

disease; these are included in "staff sick." In the 1918 October outbreak 195 cases occurred amongst the European and East Indian population, with four cases of pneumonia, of whom one died, giving a case mortality of 0.35 per cent. Thirty cases occurred amongst the menials, with a case mortality of 3.3 per cent. Thus there were 225 cases out of a population of 805.

In March and April, 1920, we had a second outbreak. Population the same as recorded above. There were 55 cases amongst the Europeans and East Indians with no death; 79 cases occurred amongst the Indians with 4 deaths. Thus there were 134 cases among 805 population. Of these two only had had a previous attack of this disease.

At Bishop Johnston's Orphanage there are 60 girls, and at Colvin Free School 100 boys. The two school residences are a mile apart on opposite sides of the railway. The girls walk daily to the boys' school, where they are taught in mixed classes. In September, 1918, influenza started amongst the girls and their school attendance was prohibited; 50 per cent. were attacked, with no death. There were two doubtful fever cases amongst the boys. In February, 1920, influenza started in the boys' school, and school attendance was continued by the girls; 46 boys out of 100 were attacked, while of the girls 10 only developed the disease, none of those previously attacked suffering; this in spite of daily association in class with boys sickening for and recovering from influenza.

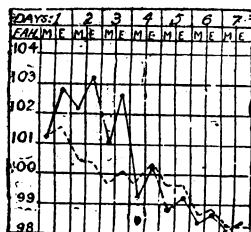


FIG. 1.—Composite temperature chart of pneumoniated cases of influenza treated in East Indian Railway Hospitals during 1918-19 and 1919-20. Continuous line = 1918-19; dotted line = 1919-20.

The type was marked by a sudden onset, with a rise of temperature to 103° F. in a few hours; severe headache, nasal catarrh, pains in limbs and body, slow pulse (80 per minute in spite of the high temperature) and very marked prostration.

Combined charts showing the relation of the temperatures for 1918 and 1920, simple and complicated with pneumonia, are reproduced herewith.

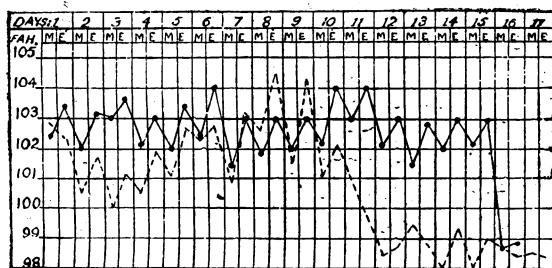


FIG. 2.—Composite chart of twelve influenzal pneumonia cases treated in East Indian Railway Hospitals during 1918-19 and 1919-20. Nearly every case was one of double pneumonia terminating on the fifteenth day. Continuous line = 1918-19; dotted line = 1919-20.

In 1918 every pregnant woman attended for influenza, with one exception, aborted and died of *post-partum* haemorrhage, four were under treatment in hospital; neither pituitrin nor ergot seemed to have any action on the uterine muscle. There was no special age or sex incidence.

THE twenty-sixth congress of the Italian Society of Internal Medicine will take place at Rome from November 3rd to 6th, when the following subjects will be discussed: Bronchial asthma, introduced by L. Giuffrè and C. Frugoni; lymphogranulomatosis, by C. Moreschi and A. Ferrata; and clinical electrocardiography, by P. Sisto. Further information may be obtained from R. Clinica Medica, Policlinico Umberto I, Rome.

ACCORDING to the report of the medical officer of health for Winnipeg, the death-rate for 1919 was 11.49, compared with 14.74 for 1918. The infant mortality rate was 106.9 per 1,000 living births; the birth rate was 28.65. There were 150 cases of typhoid fever, with 19 deaths. During the outbreak of encephalitis lethargica, which prevailed throughout the Western Provinces during the later months of the year, 81 cases occurred in Winnipeg, with 31 deaths; in no instance was a connexion traced between any two cases.

## Memoranda: MEDICAL, SURGICAL, OBSTETRICAL.

### TRAUMATIC OBSTRUCTION OF DUODENUM: OPERATION: RECOVERY.

THE following case came under my care in France:

A driver of a three-ton motor lorry started his vehicle by swinging the starting handle. He had omitted to put his gear "into neutral"; the lorry moved forward, and before he could jump clear his belly acted as a buffer between his own lorry and another standing in front. A comrade who witnessed the accident stopped the engine and extricated him, but not before the impact had pushed the front lorry several yards. This occurred in the morning. When I saw him in hospital about two hours after the occurrence there were no symptoms whatever, excepting slight redness and pain (which was not severe) over the epigastrium; the pulse was 76 and of good volume, and there had been no vomiting. He stated that he did not feel at all ill. He was put to bed and given small quantities of liquids only; the same evening, apart from slight pain over the epigastrium, there was nothing to note. Next day the patient desired to get up and to have a solid meal; neither was allowed. On the third day, at 11.30, he complained of feeling sick and vomited liquid food, tinged with bile, but containing no blood, fresh or altered. Examination of the abdomen, etc., revealed no rigidity, and the tenderness over the epigastrium had practically gone. During this day he vomited several times, with increasing frequency; the vomit contained more bile, and the patient's general condition was decidedly on the downgrade. On the evening of this day the stomach was found to be dilated. A diagnosis of duodenal obstruction was made. This was confirmed by x rays, which showed that the obstruction was located in the second and third portions. On the morning of the fourth day the patient's condition had not improved; he was still vomiting and the vomit contained much bile. At laparotomy I found that the duodenum showed no signs of trauma, but was very markedly pushed forward and to the left; the distortion was due to a large retroperitoneal haematoma, the size of a large hen's egg, situated over the right psoas magnus. The haematoma was incised vertically, and a handful of blood clot was removed; there was little bleeding, and the peritoneum was closed. The patient made an uneventful recovery, and during his convalescence never vomited.

The case is interesting in that, despite tremendous compression of the belly, the viscera were undamaged, and also in the delayed appearance of symptoms of disordered function and of obstruction of the duodenum.

Parkend, Troon, N.B.

F. J. STRACHAN, M.B., B.S.

### THE INCIDENCE OF WORM INFECTION IN INDIAN TROOPS OF THE EGYPTIAN EXPEDITIONARY FORCE.

DURING the six months July to December, 1918, specimens of faeces were examined from 2,002 patients in No. 45 Indian General Hospital, Cairo. Worm infections were found in the following numbers:

Ankylostomum (including Necator) in	...	568
Ascaris lumbricoides in	...	138
Trichuris in	...	68

During this period 9,937 patients were admitted to hospital in both the medical and surgical divisions.

The cases examined were partly selected as clinically suggestive of worm disease and partly were taken at random. Practically all came from Palestine.

Reduced to percentages, the above figures represent:

Ankylostomum among those examined	...	28.3 %
" among total admissions	...	5.7 %
Ascaris among those examined	...	6.8 %
" among total admissions	...	1.3 %

I am indebted to the officer commanding No. 45 Indian General Hospital for permission to publish the above figures.

F. H. STEWART, M.D., D.Sc., Lt.-Col. I.M.S.,

Lately Medical Divisional Officer, No. 45 Indian General Hospital.

### FISH BONE IN WHARTON'S DUCT.

ABOUT the end of May, Mrs. H. complained of having a "fish bone stuck in her mouth"; she said that while eating "fish and chips" she had felt the pricking of a bone on the left side of the mouth.

Careful examination in direct and reflected light and palpation with the finger failed either to find the bone or to demonstrate any painful area. Four months afterwards the

patient returned, stating that she had had "a cold," and that on the previous day when coughing heavily she had felt a pricking sensation under the tongue. During the night she had begun to have swelling and pain under the left side of the jaw. In addition to enlargement of the left submaxillary gland I found that the floor of the mouth was fuller on that side than the right; the track of Wharton's duct could be seen, and was palpable and tender. The papilla was red and more prominent than its fellow, which was pushed a little to the right. The mucous membrane was anaesthetized and the duct was picked up with a dissecting forceps; it was manifest that there was something inside, like a stilette in a catheter. An attempt to push the foreign body out through the opening of the duct was unsuccessful. A tiny incision revealed the fish bone, which was easily extracted with another forceps. It was three-quarters of an inch in length, with blunted ends.

The patient stated that from her first visit to the day previous to her second visit (four months afterwards) she had had no pain or discomfort. Probably the opening of the duct became blocked by the end of the bone by reason of the force of the coughing.

Heeley, Sheffield.

JAS. D. MACKAY.

#### A LARGE URETHRAL CALCULUS.

THE following case of urethral stone appears to be of sufficient interest to justify its brief report.

The patient, a male aged 21, was attached to the Indian Army in Mesopotamia. He reported sick, complaining of incontinence of urine, and of slight haematuria; the point of a metal catheter was found to impinge upon a stone in the membranous urethra; calculus was also palpable by rectal examination. A Wheelhouse's perineal section was performed and the stone removed from the enormously dilated urethra, which was sutured over a No. 10 catheter. The wound was loosely closed and a gauze drain inserted, passing down to the urethra. Recovery was uneventful. The wound was completely healed on the twelfth day, when control of micturition had returned and a No. 10 metal catheter passed with ease.

The calculus was largely composed of phosphates, it was two inches in length and weighed 6½ drachms.

Derby.

SIDNEY B. RADLEY, M.B., F.R.C.S.

## Reports of Societies.

### MEDICAL REQUIREMENTS FOR AIR NAVIGATION.

At a meeting of the War Section of the Royal Society of Medicine on October 11th Wing-Commander MARTIN FLACK lectured on medical requirements in air navigation. The selection of a flying officer, he said, was a task in which the clinician and the physiologist must co-operate, though in his lecture he intended to deal with the subject mainly from the physiological point of view. It was evident that, no matter how much research might be put into the flying machine itself, there always remained the fact that the man who stepped into the machine became from the moment he did so its controlling and co-ordinating mechanism, and it was as necessary that the human mechanism should be intact as that the aeroplane itself should function efficiently. In the first place, the past history of the candidate, both family and personal, must be inquired into. If the candidate had at any time suffered from malaria or dysentery it was a matter for particular attention, and often for a specialist's report. Men who had a history of head injury or of severe surgical operations of any kind were generally ruled out. In America and also in Italy there had been a great deal of psychological study of prospective fliers. Mental aptitude for flying was, however, difficult to assess. Whether it was right to put a candidate through a psychological examination he was not prepared to say, but, at any rate in this country, it had seemed better to the authorities to cross-examine the candidate with regard to his experience and capacity—as, for instance, his prowess in games which required the co-operation of eye, hand, and leg—rather than to institute one set examination on a single occasion to discover his psychological value. Testing of the psychomotor responses had been carried out, but even this was of more use in

picking out the fatigued man than in selecting the new flier. The examiner must always bear in mind also how certain psychological qualities might develop in a man during his period of actual instruction with the machine, although these were only rudimentary or scarcely to be observed at all at the time of the preliminary observation.

In view of the controlling and co-ordinating functions which the airman had to exercise, the possession of certain sensory attributes was of very great importance, and of these the most important undoubtedly was the visual. The pilot must possess good visual acuity, and in most cases it was particularly necessary that he should have ocular muscle balance, as without this his landing capacity was likely to be very seriously affected. An examination of those who had gained distinction in flying revealed the fact that although perfect visual acuity might not be necessary, even for air fighting, yet any large defect was a reason for rejection, and the visual test must be kept severe. Next in importance to vision came muscle co-ordination and cutaneous sense. The flier must have the "feel" of the "joy-stick," of the seat, and of the back, also of the blowing of the wind in his face. Muscle sense played a very large part in good flying. The flier also derived impressions from hearing, as, for instance, the singing of the wires. It did not appear, however, that the vestibular apparatus was of great use, seeing that, if it were, the airman should not lose his way in fog, and yet a great many very expert pilots had confessed that in a fog they were completely lost. The semicircular canals would give a man information with regard to his own position in relation to the machine, but no information, usually, with regard to his position in relation to the earth. At the same time the lecturer would not say that the semicircular canal tests were altogether useless, only no fixed rules could be laid down. Certainly some of our very best fliers would have been "ploughed" by the American standard in this respect. The vestibular mechanism should be intact, of course; there should be no gross ear disease, and it was very important to rule out Eustachian obstruction, for this impeded the equalization of pressure at varying altitudes. This equalization of pressure must pertain to both ears.

With regard to respiratory capacity, the lecturer pointed out how necessary it was that this should be adapted to the special needs of high altitudes. Seeing that it might be necessary to fly high, the airman must have a good air intake, and particularly good expiratory efficiency. The pulse was a crucial test of the airman. If, when a candidate was asked to raise his body weight on to a chair five times in fifteen seconds, his pulse increased 36 or more, and the time taken to return to normal was more than thirty seconds, he was to be looked upon with suspicion. A great deal could be predicted with regard to efficiency from the mere feel of the pulse. The pulse of the successful airman was soft, harmonious, easy working, like a sure machine, and it was very important that only men with such a pulse should be taken as fliers. A high diastolic pressure within the normal limit was undoubtedly very essential. He showed a list giving the capacities in various respects of airmen who had gained distinction; the general result was that all these men were capable of holding the breath for from fifty-five to seventy seconds, and their vital capacity was above 3,800 c.cm. Adaptation to altitude seemed to be a matter of respiratory efficiency, circulation, and also, possibly, concentration in the blood.

Lieut.-General Sir JOHN GOODWIN, Director-General of the Army Medical Service, in proposing a vote of thanks to Wing-Commander Flack, said that he had had a conversation with an airman who had gained the Victoria Cross while flying, and this officer had told him that when he got into the clouds he lost all sense of direction, and did not know until he emerged whether the earth was above him or underneath.

THE forty-fifth annual report of the Mission to Lepers shows that the expenditure for 1919 was £25,980 more than in any previous year. Grants were made towards work for lepers at Vengurla in South India, Palo Seco (Panama), and Tong Yung (Korea); an asylum has been opened at Cuttack, Orissa. The Mission has received much aid in India and in the United States of America.

Hospital in 1858, and took the diploma of M.R.C.S. in 1860; afterwards he went to Edinburgh, where he graduated M.B. in 1862. After a winter in Paris he settled in London, became surgeon to the St. Marylebone General Dispensary, and assistant surgeon to the Westminster Hospital. He took the diploma of F.R.C.S.Eng. in 1868, and, without devoting himself specially to it, gave a great deal of attention to orthopaedics; that department of practice was then in a transition stage, subcutaneous tenotomy and excisions being the rule before antiseptic surgery, to which Davy never subscribed, became the practice. Davy learned of Sayre's method of treating spinal caries by the application of plaster jackets during suspension on a visit to New York, and was one of the surgeons who helped to popularize the method in this country. In 1878 he published in our columns a description of the method of compressing the common iliac artery by a rod introduced into the rectum. Two years later he published a volume of *Surgical Lectures*. He continued to reside and practise in London until about 1893, when he retired to North Devon, where he had always spent his holidays. He engaged in farming and in the management of the small estate he inherited from his father. Soon after settling in London he married the daughter of Mr. George Cutcliffe of Witheridge, Devon, and is survived by two daughters. He had gradually become blind during the last years of his life.

Richard Davy had a genial personality, and possessed many friends among the profession in London. Surgeons who criticized his attitude towards antiseptics recognized his honesty of purpose, while students valued his careful clinical teaching, and respected his independence of view.

WE regret to record the death, which took place on September 27th, at Trowbridge, of Dr. J. TUBB-THOMAS, late medical officer of health for the County of Wiltshire. Dr. Tubb-Thomas, who was educated at Cork, Edinburgh, and Cambridge, graduated in 1886, and took the D.P.H. in 1896. After holding appointments at Lowestoft, and in Leicestershire and Rutland, he went to Wiltshire in 1899 as the first whole-time county medical officer. The war had greatly increased the strain of Dr. Tubb-Thomas's office, and after a period of impaired health he found it necessary in February of this year to resign his appointment; his services were retained, however, as consulting county medical officer of health. Dr. Tubb-Thomas was a Fellow of the Statistical Society, and past president of the West of England Branch of the Incorporated Society of Medical Officers of Health; he was a leading member of the Wilts Division of the British Medical Association. He was the author of *Preservatives in Foodstuffs, Shallow Wells and Town Water Supplies*, and numerous other works connected with public health. As Dr. C. E. S. Flemming said at a meeting of the Wilts Panel Committee: "By the death of Dr. Tubb-Thomas the medical men of the county have lost an old friend and valued adviser, who by his good nature, his hospitality, and his very human qualities had won in no ordinary way their affection and esteem." Dr. Tubb-Thomas is survived by a widow but no family.

WE regret to announce the death of Dr. CHARLES BROOKE GRATTE, of Gold Tops, Newport, Monmouth. Dr. Gratte obtained the M.R.C.S. and L.R.C.P. diplomas in 1890; he was educated at Bristol, where he acted as assistant house-surgeon at the Royal Infirmary. After settling in practice in Newport, he became honorary physician to the Newport and Monmouth County Hospital; besides holding many other public appointments, he was lecturer to the Monmouth training centre for midwives. During the war he received a commission in the R.A.M.C. and served with conspicuous ability on the staff of the local military hospital. He was a member of the British Medical Association and had been a representative of the local Division on the Branch Council. Dr. Gratte enjoyed an extensive practice in the district, and his death, which took place suddenly from pneumonia at the age of 53, is keenly felt both by his patients and his colleagues.

DR. JOHN KENRICK JONES, of Llanrhaiadr, who died on September 30th, aged 61, received his medical education at the University of Glasgow, and took the Scottish triple qualification in 1886. He shortly afterwards settled in practice at Llanrhaiadr, where he became very popular.

He had served as medical officer and public vaccinator of the Llanrhaiadr and Llanilin districts and of the Oswestry Union. In spite of the heavy calls upon his time he devoted much attention to public affairs, he was a J.P. for the county of Denbigh, had served for twenty years as chairman of the Llanrhaiadr school and had held the office of chairman of the Llanilin Education Committee and of the Llanrhaiadr Parish Council as well of the conjoint parish councils. He hardly ever took a holiday, and, though about twelve years ago he found himself suffering from Bright's disease, he kept at work until he had a seizure about twelve months ago. The funeral was attended by many friends.

## Universities and Colleges.

### UNIVERSITY OF EDINBURGH.

THE following candidates have been approved at the examination indicated:

THIRD M.B., CH.B. (*Materia Medica*).—Margaret S. R. Armstrong, Lillias F. E. Begg, J. Brown, Jane G. H. Burnet, C. G. Catto, G. G. Cochran, T. J. Craig, E. J. Crawford, Jean Connochie, F. G. Creaser, A. H. Deighton, N. Fram, Flora M. Hogg, E. G. Hunter, Margaret W. Kemp, B. Leader, R. C. Little, J. R. Macleod, Susannah S. Murdoch, S. Petkoon, R. M. Saunders, H. Seal, C. Siung, A. T. Sloan, M. T. Smith, F. M. Stuart, M. Witkin.

### UNIVERSITY OF GLASGOW.

THE following degrees were conferred on October 11th:

M.B., CH.B.—\*A. P. Agnew, A. G. Aitken, Margaret Bennett, D. E. Brown, W. A. Galbraith, Dorothy J. L. Gallie, J. G. Gilmour, C. Glen, (Mrs.) Agnes S. Glover, C. N. Gordon, Mary B. Grant, Margaret Gray, H. W. Howieson, †T. T. Hutchison, D. Imrie, J. A. Jenkins, H. J. MacBride, A. M. McClure, W. R. McCrae, A. B. Macdonald, E. P. Macfarlane, D. MacKenzie, Jean M. Mackintosh, Marie J. McNaught, A. M. C. Macqueen, F. M'Vean, M. F. G. Main, A. Markson, Effie Niblock, J. Prentice, Mary Russell, †T. S. Sargent, Mary Shiskin, A. W. Smylie, F. C. Speechly, D. Stewart, J. Stirling, Dorothy M. Summers, J. D. Whiteford.

The following candidates have been approved at the examinations indicated:

M.B., CH.B. (M., *Materia Medica* and *Therapeutics*; P., *Pathology*).—J. B. Adams (P.), D. Baird (M.), A. L. Bernstein (M.), F. A. Brown (P.), J. E. Brown (P.), M. Brown (P.), R. O. Bruce (M.), J. A. Cameron (P.), J. Campbell (M.), H. Collingbourne (M.), A. MacD. Douglas (M.), P. J. A. Gardiner (M.), W. Geyer (M.), G. S. Gilchrist (M.), G. F. Graham (M.), P. R. A. Grant (P.), J. Hamilton (P.), W. Houston (M.), W. MacD. Johnston (M.), T. J. Jones (M.), D. A. Ker (P.), A. King (P.), F. J. Kitt (P.), T. Leckie (P.), J. E. S. Lee (M.), J. A. Lister (P.), A. Logan (P.), G. M. Alpine (P.), A. M. Maccallum (M.), H. McCluskey (M.), A. A. Macdonald (M.), C. F. H. M'Fadyen (M.), T. J. M'Kail (P.), K. W. MacKenzie (M.), M. M'Lean (M.), N. A. MacLean (M.), M. Macleod (M.), S. M'Mahon (M.), P. R. C. Macmurray (M.), D. C. Marshall (W.), R. R. Morrison (P.), H. Murray (P.), T. C. H. Neil (M.), T. Nicol (M.), T. C. Porter (P.), T. Prentice (M.), J. S. Ramage (M.), J. M. L. R. Ross (P.), J. Rowatt (P.), J. Russell (P.), W. Simpson (M.), A. Snaddon (P.), J. Sneddon (M.), A. B. Taylor (M.), E. J. T. Thompson (M.), A. Wilson (M.), Margaret Alexander (M.), Elizabeth B. T. Allison (P.), Margaret R. Balloch (P.), Mary E. Berry (P.), Mary A. M. Bonnyman (M.), Mary D. A. Boyd (P.), Jemima G. Brodie (M.), Isabella E. Campbell (M.), Margaret E. Campbell (P.), Margaret G. Carrick (P.), Evelyn L. Caskey (M.), Elizabeth S. Cook (M.), Katharine L. Couper (P.), Agnes C. J. Davidson, M.A. (M.), P. J. P., Martha D. Devon (M.), Alice M. S. Dewar (M.), Agnes F. Dickson (P.), Margaret A. Galbraith (M.), Margaret L. Gilchrist (P.), Catherine M. Gray (M.), Irene Higgle (P.), Catherine Hill (P.), Helena J. S. Irving (M.), P. J., Elizabeth G. Jamieson (M.), Dora Karnovski (M.), Annie C. Kerr (P.), Elizabeth C. Kerr (P.), Janet S. Kerr (P.), Rhoda M. J. Lochhead (M.), Joan A. MacColl (P.), Eileen M. M. Macdonald (P.), Marion A. M'Kenzie (M.), Jean D. MacMurray (M.), P. J., Doris M. J. M'Nab (M.), Mary M'Naught (M.), Marion L. M'Quaker (M.), Agnes L. Mair (P.), Clara F. Marshall (M.), Elizabeth M. Nairn (M.), Sarah H. Nelson (M.), Annie B. Primrose (P.), Bessie S. Ross (M.), (Mrs.) Sarah Ross (M.), Katharine C. Shankland (M.), Bertha E. A. Sharpe (M.), Gladys A. G. Sharpe (M.), Effie S. Stephen (M.), Alison L. Taylor (M.), Marian Thom (P.), Janet A. O. Weir (M.), Evelyn A. Weyman (P.), Catherine B. Wilson (M.), P. J.

\* With honours. † With commendation. ‡ Distinction in Pathology.

### ROYAL FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW.

At the meeting of the Faculty on October 4th Sir Donald MacAlister, K.C.B., was admitted as an honorary Fellow. The following Fellows were also admitted: J. M. Christie, C.B.E., A. M. Crawford, A. D. Gorman, A. B. Kelly, J. E. Paterson.

### CONJOINT BOARD IN SCOTLAND.

THE following candidates, having passed the First and Second Examinations, have been admitted Diplomates in Public Health:

Drs. L. H. Werden, J. Chalmers, R. T. Grant, J. Young, A. V. Dill, F. J. C. Johnstone, A. Witherspoon, J. J. R. Binnie, A. K. Towers, D. Ferguson, F. J. Kirkness, Margaret McN. McGarrity, G. M. Elliott, G. C. McEwan, J. McIntyre, G. J. Linklater, Gladys A. A. Boyd, J. F. C. Haslam, G. Nicholson, W. S. Wallace, D. L. Baxter, Rosanna F. MacMillan, Elisabeth Harper, B. B. Munro, T. D. Inch, I. C. Mackenzie, A. P. G. Lorimer, F. G. Foster.

## The Services.

**PAY AND RETIRED PAY OF R.A.M.C. OFFICERS.**  
AN Army Order (No. 437 of 1920) has just been issued amending the rates of pay and retired pay for officers of the A.M.S. and R.A.M.C.

With effect from April 1st, 1920, the following rates of pay will be substituted for those laid down in Table VI of the Pay Warrant of September 13th, 1919:

	£	s.	d.	
Major-General ... ..	4	15	0	per diem
Captain ... ..	1	7	0	"
Captain (after six years' total service) ...	1	8	0	"
Captain (after ten years' total service) ...	1	11	0	"
Lieutenant ... ..	1	2	0	"

The rates of pay admissible in the rank of Colonel, Lieutenant-Colonel, and Major will remain as laid down in Table VI.

It is further laid down that the "rank element" for retired pay shall be at the rate of £15 for each completed year of service in the case of officers of the A.M.S. and R.A.M.C., instead of at the rate of £150 for the first fifteen years' service and £15 for each subsequent year, as laid down in paragraph 2 (a) of Table XVI attached to the Pay Warrant of September 13th, 1919. This amendment will have effect from the same date and under the same conditions as if it had been originally embodied in the table of the Warrant. The rate of "rank element" and the maximum rates of retired pay admissible for each rank will remain as laid down in that table.

The above amendments are contained in a Royal Warrant dated October 9th, 1920. On the Warrant are issued the following Army Council's Instructions:

**Pay.**—In the amended rates the increase of pay given in Army Order 324 of 1919 to a Captain after five years' total service disappears. An officer who has qualified prior to the date of this Warrant to the £17s. 6d. rate of pay may continue to draw that rate.

**Retired Pay.**—Steps will be taken to reassess retired pay already granted under Army Order 324 of 1919 in accordance with the terms of this Warrant. Individual applications will therefore be necessary, but in the event of considerable delay occurring before reassessment is made in any particular case, application should be addressed to the Secretary (F.3), War Office, S.W.1.

## Medical News.

ON St. Luke's Day, October 18th, at 3 p.m., the Lord Mayor of London will preside at a meeting at the Mansion House on behalf of the Great Northern Central Hospital.

DR. WALTER RIGBY, on resigning the office of honorary surgeon to the Blackburn and East Lancashire Royal Infirmary to take up an appointment under the Ministry of Health, has been presented by the resident medical and nursing staffs with a fitted attaché case and a revolving bookcase.

THE King has conferred the medal of the Order of the British Empire (Civil Division) upon Mr. E. B. Turner, F.R.C.S., and Dr. G. J. Lane, inspectors in the Metropolitan Special Constabulary, for service during the war "which has been distinguished by conspicuous courage or by exceptional zeal and devotion to duty."

THE Westminster Hospital Old Students' dinner was held at the Imperial Restaurant on September 30th. Lord Glenconner, chairman of the hospital, presided, and 102 old students and guests were present—a record attendance during the last fifteen years. Lord Glenconner proposed the toast of "The hospital and medical school," to which the Dean of the Medical School, Dr. A. S. Woodward, replied. Mr. A. H. Tubby, senior consulting surgeon of the hospital, proposed "The past and present students"; Mr. Arthur Evans and Mr. Brown responded. The toast of "The visitors" was proposed by Mr. Charles Ryall; Sir Malcolm Morris and Mr. S. Ingleby Oddie replied. The proceedings terminated with the toast of "The Chairman," submitted by Dr. de Havilland Hall, senior consulting physician of the hospital.

FOUR lectures on physis will be delivered by Sir Robert Armstrong-Jones, M.D., at Gresham College, Basinghall Street, E.C., on Monday, November 8th, Wednesday, November 10th, Thursday, November 11th, and Friday, November 12th, at 6 p.m. The subjects are: "The air we breathe," "The houses we live in," "The clothes we wear," "The food we eat." Admission is free.

THE annual general meeting of the Society of Superintendents of Tuberculosis Institutions will be held at 122, Harley Street, W., on Monday, October 18th, at 4 p.m., when there will be discussions on (a) classification of cases of pulmonary tuberculosis; (b) sanatorium case records and charts; and (c) a scheme for sickness insurance for ex-patients.

THE annual general meeting of the National Baby Week Council will be held at Armitage Hall, 224, Great Portland Street, W.1, on Tuesday, October 26th; the chair will be

taken by Sybil, Viscountess Rhondda, at 3 p.m. An address will be given by Mr. H. O. Stutchbury, Assistant Secretary, Ministry of Health, on the Future of Infant Welfare Work. Sir James Cantlie and Dr. Elizabeth Sloan Chesser will take part in the discussion.

A SERIES of six demonstrations of specimens in the museum will be given in the theatre of the Royal College of Surgeons, Lincoln's Inn Fields, by Professor Keith and Professor Shattock, on Fridays and Mondays, at 5 p.m., commencing on October 15th and terminating on November 1st. The demonstrations are open to advanced students and medical practitioners.

LORD JUSTICE ATKIN will deliver his Presidential address to the Medico-Legal Society on Tuesday, October 19th, at 8.30 p.m., at 11, Chandos Street, Cavendish Square, W.1. A discussion will follow, and Dr. Bernard Spilsbury will exhibit specimens.

THE winter session of the North-East London Post-Graduate College will begin on Thursday, October 28th, at the Prince of Wales's General Hospital, N.15, without any formal opening address. In addition to clinics in the various departments of the hospital there will be a daily lecture-demonstration on groups of selected cases, clinical and laboratory methods, etc. It is intended to hold an intensive course in December, beginning on Monday, December 4th, at 10.30 a.m., particulars of which will be published later. The syllabus of the general course may be obtained on application to the Dean.

THE next annual meeting of the American Dietetic Association will be held in New York from October 22nd-26th, 1920.

THE late Mr. Sinclair White, C.B.E., formerly professor of surgery in the University of Sheffield and senior surgeon to the Sheffield Royal Infirmary, who died at Bournemouth on August 8th, has left estate of the value of £49,194 gross and £48,537 net. After personal bequests the ultimate residue, about £30,000, will go on the death of his wife to the Sheffield Royal Infirmary for a home of rest for the nurses of that institution.

THE foundation stone of the British Hospital for Mothers and Babies, Woolwich (National Training School for District Midwives), will be laid by H.R.H. Princess Christian to-day (Saturday, October 16th) at 3 p.m. The institution was founded in 1905 to improve and lengthen the training of midwives, and it received from its inception the warm support and encouragement of the late Dr. Cullingworth and others. The work of the hospital has hitherto been carried out on a very small scale owing to lack of funds, and it is now refusing from twenty to thirty mothers every week.

THE inaugural address before the Abernethian Society of St. Bartholomew's Hospital will be given on Thursday, October 28th, at 8.30 p.m., by Sir StClair Thomson, M.D., on "Recollections of Joseph Lister by one of his house-surgeons," illustrated by lantern slides.

THE Post-Graduate College and past and present West London Hospital dinner will take place at the Café Royal, Regent Street, at 7.15 for 7.45 p.m., on Saturday, November 13th, with Mr. H. J. Banks Davis in the chair. Applications for tickets, price 15s., should be addressed to the Secretary, Post-Graduate College, West London Hospital, Hammersmith, W.6.

THE annual dinner of the Society of Medical Officers of Health will be held at the Hotel Cecil on Friday, October 22nd, at 7.30 p.m. The new President, Lieut.-Colonel F. E. Fremantle, M.P., will take the chair. Tickets (15s. each) are obtainable from the Executive Secretary, 1, Upper Montague Street, Russell Square, W.C.1. The general meeting will be held on the same afternoon at 4.30 o'clock at the offices of the society, when the new President will be installed, and will give his address on "Parliament and public health." The annual meeting of the School Medical Service Group will be held at 1, Upper Montague Street at 11 a.m. on Saturday, October 23rd. New rules will be considered, and officers elected in accordance with the new constitution of the Society of Medical Officers of Health.

CHESTERFIELD Lectures will be delivered on Thursdays at 6 p.m. at St. John's Hospital for Diseases of the Skin, 49, Leicester Square, W.C. These lectures are free to medical practitioners and to medical students who desire to attend regularly. After each lecture demonstrations will be given on special cases, followed by clinical instruction on patients presenting themselves in the out-patient department.

TWO cases of typhus have recently occurred at Rotterdam, one in an emigrant at the emigrants' hotel of the Holland-America Line and the other in a dock labourer.