorium at the Zoological Gardens hunting out the evolutionary history of ligaments, which, when written under the glow of his imagination, read rather like a romance than a narration of dull, dead facts. These essays on ligaments, with which several generations of medical students have become familiar, form the first twelve of the present series of essays; the remainder, twenty-seven in number, are the products of recent years—but all of them, even the most recent, has on it the same fresh bloom which marks the earliest. His interest in the marvellous adaptations to be seen in the stomach of the ox and gizzard of the fowl is as lively in 1919 as when he noted, "with admiration and delight," the manner in which the penguin, swimming under water in the aquarium of the Zoo, could use its degenerate wings as flippers.

We may cite a sample or two from these essays to show how patiently their author nursed his facts, hoping that further observations might clear up those which had the appearance of being mysteries. In a veterinary museum in France, which he visited while still a student, he noted a horse's skull with teeth implanted in the region of the mastoid. Then opportunities came his way of seeing living horses with mastoid teeth; he found the cavity in which they were placed always opened on the surface near the ear as a weeping fistula. Later he obtained guidance to the nature of these curious teeth from the examination of a sheep's ear, sent to him by John Evans, of Aberdare, in 1890. Near the opening of the ear there was implanted the normal incisor tooth of a lamb. Further observations showed him there existed all stages leading from a dentigerous mastoid cyst to a vestigial or duplex head attached to the parent head in the region of the mastoid; the mastoid teeth and fistula represented the mouth and jaws of a rudimentary twin head. The author's epigrammatic statement is that "mastoid teeth are memorials of a lost individual."

Another illustration of the continuity of his observations may be taken from his essay on abdominal pregnancy. It was when the author of these essays was still a medical student that Lawson Tait introduced operative treatment for ruptured tubal pregnancies and thereby reawakened an interest in the condition known as abdominal pregnancy. Bland-Sutton had noted the condition in mammals and observed that in such cases marks were always present of a former rupture of the uterus. He was able to satisfy himself that in every case of abdominal pregnancy the

<sup>1</sup> Selected Lectures and Essays. (Including Ligaments, their Nature and Morphology.) Fourth edition. By Sir John Bland-Sutton. London: Heinemann. 1920. (Pp. 309; 111 figures. 15s.)

## VACCINAL CONDITION OF SMALL-POX CARRIERS.

SIR.—Dr. Kidd, in his reply to my letter, points out that unrecognized cases of small-pox may occur amongst the unvaccinated as well as amongst the vaccinated. He enumerates two different categories: (1) Those which may occur with a severe type of disease, and (2) those with a mild type; and he suggests, therefore, that even though the whole population were unvaccinated we should not entirely eliminate the unrecognized case, which under modern conditions is such a fruitful cause of the spread of small-pox.

This is true, but I do not think that it materially affects the validity of my argument that our present system of infantile vaccination tends to spread small-pox. It is only very rarely indeed that unrecognized cases occur in unvaccinated subjects when we are dealing with a severe type of the disease. The comparatively few recorded cases have generally been mistaken for purpura haemorrhagica, malignant measles, etc. The patient is always very ill, so that a doctor has to be summoned. The proper safeguard against mistakes of this kind is the adequate instruction of all medical students in the differential diagnosis of small-pox, a part of the medical curriculum which in past years was notoriously neglected.

As regards (2), unrecognized cases in the unvaccinated, of a mild type, these may be subdivided into (a) where a doctor is called in, and (b) where no doctor is called in. In (a) a doctor should always be able to diagnose the disease, because, even though mild, the disease is true to type and not highly modified. The proper safeguard against mistakes is again adequate education in diagnosis. In (b)—that is, cases which, although unvaccinated, are of such mild and trivial character that no doctor is called in—these only occur when we have to deal with an exceptionally mild strain of small-pox which causes practically no mortality or disfigurement, and is therefore of little account (for example, 1,000 cases in Australian epidemic with only one death). No particular harm is done, therefore, even if some of these cases are overlooked, because, being naturally mild, they breed true and produce only mild cases. Far otherwise is it with overlooked cases of small-pox occurring in vaccinated subjects. Such cases also may be so (apparently) mild and trivial that no doctor is consulted, but the mischief done by them is incalculably greater than by the corresponding overlooked cases in the unvaccinated. In reality these mild vaccinated cases are of a most deadly nature, because their mildness is artificial, being the result of vaccination, and they do not breed true. That is to say, when they pass the disease on to unprotected persons the mildness disappears and the disease reveals itself in all its true hideousness, and often with fatal results. It is useless to say that if everyone were protected by vaccination this would not matter. It is quite impossible to protect the whole community, or anything like the whole community, by infantile vaccination. The protection is far too evanescent. Indeed, even with a system of revaccination it is practically impossible to protect the whole community, as Germany has now discovered.

I submit, therefore, that to suggest, as Dr. Kidd does, that unrecognized cases of small-pox sometimes occur amongst the unvaccinated does not destroy the validity of the argument that infantile vaccination, by masking the disease, tends to favour its spread in a virulent form.

No one has a greater faith in vaccination for conferring immunity on the individual than I have, nor a more profound conviction of its immense value in helping us to fight small-pox, but, like many other good things, it should be "used fresh." Vaccination which is twenty or thirty years old is apt to be a hindrance rather than a help.—I am, etc.,

Leicester, July 3rd.

C. KILICK MILLARD.

## The Services.

THE War Office will appoint for four years a Territorial officer of the rank of Major as D.A.D.M.S., East Anglian Division, with the pay and allowances of the rank. He must give his whole time to the work, and will be required to reside in Ipswich or the neighbourhood. Applications should be made to Colonel Gostling, D.S.O., A.D.M.S., the Red House, Chesterton, Cambridge.

## Universities and Colleges.

## UNIVERSITY OF EDINBURGH.

At the Graduation Ceremonial, held in the M'Ewan Hall on July 8th, the following degrees were conferred:

M.D. (honorary).—Emeritus Professor Francis M. Caird, Emeritus Professor William Russell.

M.D.—G. J. Adams, F. Allan, \*D. C. Barron, L. D. Callander, †S. T. Champaloup, D. Cook, †T. F. Corkill, \*J. W. Edington, H. Evans, †G. W. M. Findlay, A. W. Forrest, H. J. C. Gibson, J. Gossip, T. P. Herriot, W. N. W. Kennedy, J. Lawson, W. A. Lethem, †D. M. Lyon, W. F. M'Lean, \*F. G. Macnaughton, D. J. M'Raie, J. R. Menzies, G. Nicholson, †E. D. Pullon, A. Robertson, J. A. R. Thompson, C. B. Tudehope, \*W. G. Wyllie.

D.Sc. (Department of Public Health).—S. T. Champaloup.

M.B., Ch.B.—H. Alexander, R. L. Baikie, P. Barlow, G. S. Barnett, R. E. Batson, C. F. Beyers, S. Borochowitz, F. G. H. Brown, K. S. Brown, H. W. Burne, R. M'D. Cairns, G. S. Calver, A. Campbell, †Helen Campbell, H. Cohen, Dorothy Court, J. R. Crolius, M. Danziger, J. Davidson, J. H. Dick, Margaret L. Dobbie, H. J. C. Durward, B. A. G. A. Edelston, †J. H. Fairweather, O. Fitzpatrick, Elizabeth S. Forbes, Dora W. Gerrard, G. M'K. Gibson, Mary L. Gilchrist, J. A. Gillison, M. S. Goldring, Jessie Gordon, Janet Grant, A. W. P. Haine, †J. E. Haine, †A. J. C. Hamilton, S. W. Hardikar, Christina M. Hawick, J. P. Hope, J. P. Inmmelman, W. Isbister, W. Kantor, Eleanor H. Kelly, D. J. A. Kerr, Ba Kin, S. Levey, J. A. L. Loudon, D. L. O. Macaulay, J. F. M'Conchie, Margaret M. M'Dowall, A. G. MacGillivray, †Agnes M. Macgown, †Agnes R. Macgregor, H. MacKay, Florence E. M'Kenzie, Jean R. Maclean, J. Mcleman, Jane MacLennan, †Annie S. MacLeod, Jean S. B. M'Neil, P. B. Malherbe, V. G. Massie, R. M'K. van der Merwe, †C. B. F. Millar, Christine G. Mitcheson, D. J. Morrison, Emily M. Mure, A. R. Murray, D. J. T. Oswald, A. S. Paranjé, W. P. Petrie, †K. M. Purves, J. C. Rabie, C. B. Reekie, Ruth J. D. Ritchie, Hera Ross, Annie M. Roxburgh, C. W. Rubidge, Louie A. Rubidge, Helen M. Russell, H. J. E. Schultz, T. Scott, C. Shapiro, G. A. Sinclair, W. A. Sinclair, P. B. Smale, Alice B. S. Smith, Dorothy M. Smith, †T. Sprunt, I. M. Thompson, H. Thomson, Mabel Thomson, Marjorie Thomson, D. L. M'R. Tod, J. C. Truter, T. C. Wakefield, Grace Walker, Edith G. Wilkes, A. A. Wilson, †J. M'L. Young, W. L. Zeeeman.

B.Sc. (Department of Public Health).—Lieut.-Colonel T. C. Lauder, R.A.M.C.

D.P.H.—G. A. Borthwick, G. Campbell, J. Dick, G. F. P. Heathcote, Wilhelmina W. Hendry, Mary P. Hislop, A. J. Pollock, F. B. Sutherland, J. M. Tyrrell.

\* Commanded for thesis.

† Highly commended for thesis.

‡ Awarded Gold Medal for thesis.

§ Passed with second class honours.

|| Passed with first-class honours.

The following prizes, scholarships, etc., were also presented:

*Faculty of Medicine.*—Thesis Gold Medallists: G. W. M. Findlay, D. M. Lyon, E. D. Pullon. Cameron Prize in Practical Therapeutics: Sir Robert Jones, K.B.E., C.B., F.R.C.S. Eng. and Edin., Director of Military Orthopaedics, St. Thomas's Hospital, and Consulting Orthopaedic Surgeon, Royal Infirmary, Liverpool, for the important advances he has made in orthopaedics and many valuable contributions to the literature of the subject during the past five years. Ellis Prize in Physiology: R. J. S. M'Dowall. Gunning Victoria Jubilee Prize in Materia Medica: F. G. Macnaughton. Ettrick Scholarship and Leslie Gold Medal: A. W. Davison. Allan Fellowship in Clinical Medicine and Clinical Surgery: Agnes R. Macgregor. Freeland Barbour Fellowship: Helen Campbell. M'Cosh Graduate's and Medical Bursaries: D. L. M'R. Tod. Beamer Prize in Anatomy and Surgery: A. J. C. Hamilton. Moutt Scholarship in the Practice of Physic: H. W. Burne. Conan Doyle Prize: S. Levey. Annandale Gold Medal in Clinical Surgery: A. J. C. Hamilton. Buchanan Scholarship in Gynaecology: Janet Grant. James Scott Scholarship in Midwifery: D. A. Miller. Scottish Association for Medical Education of Women Prize: Janet Grant. Dorothy Gilfillan Memorial Prize: Janet Grant. Wellcome Medals in the History of Medicine: Gold Medal, A. C. White; Silver Medal, Hilda M. Davis. Pattison Prize in Clinical Surgery: J. M. Black. Wightman Prize in Clinical Medicine: T. Ferguson. Cunningham Memorial Medal and Prize in Anatomy: J. Gray. Whiteside Bruce Bursary: R. C. Burton and Margaret C. Tod, equal.

*Faculty of Science.*—Baxter Natural Science Scholarship: I. M. Thompson.

## UNIVERSITY OF ABERDEEN.

At the graduation ceremony on July 8th the following degrees were conferred:

M.D.—\*E. W. H. Cruikshank, \*H. R. Souper, J. G. Copland, J. L. Menzies.

The Straits Settlement Gold Medal for the best thesis, handed in during 1918, 1919, or 1920, for the degree of M.D. on a subject dealing with tropical medicine, was awarded to William Linton Millar, M.D. (since deceased).

M.B., Ch.B.—†Gertrude H. Lendrum, †J. H. Mulligan, †Annie Anderson, Emily M. Badenoch, Isobel C. Brown, Enid Calder, Margaret W. Calder, Gertrude E. Cormack, A. A. Duffus, J. B. Duguid, J. G. Elmslie, V. L. Ferguson, G. M. Fyfe, G. M. Gray, †J. C. Hall, A. Hastings, Robina Inkster, H. M. Jardine, H. D. Low, †J. D. MacLaggan, †Annie E. Melvin, Matilda F. Menzies, †Marjory M. Milne, F. D. Ross-Keyt, A. McI. Smith, D. I. Walker, H. T. Wee, Hilda S. Young.

The John Murray medal and scholarship awarded to the most distinguished graduate M.B. of 1920 was presented to Y. G. Murray.

D.P.H.—A. W. H. Cheyne, E. J. Clark, G. W. Elder, T. W. E. Elliott, A. F. Fraser, G. A. C. Gordon, A. Johnstone, S. W. Lund, Maggie F. J. Moir, J. Skinner, J. L. Smith, J. H. Stephen, J. W. Stephen, W. Taylor, J. W. Tocher, B. Yule, †V. T. B. Yule.

\*Honours for thesis.

†Passed Final Medical Professional Examination with much distinction.

‡Passed Final Medical Professional Examination with distinction.

§With credit.

## UNIVERSITY OF ST. ANDREWS.

THE University Court has appointed Dr. David Lennox of Dundee to be Lecturer in Forensic Medicine.

The following have been approved at the examinations indicated:

THIRD M.B., B.CH.—*Materia Medica*: J. C. Anderson, A. J. Campbell, Cora C. Campbell, D. A. K. Cassells, D. C. Clark, G. R. M. Cordiner, J. Craigie, W. M. Cumming, Jean M. Davidson, Violet C. Dobbie, W. S. D. Elder, R. N. Foggie, C. R. Henderson, Mary M. Jack, W. L. Kinnear, Norah M. Lindberg, Annie T. McDonald, N. McLeod, Jeannie H. Morton, Margaret C. Muir, Janet L. A. Muirhead, R. Norrie, M.A., S. S. Ogilvie, J. E. Overstead, A. Pride, A. B. Richardson, Nora A. M. Rodger, Agnes T. H. Shepherd, Lucy C. Simpson, B. Singh, Edith M. D. Smith, Janet O. Stephen, A. K. Tateson, Frances H. Watson, T. Wilson.

*Pathology*: F. E. Anderson, J. C. Anderson, Cora C. Campbell, D. A. K. Cassells, D. C. Clark, G. B. M. Cordiner, J. Craigie, W. M. Cumming, Jean M. Davidson, Violet C. Dobbie, W. S. D. Elder, Ruby N. Foggie, P. G. Grant, C. R. Henderson, Mary M. Jack, W. L. Kinnear, Norah M. Lindberg, N. McLeod, Jeannie H. Morton, Margaret C. Muir, Janet L. A. Muirhead, R. Norrie, S. S. Ogilvie, A. Pride, A. B. Richardson, Nora A. M. Rodger, Agnes H. T. Shepherd, Lucy C. Simpson, B. Singh, Edith M. D. Smith, A. K. Tateson, W. Thomson, W. L. Tullis, Francis H. Watson, T. Wilson.

*Medical Jurisprudence and Public Health*: G. G. Buchanan, T. K. Buchanan, Katharine M. Campbell, Georgina S. Craig, D. W. Dawson, W. S. D. Elder, V. S. Ewing, H. Fisher, Phyllis Fleming, M.A., Annie A. Fulton, A. H. Harkins, L. Jacobs, Isabella D. Kilgour, Nona S. Lesslie, Katharine D. Macfarlane, Elizabeth W. MacVicar, Isobel M. Mansie, J. E. Overstead, R. S. Paton, M.A., J. D. Stewart, Christine J. Thomson, Margaret L. Tod, W. L. Tullis, Margaret H. R. Young.

FOURTH M.B., CH.B.—*Medicine*: Bessie M. Davidson, Mary Ellison, Frances L. Knipe, Margerita M. Lilley, M.A., Christian E. Little, J. B. Macdonald, G. J. Murray, W. G. Robertson, M. M. Stewart, Eleanor C. Thistlethwaite, Amelia M. Thoms, Olive M. Whyte, M.A.

*Surgery*: Bessie M. Davidson, Mary Ellison, Christian E. Little, W. G. Robertson, M. M. Stewart, Eleanor C. Thistlethwaite, Amelia M. Thoms, Olive M. Whyte, M.A.

*Midwifery*: Bessie M. Davidson, Mary Ellison, Frances L. Knipe, Margerita M. Lilley, M.A., J. B. Macdonald, W. G. Robertson, M. M. Stewart, Eleanor C. Thistlethwaite, Amelia M. Thoms, Olive M. Whyte, M.A.

SECOND D.P.H. (*Sanitary Law and Vital Statistics, and Sanitation and Epidemiology*): C. Averill, J. E. Cable, Mary L. David, T. Montgomery, A. G. Reekie, G. R. Tudhope, W. A. Young.

## UNIVERSITY OF CAMBRIDGE.

DR. SHILLINGTON SCALES has been appointed University Lecturer in Medical Radiology and Electrology.

## UNIVERSITY OF MANCHESTER.

THE following have been approved at the examinations indicated:

M.D.—F. A. Bearn, S. L. Heald, N. T. K. Jordan, H. Sheldon, J. F. Ward.

FINAL M.B., CH.B.—N. Abddh, K. V. Deakin, Georgiana M. Duthie, \*F. R. Ferguson, Evelyn A. Garnett, F. G. Hamnett, J. Harris, Sylvia K. Hickson, E. Jones, F. C. Jones, J. N. Laing, H. A. Lomax, \*W. E. Mason, Doris B. Norman, Emily M. Peach, G. Sheehan, Constance Snowdon, Annie E. Somerford, T. G. L. Taylor, Mary I. Turner, F. A. van Colle, J. B. Wright.

*Medicine and Obstetrics*: May Blakiston, J. W. Crawshaw, A. M. El-Aguizy, H. Tomlinson.

*Surgery*: F. H. Anderson, P. Fildes.

*Medicine*: Irma M. C. Jehansart.

*Obstetrics*: H. W. Taylor.

*Forensic Medicine and Toxicology*: G. V. Ashcroft, E. C. Berg, Nancy E. Bleakley, Muriel Coope, T. E. Coope, Eugenia R. A. Cooper, S. W. Drinkwater, Winifred M. Edghill, T. N. Fisher, Kathleen M. Fullerton, E. Gleave, Florence M. A. Graham, W. H. Grafrath, A. Haworth, Ruth Hill, C. D. Hough, Violet M. Jewson, Marguerite F. Johnstone, Jessie Kilroe, A. W. Kirkham, R. R. Lane, J. Leather, G. H. Lees, Eva G. Le Messurier, W. L. Martland, P. B. Mumford, T. O'Brien, L. S. Potter, W. E. Powell, Margaret Pownall, Bertha Renshaw, H. L. Sheehan, Florence G. Sherry, Margaret Single, J. W. Smi'ih, H. Stafford, Doris A. Taylor, S. N. Taylor, Norah M. Walker, S. Wand, S. Waterworth, R. Williamson, J. R. Wright.

Awarded distinction in \*Obstetrics, †Medicine, ‡Surgery, ‡Forensic Medicine and Toxicology, §First Class Honours.

THIRD M.B., CH.B. (*Pharmacology, Therapeutics, and Hygiene*): P. D. Abbott, R. Anderton, J. H. Appleton, Mary W. Atkinson, Elsie C. Begg, J. B. Bennett, Doris H. Benthall, B. Bromley, G. H. Buckley, V. Chadwick, E. W. Clough, H. M. Coope, N. S. Craig, O. M. Duthie, Kathleen M. Eastwood, Beatrice L. Ellison, H. E. Emmett, Caroline M. Edwards-Evans, J. H. Fletcher, W. Geraghty, Doris M. Hardiman, A. Ingham, E. L. Jones, Mary Kent, G. L. Meachim, Nora Mills, Winifred H. Mitchell, A. C. Newman, A. A. Pomfret, Hilda Pratt, G. T. Robinson, A. Rosenstone, R. Salib, Eleanor P. Smith, H. Southworth, G. B. Stenhouse, J. H. Struthers, L. Unsworth, Emmeline Wade, C. B. V. Walker, Margaret Wild, S. J. Woodall, J. Worthington, J. Yates. (*Hygiene*): Margaret Derbyshire, Gwendolen A. G. Edwards-Evans, F. W. W. Fox, C. B. Kirkbride, G. A. Lord, Dorothea A. C. Partington, Margaret J. Warburton.

## UNIVERSITY OF SHEFFIELD.

THE degree of Ch.M. (*ex officio*) has been conferred upon Percival Ellison Barber, Professor of Midwifery, and Arthur Mayers Couuell, Professor of Surgery, in the University of Sheffield.

The following candidates have been approved at the examinations indicated:

M.D.—Lydia M. Henry, L. Samuels.  
FINAL M.B., CH.B.—Constance M. Chappell.

## UNIVERSITY OF LIVERPOOL.

THE following have been approved at the examinations indicated:

M.D.—G. H. Darlington, P. E. Gorst, Mary E. Illingworth, Phoebe A. Ince, S. D. McAsland, F. C. Plummer, H. G. Roberts, J. F. Roberts, R. E. Roberts, M. B. Strock, W. R. Williams.

M.B. AND CH.B., CLASS I.—W. J. Birchall, with distinction in obstetrics and medicine.

PART III.—*Medicine, Surgery, and Midwifery*: Esther Ashworth, Evelyn F. Bebbington, G. N. Campey, J. Flanagan, R. O. Jones, T. M. Jones, D. M. Mather, Annie A. Muir, G. H. Potter, Edith M. Seward, Marguerite G. Sheldon, Nellie Wall, D. O. Williams.

PART I.—*Pathology*: J. L. Armour, A. V. Campbell, C. H. R. Carmichael, E. N. Chamberlain, Florence M. E. Davies, Helen M. Duval, F. H. Edwards, M. H. Finegan, W. M. Frazer, P. R. Hawe (with distinction), A. R. Jones, B. M. Jones, C. L. Kopeland, Beatrice M. Niven, C. Voigt.

PART II.—*Forensic Medicine and Toxicology and Public Health*: O. A. Akjaly, F. H. Alexander, \*G. P. F. Allen, \*J. L. Armour, \*J. R. Bhatia, J. S. Bradshaw, \*Doris Brown, \*W. E. A. Burton, \*Doris M. Cassady, \*Mildred M. Clegg, \*R. W. Cowie, \*A. C. Crawford, \*Gladys W. Darlington, \*I. S. Fox, \*W. M. Frazer, \*G. L. Gately, W. S. Gilmour, \*J. Goldberg, \*S. B. Herd, G. M. Hughes, Isabel E. Imison, E. W. Johnson, Isobel K. Johnstone, \*R. J. Jones, Irene E. Kenworthy, A. Livingston, F. Q. McKeown, H. R. Madan, \*R. F. J. Martin, \*J. H. Moorhouse, M. Newman, \*J. B. Oldham, \*G. W. Phillips, \*Kathleen M. Platt, J. H. Pottinger, \*A. McK. Reid, J. K. Reid, \*T. R. Robertson, Gladys Rutherford, C. F. H. Sergeant, F. C. H. Sergeant, S. G. Sheir, \*S. S. Shrikant, W. T. de V. Thomson, \*L. F. Unsworth, \*S. V. Unsworth, \*C. A. Wells, \*T. A. Williams.

\* Distinction in forensic medicine and toxicology.

† Distinction in public health.

D.P.H.—F. A. Belam, J. Cullen, Constance M. Edwards, A. V. Glendenning, H. Middleton, S. R. Richardson, R. Rimmer, A. A. Turner, J. Walker.

## UNIVERSITY OF BRISTOL.

THE following candidates have been approved at the examinations indicated:

FINAL M.B., CH.B.—PART II (Completing Examination): T. H. A. Pluniger. PART I (only): W. H. Royal.

D.P.H.—C. H. Hart, S. H. Kingston, A. D. Symons. PART I (only): F. V. Cant, A. D. Fraser.

## ROYAL COLLEGE OF SURGEONS OF ENGLAND.

A QUARTERLY council was held on July 8th, when Sir George Makins, President, was in the chair.

## Special Primary Examination for the Fellowship.

The following regulation was passed: That on account of the delay which has occurred in the demobilization of officers in the army in the East (India, Persia, Mesopotamia, etc.), an additional first professional examination for the Fellowship under war conditions be held in May next, and that it be definitely stated that such examination is to be the last held under special war conditions. The committee will only consider applications for admission to the examination from those who have been prevented from returning to this country by reason of the exigencies of services in the East.

## Dental Examiners.

A vacancy occasioned by the retirement of Sir Frank Colyer will be filled at the meeting of the council on July 29th.

## Election of Professors and Lecturers.

## Hunterian Professors.

Arthur Keith: The principles of craniology applied to clinical and racial problems (six lectures).

W. Sampson Handley: The pathology and treatment of lupus.

W. G. Howarth: Mucocele and pyocele of the nasal accessory sinuses.

C. W. Gordon Bryan: Injuries of the diaphragm, with special reference to wounds involving both thoracic and abdominal viscera.

Harry Platt: The surgery of the peripheral nerve injuries of warfare (two lectures).

A. G. Timbrell Fisher: Loose bodies in joints.

## Arris and Gale Lecturers.

F. W. Edridge-Green: The cause and prevention of myopia.

J. Faulkner Dobson: The function of the kidneys in enlargement of the prostate gland.

J. Howell Evans: The azygos system of veins in their association with surgical affections.

## Erasmus Wilson Lecturer.

S. G. Shattock: Six demonstrations on pathological specimens in the museum.

## Arnott Demonstrator.

Arthur Keith: Six demonstrations on the contents of the museum.

## Thomas Vicary Lecturer.

Sir D'Arcy Power: The education of a surgeon under Thomas Vicary.

## Election of President and Vice-Presidents.

Sir Anthony A. Bowby was elected President, and Sir Charles Ballance and Sir John Bland-Sutton Vice-Presidents.

The next ordinary meeting of the Council will be held on Thursday, July 29th.

**Obituary.**

**MONTAGU HANDFIELD-JONES, M.D.LOND., F.R.C.P.,**  
Consulting Obstetric Surgeon to St. Mary's Hospital.

We announced last week the death on July 2nd, from heart failure following a long illness, of Dr. Charles Montagu Handfield-Jones, the well-known obstetrician and teacher. He was the elder son of the late Dr. Charles Handfield-Jones, F.R.S., and was born on May 12th, 1855. His father was for nearly forty years physician to St. Mary's Hospital, Paddington, and had a considerable reputation in his day, both as a clinician and for his original studies in histology. Both sons entered the medical profession, and the younger, Dr. C. R. Handfield-Jones, formerly physician to the Warneford Hospital, Leamington, is now in practice in the Isle of Wight.

Montagu Handfield-Jones, like his father, was educated at Rugby and at St. Mary's Hospital, where he gained a scholarship in natural science and an entrance exhibition, and had a distinguished student career. He obtained the diplomas of M.R.C.S., L.R.C.P. in 1879, and graduated M.B. of the University of London with honours in obstetric medicine in 1883, in which year he obtained also the M.R.C.P. diploma. In 1886 he proceeded to the M.D. degree, and in 1900 was elected a Fellow of the Royal College of Physicians of London. Dr. Handfield-Jones was for many years lecturer on midwifery and diseases of women at St. Mary's Hospital Medical School, and obstetric surgeon to the hospital. He had been assistant physician to the Chelsea Hospital for Women, and was surgeon to in-patients at the British Lying-in Hospital and consulting obstetric surgeon to the Paddington Dispensary. In 1893 he was appointed an examiner in midwifery to the English Conjoint Board, and in later years he served as examiner in midwifery and diseases of women in the Universities of Cambridge and London, and in the Victoria University of Manchester. He was a past President of the Obstetrical Section of the Royal Society of Medicine and of the Harveian Society of London. In 1895 Dr. Handfield-Jones delivered the Harveian Lectures on the heart in its relation to pregnancy, parturition, and the puerperal state, and he was chosen to contribute the article on the development of modern gynaecology to Albutt and Playfair's *System of Gynaecology*. Beyond these works he made a considerable number of contributions to the literature of gynaecology and obstetrics, which appeared in this and other medical journals or in the *Transactions of the Obstetrical Society* and of the Medical Society of London.

Thirty years ago, in an introductory address to the students of St. Mary's Hospital, Dr. Handfield-Jones revealed much of his own character and outlook on life. His subject was individualism in its relation to medicine, and he described this quality as the religion and master-principle of the strong man. He insisted that the great enemy of individualism was mental laziness. The gist of his message was that in medical education the aim should be above all to teach the student to think for himself, to believe in his own powers of observation, and to rely upon his own judgement; for the profession of medicine, he held, would rise or fall in the eyes of the world according to the character and attainments of its component members.

DR. ANDREW MITCHELL, who was an outstanding figure among the general practitioners in the north of Scotland, died on May 26th. He was born at Aleck, Aberdeenshire, in 1849, and was educated at the Old Grammar School, Aberdeen, and graduated M.B., C.M. at Aberdeen University in 1872. After holding the appointments of house-surgeon and house-physician at Dundee Infirmary, he succeeded Dr. Leslie in practice at New Deer, Aberdeenshire, where he skilfully and faithfully administered to rich and poor alike for forty-six years. Dr. Mitchell retired on account of ill health brought on through overwork during the influenza epidemic of 1918, and never recovered his strength. He was post office and police medical officer for the district, as well as public vaccinator and Poor Law officer. He was a very keen volunteer during his early days, and was commissioned as surgeon-captain in 1875 to the 3rd Volunteer Battalion Gordon Highlanders. He retired with the rank of colonel

in 1908. He received the V.D. for his services. He was a very familiar figure among the sportsmen of the district, being a keen horseman and enthusiastic shot. His unfailing good humour and interesting conversation made him very popular, and his sympathetic nature was appreciated by all. He is survived by a widow and two sons, the elder of whom served for two years during the war in East Africa as captain in the R.A.M.C.

**Medical News.**

THE Sir Alfred Jones laboratories of the Liverpool School of Tropical Medicine will be opened by Lord Leverhulme on Saturday, July 24th. The ceremony will take place at 3 p.m., and afterwards the Mary Kingsley memorial medals will be presented.

THE annual general meeting of the British Pharmaceutical Conference will be held at Liverpool from July 19th to 23rd.

MANSFIELD House University Settlement, of thirty years' standing, is open to receive as residents men who are interested in and prepared to devote time to social studies and activities. An interesting programme lies before the Settlement in the coming autumn and winter. The Warden, Mansfield House, 89, Barking Road, Canning Town, E.16, will be glad to answer any inquiries.

DR. JOHN FREDERICK WILLIAMS has been awarded the medal of the Order of the British Empire for "courage and devotion to duty on the occasion of an air raid in rescuing persons who had been buried in a cellar of a burning building."

THE offices of the Board of Education are about to be removed from the Victoria and Albert Museum to the premises formerly occupied in King Charles's Street, Whitehall. The Medical Branch will remain at Cleveland House, 19, St. James's Square, S.W.1.

AT the statutory meeting on June 21st the University of Ottawa conferred the degree of Doctor of Literature on Captain J. C. McWalter, M.D., LL.D., High Sheriff of Dublin, and President of the Dublin Branch of the British Medical Association.

THE fifty-seventh annual general meeting of the British Pharmaceutical Conference will be held at Liverpool from July 19th to 23rd under the presidency of Mr. C. A. Hill, B.Sc., who will deliver his presidential address, on progress in science and pharmacy, on Tuesday, July 20th.

MISS MARIAN SCOTT RIDDELL, R.R.C., has been appointed Registrar of the General Nursing Council established under the Nurses' Registration Act, 1919. She was trained at St. Bartholomew's Hospital, and before the war was Matron of the Chelsea Hospital for Women. During the war she served as Matron of the 2nd London General Hospital, and subsequently of the 53rd General Hospital in France, until she was appointed Principal Matron and afterwards Acting Matron in Chief of the Territorial Force Nursing Service.

THE value of chaulmoogra oil in leprosy is well recognized, and various preparations have been made from it in the hope of obtaining one of greater efficacy than the crude oil. Thus several varieties of sodium chaulmoograate have been prepared, and have been used with advantage in India on the advice of Sir Leonard Rogers and others. The United States Public Health Service now announce that an ethyl ester prepared from chaulmoogra oil by Professor L. E. Dean, head of the chemical department of the College of Hawaii, has given very satisfactory results; forty-eight lepers treated with this preparation who were liberated on parole in October, 1919, have since remained free from the disease.

THE third Italian Congress of Medical Radiology will be held in Rome on October 28th, 29th, and 30th, under the presidency of Professor Francesco Ghilarducci, who will deliver an opening address. The chief subjects for discussion will be radio-activity in biology and clinical medicine, the radiological examination of the heart and great vessels, and the radio-therapy of cancer. Those who intend to take part in the congress should communicate not later than October 1st with the secretaries of the congress at the R. Istituto di Elettroterapia e Radiologia Medica, Policlinico Umberto I, Rome.

OUT of 156 clinical thermometers borrowed from doctors and nurses and tested by the Sanitary Bureau of New York City, 84, or 54 per cent., were found to be grossly inaccurate. Legislative action is contemplated.