

Wales; and that in Glamorgan puerperal infection was often spread broadcast in this manner.

When first appointed medical officer of health to the county of Glamorgan he was called upon to investigate an epidemic of puerperal infection in the Garw and Ogmore valleys, in both of which, and especially the Garw, the disease had acquired the reputation for years of being almost endemic. The two valleys are certainly topographically distinct, and at that time, at all events, there was no appreciable interchange between their midwives. On the basis of his investigations and the experience of a local practitioner he makes the interesting statement that the majority of cases confined in houses infected with scarlet fever escape puerperal infection, and that if occasionally a lying-in woman takes scarlet fever she does not develop puerperal infection symptoms and generally recovers. One of Dr. Williams's observations recalls the saying of Gordon of Aberdeen: "The infection in this disease is most subtle, persistent, and portable, and more difficult to get rid of than in almost any other disease."

Many further facts and figures might be furnished to support the view that in Wales the subjects of puerperal mortality, and especially of puerperal infection, still afford an outstanding problem which all bodies and persons executive concerned should strive to solve. Ultimately I believe the great betterment will come along the lines recommended in the second report of the Welsh Consultative Council, but meanwhile much can be done by the intelligent and conscientious observance of preventive measures and by the harnessing of the new facts which evolve from laboratory and clinical research.

#### PREVENTIVE MEASURES.

The range of prophylaxis must include pregnancy, labour, and the lying-in period.

1. *During pregnancy* attention should be directed to the general health, urinalysis, personal hygiene, and the careful treatment of erythematous or eczematous conditions of the vulva, vaginitis, or fistula in ano, etc. Particularly in primigravidae a systematic pelvimetric examination is of the greatest importance.

2. *During labour* the selection and preparation of the lying-in room and the exclusion of all persons suffering from diseases such as tonsillitis or any form of septic infection call for attention. The arrangement of the bed and the preparation of the patient, her clothing, and detailed disinfection of the vulva as the centre of the "field of operation" are of the utmost value. As regards vaginal douching, this practice in normal labour is unnecessary and may be harmful, the essential point being to carry out complete antisepsis of the vulva. Too much importance cannot be attached to the disinfection of the hands and the intelligent use of rubber gloves. The number of vaginal examinations during labour should be limited by real requirement, and the same comment applies to the number of obstetrical operations, including not only instrumental interference, but the most dangerous of all obstetrical operations, the manual removal of the placenta, involving, as it does, the definite risk of the direct inoculation of organisms on the placental site. There are instances, of course, where that risk must be accepted—as, for instance, in *post-partum* haemorrhage or cases where full time has been allowed and where the various methods of expression have been thoroughly tried without effect. The retention of a small portion of membrane within the uterine cavity does not in itself justify manual exploration. Vaginal or intrauterine douching after normal labour is not called for, but should be practised only when there is reason to surmise that by hand or instrument organisms have been introduced. The repair of injuries produced during delivery should be undertaken with the fullest regard to aseptic and antiseptic precautions.

3. *After delivery.* A careful ritual observed during labour is too often relaxed or abandoned forthwith, whereas the maintenance of asepsis is of prime importance, and this involves the carrying out of general and local measures to that end; especial danger attaches to careless sponging of the vulva, and, as far as possible, all manual interference with the vulva or vaginal orifice during the early days of the puerperium should be avoided.

There is but time to put forward these few indications on preventive lines and to add that we, and all others interested in this profoundly important topic, must feel that there is much yet to be learned both at the bedside and in the research laboratory, and that the improvement we seek on behalf of the community, and in particular on behalf of

Wales, "can only be brought about by a full appreciation of all that is known of the etiology of the disease, and an adequate sense of the responsibility on the part of all those brought into relation with the lying-in room."

## Memoranda:

### MEDICAL, SURGICAL, OBSTETRICAL.

#### "HAEMORRHAGIC" CHICKEN-POX.

By the courtesy of my colleagues, Dr. Alexander and Dr. Binns (the latter being in charge of the patient), I am able to submit the following notes of an interesting and very unusual case of chicken-pox.

A girl child, aged 3, was seen to be sitting up in bed eating a piece of cake; she was to all appearance perfectly well. Pulse 84, respirations 16, temperature normal. Urine clear, stools normal. Without any initial illness there had appeared some spots on her skin on November 3rd, which by November 5th had turned black. On November 6th these spots were noted to present the following approximate number and appearance: right hand 3, right forearm 9, right arm 18; left hand 4, left forearm 9, left arm 15; face 34; front of chest and abdomen 36. There were less than 150 lesions on the whole skin.

One lesion, selected for close examination, was situated near the apex of the right scapula. It was crenate in outline, irregularly lozenge-shaped, its long axis being parallel to the natural folds of the skin in this region; the appearance was exactly that of a chicken-pox vesicle recently collapsed, except that the contents were now perfectly black, and apparently consisted of dried blood. Immediately around the vesicle was an area of pale crimson skin, which in its turn was surrounded by a faint purplish area, having much the appearance of a recent bruise. The whole of this area of discoloration measured about 14 by 15 mm.; it was covered by a half-sovereign. Nearly every complete lesion was surrounded by a similar ecchymosis, and some of the aborted lesions showed a very slight but unmistakable discoloration around them. There had been epistaxis. There was a bruise under the left eye on the upper part of the cheek. No subconjunctival haemorrhages were noted. There were three black spots on the tongue, one on the lower lip. Both labia majora were ecchymosed, the left markedly so.

The child was seen again on the following day (November 7th), and her somewhat anaemic condition was remarked. Otherwise she appeared to be well, and was giving all her attention to her toys. A small subconjunctival haemorrhage was noted in each eye. The left eye was surrounded by ecchymoses or bruises apparently associated with spots. Numerous brownish bruises were noted on the right leg and some on the right arm.

The case was unquestionably one of chicken-pox of mild degree, as well as could be gauged from the number of the spots and the absence of constitutional symptoms. It seemed probable that some idiosyncrasy in the child, of which this was perhaps the first intimation, had led to these haemorrhages and bruises. I have heard of one similar case, in the person of a lady in middle life who had an attack of chicken-pox, but do not know whether she suffered from haemophilia or not. I should like to hear of similar cases.

London, S.E.

W. MCC. WANKLYN.

#### POTASSIUM PERMANGANATE IN DERMATOLOGY.

THE treatment of skin diseases by potassium permanganate as advocated by S. Feldman and B. F. Ochs in the *Archives of Dermatology and Syphilis*<sup>1</sup> is not in any way a new form of treatment.

My friend and teacher Dr. Douglas Heath of Birmingham has been using potassium permanganate quite extensively for a number of years, not only for the skin conditions mentioned by Feldman and Ochs, but also and chiefly for the treatment of the moist type of lupus vulgaris, which it dries up in a very short time. For these cases Dr. Heath advocates the use of a saturated solution of potassium permanganate. Personally I have been using with very satisfactory results an alkaline potassium permanganate paint in the treatment of Bockhart's impetigo. I use the following solution:

R. Pot. permang.	...	...	...	gr. xv
Sod. bicarb.	...	...	...	gr. x
Aquam	...	...	...	3j

It is applied once a day to the lesions and skin around them after letting the pus out with a needle.

Birmingham.

JAMES AVIT SCOTT.

<sup>1</sup> BRITISH MEDICAL JOURNAL, Epitome, November 4th, 1922, p. a 334.

reduced severity. A more extended statement is in preparation. Meanwhile we have had no opportunities of trying the treatment in small-pox. May we appeal for help to your readers, and express the hope that they will publish their results? Our hopes, we may almost say expectations, are that, if the treatment be employed early in the disease, vesication may be prevented; or, if not vesication, pustulation; or if not the prevention of pustulation, at least a mild attack may be secured.—We are, etc.,

R. J. G. PARNELL, Surg. Comdr. R.N.  
STEPHEN GREEN, M.B., Ch.B., D.P.H.  
G. ARCHDALL REID, M.B., C.M.

Southsea, Nov. 7th.

#### THE OUTBREAK OF SMALL-POX AT POPLAR WORKHOUSE.

SIR,—I have read with interest your report on the above outbreak appearing in the BRITISH MEDICAL JOURNAL for this week. In many ways the outbreak appears to resemble closely the one which occurred in the Mile End Infirmary in 1911. That outbreak originated in an overlooked case, a girl of 12, who was allowed to remain unisolated in the institution until the occurrence of secondary cases revealed the true nature of her illness. The outbreak resulted in nearly 70 cases, 10 of which proved fatal. In the press reports of the outbreak, although the neglect of vaccination in the East End of London was emphasized as a cause of the outbreak, no mention was made as to the vaccinal condition of the unrecognized case, who as a matter of fact was a vaccinated child.

In the present outbreak at Poplar also no mention is made in your report as to the vaccinal condition of the patient whose overlooked attack is responsible for the outbreak. Judging by past experience I think we may conclude that he had been vaccinated. It is unlikely, had he been unvaccinated, that his attack would have been unrecognized. I feel fairly confident, therefore, in surmising that he had been vaccinated, and, if this is so, it will be interesting to learn whether his attack was one of those modified attacks which so often occur in vaccinated subjects, and in which diagnosis is so difficult that mistakes easily occur and cause so much mischief by spreading the disease.—I am, etc.,

Town Hall, Leicester, Nov. 13th.

C. KILICK MILLARD.

#### THE WHITE MAN IN THE TROPICS.

SIR,—In your article, "The Place of the White Man in the Tropics," you make some statements which do not seem sufficiently explicit. I have not read Dr. Hewetson's paper, but most of the points reproduced by you will be readily understood by anybody with a knowledge of the tropics, though I prefer to think that a more limited indulgence in "cocktails" and such-likes and a better appreciation of the fitness of things will win for the tropics a more favourable reputation.

Your article seems to suggest that both the coloured and the white races appeared on the face of this earth at the same time, and that the coloured races were in the tropics or migrated to that region to suit their colour. This idea conflicts with the long accepted theory that pigmentation is a response of Nature to the heat of the sun—an adaptive modification so commonly seen in the animal world.

Not long ago Sir Arthur Keith, doubtless working on these lines, elaborated the pigmentation theory. He was of the opinion that at first all were white people, and that the colour of the tropical man was due originally to a mild chronic affection of the suprarenals caused by the tropical conditions, and that subsequently the system acquired a habit of constantly producing the pigment. This theory of resultant pigmentation gains support from the historic fact that both the Hindu and the Anglo-Saxon are of the same Aryan family, their present differences being probably due to the climatic conditions of the parts they migrated to.

If evolution, ethnology, and the pigmentation theory, with—if you will—Keith's elaboration of it, be accepted, one wonders why now the white man should not be able to live and colonize permanently in the tropics if he will live a sober and regulated life. I do not mean that the physical qualities of the offspring in the tropics must or will necessarily be the same as his ancestors; but is that not a detail?—I am, etc.,

London, Nov. 4th.

A. ANNESLEY GOMES, F.R.C.S.

Far be it from us to pretend to settle, in the course of a paragraph, the vexed question of the origin of the races of man. Though some respectable authorities have held the contrary opinion, it is perhaps probable that all races are

derived from a single ancestral stock, but if so the separation of the several races now existing must have occurred so far "in the dark-backward and abysme of Time," that we may properly regard the white man, the yellow man, and the negro as aboriginal.

#### ROYAL COLLEGE OF PHYSICIANS OF LONDON.

SIR,—I deplore the relaxation of the Regulations as affected by the repeal of By-law CXIV. I am of opinion that "the honour and dignity" of the College will be impaired thereby, and that the proofs of "general culture" as at present required will be lowered. In order to counteract this tendency I submit that exemptions to candidates over 40 years of age should be abolished, and that no candidate should be admitted to examination under 30 years of age; also that the examinations in languages should apply to all candidates, and that especially the examinations in Latin and Greek should be expanded, made more comprehensive and more thorough. Membership of the College is now rightly regarded as the professional and educational passport to the Fellowship; therefore the general standard should be raised, especially in view of the new by-law.—I am, etc.,

November 10th.

M.R.C.P.

#### DERMATITIS AMONGST CEMENT WORKERS.

SIR,—With reference to the letter from Dr. S. Norman Dykes, published in the BRITISH MEDICAL JOURNAL of October 28th, the following case may be of interest:

J. T., a man aged 38, describing himself as a plasterer's labourer, consulted me in February, 1921, for a desquamating rash, limited to a few spots on the arms and hands. I saw him only once then, and gave him arsenic internally and calamine ointment, which apparently cleared the condition up. I saw him again in September, 1921, when the condition had recurred more extensively, with much itching. I then treated him with a lotion containing lead, tar, and glycerin, but he was back again in November worse than ever. In December I certified him unfit for work, when the condition rapidly cleared up. In April, 1922, he came again, with both hands and forearms completely covered with a profusely exfoliating eczema, similar to that described by Dr. Dykes. This proved very obstinate. Of a variety of lotions and ointments which I tried, I think it improved most with ung. terr., "Fuller's." It has gradually cleared up, but the man is still unfit for work. He told me that his work was chiefly with cement, and that several other men working with him were similarly affected to a less degree.

Perhaps the most interesting feature of the case, regarding it as an occupational disease, lies in the fact that the patient was successful in securing compensation under the Workmen's Compensation Act. His approved society took it up, as I was prepared to certify that I considered the condition due to the man's work, and apparently the employer's insurance company did not make any difficulty about paying compensation. At all events the case did not go to court. This leads me to believe that these are not isolated instances, and that we must recognize cement as a cause of occupational eczema.—I am, etc.,

York, Oct. 31st.

J. C. LYTH.

#### ALOPECIA AREATA AND STRABISMUS.

SIR,—I have read with much interest the comments made by Dr. Charles F. Harford, in his letter of September 30th, and by Dr. W. Inman, in his letter of November 4th, upon my paper, "Alopecia areata and strabismus," contributed to the proceedings of the Dermatological Section at the recent Annual Meeting. I hope to make, at an early date, the further investigations suggested by Dr. Inman.—I am, etc.,

Glasgow, Nov. 12th.

J. GOODWIN TOMKINSON.

### Universities and Colleges.

#### UNIVERSITY OF OXFORD.

THE gift of £100,000, made in accordance with the will of Sir William Dunn for the establishment of a school of pathology at Oxford, will be formally reported to a congregation next week, when a proposal to allocate a site in the parks will be made. The gift is subject to the condition that the University shall provide a site, and make permanent provision for the upkeep of the chair of pathology with a full teaching staff. The school is to be known as the Sir William Dunn School of Pathology. The trustees have also offered £3,000 for the adaptation of the existing department of pathology for the school of pharmacology.

#### UNIVERSITY OF LONDON.

Graham Scholarship in Pathology.—As announced in our advertisement columns, applications for the Graham Scholarship in Pathology must be received by the Principal Officer of the University of London, South Kensington, S.W.7, not later than by the

first post on January 1st, 1923. The scholarship, which is of the value of £300 per annum tenable for two years, was founded under the will of the late Dr. Charles Graham, to enable "a young man to continue his pathological researches and at the same time to secure his services to the School of Advanced Medical Studies connected with the University College Hospital as a teacher under the direction of the Professor of Pathology."

#### UNIVERSITY OF GLASGOW.

The following degrees were conferred on November 11th:

M.D.—John Stewart (with commendation).  
M.B., Ch.B.—W. Morison, G. J. Muller.

#### UNIVERSITY OF DUBLIN.

The following candidates have been approved at the examinations indicated:

FINAL M.B., PART I.—*Materia Medica and Therapeutics; Medical Jurisprudence and Hygiene; Pathology and Bacteriology*: \*R. F. J. Henry, \*L. C. Brough, \*J. R. Bradshaw, \*M. A. Gerrard, G. A. Sloan, A. J. Mooney, J. McClelland, Evaline E. Mooney, S. Wigoder, D. K. Lyons, Lucy M. Joly, W. A. Taylor, R. K. Carson, R. L. G. Proctor, H. Isaacson, S. E. Magowan, F. V. Duke, I. J. Isaacson, Dorothy J. Booth, P. B. Robinson, L. M. Whitsitt, J. S. Armstrong, L. MacS. Bell, S. Narunsky, W. A. Redmond, P. P. Van der Merwe, J. E. Stokes, Lucy E. R. Pigott, H. W. Strong. *Materia Medica and Therapeutics; Medical Jurisprudence and Hygiene, in completion*: W. L. W. Smith. *Pathology and Bacteriology, in completion*: S. McDermott, Gladys Weatherill, A. V. B. Crawford. *Materia Medica and Therapeutics, Medical Jurisprudence and Hygiene only*: J. E. Beatty, J. L. Livingston, C. Lord-Flood, J. Craig, P. C. de Plessis. *Materia Medica and Therapeutics; Pathology and Bacteriology only*: J. L. Marshall, A. Hawthorne. *Medical Jurisprudence and Hygiene; Pathology and Bacteriology only*: P. D. Piel. *Medical Jurisprudence and Hygiene only*: H. Birney.

D.P.H., PART I.—*Chemistry, Bacteriology, Physics, and Meteorology*: T. F. Wilson.

DIPLOMA IN GYNAECOLOGY AND OBSTETRICS.—H. S. Jacobs.

\* Passes on high marks.

#### NATIONAL UNIVERSITY OF IRELAND.

At a recent meeting of the Senate the following, among other awards, were made:

Medical Travelling Studentship (*Pathology*).—Theobald W. T. Dillon, M.B., B.Ch., University College, Dublin.  
The Dr. Henry Hutchinson Stewart Medical Scholarship.—*Physiology*: Catherine Mary O'Brien, University College, Galway; *Anatomy*: John Mowbray, University College, Dublin.

The Senate decided that the conferring fee for all Bachelors' and Masters' Degrees should be £5 (except in the case of medicine and dentistry, the conferring fees for which should remain unchanged).

#### ROYAL COLLEGE OF SURGEONS OF ENGLAND.

An ordinary meeting of the Council was held on November 9th, when Sir Anthony Bowlby, President, was in the chair.

*Issue of Diplomas*.—Diplomas of membership were issued to the candidates found qualified at the recent examinations. (The names were printed in our report of the comitia of the Royal College of Physicians, published in our issue of November 4th, p. 894.)

*Alterations in the Regulations for the Conjoint Degree*.—These, which have been approved also by the Royal College of Physicians, will come into force, and be applicable to candidates who have not passed the required preliminary examination in general education before January 1st, 1923.

The President reported that Mr. K. M. G. Bailey had been elected the Stretefield research scholar, and that Sir John Lynn-Thomas had been appointed a member of the Advisory Board of Medicine of the University of Wales.

#### ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH.

At a meeting of the Royal College of Physicians of Edinburgh, held on November 7th, Sir Robert Philip, President, in the chair, J. R. Currie, H. A. Foy, G. Lange, N. Hirschman, and H. J. Parish were elected to the Membership of the College.

The Honorary Fellowship of the College was conferred on Professor Bordet of the Institut Pasteur, Brussels, on account of his distinguished services to medical science; and the Honorary Membership of the College was conferred upon Sir Temulji Nariman, The Fort, Bombay, in recognition of his services to medical education in India.

#### ROYAL COLLEGE OF PHYSICIANS OF IRELAND.

WILLIAM JOSEPH DEIGHAN, L.R.C.P. and S.L., having passed the examination, has been duly admitted a Member of the College.

### The Services.

#### NAVAL MEDICAL MEMORIALS.

A BRONZE tablet erected at the Royal Naval Hospital, Chatham, to commemorate the medical officers and members of the nursing staff of the hospital who gave their lives during the war was unveiled by Surgeon Vice-Admiral Sir Robert Hill, Medical Director-General of the Royal Navy, on November 11th. The memorial having been dedicated by the Rev. H. Lloyd, R.N., a wreath was placed at its base by Surgeon Rear-Admiral G. A. Drexper, C.B.

#### AUXILIARY R.A.M.C. FUNDS.

At the recent quarterly committee meeting of the Auxiliary Royal Army Medical Corps Funds, grants were made to cases in the Benevolent Branch for the orphans of officers, amounting to £111 5s. 11d., and grants in the Relief Branch for the widows and children of the rank and file, amounting to £1,301. These funds are for the relief of widows and orphans of commissioned officers, non-commissioned officers, and men of the rank and file of the Royal Army Medical Corps, Special Reserve, Territorial Force and New Armies, and also for the relief of the children of those who have been so severely disabled in the late war that they need help for the education of children. Requests for relief should be addressed to the Honorary Secretary, at the Offices of the Funds, 11, Chandos Street, Cavendish Square, W.1.

### Obituary.

J. M. RATTRAY, M.D.,

Late of Frome.

DR. J. M. RATTRAY, of Frome, who was very well known to members of the British Medical Association ten or fifteen years ago, owing to the frequency of his attendance at the Annual Meetings, died suddenly in London on November 4th.

John Moysey Ratray was the son of Dr. John Ratray of Aberdeen, and was born in that city in 1857. He graduated M.A. Aberdeen in 1877, M.B., C.M. in 1882, and M.D. in 1891. After holding the appointment of house-physician to Aberdeen Royal Infirmary he settled in Frome, where he enjoyed a large practice and took an active share in the life of the town. He was for many years police surgeon and medical officer of the union, and at the time of his retirement was senior honorary medical officer to the Frome Victoria Hospital. He was also connected with the St. John Ambulance Association, for which he was a lecturer. He became a member of the British Medical Association in 1883; he was a member of the Bath and Bristol Branch Council for two periods and president of the Branch in 1911. In 1910 he was chairman of the Trowbridge Division of the Association. Dr. Ratray's health had never been robust, and in May, 1917, he was shot at and rather seriously injured by a patient who was in a state of great mental excitement. A long illness ensued, and eventually Dr. Ratray retired from practice and settled in London. He took a great interest in historical subjects, especially those connected with Scotland, and frequently wrote upon them, for he had a facile pen. He was a Fellow of the Royal Historical Society.

He was a man very much esteemed by all who knew him. His honesty of purpose was transparent, and his kindness of heart was constantly finding expression. The funeral, which took place at Frome on November 9th, brought together a very large attendance of friends, and during the day the flags on the public offices and the Conservative Club were flown half-mast.

T. W. PARRY, M.R.C.S.ENG., L.R.C.P. EDIN.,  
Ferndale, Glamorgan.

THE death took place on November 3rd at Ferndale, Glamorgan, from bronchopneumonia of Dr. Thomas William Parry, J.P. He was born at Dolgelly, North Wales, in 1848, and was educated at Edinburgh, where he was considered one of the best students of his year; he took the diplomas of L.R.C.P. Edin., M.R.C.S. Eng., and L.S.A. in 1871. Some fifty years ago he settled at Ferndale, then a small place of about 1,000 inhabitants, where collieries were being sunk; the population has now increased to 25,000. Dr. Parry became surgeon to the collieries and identified himself with every social and philanthropic movement for the welfare of the district. He was greatly beloved by his patients, and his skill as a surgeon was recognized beyond his own area. He retired from active practice twelve years ago, when he was presented with a valuable testimonial by the townspeople. He was one of the senior magistrates of Glamorgan, and until recently sat regularly at Porth police court, where his portrait was unveiled a short time ago. Dr. Parry was an old member of the British Medical Association and was seldom absent from the Annual Meeting. He was a member of the Council of the South Wales and Monmouthshire Branch from 1888 to 1892, and was Vice-Chairman in 1905 and Chairman in 1906 of the North Glamorgan and Brecknock Division. In 1877 he was one of the twelve medical practitioners who were awarded the Medal for Distinguished Merit of the British Medical Association for heroic conduct and self-denial at

a colliery disaster at Pontypridd. Dr. Parry's wife and two of his daughters died some years ago; he is survived by his two younger daughters.

S. H. writes: As an old assistant of Dr. Parry, I desire to pay a tribute to his many estimable qualities. He was a fine representative of the old school of doctors, possessing a remarkable personality. He was a skilful surgeon, and, working without even the advantage of a cottage hospital, he performed many skilful operations in the homes of his patients. He was a charming colleague, and his invariable good humour relieved the sense of tedium associated with medical practice in the grey surroundings of a colliery district. He was always most sympathetic, and his outlook on life was optimistic. As Horace says (*Odes*, II, 3):

"Omnes eodem cogimur; omnium  
Versatur urna, serius, ocus,  
Sors exitura."

## Medical News.

DR. J. J. E. BIGGS, O.B.E., has been re-elected Lord Mayor of Cardiff. Seven members of the medical profession have been elected to the office of Mayor: Dr. E. A. Farr, Andover (re-elected); Dr. C. F. Oldacres, Daventry; Dr. J. T. T. Ramsay, J.P., Blackburn; Dr. F. L. Thomas, Barnstaple; Dr. H. Tibbitts, Warwick (re-elected); Dr. H. S. Walker, Louth (re-elected); Dr. J. W. Cleveland, St. Albans. The Lord Mayor of Cardiff and all the medical mayors with one exception are members of the British Medical Association.

THE annual old students' dinner of St. Thomas's Hospital was held on November 10th, at Princes Restaurant, Piccadilly, with Sir Charles Scott Sherrington, President of the Royal Society, in the chair. The company, which numbered over 200, included Sir Anthony Bowly, President of the Royal College of Surgeons, Sir Robert Hill, Medical Director-General, R.N., Sir George Makins, Sir George Newman, Sir R. Havelock Charles, Sir Seymour Sharkey, Sir F. Stanley Hewett, Sir Arthur Newsholme, Sir Walter Fletcher, Sir Archibald Reid, and Sir William Thorburn. The chairman, in proposing the toast of "St. Thomas's Hospital and Medical School," referred to his own days as a student at the medical school, and spoke of its present prosperity. Sir Cuthbert Wallace, dean of the medical school, who replied, reviewed the year's doings, sporting as well as academic. He regretted the absence of the treasurer, Sir Arthur Stanley, on account of the general election campaign, but he could state that the finances of the hospital were healthy and were now within measurable distance of balancing, the deficit being only about £3,000. The scheme for the erection of a war memorial was now well in hand. The health of the chairman was proposed with a wealth of encomium by Sir Charles Ballance, and was received with acclamation, and Sir Charles Sherrington briefly responded.

A CHANCELLER screen, erected in the chapel of the Horton Mental Hospital, Epsom, in memory of the fallen members of the hospital and those who died on service at the institution when it was a war hospital, was unveiled on November 11th. On each side of the screen is a memorial tablet bearing the names of fifteen members of the mental staff, and eleven names of the war staff, including a sister, a nurse, and four captains of the R.A.M.C.

A POST-GRADUATE course on recent progress in surgery and orthopaedics, urology, and obstetrics and gynaecology, with special reference to treatment, to be given by members of the medical faculty of Vienna, will begin on December 4th and terminate on December 16th. The hours from 8 to 11 and 3 to 6 will be occupied on each day. The first lecture will be given by Professor A. Eiselsberg, on the lessons of war surgery for civilian surgery. Particulars as to this course can be obtained from Dr. A. Kronfeld, Porzellangasse 22, Wien IX. Another course of the same kind will be held next year from February 12th to 24th. Courses of instruction in special subjects can also be obtained in Vienna during December.

AT the meeting of the Medico-Legal Society to be held at 11, Chandos Street, W.1, on Tuesday, November 21st, at 8.30 p.m., Earl Russell will read a paper on the ethics of suicide.

DR. PORTER PHILLIPS will read a paper on "The position of insanity in criminal law" before the Hunterian Society, on Monday, November 20th, at 9 p.m., at the Cutlers' Hall, Warwick Lane, Newgate Street. Members of the medical profession and of the Medico-Legal Society are invited. A discussion will follow the paper.

DR. HARVEY HILLIARD, formerly Chairman of the Westminster Division of the British Medical Association, is among the recipients of honours bestowed by His Majesty on the advice of the ex-Prime Minister; he is created a Companion of the Order of the British Empire in recognition of public services.

A PAPER on "The economy of smoke abatement" will be read before the Royal Society of Arts, John Street, Adelphi, W.C.2, on Wednesday, November 22nd, at 8 p.m., by Ex-Bailie William B. Smith of Glasgow, a member of the Departmental Committee on Smoke Abatement. Lord Newton will preside.

THE annual dinner of the Chelsea Clinical Society will be held on Wednesday, November 22nd, at 7.30 o'clock, at the Café Royal, Regent Street, W.1.

A MEMORIAL fund has been opened to the late Sir Charles Ryall, C.B.E., F.R.C.S., by the Cancer Hospital, Fulham Road, London, at Coutts Bank. It is proposed that, subject to the necessary funds being forthcoming, the memorial shall take the form of a new operating theatre unit.

THE Department of Scientific and Industrial Research has issued a report of its Food Investigation Board (H.M. Stationery Office, 1s. 6d. net) on the transmission of heat by radiation and convection. It relates a large number of experiments made by Mr. Ezer Griffiths, D.Sc., and Mr. A. H. Davis, M.Sc., directed especially to problems of insulation connected with cold storage construction. Ultimately the inquiry extended beyond this, and yielded results which will be of considerable interest to physicists.

THE Chelsea Clinic of Auto-suggestion, 268, King's Road, S.W., was opened in October, 1921, and is in charge of Dr. Monier-Williams and Dr. Charles Harford, who are testing the treatment of disease of organic as well as of functional origin by the method of collective auto-suggestion initiated by M. Emile Coué of Nancy and expanded by Professor Baudouin of the Geneva School of Psychology. The clinic being entirely free is intended for patients unable to afford ordinary professional fees. Medical practitioners are invited to send any cases they consider suitable. Women are seen on Wednesdays at 5.15 and men on Fridays at the same hour.

A PUBLIC lecture on the pasteurization of the public milk supply will be delivered at University College, London, by Dr. Henry Kenwood, C.M.G., Edwin Chadwick Professor of Hygiene and Public Health, on Thursday, November 23rd, at 5 p.m. The chair will be taken by Sir William Collins.

THE Hunyadi Janos bitter water can now again be obtained in this country. The water is very well known, and the proportion of salts in it is clearly very constant, since the analysis made by Liebig agrees very nearly with others made in recent years. The principal salts are magnesium and sodium sulphates; both are present in the proportion of about 16 parts in the 1,000. The water is bottled at the springs, which rise a few miles south of Budapest, and great care is taken to ensure that the water exported is uniform and free from accidental contamination. The English agents are Messrs. Ingram and Royle, 45, Belvedere Road, London, S.E.1.

DR. R. A. DART has been appointed Professor of Anatomy in the University of Witwatersrand, Johannesburg. He is an Australian by birth, and first attended the University of Queensland, where he took the degree of M.Sc. Afterwards he studied medicine at Sydney University, and graduated M.B., M.S. He served with the Australian Expeditionary Forces, and when demobilized became senior demonstrator of anatomy and lecturer on histology in University College, London, under Professor Elliot Smith.

MESSRS. J. AND A. CHURCHILL announce for early publication: *Sterility in Women, Its Causes and Treatment*, by Dr. R. A. Gibbons; *Applied Pharmacology*, by Dr. A. J. Clark, Professor of Pharmacology, University College; *The Theory of Emulsions and Emulsification*, by Dr. W. Clayton; the second edition of Dr. J. D. Gimlette's *Malay Poisons and Charm Cures*, with a preface by Sir William Willcox; and the eighth edition of *Tomes's Dental Anatomy*, edited by Dr. Marett Tims and Mr. C. Bowdler Henry.

THE number of street accidents recorded by the Metropolitan Police during the months of July, August, and September reached the total of 15,419. Of these 198 were fatal, 174 being caused by mechanically propelled vehicles.

UP to the time of going to press the following members of the medical profession have been elected to represent the constituencies indicated in the new Parliament which will meet next week: Sir George Berry (Con.), Scottish Universities; Sir John Collie (Nat. Lib.), Glasgow, Partick; Major L. G. S. Molloy (Con.), Blackpool; Dr. A. Salter (Lab.), Bermondsey, West; Dr. T. Watts (Con.), Withington; Sir Wm. Whitla (U.), Queen's University, Belfast. Ten other medical men in the results so far declared have been unsuccessful.