

rightly used, would have prevented, by demonstrating the slight persistent fever, and thereby ensuring rest.

In cases of illness the thermometer is in great measure the final court of appeal, but by misusage the instrument is prevented from affording the help of which it would otherwise be capable.

In the first place, ignorance obtains as to what constitutes a normal temperature; and secondly, the means adopted to register the body heat are inadequate. The normal temperature is almost always assumed to be 98.4° F., but a record normal at one period of the twenty-four hours or under one set of conditions would be subnormal or supernormal at another time or in other circumstances.

The late Sir G. Sims Woodhead, in collaboration with Dr. Varrier-Jones, carried out a large number of experiments in continuous rectal readings in both healthy and tuberculous persons. The records are of the first importance, though the technique is too complex for use by the general practitioner. In his report Professor Woodhead referred in several places to the teaching contained in Dr. S. Vere Pearson's paper on "The temperature as a guide to the treatment and prognosis of phthisis," which appeared in the *Lancet* of September 18th, 1909. That paper contains matter of very great value, and a real grasp of the essential points regarding the various types of temperature curve would give the practitioner a good working knowledge of the right use and interpretation of the thermometer.

I reproduce, by permission, Dr. Pearson's diagram illustrating the four principal types of curve that may be met with.

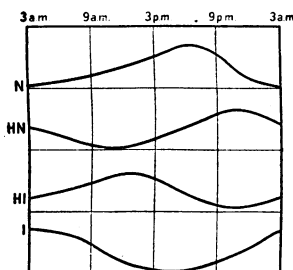


Chart representing Normal (N), Half-Normal (HN), Half-Inverse (HI), and Inverse (I) types of temperature curves respectively.

For the purpose of this paper it is sufficient to draw attention to the N curve, which is that found in the vast majority of normal persons. In the event of his meeting with one of the other three or any variation of them the practitioner should investigate further. It will be noticed that the lowest point of the normal curve is reached at about 3 a.m. and the highest somewhere about 6 p.m. The curve is representative of temperatures taken after rest. Without going into the differences in the normal points obtaining in different persons I think it may be stated that the morning temperature before rising should be below 98° F. and the 6 p.m. reading not above 98.6° after thirty minutes' rest.

One or two variations which may be regarded as normal are as follows: In women during the week or ten days preceding menstruation there is usually a rise of several tenths. This disappears either with the commencement of the flow or a day or two later. Exercise raises the body heat from 1° to 2° F. in proportion to the energy expended. In young children a certain amount of latitude may be allowed, their heat-regulating centres being imperfectly developed. This must not blind us, however, to the fact that, while slight causes will upset a child's temperature, we have no guarantee in a given case, without definite signs to account for the rise, that the cause is slight. Any persistent rise should be noted carefully and appropriate steps taken. Childhood is beyond all other periods that in which tuberculosis makes its first attack.

Lastly, in this connexion, there is no law in medicine, and a few persons with early lung disease have consistently subnormal temperatures.* There are many complexities concerned in accurate temperature readings, but the broad outline given should enable the practitioner to safeguard his patients' health.

Finally, we must deal with the method to be adopted if the actual body temperature is to be accurately determined.

The procedure adopted practically without exception, outside of sanatoriums, is to place a thermometer in a patient's mouth, axilla, or a groin, and after a couple of minutes to

pronounce a result of 98.4° as normal—and this without regard to the time of day. It is true that in a case of marked fever any of these crude methods will give a rough idea of the actual temperature, and the higher the fever the nearer will such readings approximate to the truth. But in such cases strict accuracy is not of vital importance. It is immaterial whether the temperature of a feverish patient be 102° or 103°. What is of paramount importance is that we should know whether it has dropped to within normal limits with the subsidence of the more obvious symptoms of the illness. It is here that the methods in vogue completely fail to enlighten us. In slight rises of temperature it is necessary to keep a mouth thermometer in position for anything from fifteen to thirty minutes in order to obtain the best record the oral method is capable of yielding, especially in a cold room, and even so the actual body temperature is not obtained. In spite of these facts these two-minute records of 98.4° or thereabouts are being accepted as normal temperatures every day by virtually the whole of the medical profession.

Pulmonary tuberculosis is manifested in its earliest inroads by a feeling merely of being below par, together with a slight degree of fever, which, under present conditions, goes unrecognized.

There is one way by which these slight rises may be registered, and that is by rectal readings. Whatever the external temperature, an accurate record is obtained by a three minutes' insertion. All the temperatures given above as falling within the normal variations are records of rectal readings. The objections to the method are entirely negligible, and I have never found them to persist for twenty-four hours, even in the most sensitive and fastidious patients. Until this method is in general use we shall continue to "get upon their feet again" patients who ought to be on their backs, and who, under such conditions, would quickly and permanently restore the balance, with an increased resistance and immunity, but who, under our present illogical system, are having prepared for them a harvest of sorrow, to be reaped in months or years to come.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

ACUTE PROCTITIS CAUSING GENERAL PERITONITIS AND DEATH.

The following unusual case of general peritonitis and death recently came under my care whilst in clinical charge at the Oldham Borough Fever Hospital.

A woman, aged 35, was sent in as a case of scarlet fever as she was said to have had a rash, but on admission no rash was present, nor were there any signs of scarlet fever. She had, however, signs of inflammatory trouble in the left iliac fossa, with a temperature of 100° and a pulse of 100. Next day she was very much worse, and a surgeon and gynaecologist were called in. General peritonitis had developed rapidly, with all the usual signs, and one considered that an infected Fallopian tube was probably the *fons et origo mali*. A vaginal examination failed to reveal any very definite tumour nor any definite tenderness. Rectal examination, however, did reveal a tender area, high up anteriorly, and the original diagnosis was adhered to, on the strength of this, failing a better one.

No operation was performed, as the patient was too ill, and next day she died; a *post-mortem* operation was performed in order to elucidate matters, with the following result.

General sero-purulent peritonitis was present, with much fluid in Douglas's pouch; no specially intense inflammatory focus was observed to guide one to the cause of the trouble, and a careful examination of the hollow viscera, for possible perforation, was undertaken, but with a negative result. No other focus was discovered which might account for the trouble, either in the pelvis, abdomen, or thorax, until, as a last resort, Douglas's pouch was opened and the rectum opened out to inspection. The musculature of the rectum was acutely inflamed throughout its whole length, and was infiltrated with yellow pus. There was no sign of abscess formation, rectal or peri-anal, and the peritonitis was apparently due to contiguity rather than to perforation, of which there was no sign. There was no sign of haemorrhoids, fistula, or diverticulae to account for the condition, and it was strange that the patient never complained of any rectal pain or discomfort of any sort, even upon defaecation, and a rectal examination had entirely failed to suggest a proctitis. The inspection of the rectum left no doubt that the peritonitis was secondary to the proctitis, and not vice versa.

My thanks are due to Dr. Godson, of Oldham, for his help in the elucidation of this case.

W. H. DU PRÉ, M.B., B.S. Lond.,
St. Just, Cornwall.

Late Assistant M.O.H. for Oldham.

* Since writing this I have had the advantage of Dr. Vere Pearson's criticism. With the exception of this statement he has expressed approval of all I have written. These low temperatures he is inclined to look upon as suggestive of arrested disease, in the same way that one gets subnormal readings temporarily after pneumonia. At any rate they should serve to keep the question of tubercle in the practitioner's mind. For this reason I have not deleted the sentence.

FIBROIDS COMPLICATING SEPTIC ABORTION.

The following case, of multiple fibroids complicating a septic abortion, appears to be worthy of record.

H. L., aged 39 years, a laundrywoman, had been married six months; she was well developed and gave no previous history of any serious illness. She complained of constant griping pains in the lower abdomen accompanied by haemorrhage from the vagina. She had had amenorrhoea for three months; previous catamenia were regular but profuse, lasting six days. She said that her abdomen had enlarged during the last year; she had had difficulty with her urine for six weeks, and latterly incontinence. Pain and vaginal discharge had lasted four days, and the pain was getting very much worse.

Two pints of urine were withdrawn from the bladder, and a large, smooth, solid tumour was found reaching to the lower border of the ribs, extending three inches above the umbilicus. Per vaginam a similar tumour filled up Douglas's pouch and was intimately connected with the first tumour. The os uteri was not palpable; the vagina was elongated and pulled up anteriorly, and there was a stinking vaginal discharge. It was not possible to disimpact the posterior tumour from the pelvis. The patient's pulse rate was 112, and her temperature 99°. She was removed to Oakham Cottage Hospital, and as it did not seem possible to empty the uterus and leave it uninfected, I decided to remove the whole uterus, clamping the os in a bag of vagina, as in panhysterectomy for malignant cervix. The patient made an uneventful recovery. The mass weighed 10 lb. 11 oz.; the long axis of the cavity was upwards and forwards with a very much elongated cervix.

F. HERBERT WALLACE, F.R.C.S. Edin.,
GEOFFREY WILSON, M.R.C.S.

Uppingham.

Reports of Societies.

PHYSIOLOGICAL EFFECTS OF LIGHT.

At a meeting of the Section of Therapeutics and Pharmacology of the Royal Society of Medicine on November 14th, a discussion took place on "The physiological effects of light." The President, Dr. W. LANGDON BROWN, was in the chair.

Sir WILLIAM BAYLISS, in introducing the subject, said that everyone was familiar with the fundamental law that light did not produce any effect unless it was absorbed by the medium through which it passed. It appeared in all the biological reactions so far investigated that energy from the light was absorbed, in some cases largely (as in the green chlorophyll of plants) and in other cases much less obviously. There were cases in which the light did not appear to impart much energy, and yet it might suffice to give the original stimulus for the starting of a process. In speaking of effects of the light he thought it more convenient, though possibly less accurate, to refer to them as photo-chemical effects (resulting in the production of some active chemical substance), rather than photo-electrical effects (in which the process was supposed to depend upon the emission of electrons). It was perfectly clear, especially from the observations on rickets and tubercle, that light acting on the skin produced something which must pass into the blood and be carried through the whole body. An important question which arose in this connexion was that of pigment. Was the function of pigment to absorb a particular wave-length of light? Did it act as a sensitizer? Hess of New York had shown that black rats were much less easily cured of rickets by light than white rats. If it were true that it was vitamin A which was concerned in the cure of rickets, it seemed pretty obvious that it ought to be possible to replace vitamin A by light. This replacement could take place to a partial extent. An animal on insufficient vitamin A could, by the action of light, grow as well as if it had a sufficiency of vitamin, but the converse of this did not hold good: by giving sufficient vitamin A rickets could not be cured in a dog kept without light. Another possible aspect of the light effect on tissues and structures must not be forgotten—namely, that the light rays passing through the skin became converted into heat rays in the blood.

Professor LEONARD HILL spoke chiefly on the question of pigmentation. The evaporative power of the skin was conditioned largely by pigment. It was the pigment layer which made the skin of the negro better able to lose heat than the skin of the white man. The sweat glands also appeared to be more active in the black skin. He related some experiments on the effect of pigmentation under sun heat, which showed that this took place better on wet than on dry skin, probably owing to the deeper penetration of the ultra-violet rays; it occurred less well in skin exposed to currents of wind, and very imperfectly in skin covered by glass. From observations on children it appeared that it was the cooling power, not

the sun, which had the greatest effect on the metabolism, though the sun had a profound effect also. The speaker had confirmed Hess in every respect as to the effect of light upon rickets. By means of light, rickety changes in the bone could be stopped altogether, without very much improvement in growth, and the animals exposed to light were also healthier looking and with a cleaner skin. Phosphorus in the blood, which was very low in the rickety subject, was increased a little—not very much—by exposure to light. A fact which might appear puzzling was that children in some tropical or subtropical countries got rickets. This was probably explained by the effect of excessive temperatures. Rats living in moist heat on a normal diet showed signs of rickets and a tendency to die of pneumonia.

Sir HENRY GAUVAIN gave illustrations of the effect of light treatment in cases of surgical tuberculosis at the Alton Cripples' Home and at Hayling Island. One difficulty he had experienced was due to the non-pigmentation of certain children. Children with a tendency to freckle and not to pigment failed to do well under light treatment, and could not indeed stand long exposures to the sun. The absence of pigmenting power was of prognostic significance. Frequently there was latent tuberculosis in such children, and a new lesion might be expected to develop or an old one to recur. When this relapse did take place the children often acquired pigmenting power and thus became more amenable to treatment. Sun treatment should not be given to children without proper arrangements to avoid blistering, and the children, by means of occupations and amusements, should have their attention diverted from the fact that they were receiving a course of treatment. The strong exposure to the light obtainable by the seashore at Hayling Island was not suitable for very young or very weakly children. It should be reserved for the stronger or those with good pigmenting power.

Professor C. J. MARTIN summarized the results of certain observations by the workers at the Kinderklinik in Vienna, which showed that in winter, among children on ordinary diet, not arranged to include a certain amount of the required vitamin, a considerable proportion developed rickets, whereas in summer the diet did not signify, for neither the children who had no cod-liver oil nor those who had it tended to get rickets. He thought that the discovery of the power of light in preventing and curing rickets was one of the most important of recent years.

Dr. ELSIE DALYELL described the treatment of rickets by mercury-vapour lamps, beginning with an exposure of five minutes daily at a distance of 100 cm., and gradually increasing the time and diminishing the distance until an exposure of thirty minutes was given daily at a distance of 70 cm. The first signs of healing in the case illustrated appeared on the seventeenth day, by which time the child had had a total exposure to the light of 1 hour 50 minutes. After a total exposure of 4½ hours, spread over seven or eight weeks, an x-ray photograph showed a restoration of the contour of the bone and apparently normal calcification proceeding.

Dr. GOLDBLATT of the Lister Institute described how animals had been put on a diet deficient in fat-soluble A, and after they had definitely stopped growing for two weeks they were irradiated by light, with the result that there was a temporary resumption of growth. His conclusion was that no synthesis of fat-soluble A occurred as a result of the radiation, but that a kind of economy of the fat-soluble already stored in the animal took place owing to the light action, and that this led to a better curve only for as long as the vitamin lasted.

Dr. W. CRAMER also gave an account of experiments on animals which went to show that the effect of light was really a physiological stimulus to the mechanism which formed the platelets or blood-plates. The nature of this mechanism was not known, but if the assumption could be made that the platelets were formed in the endothelium one could understand why the light acted as it did.

At the end of the meeting a paper on a cognate subject was read by Dr. J. W. TREVAN, in which Miss E. BOOCK had collaborated. It gave an account of experiments on colour changes in frogs under the action of light. It was easy to turn a frog from dark black to yellow in the course of a few hours. The frog that had been exposed to light was definitely more susceptible to digitalis and to the group of which digitalis was a member than the frog which had been kept in the dark. Frogs which had been kept in the light were more susceptible also to quinine. It was possible that

wards. After luncheon he was found by one of his servants lying on the floor dead. It appears that he had not been feeling quite well, for he had consulted at least two of his friends in the profession.

Dr. Lyle was well known and highly esteemed in Newcastle-upon-Tyne, where he had practised for over thirty years. At the time of his death he was 76 years of age. A native of co. Antrim, he studied at Glasgow University, where he graduated M.B., C.M. in 1870 and M.D. in 1872. In the early years of the practice of his profession he held an appointment in Newcastle City Asylum, subsequently in that of the county of Cheshire, and from 1878 to 1900 he was medical superintendent of the Birmingham City Asylum. The experience of lunacy which he thus gained was of great service to him in Newcastle, where his opinion and advice were frequently sought in cases of mental disease. In this department of medicine Dr. Lyle was regarded as a sound and capable adviser. Quiet and unobtrusive in manner, and without malice or jealousy, he made many friends, with whom he remained on intimate terms to the last. Although a keen Conservative he never thrust his political opinions before people. On November 18th his body was laid to rest in Old Jesmond Cemetery. A Presbyterian, the service at the grave was of the simple order of the Church to which he belonged. Many friends, civil and professional, were present at the cemetery.

In the death of Dr. CHARLES EDWIN SOLOMON, after a brief illness, Liverpool has been deprived of one of its well-known practitioners. Dr. Solomon, a native of Cornwall, studied medicine at the Liverpool Royal Infirmary School of Medicine, took the diplomas of L.R.C.P. and L.R.C.S. and L.M.Edin. in 1884, and graduated M.D.Durh. in 1905. He settled down immediately after qualification, and through his diligence gained a considerable practice. He was a member of the Liverpool Division of the British Medical Association and of the Liverpool Medical Institution, whose meetings latterly he attended with regularity. He acted as honorary physician to the C.E.T.S. Women's Temperance Home, where his medical services were greatly valued. Dr. Solomon was essentially a sound practitioner, deeming nothing too trivial that would ensure the comfort of his patient. He was a kind man, and his cheery disposition attracted and retained the friendship alike of his professional colleagues and patients. The funeral took place on November 18th, and the number of mourners present showed how highly esteemed and affectionately regarded the late doctor was. Canon Irvine, who conducted the service, pronounced a sincere eulogy on the departed doctor, whom he truly described as a Christian gentleman, a beloved physician, and a trusty friend. Dr. Solomon was a widower, having lost his wife comparatively recently. He leaves behind a grown-up family of two sons and two daughters, to whom we tender our sympathy.

Dr. MYER AKIBA DUTCH died at Brighton on November 10th at the age of 59. He was born in Dublin and educated at the Wesleyan and Erasmus Smith High School. He commenced his medical studies at the Royal College of Surgeons Medical School, where he won several scholarships in medicine and surgery, and qualified in 1882. He practised for several years at Crewe, Cheshire, and, coming to London, established himself in general practice at Walm Lane, Cricklewood, where he made many friends. In 1904 he obtained the M.D. degree of Durham University, and the F.R.C.S.Edin. in 1908; he had taken the D.P.H. of Cambridge in 1891. During the war he was physician to the Bermondsey Military Hospital, and later he took on the duties of officer in command Tudor House and Beech House Military Hospitals, Brondesbury, his services being specially commended. Dr. Dutch was well known in Masonic circles; he was Past-Master of the St. George Lodge, which he founded, and received many Masonic honours. His body was cremated at Golders Green, and his ashes were buried at Willesden Cemetery. He leaves a widow, two sons, and one daughter.

Dr. HENRY PIERCE CUTHBERT died at Pitlochry, Perthshire, on November 6th, aged 59. He was born at Oswestry, the son of the late Rev. George Cuthbert, and on his mother's side was descended from Simon, Lord Lovat, and from Sir Isaac Newton. He was educated at the London Hospital,

and, after taking the M.R.C.S. and L.R.C.P.Lond. in 1889, went into practice at Clun, where he was surgeon to St. Catharine's Hospital and to Trinity Hospital. In 1906 he removed to North Queensferry, Fife, where he was surgeon and agent to the Admiralty and to the coastguard and wireless telegraph station. During the war he took a temporary commission in the R.A.M.C., and served in France and Italy and on troopships.

DEPUTY INSPECTOR-GENERAL FRANCIS YEATES TOMS, R.N. (ret.), who died at Hove on November 13th, was probably the senior member of the medical profession in Great Britain, for he had attained the great age of 96. He took the diplomas M.R.C.S. and L.S.A. in 1848, and entered the navy in the following year, attained the rank of fleet surgeon on April 28th, 1872, and retired, with an honorary step as D.I.G., on April 1st, 1881. He served as assistant surgeon on H.M.S. *North Star* in 1852-53 in the Arctic Expedition in search of Sir John Franklin, and received the Arctic medal; and in H.M.S. *Sparrow Hawk* in the China war of 1859-60, taking part in the attack on the Chinese forts and gaining the medal. He was awarded a Greenwich Hospital pension on February 6th, 1890.

Universities and Colleges.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

ANNUAL MEETING OF FELLOWS AND MEMBERS.

THE annual meeting of Fellows and Members of the Royal College of Surgeons of England took place on November 16th. Sir Anthony Bowlby (President) took the chair, and placed before the meeting the report of the Council. He indicated the different sections of the report without any particular comment, and called upon Sir John Bland-Sutton to speak of the considerable section dealing with the museum. Sir John Bland-Sutton said that the museum still maintained its pre-eminence. The Council was proud to think that it had been entrusted with what was now known as the Medical War Collection. This numbered altogether some 2,500 specimens, illustrating every phase of injury and disease incidental to the great war. The housing of these specimens had entailed a good deal of structural alteration, but the collection was well worthy of it, not only on account of its size, but because of the interest of the specimens and their careful preservation. Accommodation had also been provided for the Onodi Collection of oto-rhinological specimens, which was now under investigation for the purpose of description and cataloguing. The work would be completed by this time next year.

Dr. Redmond Roche asked the President certain questions with regard to the annual meeting which was summoned last year, and was not held owing to the absence of a quorum. The action of some of the members on that occasion in holding an irregular meeting was the subject of some admonitory remarks in the report. Dr. Roche asked whether it was a fact that members of the Council were in the precincts of the College at the time, but did not make their appearance, as if they had done so a quorum would have been secured; also, whether there was a by-law depriving lady Fellows or Members of the right of voting at the annual meeting. On the last occasion one lady was present, and had it been possible to count her the number would have been the thirty necessary for the quorum.

The President said that the annual meeting was an occasion when Fellows and Members were invited to meet the Council, and as the Council consisted of twenty-four Fellows it was obvious that an attendance of six, apart from the Council, might be sufficient for an annual meeting. This was not desirable, and therefore it was thought well to require the attendance of the thirty apart from members of the Council. Members of the Council were in the precincts of the building on the last occasion. With regard to ladies, the Council was bound by the Act of Parliament under which women were admitted to the College to preclude them from taking part in the management of College affairs.

Dr. Roche then moved a resolution affirming the desirability of admitting Members to direct representation on the Council, and asking for the nomination of at least two Members in general practice. He said that this resolution had been brought forward for twenty years, and had been carried almost invariably by overwhelming majorities, only to be strangled by the Council and buried in the waste-paper basket. No reasons had ever been given for refusing the request of the Members. The government of the College was a mediaeval anachronism, and the constitution of the electorate an unblushing usurpation. The result was a Council consisting exclusively of surgical specialists who had no right to speak for general practitioners, who formed the bulk of the members.

The resolution was supported by Dr. F. G. Lloyd, Dr. Arthur Haydon, Dr. Ware, and others, and on being put to the vote was carried by 26 in favour, and two or three against; the members of the Council did not vote.

Dr. M. I. Finucane moved a further resolution requesting the President to make a detailed statement of the reasons, legal and

otherwise, for the refusal to allow representation of Members in general practice. In these days when the provincial universities were making great headway, and new educational systems were shaping, there was a danger that if the College did not become a more virile institution it might be ignored by the coming medical men. This resolution was supported by Dr. F. W. Collingwood and Dr. Elwin Nash, and agreed to.

The President demurred to the terms of this resolution, which referred to "The Council's refusal to allow representation." That was a misstatement. The Council had power neither to refuse nor to grant. It was strictly limited by its charter, which conveyed no such powers. It was unfortunate also that Members should speak as though there was hostility between themselves and the Fellows: he did not admit that there was any such hostility. In one breath they were told that the status of Members was grievously affected by the action of the Council; in the next, that the status of Members was extremely high. He himself had no hostility to the Members, nor had any member of the Council. Many of the Members were their friends, and many had been their pupils. It was said that this was a matter for which the whole of the Members were pressing. The first resolution spoke of the College as composed of 18,000 persons, of whom 16,000 were engaged in general practice. No indication had ever been given as to how many members there were in the Society of Members; no list of names had ever been published, no figures had been furnished. In the past the Council had consulted the Fellows, who were the electorate, and their opinion on the proposal was adverse. In 1908 the Society of Members asked the opinion of Members of the College, but the result had never been published; it was not known what the result was. Under the circumstances the only way in which the Council could judge of the feeling of the Members was by means of the annual general meeting. There were 18,000 Fellows and Members of the College, and the number of votes cast that day for the main resolution was 26—something like 1.5 per 1,000. He wished to ask the secretary of the Society of Members what was its total membership.

Dr. S. C. Lawrence said that the Society represented the 16,000 Members; he had never himself met a Member who justified the Council's action. Two Members thereupon said that the Society of Members did not represent them.

The President, continuing, said that, in the absence of any more definite figures from the Society of Members, the Council had no information as to the feeling of Members on this subject. He was intimately associated during the war with many hundreds of Members, and this subject was never raised. It was never raised at all except at the annual meeting, when it was often difficult even to get a quorum. He wished also to point out that the present electorate of Fellows was representative. It was constantly suggested that the Fellows were not in general practice; that was a misstatement. Hundreds of Fellows of the College to his own knowledge were in general practice, and every one of them was eligible for a seat on the Council. He was satisfied that the Council represented every part of the profession. In conclusion he read a statement on the subject which the Council had authorized, giving the reasons against an application for an amended charter. The statement recapitulated what the President had already said: (1) The Council believed the present electorate—that is, the Fellows—to be thoroughly representative; large numbers of the Fellows were in general practice or serving in various appointments under the Government or local authorities. (2) The Council was not prepared to advocate measures which were in direct opposition to the opinions of a large number of the present electorate; on two occasions the Fellows had been invited to vote on an extension of the franchise, and the majority of those voting had been against it. (3) There was no evidence of any widespread demand by the Members for the amendment of the charter, and very few Members came to the annual meeting to support it. If any Members were in doubt as to the legal position he asked them to obtain legal advice, and the Council would give full consideration to any legal opinion. The passing of resolutions at that meeting did not give the Council the necessary powers to do what was demanded.

UNIVERSITY OF OXFORD.

At a congregation held on November 18th the degree of Doctor of Medicine (D.M.) was conferred on A. H. Southam.

The New Schools of Pathology and Pharmacology.

The offer of the trustees of the late Sir William Dunn, referred to in our last issue, was submitted to congregation on November 21st; a delay of a week beyond the date originally fixed having been arranged, in order to allow a fly-sheet of detailed information regarding the proposals to be circulated in the university. The preamble and form of decree printed below were submitted on Tuesday last to one of the largest congregations held within recent years, and were accepted by the House without division. The decree was introduced by Dr. Pember, Warden of All Souls, and supported by the Regius Professor of Medicine (Sir Archibald Garrod), Mr. Arthur Johnson, the President of Magdalen (Sir Herbert Warren), and Professor Poulton.

If and when the offer of Sir William Dunn's trustees has received the consent of the Court of Chancery, the University will be provided with a magnificent "Sir William Dunn School of Pathology," as well as with an excellent School of Pharmacology, in place of the present inadequate provision for the latter subject. Both Professor Dreyer—who is absent in Paris as a British representative at the Serological Congress of the Health Committee of the League of Nations—and Professor Gunn are heartily to be congratulated on the good fortune which has fallen to their

departments from the beneficent action of Sir William Dunn's Trustees.

"Whereas Sir William Dunn's Trustees have offered to provide (a) the sum of £100,000 for the establishment of a School of Pathology subject to the consent of the Court and to the following conditions (i) that the University provide a site approved by the Trustees, (ii) that the University make permanent provision for the upkeep of a Chair of Pathology and full teaching staff, (iii) that out of the grant a sum of not less than £20,000 be reserved by the University and invested for the provision of a Maintenance Fund for the School of Pathology, and (iv) that the School be known as the "Sir William Dunn School of Pathology," and (b) the sum of £3,000 for the adaptation of the existing Department of Pathology as the future School of Pharmacology; the University gratefully accepts these munificent offers of Sir William Dunn's Trustees for the purposes aforesaid and decrees as follows:

1. That the offer of Sir William Dunn's Trustees of £100,000 for the establishment of a new School of Pathology, and of £3,000 for the adaptation of the existing School of Pathology as the future School of Pharmacology, subject to the conditions laid down by the Trustees, be gratefully accepted, and that the Curators of the University Chest be authorized to receive the aforesaid sums, and to expend them on the above-named purposes.

2. That a site of approximately 2½ acres near to South Parks Road be allocated to the new School of Pathology.

3. That the warmest thanks of the University be conveyed to Sir William Dunn's Trustees for their most munificent offer."

UNIVERSITY OF CAMBRIDGE.

At a congregation held on November 17th the following medical degrees were conferred:

M.D.—K. B. Aikman, S. D. Kilner.

UNIVERSITY OF LONDON.

At a meeting of the Senate, held on November 15th, the Vice-Chancellor (Mr. H. J. Waring, M.S., F.R.C.S.) being in the chair, the William Julius Mickle Fellowship of £200 was awarded to Mr. F. J. F. Barrington, M.B., M.S., in respect of the work which he has carried out during the past five years on the nervous mechanism of micturition.

The Council for External Students have elected Dr. E. Graham Little as chairman for 1922-23, and Sir Wilmot Herringham has been elected chairman of the Graham Legacy Committee for the same period.

The following candidates have been approved at the examination indicated:

THIRD M.B., B.S.—†G. L. Brocklehurst, †G. W. Heckels, *R. Hunt Cooke, †Sybil G. Mocatta, †T. S. North, *Winifred A. M. Thompson, *†R. H. Wade, †Agnes H. White, *†Samson Wright (University Medal), N. D. Ball, J. R. Batten, E. V. Beaumont, J. A. Binning, Mary H. Y. Blakeston, Rosa Ina Bradley, R. B. Britton, Lorna P. Brown, E. A. Coldrey, Nancy M. Coutts, Idris Davies, A. D. d'Avay, Mary C. Eliot, I. Feldman, Marie L. P. Goetze, Marjorie P. C. Greene, Gertrude E. Harre, Hilda M. Haythornthwaite, Margaret Haywood, J. P. Hosford, D. M. Jones, Dylis M. Jones, W. A. Low, Dora Mason, R. G. Michelmore, Olea M. Naylor, B. S. Nissé, R. J. Parry, F. A. Pickworth, Gladys H. Randall, S. D. Rhind, P. L. Richardson, W. G. Rose, Joan M. Ross, C. H. St. John, Gladys M. Sanders, F. H. Scotson, Olive B. Suarp, B. L. Slater, W. A. M. Smart, Dulcie C. Staveley, Eleanor C. E. Stone, A. J. C. Tingey, F. H. W. Tozer, Lendal Tweed, Harriette B. Woodhouse.

Group I.—Edith I. L. Abbott, K. S. Captain, Grace D. Chambers, Eva D. Cook, S. Crown, G. W. Elkington, R. P. Fagan, E. C. Heap, L. J. M. Laurent, E. A. Levisseur, A. C. Macneil, N. S. Macpherson, Ena M. Sansom, R. O. Swayne.

Group II.—D. A. Blount, Gladys L. Buckley, Helen W. Duncan, Christine P. Francis, F. A. Gaydon, Alice M. F. Goldmann, Kathleen M. D. Harding, Marjorie C. Hawkins, E. G. Housden, G. H. Howells, A. E. Jenkins, B. L. Laver, F. R. Leblanc, Mary Michael, Muriel Rawlinson, Olive M. Salmon, A. H. Shelswell, A. I. Silverman, Emma M. Store, H. G. Stormer, R. S. Swindell.

Distinction in *Medicine, †Surgery, ‡Midwifery, §Forensic Medicine.

UNIVERSITY OF EDINBURGH.

The following candidates have been approved at the examinations indicated:

FINAL M.D.—Clinical: T. F. Andrew, H. C. Brayshaw, J. H. Clarke, D. R. Cramb, B. V. Dunn, J. S. Fulton, W. Goldie, Annie C. Greenep, I. S. Hall, T. Harrison, J. D. Ingram, Frans Krone, Ruth M. Munro, J. O. Murray, G. Ogilvie, Helen M. Russell, B. J. Ryrie, J. Walker, L. H. Werden.

FINAL M.B., Ch.B.—Forensic Medicine: A. Beveridge, G. P. F. Bowers, F. L. Buttar, V. F. T. Chan, J. G. Cormack, D. A. Cunningham, W. R. Duff, L. M. C. Duthie, E. G. R. Grant, Jeannie Kean, Janet C. King, R. Levinson, Phyllis E. List, J. S. MacGill, J. B. Mackie, Margaret M. Meikle, Ellen A. Morrison, Janet M. Morton, A. S. Nicol, Milorad Petrovitch, Rhoda B. V. Robb, R. T. Sharp, B. Siddons, Cecil Siung, C. R. Smuts, G. H. Thomson, E. J. K. Weeks, J. F. S. Wiseman, E. D. M. Wright, D. H. D. Young. Public Health: G. P. F. Bowers, V. F. T. Chan, Elizabeth K. Clark, J. G. Cormack, D. A. Cunningham, N. Fram, E. M. R. Frazer, L. S. Frost, M. N. Gelb, Margaret H. Gordon, E. G. R. Grant, A. B. Guild, L. Jaffit, Janet C. King, Ena M. Laing, R. Levinson, R. V. Liddell, Elizabeth M. Lindsay, Phyllis E. List, Elspeth H. R. Livingstone, F. N. M. Farlane, R. MacGillivray, J. B. Mackie, W. F. Mair, Margaret G. Maxwell, Margaret M. Meikle, E. B. Mercer, H. Miller, R. Morton, C. A. Murray, H. L. Nicholas, A. S. Nicol, J. R. H. Pasqual, Susanne J. Paterson, Milorad Petrovitch, F. N. R. Price, W. H. B. Ramsay, S. J. Reich, J. S. Riddle, Rhoda V. B. Robb, R. T. Sharp, D. A. M. Shearer, C. Siung, Dorothy F. Smith, C. R. Smuts, T. R. Sutherland, D. A. Urquhart, J. F. S. Wiseman, M. A. G. Yool.

EDINBURGH UNIVERSITY COURT.

At the meeting of the Edinburgh University Court on November 13th, with Principal Sir Alfred Ewing in the chair, Sir David Wallace and Dr. Norman Walker, senior lecturers, were

appointed members of the Faculty of Medicine, and Mr. W. J. Stuart was appointed additional examiner in clinical surgery. Intimation was received from the trustees of the late Emeritus Professor Crum Brown of the bequest of a portion of his library to the University. Dr. R. McKenzie Johnston was elected a Curator of Patronage in room of Sir George Berry, who resigned office. The Court appointed Professor Scott Watson and Dr. Charnock Bradley as their representatives on the joint committee on animal breeding.

UNIVERSITY OF LEEDS.

At a meeting of the council on November 20th Dr. A. H. Priestley was appointed lecturer in bacteriology. The following appointments to new lectureships in the School of Medicine were approved: Mr. S. W. Daw (Orthopaedic Surgery), Dr. Veale (Diseases of the Skin), Dr. Vining (Diseases of Children).

VICTORIA UNIVERSITY OF MANCHESTER.

DR. H. V. WHITE has been appointed honorary assistant lecturer in physiology.

Medical News.

A LECTURE on the present conditions of small-pox will be given by Dr. Richard J. Reece, C.B. (Senior Medical Officer, Ministry of Health), in the Barnes Hall, 1, Wimpole Street, W.1, on Wednesday, November 29th, at 8.30 p.m. The lecture has been specially arranged by the Fellowship of Medicine in view of the present small-pox outbreak and is open to all members of the profession.

THE following members of the medical profession were called to the Bar on November 17th: G. H. Dart, M.D., M.R.C.P. Edin., Medical Officer of Health for Hackney (Lincoln's Inn); W. W. Jameson, M.D., M.R.C.P., Medical Officer of Health for Finchley (Middle Temple); R. St. G. S. Bond, M.B., F.R.C.S. Edin., M.R.C.P., Surgeon Commander R.N., Director of Medical Studies and Professor of Hygiene, Royal Naval College, Greenwich (Gray's Inn).

THE annual reunion dinner of the Prince of Wales's Hospital and North-East London Post-Graduate College was held at Pagani's Restaurant on November 9th. The chairman, Dr. F. G. Crookshank, remarked on the satisfactory number of members present at this the first dinner after the inauguration of the reunion association. The executive committee had deferred bringing forward a definite constitution, but he hoped it would be possible next year to hold a business meeting to consider plans for the future in relation with the College and the North-East London Clinical Society. He asked members to forward suggestions to the honorary secretaries, Dr. Jenkins Oliver, 1, Devonshire Place, W.1, and Mr. S. O. Rashbrook, 1, Priory Terrace, Kew, Surrey.

THE autumn general meeting of the Irish Medical Schools' and Graduates' Association will be held at Pagani's Restaurant, Great Portland Street, on Thursday, November 30th, at 7 p.m., the President, Dr. J. A. Macdonald, LL.D., in the chair. The meeting will be followed at 7.15 p.m. by the autumn dinner, at which the guest of the Association will be Professor Andrew S. Dixon. Tickets for the dinner, 9s. each, may be obtained from Dr. Humphris, 8, West Chapel Street, S.W.

THE Federation of Medical and Allied Services has arranged a conference on hospital finance, to be held at 12, Stratford Place, W., on Thursday next at 3 p.m. The chair will be taken by Lord Islington. Among those who have notified their intention of taking part in the discussion are Viscount Hambleden, Sir Arthur Stanley, Sir Alan Anderson (honorary secretary, King Edward's Hospital Fund), Sir Napier Burnett (Director of Hospital Services to the Joint Council of the Order of St. John and the British Red Cross Society), Dr. Gordon Dill (Brighton), and Mr. E. W. Morris (house governor of the London Hospital).

THE Glasgow University Club, London, will dine at the Trocadero on Friday, December 1st, at 7.30 p.m. Professor W. P. Ker, LL.D., will be in the chair. Any Glasgow University men who have not received cards and who would like to be present are requested to communicate with the Honorary Secretaries, 1, Harley Place, N.W.1.

THE Henry Jacob Bigelow gold medal has been awarded by the Boston Surgical Society to Dr. W. W. Keen for his contributions to the advancement of surgery. The medal was presented at a meeting of the society on October 25th, the presentation speech being made by Dr. Harvey Cushing.

APPLICATIONS for Government grants for scientific investigations must be received at the offices of the Royal Society not later than January 1st next. Printed forms of application can be obtained from the Clerk to the Government Grant Committee, Royal Society, Burlington House, London. W.1.

THE Harben lectures for 1922 before the Royal Institute of Public Health will be delivered at 37, Russell Square, London, W.C.1, by Professor Theodore Madsen, Director of the State Serum Institute, Copenhagen, on December 1st, 4th, and 5th, at 5 p.m. The first lecture will deal with specific and unspecific antitoxin production, the second with antitoxic treatment, and the third with the influence of temperature on antigen and antibodies.

THE next congress of the Royal Sanitary Institute will be held at Hull from July 30th to August 4th, 1923.

THE Paris, Lyons and Mediterranean Railway, 179, Piccadilly, W.1, announces that from December 1st to April 30th next a through coach, comprising lits-salon and first-class seats, will run between Calais and Hyères. This coach will be attached to the through train Calais-Ventimiglia, now running in connexion with the 11 o'clock service from London (Victoria). Luggage registered through from London to Hyères by this service will be examined by the Customs authorities at destination.

THE late Mr. Bourne, of the firm of Bourne and Hollingsworth, Oxford Street, London, has bequeathed £5,000 to the Lowestoft Hospital for the purpose of providing an operating theatre.

THE meeting of the French Association for the Advancement of Science will be held in 1923 at Bordeaux. Professor Sabrazès has been elected president of the Section of Medicine.

Letters, Notes, and Answers.

As, owing to printing difficulties, the JOURNAL must be sent to press earlier than hitherto, it is essential that communications intended for the current issue should be received by the first post on Tuesday, and lengthy documents on Monday.

ORIGINAL ARTICLES and LETTERS forwarded for publication are understood to be offered to the BRITISH MEDICAL JOURNAL alone unless the contrary be stated.

CORRESPONDENTS who wish notice to be taken of their communications should authenticate them with their names—of course not necessarily for publication.

AUTHORS desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL are requested to communicate with the Office, 429, Strand, W.C.2, on receipt of proof.

In order to avoid delay, it is particularly requested that ALL letters on the editorial business of the JOURNAL be addressed to the Editor at the Office of the JOURNAL.

THE postal address of the BRITISH MEDICAL ASSOCIATION and BRITISH MEDICAL JOURNAL is 429, Strand, London, W.C.2. The telegraphic addresses are:

1. EDITOR of the BRITISH MEDICAL JOURNAL, *Atiology, Westrand, London*; telephone, 2630, Gerrard.

2. FINANCIAL SECRETARY AND BUSINESS MANAGER (Advertisements, etc.), *Articulate, Westrand, London*; telephone, 2630, Gerrard.

3. MEDICAL SECRETARY, *Mediscera, Westrand, London*; telephone, 2630, Gerrard. The address of the Irish Office of the British Medical Association is 16, South Frederick Street, Dublin (telegrams: *Bacillus, Dublin*; telephone, 4737, Dublin), and of the Scottish Office, 6, Rutland Square, Edinburgh (telegrams: *Associate, Edinburgh*; telephone, 4361, Central).

QUERIES AND ANSWERS.

PLURIGLANDULAR TABLETS.

"STRATFORD" writes: Recently I have been prescribing pluriglandular tablets (thyroid, pituitary, testis) steadily for several patients. On the principle that the tablets supply a glandular insufficiency, they should be taken continuously perhaps for the rest of life. Are there any dangers in such a course?

PSYCHICAL TRAINING.

DR. CHARLES F. FRANCE (Wigan) writes: "F. J." may find the following work useful—*Ambidexterity and Mental Culture*, by Dr. H. Macnaughton-Jones (Wm. Heinemann, London).

A STRANGE "WILDFOWL."

DR. GEORGE SMITH (Henley-on-Thames) writes: The strange "wildfowl" described by Dr. Frank G. Layton in your issue of November 18th, p. 1004, must almost certainly have been a tick (*Ixodes*, belonging to the *Acaridae*, one of the families of the *Arachnida*). These ticks are rarely found on man. In thirty-five years of a country practice in Oxfordshire I have only seen one case, and it occurred under almost identical circumstances as those mentioned by Dr. Layton. His patient must have caught it from a sheep, horse, ox, or dog.

WARMING THE GARAGE.

DR. T. S. SHELDON (Chester) writes: Last winter I successfully warmed my 16 x 10 wooden garage by a Perfecta oil-stove standing on the concrete floor a few inches from the radiator. My stove burns for seventeen hours without attention. A simple form of hot-water heating is described in *The Autocar* for November 17th.