

the forceps. If I could get Dr. McAskie seriously to look at the preventive side of obstetrics I should be satisfied.

I am much obliged for the kind remarks made by Dr. Campbell, and am very interested in his report on the value of x-ray photographs as a means of diagnosis. Dr. Johnstone thought that my address was a very provocative one to the family doctor, and he remarked that he preferred to "curry favour with them." I do not agree with this. I have a large number of friends in the medical profession, and have received from them many letters thanking me for the help and ideas I have given them in my writings and otherwise. Moreover, I have never blamed the general practitioners as a body; it is not for me to cast the first stone, and I fully realize under what difficulties many of them work, and that their knowledge of medicine and surgery, as a whole, is greater than that of the specialist. But the specialist has a part to play. If he is placed in positions of trust it is his bounden duty, not only to the medical profession but also to the public, to give each the benefit of his experience. If he does not do so he should be retired, and someone more worthy appointed to fill his place. Unfortunately in my endeavours to reclaim certain sinners I am supposed to label all general practitioners as such, which is not true; I should not care to "curry favour" with general practitioners by neglecting to help them in those cases in which I ventured to think such help was necessary, not only for their own sake but for that of their patients. Dr. Johnstone found fault with my remark that a patient might be allowed to go eight hours in the second stage of labour. I should have thought that it was obvious from the context of my address that I did not advocate this as a general practice; my point was that two hours should not be regarded with the same respect as the "Ten Commandments." Neither did I say that all the forceps operations were of a major variety, but that the high forceps operation certainly was.

I thank the President for his kind remarks, and am glad that he takes up the idealistic view. Certainly I agree that perforation should be performed more often in preference to delivery with the forceps, in those cases in which undue force would have to be employed, for the rate of mortality and especially that of morbidity in the mother would be much lowered. Efficient ante-natal supervision would, however, abolish the necessity for such an operation.

I was very interested in the amusing and instructive remarks of Dr. Douglas. His description of his maternity work in Scotland was as near to my ideal as may be. Evidently Scotland, as usual, in this respect as in others, is in advance of the general practice. Dr. Douglas gave an idealistic account of the work of general practitioners in obstetrics. He could not understand a man who did not use gloves and antiseptics in midwifery; neither can I, and yet I wonder what percentage do. Dr. Grove thinks that an "aseptic hand" is better than india-rubber gloves. If he will refer to the definition of asepsis, and after this prepares his hands accordingly, he will have none with which to deliver his patients. One must, of course, prepare one's hands before putting on the gloves, and antiseptics are more efficient when gloves are worn than when the bare hand is relied upon. A speaker thought that I had brought charges against the character of the general practitioner, and it is evident that he would have advised me, thinking of my banking account, to refuse to open this discussion; but my object has been not to blame but to help the family doctor as well as I could by giving him the experience of my hospital practice, which I say again is my duty. I am glad to think that most general practitioners are on the side of Dr. Fairbairn and myself.

The last speaker attributed to me the remark that no force should be used in delivery with the obstetric forceps, which, as Euclid says, is absurd. What I did say was that no undue force should be used. Further, and he spoke as having much experience, he remarked that he had never failed to deliver with the forceps. I hope to God, for the benefit of his patients and their offspring, that in the future he will in some cases fail in his well-meaning endeavours.

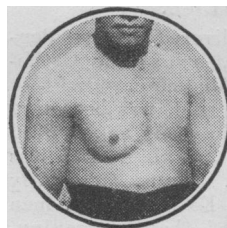
## Memoranda :

### MEDICAL, SURGICAL, OBSTETRICAL.

#### UNILATERAL GYNAECOMASTIA.

THE following case is of interest on account of its comparative rarity, and because of its well marked features. I first noticed an enlarged right breast in Able Seaman X. during a medical inspection of one of His Majesty's vessels, and obtained a photograph and these particulars.

Age 23, single. He first noticed a swelling of his right breast in 1916—that is, when nearly 17 years old—and was told by a medical man that it was due to "pulling of the strings." The breast enlarged slowly for eighteen months and has remained stationary since. There has never been any pain or discomfort in any way, but he has been subject to a certain amount of ridicule from his messmates. He voluntarily stated that some days the swelling seems to lessen.



The breast consists of a uniform hypertrophy of about the size of an ordinary nulliparous female breast. It moves freely, laterally, upwards and downwards over the pectoral muscle. The margins of the gland are well defined and it is uniformly firm in consistence. The nipple is a little larger than the corresponding one and is quite soft and moves freely.

He has never noticed any discharge from the nipple, nor could I obtain any by massage. His testicles and genitals appear clinically to be quite normal and well developed. There are no other signs of effeminacy, and apart from the breast he is remarkably muscular and well developed. There is no enlargement of the thyroid, nor any history of enlargement or disease of that organ. The man is quite fit and able to carry out the strenuous life of a sailor.

It is impossible to obtain a familial record apart from the statement that his mother had a swelling in front of the neck in 1915, the last time he saw any of his family.

A. A. POMFRET, M.B., Ch.B.,  
Surgeon Lieutenant, R.N.

#### HAEMORRHAGIC DISEASE OF THE NEWLY BORN TREATED SUCCESSFULLY BY INJECTIONS OF THE FATHER'S BLOOD.

THE following case is, I think, of sufficient interest and rarity to justify its publication.

On Sunday, September 2nd, at 4.30 p.m., a patient was delivered of an apparently healthy female child, weighing 8 lb. The labour, which lasted twelve hours, was perfectly normal. There had been three previous pregnancies terminating in normal labour and delivery. The other three children (two girls, one boy) are in perfect health and have never had any illness necessitating medical advice. There was no history of "bleeders" in the family.

At 2 p.m. the following day the infant started vomiting blood. I saw her at 2.30 p.m. She was then vomiting bright red blood in fairly large quantity, and at the same time there was melaena. The blood discharged from the bowel was dark-coloured and free from clots. In addition there was haemorrhage to a lesser degree from the vagina, and a petechial haemorrhagic rash over the forehead, face, and neck. The temperature was subnormal and the pulse imperceptible. The infant was cold and clammy. It was at once apparent that the haemorrhage was large, the clothes about the chest being saturated with blood. Examination failed to reveal any bleeding point in the mouth or throat.

Fortunately I had a 20 c.cm. Record syringe at hand, and I succeeded in persuading the father to let me take 20 c.cm. of blood from the median basilic vein of his right arm, and immediately injected it subcutaneously in the right gluteal region of the infant. Some ten minutes later the haemorrhage seemed to have ceased and the child fell asleep. She continued to sleep soundly until 10.30 p.m., and when I saw her again at 11.30 p.m. I found that she had just vomited up another two or three drachms of bright red blood. There was still some melaena, but considerably less in amount. The child's condition had obviously improved. I thought it advisable to repeat the injection, giving another 20 c.cm. of the father's blood subcutaneously. As before, about a quarter of an hour after the injection the infant went to sleep and slept soundly until 5 a.m. At 8.30 a.m. I found that there had been no further vomiting of blood or bleeding from the vagina. There was still some slight melaena, without any faeces mixed with it. The infant looked much better and appeared to be much more active. The next morning the child passed a perfectly normal motion, with no visible evidence of blood. She continued to make satisfactory progress. There was no further haemorrhage. During the first week there was a loss in weight of 1½ lb. The mother had a normal puerperium. During the first three days the infant had nothing by the mouth,

except a few sips of iced water. On the fourth day she was put to the mother's breast, and has continued feeding satisfactorily since.

This case, judging from the amount of the haemorrhage, would be considered a severe one. The sedative effect that the injections had on the child was surprising; they were followed in each instance almost immediately by profound slumber. The essential cause, in this instance, as in the largest number of cases of "the haemorrhagic disease of the newly born," was obviously the lack of some substance in the blood essential to coagulation.

F. W. ROBERTSON, M.A., M.D.

Newport, Mon.

## Reports of Societies.

### MANIPULATIVE SURGERY.

ON October 2nd Mr. R. C. ELMSLIE delivered his presidential address, on manipulative surgery, before the Orthopaedic Section of the Royal Society of Medicine.

The use of manipulative methods, he said, was becoming increasingly prominent. Because it could easily be acquired and could be carried out with little training, and was largely immune from gross accidents, it was frequently taken up by unqualified practitioners. Formerly such men were called "bonesetters," and claimed that by manipulation they replaced small bones. The term "bonesetter" was an ancient one, and was applied formerly to regular and irregular practitioners. In the seventeenth century there was a "bonesetter" and an "assistant bonesetter" on the staff of St. Bartholomew's Hospital; both were presumably surgeons. Recently the irregular practitioner had become known as a "manipulative surgeon" rather than as a "bonesetter." X rays had made the claim to replace small bones difficult to sustain. The osteopaths, rare in this country but common in America, still used this method of describing their work. They did this in spite of radiography, relying upon the comparatively complicated osteology of the spine. Sir James Paget investigated bonesetting, and published a clinical essay upon it in 1867. Howard Marsh followed his teaching, and recorded his views in the following succinct paragraph:

"Chirurgery, or handicraft, began, as we may well believe, in attempts to pull-in dislocated bones, to straighten distorted joints, and to restore movement to stiff limbs. In this dawn of the art nothing was known of anatomy or pathology; it was only seen that a limb was bent or stiff, and force was employed to overcome the defect, just as it might be used to straighten a crooked bar, or loosen a rusty lock. Soon, however, the primitive operators of those early days became ranged in two groups: the mere empirics, who went straight to the point of trying what force would do; and those who endeavoured to ascertain the nature of particular cases and the difference between one case and another—those, in other words, who cultivated pathology and diagnosis in order that they might use force with safety and advantage. The results of practice conducted on these different lines can easily be imagined. The empirics, applying force in all cases alike, and thus involving their patients in a mere game of chance, did good whenever such untimely force as they could use was appropriate, and harm whenever it was unsuitable; those who used force only when they could see a reason for doing so, and when they thought it was safe, while they did little harm, often, as their diagnosis was very rudimentary, missed an opportunity of producing a cure. In these conditions the empirics frequently had the best of it. Regular, but as yet very ill informed, practitioners were so often beaten in their encounters with disease that they lost credit in the public eye; while the empirics, making the most of their cures, and not seldom laying the blame of their failures on the surgeon whose previous treatment they alleged had done all the mischief, were accredited with powers that approached the miraculous. And we can understand their success, for every surgeon now well knows that instances are common enough in which pain and limited motion, resulting from sprains and other injuries, may at once be set right by even rough and unskilled movements, or, indeed, by an accidental wrench."

Better methods of treating injuries, together with the evolution of a well trained and experienced school of massage, had lessened the number of cases of gross stiffness of joints after injury, the class of case most often quoted by Paget, Marsh, and Wharton Hood. In spite of these improvements unqualified manipulators still appeared to be in some cases dramatically successful. The medical profes-

sion should look to its methods and inquire why so many of these cases passed into unqualified hands.

Certain factors favoured the irregular practitioner. The public tended always to believe in some peculiar ability in methods of manipulation possessed by the "bonesetter" and denied to the profession, or in an almost occult power of seeing what was wrong inside a joint. Moreover, the unqualified manipulator could advertise either directly or through the mouths of his patients. A third factor, and perhaps the most important, was the fact that the failures of the irregular practitioner were almost always hidden. The patient whom he cured boasted of the fact; the patient whom he failed to cure, or made worse, was perhaps somewhat ashamed of his credulity, and kept silent on the matter. The failures of the irregular manipulator were very many. Marsh mentioned two cases of sarcoma and one of spinal caries treated by manipulation. Such gross cases were perhaps becoming rarer, but Mr. Elmslie himself had seen a patient with myositis ossificans around the knee rendered so ill by the manipulation of a bonesetter that complete rest of the joint for two and a half years was necessary; a youth with slight spinal injury rendered a confirmed neurasthenic with coccydynia through manipulation of the coccyx; a young woman converted by osteopathy into an apparently hopeless neurasthenic; and a large loose body in a knee so manipulated that it blocked full extension for four years. Moreover, cases of obvious fraud could be quoted: a joint with bony ankylosis had been treated by manipulation for a year, the patient being promised a restoration of mobility; a dislocated thumb was treated for three months with improvement of movement in the direction of excessive hyperextension; and a normal shoulder was stated by a bonesetter to be dislocated. In this last case it appeared that the bonesetter, confronted with an x-ray photograph showing the joint in place, countered with a radiogram of a dislocated shoulder which he stated was normal.

Errors of omission in which the unqualified practitioner had stated that the condition was outside his province were common. Such patients were often cured by a simple manipulation by a medical man. In addition, cases in which manipulation had failed to cure or in which the trouble had recurred were in the experience of many. Often in these cases the bonesetter was not to be blamed for failure. If the patient had any justifiable complaint it was because a certain cure had been promised where no certainty was possible. But when failure was due to insufficient care in diagnosis or to inadequate knowledge of pathology, or to the use of irrational methods, the manipulator should be blamed.

All medical men had their failures. The real interest of the profession, and particularly of the orthopaedic surgeon, was to frame such rules of treatment as would leave as few cases as possible for the unqualified manipulator to treat.

Looking back upon his own practice, the speaker would venture to make the following suggestions. It was most important that in treating all bone, joint, and muscle injuries, as accurate a judgement as was possible should be made upon the pathology of the condition. If there was inflammation present, or any condition indicating rest and contraindicating mobilization, let them say so. If they were right the patient would never be cured by any practitioner taking the opposite view. They should remember the common error of assuming that the inflammatory reaction to a simple injury indicated rest. That was not so. A sprain, providing that an important ligament was not ruptured or unduly stretched, recovered most rapidly with normal use. If necessary the joint should be supported. An injury to a small portion of muscle required use as soon as pain would allow. In cases of damage and displacement of the internal semilunar cartilage of the knee the joint should be used as soon as possible after the displacement had been reduced. Some years ago he treated an oarsman in training for an important race who displaced the internal semilunar cartilage nine days before the race. The displacement was reduced twelve hours after the injury. The patient was only kept out of his boat for twenty-four hours, and finally rowed with an apparently normal knee. He had had no trouble since.

The death took place at Macduff, Banffshire, on September 22nd, of Dr. J. I. McARTHUR, at the age of 71. James Irvine McArthur was educated at the University of Aberdeen, where he graduated M.B., C.M. in 1882. Over forty years ago he went into general practice at Gamrie, Banffshire, where he remained until his retirement some three years ago. Although he had one of the most extensive practices in the county he also superintended the working of two farms which had the reputation of being the best managed in the district. He was medical officer to the Gamrie and King-Edward Parish Councils, and for many years was surgeon lieutenant to the Banffshire Artillery Volunteers. He was a justice of the peace for the county of Banff, and a member of the British Medical Association.

We regret to record the death of Dr. ALEXANDER REID STODDART, of Fishergate, York, on September 25th, after a long illness due to war service. He was the eldest son of the late Dr. John Stoddart of Kirkcaldy, Fife, and received his medical education at Edinburgh University, where he graduated M.B., C.M. in 1887; he afterwards studied at Prague and Vienna. After holding the appointment of house-surgeon at Edinburgh Royal Infirmary he went into practice at York in 1891, where he was a successful practitioner and popular with his professional colleagues; some years ago he was elected president of the York Medical Society, of which he was also honorary librarian. He was a member of the British Medical Association. Dr. Stoddart joined the 5th (York) Battalion of the West Yorkshire Regiment in 1896, in which he attained the rank of surgeon major. During the great war he held a commission in the R.A.M.C., and served in France; in 1916 he was mentioned in dispatches. When he returned to York at Christmas, 1918, it was evident that the war had left its mark upon him, and he suffered from ill health up to the time of his death. The funeral service in St. Martin's Church on September 29th was attended by a large congregation, which included most of the medical practitioners in York. Dr. Stoddart is survived by his widow, four daughters, and one son.

We regret to record the death on September 18th, in his 70th year, of Dr. W. H. SMITH of Boston, Lincolnshire, the son of Dr. B. A. Smith, who practised for over fifty years at Sibsey. William Henry Smith received his medical education at St. Mary's Hospital, London, where he obtained the L.S.A. in 1876 and M.R.C.S.Eng. in 1877. He was house-surgeon at the Beckett Hospital, Barnsley, and at Hull General Infirmary, before going into practice at Revesby and later at Boston. Dr. Smith was appointed honorary surgeon to the Boston Hospital in 1897, and on his retirement in 1916 was appointed consulting surgeon. During the war he acted as medical officer to the Holden House Red Cross Hospital. He held the appointment of medical officer to the Boston Board of Guardians for thirty-three years. He was one of the oldest members of the Holland Division of the British Medical Association, of which he was chairman for some years, and representatives of the Division attended his funeral. Dr. Smith was also a member of the Panel Committee. He was unmarried.

## Universities and Colleges.

### UNIVERSITY OF LONDON.

The Vice-Chancellor, on behalf of the University, addressed on September 11th to His Excellency the Japanese Ambassador a letter of sympathy with the Japanese nation in the overwhelming destruction of life and property experienced during the calamitous earthquake. His letter contained the following passage: "We remember at this sad hour the many and various ties which link our countries and their universities, and we most earnestly hope that your country will emerge successfully from this ordeal to continue her great and beneficent mission of civilization and culture." A message of appreciation in reply was received from the Japanese Embassy, thanking the University of London for its expression of sympathy.

The Semon lecture for the year 1922-23, entitled "The advancement of laryngology," will be given at the rooms of the Royal Society of Medicine, 1, Wimpole Street, by Dr. A. Logan Turner, lecturer in laryngology, otology and rhinology in the University of Edinburgh, on Thursday, November 1st, at 5 p.m. The chair

will be taken by Mr. Charles A. Parker, F.R.C.S. Admission is free, without ticket.

The Stansfeld lecture for 1923-24 will be delivered at Bedford College in February, 1924, by Mrs. H. A. L. Fisher, on "The endowment of motherhood," treated in its historical and scientific aspects.

### GUY'S HOSPITAL MEDICAL SCHOOL.

The following scholarships have been awarded:

Open Scholarship in Arts: W. S. Baxter, J. W. Crow, equal £50 each. Scholarships for University Students: War Memorial Scholarship, D. Lurie, B.A.Oxon., £80; Open Scholarship, W. D. B. Read, B.A.Oxon., £80. Scholarships in Junior Science: Confined Scholarship, E. T. Conybeare, £100. Open Scholarship: R. E. Fossey, E. M. Sharples, equal £50 each.

### ROYAL COLLEGE OF SURGEONS OF ENGLAND.

#### Calendar for 1923-24.

THE current *Calendar* of the Royal College of Surgeons has been issued this week; it includes, as usual, the report of the proceedings of Council, together with lists of officers, fellows, members, and diplomates, and the customary official information. In the period under review 49 diplomas of fellowship were issued, including one to a medical woman; 621 membership diplomas were issued, including 137 to women; the licence in dental surgery was issued to 238 persons, including 10 to women. The following are the numbers of diplomas granted during the year jointly with the Royal College of Physicians: Public Health, 66; Tropical Medicine and Hygiene, 39; Ophthalmic Medicine and Surgery, 24; Psychological Medicine, 21. The recipients of the D.P.H. included 12 women. Surgeon Vice-Admiral Sir Robert Hill, K.C.B., K.C.M.G., late Medical Director-General R.N., and Mr. J. Howard Mummery, C.B.E. (members of twenty years' standing) were admitted to the fellowship without examination. The subject of the Jacksonian prize essay for the year 1924 is "The Pathology, Diagnosis and Treatment of Oesophageal Obstruction." Dr. K. N. G. Bailey has been appointed the second Streatfeild scholar; his research will be carried out at St. Bartholomew's Hospital.

Amended regulations for the licence in dental surgery have been drawn up by the Board of Examiners in Dental Surgery and approved by the Council, these changes being rendered necessary by the alterations in the regulations for the diplomas of M.R.C.S. and L.R.C.P. Regulations for the issue of a diploma in laryngology and otology, in association with the Royal College of Physicians, have been drawn up and are now available for intending candidates. Examinations for the diploma will be held in December, 1923, and June, 1924. The regulations for the D.P.H. have been revised so as to bring them into conformity with the new regulations and rules issued by the General Medical Council; they will come into force on January 1st, 1924.

The financial report states that the income of the College, exclusive of income from Trust Funds, amounted to £42,967, or £3,152 more than in the previous year. The total expenditure in respect of revenue amounted to £38,090, or £4,838 more than in the previous year. The balance of the revenue account amounted to £4,877. In the year just completed more than £3,700 was expended out of revenue on structural and other alterations in the nature of capital expenditure. The Conservator's report states that the most noteworthy event concerning the history of the museum is the completion of the series illustrating the principles of pathology—the great series now exhibited on special stands on the floor of Room III. The Librarian in his report records that the *Lives of the Fellows* has now been carefully indexed, and the process has brought to light a considerable number of references of interest to medical historians at large, but especially to those in search of information as to the history of operative methods, views on disease, and hygiene. The valuable collection of letters relating to College affairs and medical politics during the last eighty years has now been catalogued and put in order.

## The Services.

ON October 1st Surgeon Rear-Admiral Joseph Chambers, C.B., C.M.G., took over the appointment of Director-General of the Medical Department of the Navy, in succession to Surgeon Vice-Admiral Sir Robert Hill, K.C.B., K.C.M.G., C.V.O.

### THE BLANE MEDAL.

The gold medal founded by Sir Gilbert Blane, Bt., has been awarded by the Director-General of the Medical Department of the navy and the Presidents of the Royal College of Physicians and the Royal College of Surgeons to Surgeon Lieutenant-Commander Julian L. Priston, M.B., M.R.C.P., D.P.H., R.N., who obtained a first-class certificate at the examination held in February last for promotion to the rank of Surgeon Commander.

### DEATHS IN THE SERVICES.

Lieut.-Colonel de Vere Condon, Indian Medical Service (ret.), died at Waltham Abbey on September 13th, from illness contracted on active service in Persia, aged 49. He was born on April 13th, 1874, the son of the late Major E. H. Condon, and educated at Trinity College, Dublin, where he graduated B.A. in 1895, M.B., B.Ch., and B.A.O. in 1897, and M.D. in 1906. He took the diploma of the London School of Tropical Medicine in 1912, and the D.T.M. and H. at Cambridge in 1913. He entered the I.M.S. as surgeon lieutenant on January 28th, 1898, attained the rank of

Lieutenant-colonel in 1917, was transferred temporarily to the non-effective list, on account of ill health, in September, 1920, and retired in July, 1921. Soon after joining he served in the China war of 1920, and took part in the relief of Peking, receiving the medal with clasp. He then joined the political department, and successively held the posts of Residency Surgeon in the Persian Gulf, at Bushire, and as Agency Surgeon of Deoli, and subsequently of Kotah and Jhalawar, in Rajputana. At the beginning of the recent war he rejoined for military duty, serving from November, 1914, to March, 1916, as medical officer of the 106th Hazara Pioneers, when he took part in the operations in Baluchistan in June and July, 1915. From March to May, 1916, he served in the Indian Expeditionary Force in Mesopotamia, and from the middle of 1916 in the operations in Persia, as senior medical officer of the Shiraz Column.

Surgeon Captain Edward Dominic Joseph O'Malley, R.N. (retired), of Southsea, died suddenly at Haslar Hospital on September 20th, aged 51. He was the son of the late Deputy Inspector-General O'Malley, R.N., and was educated at Middlesex Hospital, taking the M.R.C.S. and L.R.C.P.Lond. in 1895. Entering the navy as surgeon in 1897 he attained the rank of surgeon commander on May 25th, 1911, and retired with the honorary rank of surgeon captain on August 18th, 1922. He leaves a widow but no children.

## Medical News.

A DISCUSSION on the use of insulin in general practice will be held by the Section of Therapeutics and Pharmacology of the Royal Society of Medicine on Tuesday, October 9th, at 4.30 p.m. The subject will be introduced by Professor H. Maclean, Dr. George Graham, and Professor J. J. R. Macleod of Toronto.

THE annual general meeting of the West Kent Medico-Chirurgical Society will be held on Friday, October 12th, at 8.45 p.m., at the Miller Hospital, Greenwich, S.E.10. Clinical cases will be shown by Mr. Willmott Evans, Mr. C. A. Joll, Dr. H. Nockolds, D.S.O., and Dr. H. Pritchard.

IN order to further the study and teaching of dermatology in London a comprehensive scheme of co-operation has been completed in connexion with St. John's Hospital for Diseases of the Skin. The teaching will be carried out at St. John's Hospital in Leicester Square, under the auspices of the London School of Dermatology; it will be conducted by the honorary medical staff of the hospital, together with the physicians in charge of the dermatological departments of the twelve London hospitals with undergraduate schools attached. Full details will be published later, but in the meantime attention may be drawn to the announcement which appears in our advertisement columns of lectures to be given on Tuesdays and Thursdays at 5 p.m. during the winter session.

THE sixth congress of the Spanish Association of Urology will be held in Madrid, under the presidency of Dr. Barragán, from October 17th to 20th. The subjects to be discussed are: Hypogastric cystoscopy, introduced by Dr. Camiña of Bilbao, and indications for operation in reno-ureteral lithiasis, introduced by Dr. Miraved of Madrid.

THE thirty-second French Congress of Surgery will be held in Paris from October 8th to 13th, with Dr. Témoins as president. Drs. Jeanbraut and Fauchet will open a discussion on blood transfusion, Drs. Bégouin and Savariaud on the surgical treatment of genital prolapse, and Drs. P. Mathieu and Villaret on non-calculous obliterations of the chief biliary passages. Further information may be obtained from the secretary of the congress, 12, Rue de Seine, Paris (VI).

THE annual health week of the Deptford Borough Council is being held this week in the Borough Hall, New Cross, concluding on Friday, October 5th. The programme includes lectures, infant consultations, and two films dealing with public health subjects; there are also numerous stalls exhibiting infant foods, model meals, model garments, and so forth.

THE fourteenth congress of the Italian Society of Orthopaedics will be held in Rome on October 23rd, when a discussion on the treatment of long-standing irreducible dislocation of the hips will be opened by Professor Gazzotti. There will be a discussion also on articular rheumatism in infancy, introduced by Professor Cattaneo. Further information can be obtained from the secretary, Clinica Ortopedica, Policlinico, Rome.

THE legislatures of the States of Washington and Oregon recently passed laws prohibiting the manufacture and sale of margarine containing vegetable oils, but trading interests in both States have succeeded in getting the laws suspended until November, 1924, when they will be submitted to a referendum.

THE Royal Medical Benevolent Fund (11, Chandos Street, London, W.1) has received from Sir Thomas Barlow a donation of £300, which has been invested for the benefit of the annuitants.

SIR ROBERT JONES, who is chairman of the Central Committee for the Care of Cripples, addressed a large meeting of voluntary workers among the 9,000 cripples on the register of the Shaftesbury Society and Ragged School Union at the John Kirk House, John Street, Theobald's Road, London, on September 28th, with Dr. T. N. Kelynack in the chair. Sir Robert Jones emphasized the need of a national scheme for dealing with the hundred thousand juvenile cripples in this country, and illustrated from the organization already in being in Shropshire and Oxfordshire the kind of provision that is possible on a national scale.

THE Lancashire Insurance Committee recently discussed a proposal to assist M. Spahlinger of Geneva to proceed with his production of serums and vaccines for the treatment of tuberculosis. It was recorded that in May last a deputation from the Committee visited the Ministry of Health to seek approval for a grant of £1,000 to be made for this purpose out of the local General Purposes Fund. Dr. H. F. Oldham of Morecambe challenged a statement that the medical profession accepted the Spahlinger treatment as effective. The proposal that a subcommittee should go to Switzerland to investigate the financial position was defeated by 13 votes to 10, and a motion that the whole matter be referred back was carried.

THE Right Hon. Sir William Joynson-Hicks, Bt., M.P., Minister of Health, has appointed the Lord Erskine, M.P., to be his parliamentary private secretary, Mr. Douglas Veale, of the Ministry of Health, to be his private secretary, and Mr. H. Nevil Rucker, of the Ministry of Health, to be his assistant private secretary.

THE annual dinner of the Chelsea Clinical Society will be held at the Café Royal, Regent Street, on Tuesday, October 30th, at 7 for 7.30 p.m. The honorary secretary is Dr. P. Seymour Price, 41, Sloane Gardens, S.W.1.

THE Chalmers gold medal for the best work on tropical medicine by investigators under the age of 45 has been awarded to Dr. Roubaud, general secretary of the Société de Pathologie exotique of Paris.

PROFESSOR BERGONIÉ of Bordeaux and Dr. Calmette, sub-director of the Paris Institut Pasteur, have been nominated Grand Officers of the Legion of Honour.

DR. BELA SCHICK, who invented the well known test for diphtheria susceptibility, has been made an extraordinary professor of pediatrics in the University of Vienna.

AT the meeting of the French Association of Urology in Paris on October 10th, when Professor André of Nancy will preside, the chief subject for discussion will be the treatment of gonorrhoea by serotherapy and vaccino-therapy.

THE Berlin Medical Society has closed its library owing to financial stress.

THE Chartered Society of Massage and Medical Gymnastics is holding its annual congress on October 4th, 5th, and 6th. The proceedings opened at the Wigmore Hall on Thursday morning, when Professor G. Elliot Smith delivered a lecture on "Muscles and nerves." In the afternoon Dr. Bellis Clayton gave a demonstration at King's College Hospital, and in the evening Mr. A. S. Blundell Bankart gave a lecture on "Scoliosis." On Friday lectures will be delivered at the Wigmore Hall by Dr. G. H. Hunt and Professor F. R. Fraser, and Miss Driver will give a demonstration of eurythmics at the Northampton Polytechnic Institute at 3 p.m. On Saturday Sir Alfred Fripp will give a lecture at 11 a.m. at the Wigmore Hall on "The knee-joint."

THE chief subjects for discussion at the meeting in Paris on October 12th of the French Society of Orthopaedics will be pes cavus, opened by Dr. Laroyenne of Lyons; cysts of bone (omitting hydatid cysts), opened by Dr. Roederer of Paris; and congenital elevation of the scapula, opened by Dr. Delchef of Brussels.

THE *Journal of the American Medical Association* states that approximately 10.6 per cent. of the graduating classes of 1920 and 1921 at the United States Naval Academy failed to attain the minimum height for officers of 5 ft. 6 in., and an attempt was made to stimulate growth in a group of undersized midshipmen, who volunteered for the experiment, by endocrine therapy. The conclusions arrived at by Captain D. N. Carpenter and Lieutenant D. Ferguson, of the United States Navy, were as follows: growth is not stimulated by thyroid and pituitary therapy in persons at or near maturity; preparations of anterior pituitary extract appeared to be inert as growth stimulants in these men, when administered orally; there is possibly an appreciable percentage of thyro-penia in the United States.