

ligament was unduly lax. Whether this laxity was cause or effect I was unable to decide. It seemed plausible that it might represent a result of frequent overdistension of the bladder; but, on the other hand, it might represent an effect of long retroversion of the uterus, the primary fault being softening of the round ligaments from congestion extending from the uterus. However, whether the laxity was cause or effect, it appeared reasonable to think that by removing it and placing the uterus in anteversion the overstretched round ligaments would be given physiological rest and thus put in the best position for restoration to the normal.

By this time (about June, 1914) the meaning and force of my observations had become fairly well crystallized. I was satisfied that the material of the anterior leaf of the broad ligament was elastic and strong enough to hold the uterus anteverted, without direct interference with the round ligaments, and, furthermore, that by adequate extension of the incision (and purse-string) in the broad ligament the undue laxity of the anterior leaf of the broad ligament must be reduced.

#### *The Operation.*

The way was now clear to put these views to the test of practice, and on July 9th, 1914, I deliberately carried out the operation of restoration of the round ligaments in a case of retroversion in the Perth Hospital. This operation consists in splitting the anterior leaf of the broad ligament parallel to the round ligament, between the round ligament and the bladder, undermining the opening, and closing it by a purse-string, the outer limit of the purse-string being in the vicinity of the internal abdominal ring and the inner limit being towards the uterine cornu. The immediate effect is to bring the uterus into anteversion, and to demonstrate the round ligaments contracted down to their normal length—an interesting physiological experiment performed directly under the eye. Furthermore, the undue laxity of the anterior leaf of the broad ligament is seen to be reduced.

#### *Results.*

I have carried out the operation of restoration of the round ligaments in over two hundred cases, many of them subsequently going through pregnancy and parturition, so that I am in a position to speak with some little authority as to the value of the operation. In one case the operation was performed in about the sixth week of gestation, and there was no subsequent trouble, parturition being quite normal and the uterus remaining anteverted. In another case, recently reopened for some fresh morbid condition a few years after the operation, there was no obvious evidence of the primary operation, the uterus being in anteversion and having its normal motility, although there had been an intervening parturition. On the other hand, in another recent case, in which the Montgomery-Gilliam operation had been carried out some years earlier, hysterectomy proved exceptionally trying on account of the anatomical disorder in the pelvis caused by the first operation.

#### *Standard of Efficiency.*

The conditions to be fulfilled by an ideal operation for retroversion of the uterus may be stated as follows: (1) It will conform with the principles of rational surgery in that it restores the abnormalities to the normal; (2) it will permit of adequate access to the pelvic abdomen; (3) it will leave no condition which may prove a source of future disability or danger; (4) it will stand the strain of pregnancy and parturition; and (5) it will not complicate future operations on the pelvic abdomen.

I know of no operation which appears to fulfil these conditions so completely as restoration of the round ligaments. This restores the round ligaments to their original condition as nearly as is ever likely to be possible, while at the same time it reduces undue laxity of the anterior leaf of the broad ligaments. It practically restores the abnormal to the normal without introducing any factor that might prove a source of trouble either of itself or in case the abdomen should need to be reopened in the future. In none of the cases subsequently coming under my notice have pregnancy and parturition been attended with difficulty from the operation or with recurrence of the retroversion.

#### *Operative Technique.*

A good light and the Trendelenburg position are almost essential. The suprapubic abdominal incision may be the ordinary vertical or the transverse. Retraction of the wound edges should be adequate to expose the round ligament in its whole length in the abdomen. For the incision in the anterior leaf of the broad ligament a fold is raised between the round ligament and the bladder, snipped into, and the opening

freely undermined, and extended outwards and inwards. The commencement (outer limit) of the purse-string suture (silk or Pagenstecher) is made near, and a little on the pelvic side of, the internal abdominal ring. The suture terminates just beyond the inner end of the incision. If the free ends of the purse-string are now caught together and pulled on, the tissue in which the thread is placed will be drawn somewhat inwards. This new point marks the outer limit of the purse-string when tied, and thus permits us to fix on the inner limit necessary to produce the desired amount of anteversion of the uterus. (The round ligament and the bladder must be avoided in passing the purse-string; when the purse-string is tied the raw edges of the incision should have been buried.) If, when the purse-string is tied, the uterine anteversion is found insufficient, it may be readily increased by the same suture either by taking in the uterus near the cornu or by taking a fresh bite farther outwards in the broad ligament. It is convenient to work from the side (of the patient) opposite to the round ligament being dealt with. When the operation is completed a narrow raised fold of the broad ligament is noted extending across the utero-vesical interspace; this can prove in no way a detriment to the patient.

## Memoranda:

### MEDICAL, SURGICAL, OBSTETRICAL.

#### A POSSIBLE CASE OF BRONCHO-PULMONARY SPIROCHAETOSIS.

In the discussion on the differential diagnosis of pulmonary tuberculosis at the Glasgow meeting of the British Medical Association Dr. James Lawson referred to broncho-pulmonary spirochaetosis, and instanced a possible case under observation at Tor-na-Dee Sanatorium. The results of further investigation of this case are, I think, worthy of record, since the evidence is conflicting and leaves the diagnosis doubtful.

The patient was a lady aged 40, who had never been abroad except for a year at school in France and Switzerland. Down to five years before admission she had always had good health except for otitis media as a child. At the age of 33 she had whooping-cough, which left her with a cough and a little sputum for about four months. The sputum was streaked with blood once; it was repeatedly examined for tubercle bacilli, with negative results. She had an attack of influenza four years later, which was followed by a persistent cough with sputum, and on three occasions at intervals of about three weeks she had small but definite haemoptyses. She was seen by a consulting physician, who diagnosed pulmonary tuberculosis and advised sanatorium treatment.

There was no history of tuberculosis in her blood relations, but her husband had died of pulmonary tuberculosis six years before her admission. She complained of a rather troublesome cough with copious sputum, and slight huskiness of the voice on waking. The sputum was copious, thin, and very fetid, and on standing separated into an upper clear watery layer and a lower layer of yellowish-grey pulaceous material. Repeated examination by ordinary and concentration methods of twenty-four hours' samples failed to reveal tubercle bacilli, but numerous septic organisms were present, along with large numbers of spirochaetes which at first we thought were the spirilla of Vincent's angina, since she had severe pyorrhoea alveolaris, and the tonsils were a little enlarged, congested, and cryptic. The mucous membrane of the nose and nasopharynx looked unhealthy, but the larynx was normal. The physical signs in the lungs were those of definite infiltration (with râles) of the upper half of the right lung, and doubtful infiltration (without râles) at the left apex. The x rays confirmed these findings, and in addition showed some calcareous deposit at the roots of both lungs, with two small dilated bronchi near the root of the right lung. Her general condition was quite good, and there was practically no systemic disturbance except slight tachycardia. The blood was normal, and the Wassermann reaction was negative.

A provisional diagnosis of pulmonary tuberculosis, with spirochaetal infection of the mouth and fauces, was made. After local treatment the consulting rhinologist declared the upper air passages healthy, and dental treatment was equally successful in clearing up the septic condition of the teeth and gums, but there was practically no diminution of the fetid sputum, and the spirochaetes were as numerous as ever. We therefore formed the opinion that broncho-pulmonary spirochaetosis was a possible diagnosis. An independent bacteriologist was asked to examine the sputum, and he reported that "the spirochaetes are certainly not *S. pallida*, and if infection from the mouth can be excluded it is very possible that they are of the type described by Castellani; they closely resemble the spirochaetes described by him, but similar organisms may be found in the mouth, so that it is not possible to say definitely that they are pathogenic in this case."

The von Pirquet test was inconclusive, only a slight reaction being obtained. Injection of samples of the sputum into guinea-pigs gave negative results as to tuberculosis, and no lesions of any sort were produced. Two successive samples of blood were sent to Drs. Gosse and Punch for the complement fixation test, and both were "positive."

On the above evidence it is very difficult to make an exact diagnosis, but taking all the facts into consideration I think it

is probable that the case was one of arrested pulmonary tuberculosis, with secondary infection of the mouth, upper air passages, and possibly the lung, with septic organisms and spirochaetes.

The spirochaetes were of the type described by Castellani as producing the pathological condition named by him "broncho-pulmonary spirochaetosis," and may have been responsible for the peculiar fetid sputum. The positive complement fixation results were unexpected by us since, according to Dr. Gosse,<sup>1</sup> a positive result is "an almost infallible guide to the presence of active tuberculosis," though he qualifies this by saying that "the blood may give a positive test for perhaps a year after the disease is arrested." Is it possible that Castellani's spirochaetes may, like *S. pallida*, sometimes produce substances in the blood which fix complement in the presence of tuberculous antigen?

The patient improved greatly under treatment with arsenic and antiseptic inhalations, but on discharge there was still a small quantity of sputum containing spirochaetes, and at the apex of the right lung a few râles after cough.

J. M. JOHNSTON, M.B., D.P.H.,  
Physician-Superintendent, Tor-na-Dee  
Sanatorium, Murtle, N.B.

#### ESERINE POISONING PRODUCED BY INTRAVENOUS INJECTION: RECOVERY.

The following case, which was seen by me recently, is of interest:

M. S., aged 32, was admitted to the London Hospital suffering from psoriasis. Inadvertently the patient was given a quarter of a grain of eserine sulphate in 15 minims of water by intravenous injection. Within a minute she became unconscious, with laboured breathing, imperceptible pulse, and cyanosis, fibrillary twitchings of all muscles, and wide dilatation of the pupils. There was incontinence of urine and faeces, and a great flow of saliva, and the throat and larynx were filled with secretion. Immediately the mistake was recognized an injection of atropine 1/100 grain and strychnine 1/60 grain was given, and oxygen was administered by inhalation. An hour later the pulse could just be felt, the throat was clearer, but breathing was still laboured. A second injection of atropine 1/100 grain was given, and the inhalation of oxygen continued.

Shortly afterwards the patient began to regain consciousness, but it was at least an hour later before she spoke. She complained of deafness and blindness. The breathing was now calm and deep, and the twitchings had almost stopped. The pulse was weak and irregular. The oxygen was stopped; saline (2 pints) was injected by the rectum and retained. Gradually the sight and hearing returned, and the general condition steadily improved. The following day the patient felt rather weak, but was otherwise none the worse.

The course of the psoriasis appeared not to be affected by the incident.

B. L. SLATER, M.B., B.S.Lond.

House-Physician, Skin Department,  
London Hospital (Dr. J. H. Sequeira).

#### COLLOIDAL GOLD FOR THE LANGE TEST.

In view of the difficulties so often experienced in the preparation of reliable samples of colloidal gold for the Lange test and the consequent limitation in usefulness of this valuable reaction, it may be of service to describe a greatly simplified technique for the preparation of the reagent, which in our hands is giving encouraging results.

Into a perfectly clean hard-glass flask, washed out several times with distilled water, take 100 c.cm. of distilled water and 1 c.cm. of  $\text{AuCl}_3\text{NaCl}$ ; bring to the boil, and from a Dreyer pipette add ten drops of 1 per cent. formaldehyde (2½ per cent. formalin); remove the flame to the edge of the wire gauze and from another Dreyer pipette add sixteen drops of a 2 per cent. solution of  $\text{K}_2\text{CO}_3$ , and then at intervals of fifteen seconds add one or two more drops—eighteen in all usually suffice, red streaks appearing at the seventeenth drop, converted at the eighteenth into a smart blush; cease now. There is no need to shake.

The sample as it cools in the flask will assume a rich old-rose colour to transmitted light, throwing on to white paper a red colour with a violet tinge; it will have a marked fluorescence to reflected light; 5 c.cm. of it will be rapidly decolorized by 1.7 c.cm. of a 1 per cent. solution of  $\text{NaCl}$ ; and it will give luetic and paretic curves with appropriate positives and negative results with known negatives.

The reagent should not be used quite fresh; we do not use a sample prepared more recently than the evening before. On the other hand, the sample may not keep more than a

week or ten days; hence the advantage of preparing it in small quantities.

The usual precautions as to scrupulous cleanliness of apparatus are taken, every single piece of apparatus used being reserved for this work and no other. Triple distilled water is not used; we use a fresh sample of water distilled in a copper retort which has been in use for some time.

Central Laboratory,  
Ministry of Pensions.

TEMPLE GREY, M.B.

## Reports of Societies.

### GENERAL PARALYSIS.

#### THE DISCOVERY OF GENERAL PARALYSIS.

At the ordinary quarterly meeting of the Medico-Psychological Association of Great Britain and Ireland, held on November 23rd at the Bethlem Royal Hospital, London, the President, Professor G. M. ROBERTSON of Edinburgh, read a paper on the discovery of general paralysis, from Haslam to Bayle (1798-1822). On November 21st, 1822, he said, a young man named A. L. J. Bayle presented a thesis for the Doctorate of Medicine to the Faculty of Paris, entitled *Recherches sur les maladies mentales*. In it he recorded the opinion that "general and incomplete paralysis" and disorder of the mind, developing side by side, were caused by chronic arachnitis; in other words, that these two groups of phenomena were the associated symptoms of a definite disease having a distinctive pathological anatomy. This was an opinion which had never been expressed before by anyone, and it had since been proved in its essential features to be true. The disease was the one now generally known as general paralysis of the insane. According to Baillarger, the recognition of the association of these two orders of symptoms signalized the greatest advance ever made in the history of mental disease.

The first case of undoubted general paralysis recorded in medical literature was described in 1798, by an Englishman named John Haslam, who was apothecary to Bethlem Hospital from 1795 to 1816, and was at one time President of the Edinburgh Royal Medical Society, and one of the original members of the Medico-Psychological Association of Great Britain and Ireland. Haslam was an acute observer, and he had the gift of literary expression. Less than three years after entering Bethlem Hospital he published the first edition of his *Observations on Insanity*. Professor Robertson then quoted verbatim Haslam's celebrated Case xv.

It was that of a man aged 42, whose illness suddenly developed on a hot day while he was working in the garden. Some years previously he had travelled over the greater part of Europe with a gentleman, and after the onset of his illness he sometimes conceived himself the King of Denmark, at other times the King of France. Though lacking education, he professed himself a master of all the dead and living languages, and he believed he had some recollection of having come over to this country with William the Conqueror. He was irritable and quarrelsome. After ten months in the hospital he became tranquil, relinquished his absurdities, and was "discharged well" in June, 1796. But in six weeks he relapsed and was readmitted. He now had a paralytic affection, and his speech was inarticulate. Then he became stupid, his legs swelled and afterwards ulcerated, his appetite failed him, he became emaciated, and died. Haslam made a *post mortem* examination, and minutely described all that he found.

Probably, Dr. Robertson said, the man was infected with syphilis while travelling abroad, and he had the typical delusions of grandeur. Even at that early date Haslam believed that madness was always connected with disease of the brain and of its membranes. The great Pinel spoke very highly of Haslam's character.

In Paris the clinical symptoms of general paralysis were undoubtedly discovered by Esquirol, and in 1826 Bayle and Calmeil gave a complete picture of the symptoms, the course, and the naked-eye pathology of general paralysis. It was Pinel who insisted on a study of the symptoms of insanity on strictly scientific lines, and on a daily visitation of the patients, and a record of their symptoms and the progress of the cases. He appeared to have practised towards the patients the greatest consideration and kindness. Paris was in a fortunate position for the study of the disease, as at this period it possessed three large mental hospitals, and some years after the Napoleonic wars there arose a large crop of cases of general paralysis; no doubt there was a large infection of the soldiers with syphilis while passing through the various European countries. Still no one seemed to have thought of syphilis as a cause of general paralysis; the

<sup>1</sup> BRITISH MEDICAL JOURNAL, October 21st, 1922, p. 741.

that several of the cases (I do not know how many) were unvaccinated, and I hasten to express my regret that I had not first verified the statement. Fortunately, the statement was quite immaterial to my main argument, which was the danger arising from unrecognized cases in once vaccinated persons.—I am, etc.,

Leicester, Dec. 4th.

C. KILLICK MILLARD.

## Universities and Colleges.

### UNIVERSITY OF CAMBRIDGE.

At a congregation held on December 2nd approval was given for the appointment of a University Lecturer in Embryology for a period not exceeding five years, with an annual stipend of £250, one of the lecturer's duties being to give instruction in the embryology of the vertebrata.

The following medical degrees were conferred:

M.D. (by incorporation).—H. R. Dean, D.M.Oxon., Professor of Pathology.

M.D.—O. C. Kerby.

M.B., B.Ch.—E. M. Burrell, E. A. Fiddian.

The number of medical students pursuing their studies this term in the University is 476. This total is made up as follows: Freshmen, 145; second year, 143; third year, 131; medical students of higher years in residence, 57.

### UNIVERSITY OF LONDON.

A MEETING of the Senate was held on November 15th.

Mr. G. T. Mullally, M.S., was recognized as a teacher of surgery at Westminster Hospital Medical School.

The annual report of the Graham Legacy Committee, which was presented to the Senate, gave particulars of the general progress of the laboratory, the researches which had been carried out, and the amount of the grants made to workers. The Committee also reported the gift by Dr. Charles Bolton, F.R.S., of £100, being a moiety of the Mickle Fellowship awarded to him by the University in 1921. Professor A. E. Boycott, F.R.S., was re-appointed director of the laboratory for one year from January 1st, 1923.

The resolution regarding the issue of certificates for examination in the Faculty of Medicine for internal students passed by the Senate on October 20th, 1920, was rescinded, and it was resolved that the regulations for internal students in the Faculty of Medicine be amended so as to provide that certificates of having passed the first and second examinations for medical degrees be issued to all students qualified to receive such certificates.

Dr. E. Graham Little and Sir Wilmot Herringham, K.C.M.G., C.B., have been appointed chairmen for 1922-23 of the Council for External Students and of the Graham Legacy Committee respectively.

Applications for the University Chair of Anatomy tenable at St. Bartholomew's Hospital Medical College, salary £1,000, must be received by the Academic Registrar at the University not later than the first post on April 16th, 1923, from whom further particulars may be obtained.

The William Julius Mickle Fellowship for 1923 has been awarded to Mr. F. James Fitzmaurice Barrington in respect of the work carried out during the past five years on the nervous mechanism of micturition.

Applications for the Graham Scholarship in Pathology of the value of £300 per annum for two years must be received by the Principal Officer at the University not later than the first post on Monday, January 1st, 1923. The scholarship 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 University College Hospital as a teacher under the direction of the Professor of Pathology." It is in no way restricted to students either of University College Hospital Medical School or any other medical school of the University of London.

### UNIVERSITY OF EDINBURGH.

The following candidates have been approved at the examination indicated:

FINAL M.B., Ch.B.—M. S. Abaza, S. C. Alcock, Isabella H. Allan, W. Anderson, Jean Y. Andrew, Margaret S. R. Armstrong, M. P. Atkinson, C. J. Austin, L. C. L. Averill, P. J. Badenhorst, J. B. S. Baxter, Lillias F. E. Begg, Margaret I. Bower, J. Brown, Eleanor M. Cadman, A. H. Campbell, J. M. P. Campbell, Mary J. Cheng, \*D. S. Cherry, Irene V. E. Christison, J. C. Coulthard, R. T. Deas, K. S. Dick, \*J. L. N. Dinwiddie, Grace M. F. Dover, Grace W. W. Eason, E. C. Ellis, D. L. Ferguson, N. Fram, J. Glover, R. T. F. Grace, Annie C. S. Haddow, H. R. Haigh, Margaret M. R. Hamilton, H. Hastings, H. D. Hayes, Flora M. Hogg, C. F. W. Illingworth, A. K. James, L. B. Jones, Margaret W. Kemp, G. G. King, B. Leader, R. C. Little, Elizabeth T. Logan, D. B. M'C. Lothian, D. T. M'Alush, I. H. M'Clure, F. N. M'Farlane, Annabella M'Garrity, J. C. Macgown, Elizabeth M. Mackay, A. W. Mackie, W. M'Kie, Marjorie C. Mackintosh, I. F. Macleod, R. A. C. Macnair, J. M. Manson, Grace J. Marshall, K. A. T. Martin, F. G. J. Mulder, C. L. L. Murray, S. Petkoon, Joha na V. Pietersen, Elsie Porter, Jean S. Riach, T. Ritchie, S. J. Rom, Isabel S. Rutherford, R. M'G. Saunders, Annie B. A. Scott, R. Selby, D. Slight, Flora M. Stewart, D. Summerville, B. G. Thompson, Charlotte E. W. Thompson, Elizabeth N. Thompson, H. V. Thwaites, J. Todd, Isabel du Toit, H. R. Vernon, H. L. Wallace, S. W. R. Watt, Hazel F. Watt, J. Williams, Margaret S. Williamson, R. P. Wilson, M. Witkin, W. S. Woodburn.

\* With distinction.

### SOCIETY OF APOTHECARIES OF LONDON.

The following candidates have passed in:

SURGERY.—E. Downing, A. Gullertein, \*H. D. L. Jones, W. A. Jones, M. Newfield, G. Schwartzman, A. W. L. Smith.

MEDICINE.—E. Downing, J. Mitchell, M. Newfield, R. F. A. Philpott, A. W. L. Smith.

FORENSIC MEDICINE.—E. M. Chidson, E. Downing, D. J. Dubash, M. Newfield, R. F. A. Philpott, P. D. Richards, A. W. L. Smith.

MIDWIFERY.—E. M. Chidson, E. Downing, A. Gullertein, R. F. A. Philpott, P. D. Richards, A. W. L. Smith.

\* Section II.

The Diploma of the Society was granted to Messrs. E. Downing, H. D. L. Jones, W. A. Jones, J. Mitchell, M. Newfield, and A. W. L. Smith.

## The Services.

### WAR EMERGENCY FUND.

At the last meeting of the War Emergency Fund Committee 29 cases were considered. The sum of £573 was granted for personal service and £563 6s. for education. It was reported that two cases had not reapplied for renewal of the education grant. Under the education scheme the committee agreed in two cases to sanction the change of schools. The War Emergency Fund is now educating 47 sons and daughters of medical men at a cost of £3,420 per annum.

### DEATHS IN THE SERVICES.

Surgeon General Sir Francis Wollaston Trevor, K.C.S.I., C.B., Army Medical Staff (retired), died at his residence, Oerley Hall, Shropshire, on November 16th, aged 70. He was the son of the late E. S. R. Trevor, of Trowscoe, Welshpool, and was educated at Guy's Hospital and at Aberdeen University, where he graduated M.B. and C.M. in 1874; he took the M.R.C.S. in the same year. He entered the army as surgeon on September 30th, 1874, attained the rank of colonel on January 14th, 1903, and that of surgeon general on June 29th, 1906. He retired on January 1st, 1912. He served in the Afghan war in 1878-80, in the Kandahar Field Force, at the action of Ahmad Khel, and in Roberts's march from Kabul to Kandahar, the relief of Kandahar, and battle of Kandahar on September 1st, receiving the medal with two clasps, and the Kabul-Kandahar bronze star; in the Sudan campaign of 1884-85, with the Nile column, medal with clasp, and Khedive's bronze star; and in the South African war in 1901-2, as P.M.O. of a division, operations in the Transvaal, Orange River Colony, Zululand, and Cape Colony, mentioned in dispatches in the *London Gazette* of July 29th, 1902, Queen's medal with five clasps. From 1908 to 1911 he was Director of Medical Services in India. He received the C.B. in 1907, the K.C.S.I. in 1911, and in 1910 was appointed Honorary Surgeon to the King. He married Mary Mytton, daughter of R. H. Mytton of Garth, Welshpool, and leaves two sons and one daughter. Colonel H. O. Trevor, Army Medical Staff (retired), is his younger brother.

Lieut.-Colonel Terence Humphrys Sweeney, C.M.G., Bengal Medical Service (retired), died suddenly at Cheltenham on November 15th. He was born on July 15th, 1856, at Castlereagh, Roscommon, and educated at St. Vincent's Hospital, Dublin, taking the L.R.C.S.I. in 1877, the L.K.Q.C.P. in 1878, and the F.R.C.S.I. in 1879. Entering the I.M.S. as surgeon on September 30th, 1878, passing first into the service, he became lieutenant-colonel after twenty years' service, and retired, with an extra compensation pension, on March 1st, 1909. Most of his service was passed in civil employ in the North-West, now the United Provinces, where he was appointed civil surgeon of Mirzapur in 1886, and of the important city and district of Benares in 1890. He served in the Afghan war of 1878-80, taking part in the operations at and round Kabul, and in the defence of Sherpur, and received the medal with a clasp. He rejoined for service in the recent war, and was in command of York Place Indian Hospital, Brighton, from its opening on December 1st, 1914, to its closing on December 31st, 1915, for which he received the C.M.G. on June 4th, 1917. His wife died shortly before he retired from the service. He leaves one son—a lieutenant in the Royal Engineers—and two daughters.

Brigade Surgeon Lieutenant-Colonel George Gilbert MacLaren, Bengal Medical Service (retired), died at Blairgowrie, Perthshire, on November 17th, aged 77. He was the son of the late John MacLaren, of Dainalreck, Kirkmichael, Perthshire, and educated at Edinburgh, where he graduated M.B. and C.M. in 1866. He entered the I.M.S. as assistant surgeon on April 1st, 1868, became brevet lieutenant-colonel on May 1st, 1893, and retired on June 27th, 1893. Almost the whole of his service was spent in civil employ in the North-West, now the United Provinces, and most of it in the station of Dehra Dun, in the lower Himalayas. He founded the MacLaren Leper Asylum in that station.

Major Arthur Cameron Duffey, R.A.M.C., died of pneumonia in London on November 12th, aged 47. He was educated at Trinity College, Dublin, where he graduated B.A. in 1894, M.B., B.Ch., and B.A.O. in 1896, and M.D. in 1897, in which year he took the L.R.C.P. also. After filling the post of medical officer of the City of Dublin Hospital for two years, he went out to the South African war as a civil surgeon, subsequently entering the R.A.M.C. as lieutenant from November 29th, 1900. He became major on August 29th, 1912, and was placed on half-pay on November 10th, 1920. He served in the South African war, in operations in Cape Colony and in the Transvaal, receiving the Queen's medal with four clasps. In 1899 he went to the United States as special commissioner of the Cancer Society, and was the author of a work, *Conditions and Treatment of Cancer in the United States*.

## Medical News.

A TROPICAL Diseases Committee has been appointed in connexion with the British Empire Exhibition to be held at Wembley in 1924. The chairman of the committee is Sir Humphry Rolleston, K.C.B., M.D., and the deputy chairman Major-General Sir W. B. Leishman, K.C.M.G., F.R.S. (War Office). The committee includes representatives of the Tropical Schools, the Natural History Museum, the Royal Navy, the Royal Colleges of Physicians and Surgeons in London, veterinary medicine, and also the India Office and the Colonial Office. The joint secretaries are Lieut.-Colonel W. W. Clemesha, C.I.E., M.D. (70, Victoria Street London, S.W.1), and Dr. S. H. Daukes, O.B.E. (Wellcome Bureau of Scientific Research, 25-27, Endsleigh Gardens, London, N.W.1). The chairman of the executive subcommittee is Dr. Andrew Balfour, C.B., C.M.G.

AT the social evening of the Royal Society of Medicine, to be held at 1, Wimpole Street, W.1, on Wednesday next, December 13th, Messrs. Marconi have arranged to install one of their newest models and a Magnavox loud speaker, which will enable the audience in the Robert Barnes Hall to enjoy a wireless concert without the necessity of using individual earpieces. It will begin at 8.20 p.m.; after the concert news too late for the evening papers, latest weather reports, and so on, will be delivered.

AT a general meeting of the members of the Royal Institution held on December 4th, when Sir James Crichton-Browne was in the chair, Sir Arthur Keith was elected secretary in succession to the late Colonel E. H. Grove-Hills. Professors Urbain (Paris), Ehrenfest (Leyden), Knudsen (Copenhagen), Bjerknes (Christiania), and Dr. Irving Langmuir were elected honorary members.

THE annual dinner of the London School of Medicine for Women (Royal Free Hospital) was held on Friday, December 1st, at the Holborn Restaurant, with Dr. Ethel Vaughan-Sawyer in the chair; 282 graduates, students, and their friends were present. The chairman, in proposing the toast of the school and hospital, referred to the loss sustained by the resignations of Dr. J. Walter Carr, senior physician, and of Miss Cox-Davies, the matron. The greatest need of the school at the moment was a suitable recreation ground for the students; there were 480 students with only one tennis court amongst them all. Mr. J. Gay French proposed the health of the guests in a felicitous speech, and Lord Riddell made a witty response. Several songs delightfully rendered by Madame Teresa del Riego added greatly to the pleasure of the evening.

AT the meeting of the Manchester Surgical Society, to be held in the library and reading room of the Manchester Medical Society, Medical School, Coupland Street, on Tuesday next, December 12th, at 8 p.m., papers will be read by Mr. M. Mamourian on massive excision of diseased bone followed by immediate or early bone-grafting, and by Mr. Garnett Wright on after-results of gastrectomy for ulcer. The discussions on the papers will be opened by Mr. Harry Platt and Mr. H. H. Rayner respectively.

A THREE months' course of lectures and demonstrations in hospital administration will be given at the North-Western Hospital, Hampstead, by Dr. E. W. Goodall, medical superintendent, on Mondays and Thursdays, at 5.15 p.m., beginning Monday, January 8th, 1923. The fee for the course is £3 3s.

AN extension of the nurses' home of the London Fever Hospital was recently opened by Lord Muir-Mackenzie. The building is four stories high, and the ground floor contains class and sitting rooms for 100 nurses. The other stories each provide seven bedrooms, and each has a sanitary wing.

THE *Times* correspondent in Berlin reports that malaria is prevalent in the centre of Russia and in the city of Moscow. Until the beginning of this year the area affected was restricted to the south-eastern regions—the marshy district of the Dnieper, the Don, Kuban, the Black Sea border of the Caucasus, and Transcaucasia. But from January to September, 1922, the number of cases registered in the government of Moscow alone was 25,280, and of these 2,223 occurred in the city. Similar or worse conditions prevail in the governments of Tver, Vladimir, Riazan, and in the Volga regions. It is reported that of the total number of persons affected 25 per cent. have died. It is added that adequate medical organization and supplies are wanting.

THE State Medical Officer of Texas recently announced that 500,000 cases of dengue had been reported in the State within a few weeks, but that the disease is not of a serious character. It was expected that the coming of cold weather, causing the death of the mosquitos, would end the epidemic.

THE forty-fourth autumn meeting of the Irish Medical Schools' and Graduates' Association was held at Pagan's Restaurant on November 30th, with the president, Dr. J. A. Macdonald, in the chair. There was a large attendance, including several members resident in Dublin. A letter of condolence was sent to the widow of Sir Charles Ryall. The members and their friends, to the number of 101, subsequently dined together, the guest of the evening being Professor Andrew S. Dixon. After the loyal toasts had been honoured, Dr. William Douglas proposed "Our Defenders," and Colonel George A. Moore replied. In proposing the health of the guests Dr. Gubbins Fitzgerald said that Trinity College, Dublin, of which Professor Dixon was such an ornament, had the reputation of welcoming to its halls men and women of every creed and every shade of politics; nothing contentious was allowed to interfere with the prosecution of studies. "Prosperity to the Association" was proposed by Sir Jenner Verrall, who congratulated the members on their good fortune in having as their president Dr. Macdonald, a man in whom were combined much wisdom, quick perception of points requiring proper consideration, and the courage to state his convictions without giving offence to those differing from him. The president, in reply, briefly narrated the origin of the association. The idea occurred to an old Portora boy, who had had long service abroad as an army surgeon, and he broached this in 1878 to a schoolfellow who had been serving abroad as a naval surgeon. The association now numbered nearly 700 members, whose homes were in every part of the world. Its success was due to the camaraderie it fostered and the exclusion from its meetings of everything connected, even remotely, with politics or polemics.

A MEETING of the Royal Benevolent Fund Guild was held at the house of the Medical Society of London on November 26th, when Lady Bradford, the president, introduced Mrs. Kendal, who took the chair. Mrs. Scharlieb, M.D., described the work of the Guild. Lady Fripp said that it was proposed to hold a dinner after Christmas, and many members present agreed to act as stewards, undertaking to collect £10 before January 30th or to bring eight or ten guests. Tickets can be obtained from Miss Swinford Edwards (68, Grosvenor Street, W.1) or Miss Fletcher (98, Harley Street, W.1). Under the auspices of the Ladies' Medical Golfing Society a bogey competition, open to all lady golfers, is to be held between January 1st and September 30th, 1923, for the benefit of the Guild. Play may be on any course, but the card must bear the special stamp (price 6d.) issued by the Guild, and be certified by a member of a recognized golf club. The lady who returns the best aggregate of five scores will win a silver cup. Further particulars and sheets of twenty stamps may be obtained from Lady Rigby (24, Queen Anne Street, W.1).

IN 1919 an Act was passed by Parliament providing for the registration of nurses for the sick. Under that Act a General Nursing Council was established, one of whose duties was the formation of the Register of Nurses. Work on its preparation has been going on steadily since that time, and the Minister of Health has given notice, as required by Statute, that the Register has now been compiled. The effect of this notice will be that after three months from December 5th (the date of the notice) the unauthorized use of the title "registered nurse" will render a person liable to a fine not exceeding £10 for a first offence and £50 for any subsequent offence. The first Register is now being printed, and will be published by the General Nursing Council, 12, York Gate, Regent's Park, N.W.1.

DR. WILLIAM BROWN, Wilde Reader in Mental Philosophy in the University of Oxford, has been added to the consulting staff of Bethlem Royal Hospital as honorary consulting psychologist.

A NATIONAL congress of medical practitioners was held at Rio de Janeiro in October, with Dr. C. Sampaio as president. Professor F. Mahalhaes delivered the opening address, on the thesis that "democracies succeed only when the authorities take as their guide the principles of social medicine." The meetings were organized by the Medical and Surgical Society of Rio, and lasted for a week; it was decided to form a Brazil Medical Association.

A CONVENTION of the Federation of the Experimental Biological Sciences will be held in the Faculty of Medicine of the University of Toronto on December 27th, 28th, and 29th.

A CANCER institute has just been opened at Madrid. Professor Goyanes, the director, supervised the building and equipment after visiting similar institutions in other European countries.

A NUMBER of cases of tropical malaria have recently been reported, according to the *Münchener medizinische Wochenschrift*, among persons who have never lived away from Berlin; none of them had any suspicion of the disease until it flared up under a course of salvarsan treatment.