

never been obtained. In a small percentage of cases complete correction of the deformity is not obtained by manipulation and splinting, and other surgical measures must be adopted to complete the correction or relapse is certain.

In the case which comes under treatment early, failure to obtain a true correction should be very rare. When it does occur this is usually because the scaphoid has not been displaced from its abnormal position—that is, its relation to the inner surface of the head of the astragalus. The astragalo-scapoid ligament may be so thickened and strong that no manipulation will restore the normal relation of the scaphoid to the astragalus. It is then necessary in the infant to free the attachments of the scaphoid so as to allow of its easy normal replacement. The head of the astragalus will assume its normal position on the inner border of the foot, and a true correction of the deformity is obtained. An alternative procedure is to remove the scaphoid entirely; this in infants may allow easy manipulative correction of the deformity. The after-treatment, whichever procedure is adopted, is to maintain over-correction until muscular balance has been restored.

In older children and in all adult cases resistant to milder measures, a satisfactory permanent result can be obtained by an operation which ensures arthrodesis of the mid-tarsal and subastragaloid joints in a good weight-bearing position. This operation has had a wider application in the treatment of paralytic deformities, but I have also utilized it in certain resistant cases of club-foot in children, where it seemed to me to be the operation of choice, and in many cases of adult deformity. The essential steps are: resection of the mid-tarsal and subastragaloid joints; division of the foot into three parts—(1) the astragalus and ankle-joint, (2) the os calcis, and (3) the fore-part of the foot; elongation of the tendo Achillis; removal of bone until easy complete correction of adduction and inversion of the foot is obtained. Fixation of the foot in the best weight-bearing position is maintained by plaster for six months. Walking in plaster may be allowed at the end of one month.

Deformities Resulting from Treatment.

Flat-foot.—This is usually due to a failure to appreciate the time at which fixation in the position of full dorsiflexion and eversion may be relaxed. Experience and constant supervision are necessary to avoid this.

Claw-foot.—Claw-foot may occur as a result of division of the tibialis anticus. The loss of this muscle may lead to a dropping of the fore-part of the foot and hyperextension of the toes due to loss of control of dorsiflexion of the foot resulting from division of the tibialis anticus and the effort of the extensors of the toes to replace this muscle. It may be overcome by correction of the cavus deformity by wrenching and the repair of the tibialis anticus or transplantation of the extensor proprius hallucis to the head of the first metatarsal bone. In older cases the best and quickest result will probably be obtained by a complete resection of the mid-tarsus.

Calcaneo-cavus deformity may very occasionally follow division of the tendo Achillis and prolonged dorsiflexion of the foot; it is a serious and progressive disability. If recognized early, repair or reinforcement of the tendo Achillis will prevent further deformity. In cases of well established deformity it may be necessary to resect bone to obtain a true correction. It will also be advisable to repair or reinforce the tendo Achillis in order to ensure the maximum restoration of function.

CONCLUSIONS.

1. Treatment of congenital equino-varus should be commenced at the third or fourth week.
2. Repeated severe manipulation of the foot will be necessary to overcome the inversion and adduction of the foot.
3. Correction of the deformity should be followed by fixation in the position of correction obtained.
4. When the adduction and inversion of the foot have been corrected it will usually be necessary to elongate the tendo Achillis to complete the correction of the equinus deformity.
5. Other surgical measures must be adopted unless full true correction of the deformity has been obtained by manipulation and elongation of the tendo Achillis.
6. Division of the tibialis anticus is not necessary and may lead to subsequent cavus deformity of the foot.
7. We should insist on descent of the os calcis by division or elongation of the tendo Achillis if necessary, but we

should realize that prolonged dorsiflexion of the ankle may lead to non-union of this muscle with a subsequent calcaneo-cavus deformity.

8. In cases where simpler measures fail, a good permanent result may be obtained by a resection of the mid-tarsal and subastragaloid joints.

Memoranda :

MEDICAL, SURGICAL, OBSTETRICAL.

RUPTURE OF THE KIDNEY:

DELAYED SYMPTOMS: OPERATION: RECOVERY.

THE case of injury to the spleen with delayed haemorrhage reported by Drs. C. R. and C. J. Gordon Taylor (November 24th, p. 962) leads me to publish the following notes of a case of ruptured kidney, on which I operated exactly a year ago, as it bears some points of resemblance and is, I think, a little out of the ordinary.

C. C., a boy aged 15, was admitted to the Murray Hospital, Blackhill, Durham, having been crushed between the mudguard of a motor delivery van and a lamppost. On admission he complained of pain in the left loin, the pulse was 126, and the temperature sub-normal; there was severe bruising over the lower ribs and loin on that side, coupled with marked rigidity. I suspected that he had a ruptured kidney, but thought it possible that his condition might be accounted for by the shock and bruising; the pulse was taken every half-hour; the first specimen of urine, which he passed soon after admission, contained a little blood; there was none subsequently. He improved rapidly, pulse and temperature returned to normal within twenty-four hours, and he stated that he felt perfectly well; he remained in bed for four days, and on the sixth day after admission I examined him without detecting anything abnormal. Being by this time under the erroneous impression that he was well, I allowed him to go home on the following day, a distance of nearly two miles, which he walked.

I heard nothing of him for ten days, when I was asked to readmit him by his family practitioner. I can best describe his appearance by saying that his abdomen looked as if it contained a pregnant uterus at full term, which had been split in half; the boy was extremely cheerful, said that he felt in perfect health, his pulse and temperature were normal, and he walked down to the hospital. A few hours after admission he got up and dressed, while the night nurse was in another ward, and escaped from the hospital through a lavatory window; his parents brought him back on the following morning. He then told me that his abdomen had commenced to swell about three days after he had left the hospital, and that the increase in size had been gradual and caused him no inconvenience. On examination it was obvious that the swelling was due to a tightly encapsuled collection of fluid, extending from the diaphragm to the pelvis.

On the following day, under an anaesthetic, I made the usual lumbar incision for exposing the kidney; about four pints of straw-coloured serum immediately escaped, and at the bottom of the cavity I found the kidney, quite pale and bloodless, completely divided at about the junction of the upper and middle thirds. I performed nephrectomy and left in a rubber drainage tube. Convalescence was uneventful.

I am still uncertain whether the collection of serum which I released was the remains of a haemorrhage or whether it was in the nature of an effusion due to the necrotic kidney acting as an irritant. The boy never felt any pain or faintness, except as an immediate result of the accident, and it was not until ten days after the accident that he noticed any alteration in the contour of his abdomen; by that time he had been leading a comparatively active life for six days, and so continued until his readmission to hospital, seventeen days after the original accident.

NOEL KEMM,

Medical Officer in Charge, Murray Hospital,
Blackhill, co. Durham.

MELAENA NEONATORUM TREATED BY INJECTION OF PATERNAL BLOOD: RECOVERY.

It is not a little curious that I should read in the JOURNAL for November 17th (p. 928) a description of a case not at all dissimilar to one I saw just eight days before—only the second I have had in a fairly extensive general practice of over forty years. This last case was the second child, of healthy appearance, and weighing a little over 7 lb. The labour was normal and easy; neither chloroform nor forceps was necessary. The child had been applied to the breast only twice when, thirty-six hours after birth, a copious discharge of blood was evacuated by the rectum. This was repeated three hours afterwards and before I was

able to visit. The treatment I adopted was a hypodermic injection of 4 minims of adrenaline solution; I had the child wrapped up in warm Gamgee tissue. When I saw him six hours later there had been another discharge from the bowel and a lesser one from the stomach; the child was blanched and the extremities cold. After again injecting 4 minims of adrenaline I followed it up with an injection into the abdominal wall (half on either side) of 10 c.cm. of warm blood which I drew off from his father's median basilic vein. There was no further haemorrhage, and although for a day or two he looked rather sickly he is in every respect well to-day.

Glasgow.

JAMES HAMILTON.

A PRIMIPARA had been in labour for nearly forty-eight hours before forceps were applied. The child was born at 3.30 a.m. on November 11th; it weighed nearly 8 lb. At midnight on the following day I was informed by telephone that the child was passing blood from the bowel; there had been, I was told, slight bleeding at 10 p.m., but at midnight it was sufficiently profuse to saturate the clothing and cot. I asked that the father be sent for and proceeded to the maternity home. While awaiting the father there was more haemorrhage, and several ounces of blood were vomited.

At 1 a.m. on November 13th I gave the baby an injection consisting of 8 c.cm. of paternal whole blood with 2 c.cm. of hot saline into the buttock. There was slight bleeding at 2 a.m., and at 4 p.m. several large clots were passed by the rectum; therefore at 7 p.m. I gave another similar injection in the scapular region. There was no further haemorrhage. Small quantities of sterile water were substituted for breast-feeding for forty-eight hours, during which period the child lost 2 lb. in weight. On November 20th the child was having full feeds, gaining weight, and the bowels were acting normally.

I was extremely fortunate in having this case in the local Corporation Maternity Home, where nursing assistance of the highest order is available. I am indebted to Dr. Bailey for permission to record this.

Stockport.

F. J. KITT.

Reports of Societies.

CHRONIC ABDOMINAL PAIN IN NERVOUS WOMEN.

A SPECIAL discussion on chronic abdominal pain in nervous women was held at the Royal Society of Medicine on Monday, December 17th; Sir WILLIAM HALE-WHITE, the President of the Society, occupied the chair.

Dr. ROBERT HUTCHISON said that there had been some difficulty in choosing a title to indicate the type of case they had in view. He had suggested "chronic abdomen," but the term had acquired a somewhat special significance; a more descriptive label, "those painful women," had been applied in America. Every medical man, however, would recognize the class in question. The typical patient commonly referred her abdominal pain to the right iliac fossa; with this were usually associated pains in other parts of the body, headache, constipation, menstrual disturbances, and various superadded mental states; she was introspective, not infrequently peevish, and craved for sympathy. On examination she was found to be ill nourished and of bad colour; visceroptosis, the "kinks" described by Sir Arbuthnot Lane, and gastric atony were generally associated. In his (Dr. Hutchison's) experience they were usually members of the upper classes and had few absorbing interests in life. Certain definite lines of inquiry were presented. It was necessary to decide to what extent the condition was due to organic causes, and what measure of relief might be expected from surgical treatment; on the whole a surgical cure was often impossible and rarely hopeful. It was not unlikely that some of these women had a lower threshold for pain; or the pain might be entirely imaginary or of an hysterical nature—it was commonly exhibited as a means of obtaining sympathy. The relation of the physical to the mental element was

important; the primary source was not always obvious. Other possible factors were the effects of an artificial menopause or of repeated abdominal operations, and the influence of environment in the widest sense of the term. There was little doubt as to the general lines of treatment. Endocrine therapy was of questionable value, and surgery rarely effected permanent cures. Piecemeal operations were definitely productive of harm, and the various "pexies" had not generally met with striking success. Psychotherapy was likely to be an accessory of considerable account. On the whole, their solution of a very real problem had not been very satisfactory.

Dr. J. S. FAIRBAIRN said that many of these cases were presented to the gynaecologist. In addition to the pains described by Dr. Hutchison, they commonly complained of pain in the back and of a left-sided subumbilical pain, which was attributable to a congested ovary or to inflammation of that organ. Laxity of the pelvic floor was frequently associated. Many of the women were obviously suffering from over-doctoring; they could be regarded from as many points of view as there were healers of different parts of the body and the mind. There was a quite definite gynaecologist's type; but this was represented rather by the poor and overburdened mother of a large family than by the childless unoccupied woman of the upper classes to whom reference had been made. In the former, the "tired mother," the fatigue factor undoubtedly played a large part; but the symptoms were not markedly different. Another type was the woman with one child who had "never been the same woman since baby was born"; in this class of case there was a feeling of lack of pelvic and abdominal support, although the confinement had been perfectly normal. He generally advised these women to have another baby, but they rarely appreciated his advice—at any rate they never came to see him again. Undue importance had been attached to displacements of the womb; its position as such meant very little, and attempts to treat a complex condition by concentrating attention on that organ were futile. A radical change in environment was of the greatest importance in treatment; during the war he saw very few of these cases; since the war there had possibly been more than before. It was essential to restore the patient's confidence in her own body; this explained the apparently good effects of surgical treatment; if the operator and operatee were of suitable psychology the operation had a good effect on both! Frequent reassurance and restoration of the patient's physical condition, particularly her muscular tone, were invaluable; but there was no royal road to success.

Dr. JAMES COLLIER recognized four types of case. The first or hysterical type was quite distinct and often permanently curable. He described interesting cases of this class. The second type presented insane delusions and was uncommon. The third and fourth types were not infrequently associated. The one was characterized by a state of vigilant apprehension with undue tension and fear; although often a valetudinarian, her desire for health was constantly marked by anxiety. The symptoms were easily, though temporarily, removed by a dominant personality. The fourth and commonest type had physical cause for her sufferings; but that physical cause was almost invariably insufficient to account for the sum total of her symptoms. Consciousness of well-being was derived largely from sensations arising in the area of the splanchnic viscera. There was much truth in the ancient theories. In the majority of cases abdominal disorder was productive of almost ceaseless unrest. The source of trouble was probably a metabolic dyscrasia rather than a local abdominal lesion.

Dr. CRICHTON MILLER said that the vagueness of our knowledge of the etiology of these conditions was reflected by the palliative treatment only too commonly applied. The physically maladjusted were represented by three different groups. The amyotonic group was characterized by visceroptosis, etc., and tended to relapse; since all the abdominal organs were concerned, the only justifiable "pexy" was "panpexy." It was possible that the atonicity depended on calcium deficiency. The second or vagotonic group complained of chronic nausea with other associated symptoms, and suggested adrenal treatment. The

Universities and Colleges.

UNIVERSITY OF OXFORD.

THE following candidates passed the Final Examination for the degrees of B.M., B.Ch. in the subjects named:

Forensic Medicine and Public Health: G. R. P. Aldred-Brown, W. H. Bradley, R. E. D. Cargill, A. D. Dyson, C. L. Elgood, D. R. Gawler, C. A. H. Green, L. N. Jackson, W. J. E. Lupton, H. A. Robertson, V. P. Robinson, B. G. Scholefield, I. M. Sidley, B. E. Thompson, G. I. Wilson, A. E. B. Harding. **Medicine, Surgery, Midwifery:** O. D. Ballinger, D. T. Barnes, A. M. Cooke, R. S. Creed, L. N. Jackson, J. A. Macfadyen, G. F. L. Mitcheson, H. A. Robertson, B. G. Scholefield, E. B. Strauss, T. S. Townsend, H. F. Turney, A. E. B. Harding, J. Orr-Ewing. **Materia Medica and Pharmacology:** C. P. Blacker, W. H. Bradley, H. A. Byworth, J. N. G. Ford, A. T. Frapp, A. H. Gale, C. L. Harding, G. G. Hill, H. O. Hopkins, T. C. Hunt, J. B. Jerome, M. J. W. Minshall, J. S. Rake, C. E. Roberts, J. de la Mare Savage, J. G. S. Thomas, O. R. Tisdall, A. L. Wilkinson, K. G. Norton, J. M. Vaughan. **Pathology:** L. J. Barford, C. P. Blacker, R. B. Boudillon, W. H. Bradley, C. S. Broadbent, H. V. Facev, L. N. Jackson, T. L. Ormerod, R. A. Walsh, O. B. Buckley, E. J. Cockram.

In a congregation held on December 15th the following degrees were conferred:

D.M.—M. E. Shaw.
B.Sc., B.Ch.—O. D. Ballinger, D. T. Barnes, A. M. Cooke, R. S. Creed, Alice E. Harding, L. N. Jackson, J. A. Macfadyen, G. F. L. Mitcheson, T. L. Ormerod, T. S. Townsend, H. F. Turney.

UNIVERSITY OF LONDON.

UNIVERSITY COLLEGE.

Scholarships 1924.

SIX scholarships and exhibitions are available for students of the Faculty of Medical Sciences entering the College in October, 1924. The value of these scholarships and exhibitions is not less than £40 a year each, tenable in some cases for three years and, in the case of the Bucknill Scholarship, for the whole period of medical education. The value of any of these scholarships or exhibitions may be increased by the grant of a supplementary bursary if the circumstances of the scholar or exhibitor make such a grant necessary.

UNIVERSITY OF LIVERPOOL.

THE following candidates have been approved in the examinations indicated:

M.D.—J. Flanagan, Annie A. Muir.
FINAL M.B., CH.B.—B. Ordman. **Part III:** R. L. Blair, I. Casdan, M. Cohen, N. B. Cooke, J. C. Drummond, Kathleen Edgecombe, C. K. D. Edwards, D. Kenley, E. J. Foley, S. O. Goldstone, A. B. Griffiths, R. C. Gubbins, A. J. Hawe, C. W. Healey, F. H. Jones, W. F. Jones, A. Kefas, T. S. King, Ruth Lunt, G. H. Mann, J. I. Noble, D. O. Owen, E. E. Pearson, R. A. Roberts, G. Sanders, J. R. A. Tallack, Elizabeth M. Theron, J. G. Thomas, R. W. Thomas, H. Walker, A. E. Wall. **Part I:** A. T. Ashcroft, H. A. Birch, J. M. Brodrick, N. Cresswell, H. L. Cullen, P. V. Dillon, L. Earlam, Sybil O. Edwards, W. Emdin, C. J. S. Garton, I. Gordon, A. J. Goss, Frances M. Greenhalgh, Catherine E. I. Greenshields, Gwyneth Griffith, C. A. Harris, Beryl M. Hawthorn, J. C. Heal, R. E. Horsfall, F. Hughes, Elvy I. Johnstone, S. M. Katz, B. D. Knoblauch, B. Krikler, Sarah Leigh, L. J. A. Loewenthal, T. R. E. Longton, G. McNichol, E. Martinez, K. N. Mawson, J. Morrissey, Winifred A. Nicholson, G. W. Paton, H. Peaston, J. W. Reid, Kathleen M. Roberts, N. Dunn, Miriam Roskin, J. C. Ross, F. B. Shevlin, Ruth Simpson, Margaret E. Thomas, R. S. Turner, C. E. Unsworth, J. Unsworth, Rosalind Vacher, F. W. Yates. **Part II:** C. P. Allen, A. Ashworth, C. Baxter, T. Bellis, D. Cohen, H. A. Cole, E. Cook, J. D. Craig, O. Dawood, H. Duff, J. H. Gilchrist, L. F. Henry, T. S. L. Jones, Rebecca Katz, A. L. Kerr, B. D. Knoblauch, B. Krikler, E. Martinez, J. R. Mitchell, R. S. Turner.

D.T.M.—B. Abelman, Winifred M. Edghill, N. D. Fraser, R. Lee, E. R. Peirce, C. B. B. Reid, A. E. Richmond, J. B. Steven.

* With second-class honours and distinction in Surgery.
† Distinction in Pathology.

UNIVERSITY OF BIRMINGHAM.

AT the congregation held on December 14th the following degrees were conferred:

CH.M.—H. P. Pickering (in absentia).
M.B., CH.B.—A. Beauchamp, W. E. Bardie-Adhead, W. L. Blakemore, O. Breener, Annie Bryce, M. Cohen, Vera Cullwick, G. Dudley, C. C. W. Maguire, W. H. Marston, C. J. Murphy, May I. Wallace, E. G. Wilkinson, R. C. Williams.

UNIVERSITY OF SHEFFIELD.

THE following appointments have been made: **Lecturer in Radiology:** R. A. Morrell, M.R.C.S. **Lecturer in the History of Medicine:** G. Wilkinson, M.B., F.R.C.S. **Lecturer on Operative Dental Surgery:** Mr. J. H. Skerritt. **Assistant Lecturer in Medicine:** D. C. Barron, M.D.

UNIVERSITY OF EDINBURGH.

AT the graduation ceremonial held in the M'Ewan Hall on December 14th the following degrees were conferred:

M.D.—R. C. Begg, R. M'D. Cairns, Ethel Cassie (née Wiseman), †A. Dower, F. E. Gunter, D.S.O. (Lieut.-Colonel R.A.M.C.), W. T. Hall, A. Joe, I. H. Lipetz, A. M'Farlane, †D. A. Miller, D. H. Russell, †G. W. Stump.

DOCTOR OF PHILOSOPHY (in the Faculty of Medicine).—H. Dryver.
M.B., CH.B.—J. B. Adamson, H. Allan, F. Allardice, I. R. Anderson, D. Arnott, J. N. Banks, D. M. Bertram, C. C. Boudou, E. R. Boyd, J. Braithwaite, Jessie C. Brash, E. H. Brindle, J. C. R. Buchanan, A. Bury, J. M. Cate, Margaret D. Cairns, Kathleen S. Campbell, R. F. Campbell, J. T. D. Clark, J. L. Connacher, J. G. Cormack,

J. W. Cromarty, E. G. Dalziel, †A. W. Davidson, J. Davidson, J. P. Davie, H. A. N. Dippenaar, W. G. Dobson, Isabel M. A. Doeg, L. G. Drury, R. H. Dunlop, L. M. C. Duthie, R. W. Eason, Margaret G. Falla, W. Foote, W. M. Ford-Robertson, W. M. Forster, W. C. Fothergill, D. A. Fraser, J. F. Fraser, E. M. R. Frazer, L. S. Frost, M. Gelb, G. M'K. Gibbon, S. Gill, A. Gillies, A. C. Gillies, D. Gold, Margaret H. Gordon, A. D. Gould, R. W. Graham, Yooll, L. P. Greson, A. B. Guild, W. F. Hamilton, H. C. Ha-lam-Fox, L. E. Henderson, C. V. Hendry, H. Hoffman, E. G. Hunter, L. Jaffit, E. W. C. Jobson, W. Jones, A. Kahn, Isabella Kerr, Enny C. King, W. H. Kluge, Annie G. Learmonth, J. G. Leeboddy, A. Leishman, R. V. Liddell, Elizabeth M. Lindsay, R. Lockhart, G. Louw, D. B. Low, R. I. M'Atley, W. N. M'Arthur, J. Maccabe, G. H. M'Cafferty, S. J. M'Cafferty, A. W. M'Kay, P. A. M'Creale, D. Macdonald, J. D. Macdonald, R. Macginnings, Jane C. M. George, Janet M. L. Mackay, †D. T. Mackie, J. B. Mackie, Catherine J. Maclearen, I. H. Maclean, S. R. Macmillan, D. A. B. Macnicol, G. S. Marr, E. B. Mercer, H. Miller, J. Milne, G. W. Monro, J. V. Neilson, A. S. Nicol, J. T. B. Nicoll, B. B. Nisbet, G. Ormiston, Violet Oswa, J. R. H. Pasqual, D. G. Paterson, W. D. Paterson, I. A. M. Paton, M. Pretovitch, W. J. R. Pickles, B. K. Porteous, G. Priestman, P. V. Pritchard, W. H. B. Ramsay, W. Ramsay, Jeanne V. Rees, R. E. B. Rees, J. J. Robb, G. Robson, A. Rosenbloom, B. J. Rosie, Margaret G. Ross, H. L. Rubin, C. G. A. Salvesen, R. E. W. Sandison, A. Scott, M.C., Jocelyn M. S. Scovell, J. A. Shaw, A. Simpson, G. W. Simpson, Ann F. G. Smith, C. R. Smuts, N. R. Smuts, W. B. Sprunt, J. P. Stewart, F. M. Stuart, T. R. M. Sutherland, W. R. Terry, F. F. du Toit, T. S. Torrance, F. Towers, Elsie M. Walker, E. D. M. Wallace, H. K. Watson, J. H. Watson, F. H. Webb, A. B. Williamson, Winifred Wood, G. W. Yule.

The Ellis Prize in Physiology has been awarded to Dr. May Laurie Walker.

* Awarded gold medal for thesis.
† Commended for thesis.
‡ Passed with second class honours.

UNIVERSITY OF DUBLIN.

SCHOOL OF PHYSIC, TRINITY COLLEGE.

THE following candidates have been approved at the examinations indicated:

FINAL EXAMINATIONS, PART II.—**Medicine:** *W. A. Taylor, P. K. Dixon, J. E. Eliason, J. M. Mounsey, H. Isaacson, I. Marin, J. A. du Pelt, E. R. Hafner, J. A. Levitt, J. B. Glasgow, W. L. W. Smith, R. E. Fausset, W. F. Whaley, D. L. Hemmingsway, Gladys Weatherill, Kathleen E. Hill, A. J. Beckett, J. M'Clennan, F. C. B. L. B. Crawford, C. W. J. Ingham, W. D. Speely, D. H. F. Milmo, J. V. Williams, P. C. du Plessis, A. B. Monks, A. V. Wood, Margaret O'Neil. **Surgery:** P. K. Dixon, G. F. T. Saunders, R. L. C. Fisher, M. Cohen, N. E. H. P. Williams, W. L. W. Smith, J. L. Stuart, J. J. Laing, J. E. Deale, C. J. M'Quillan, J. M'Clennan, H. W. L. Dale, L. Harris, Martha Reid, R. Schaffer, C. W. J. Ingham, J. J. O'Grady, F. G. Brown, J. M. Gordon, Isabel G. Smith, J. H. Stals, P. P. van der Merwe, Kathleen E. Hill, J. A. Macdonald, H. Isaacson, H. J. Hugo, Isabella H. Speedy, Eileen A. Boyd, J. A. du Pelt. **Midwifery:** *D. K. Lyons, *J. K. S. Thompson, *O. G. Wilde, *G. A. Cowan, *J. R. Bradshaw, *G. Robinson, L. C. Brough, J. S. Armstrong, S. Wigoder, L. E. J. Werner, J. A. Macdonnell, J. N. Atkinson, J. H. Bowyer, W. H. Anderson, R. E. Steen, Dorothy J. Booth, F. J. Swanepel, J. W. Wallace, L. S. Levitt, C. J. N. Loubser, K. F. Mackenzie, L. M. Whititt, J. L. Marshall, J. Morris, J. L. F. Steele, J. Horwich, W. A. Dickson, C. J. du Plessis, G. W. Garle, R. Warnock, J. D. Watson, W. A. Redmond, Eileen Brangan, Norah M. Gilchrist, P. N. H. Labuschagne, R. L. G. Proctor, I. Strasburg, H. Birney, A. L. Dobbey, R. J. G. Hyde, Bertha H. Lawler, P. D. Pelt, H. W. Strong, Lucy E. R. Pigott, Dorothy I. Henry, H. St. G. McKenny, R. G. F. Thompson, G. D. Bankin, R. A. Webber, R. W. Harte, L. P. Sayers, Angel V. B. Crawford.

* Passed on high marks.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

An ordinary meeting of the Council was held on December 13th, when Sir John Bland-Sutton, President, was in the chair. The deaths of Sir Frederick Treves and Mr. William Harrison Cripps were reported, and votes of condolence with their relatives were passed. Diplomas of Fellowship were granted to the following twenty-five candidates:

Hugh Braund Kent, Granville Douglas Robertson, Leonard Graham Brown, Hugh James McCurich, Thomas Collyer Summers, Douglas John Battelham, Salomon Kadinsky, John Miles Bickerton, Norman August Marra's Petersen, Harold Currie Brayshaw, William David Doherty, William George Rose, Reginald Walter Patrick Hosford, Clement Price Thomas, Thomas Stanley North, Lionel Richard Fifield, William Collins Faull, William Eric Marcus Mitchell, Calvert Mitchell Carruthers, William David Hart, Michael Vincent Hurley, John Robert Lee, Saurendra Mohan Majumdar, Dallas Bradlaugh Walker, Owen Herbert Williams.

Licences in Dental Surgery were granted to 119 candidates, King's College Hospital Dental Department was added to the list of dental schools recognized for the course of study for the Licence in Dental Surgery.

Mr. V. Warren-Low was re-elected a Member of the Court of Examiners. Mr. W. G. Spencer was re-elected a Member of the Central Council for District Nursing in London. Sir Berkeley Moynihan was re-elected a Member of the Court of the University of Birmingham.

ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH.

At the annual meeting of the Royal College of Physicians of Edinburgh held on December 6th the following office-bearers were elected for the ensuing year:—**President:** Dr. G. Lovell Gulland, C.M.G. **Vice-President:** Dr. J. C. Dunlop. **Treasurer:** Sir Norman Walker. **Honorary Librarian:** Dr. Robert Thinn. **Curator of the Research Laboratory:** Sir Robert Philip. **Secretary:** Dr. J. S. Fowler. **Members of Council:** Sir Robert Philip, Dr. J. C. Dunlop, Dr. R. A. Fleming, Dr. Robert Thinn, Dr. Lamond Lackie, and Dr. Edwin Matthew. **Representatives on the Board of Management of the Royal Infirmary:** Dr. J. C. Dunlop and Dr. Claude B. Ker.

LONDON SCHOOL OF TROPICAL MEDICINE.

The following candidates have passed the examination of this school at the termination of the seventy-third session (September to December, 1923):

*†A. D. Wright (Malaya Medical Service), *N. D. Dunscombe, *H. B. Lee (West African Medical Service), *P. S. Mills (I.M.S.), *G. R. McRobert (I.M.S.), M. J. Graham, T. S. Tirumurti, Y. A. Barrada, Miss H. S. Waiters, D. G. Garnett, M. G. Bhandari (I.M.S.), A. A. Hearne, C. L. Wilmoth, W. L. Paterson, W. K. Dunscombe, T. Seethapathy, R. M. Kharegar (I.M.S.), L. Anigstein, J. H. Neill, P. N. Basu (I.M.S.), J. J. Moriarty, J. Findlay (I.M.S.), D. H. Hennessy, J. S. Bellas, H. C. Van Dort, W. E. McCulloch, F. H. Cooke, Miss J. V. Dhurandhar, A. E. Coyne, J. L. Kapoor, Hari Das (I.M.S.), K. Lindberg, R. P. Perera, Miss Y. Sen, A. Kassem, A. H. Shaikh (I.M.S.), C. H. Phillips, J. R. Forde, C. J. Austin, H. L. Burke, D. T. Skeen, Lieut.-Colonel C. Bramhall (R.A.M.C., ret.).

* With distinction. † Awarded the Duncan Medal.

Medical News.

THE King has become patron of the Royal Society of Tropical Medicine and Hygiene, which has been a royal society since his command in 1920. The society was founded in 1907 to unite and facilitate intercourse and propagate knowledge among medical men and scientific investigators in all parts of the tropical world. The society has had a distinguished list of presidents: Sir Patrick Manson, Sir Ronald Ross, Sir William Leishman, Sir Havelock Charles, Dr. F. M. Sandwith, Sir David Bruce, Sir William Simpson, Sir James Cantlie, and Sir Percy Bassett-Smith (who now holds office).

A SCIENTIFIC conversation, which was honoured by the presence of the Prince of Wales and a distinguished company numbering more than a thousand, was held at the Middlesex Hospital and its medical school on the evening of December 18th. The operating theatres and the electrical department were open to the visitors, as was the radiological department, which comprises three rooms—one devoted to x-ray diagnosis and the others to superficial and deep x-ray treatment. There was also a radium exhibition, and demonstrations of ultra-violet rays were given. Many demonstrations were also given in the bacteriological, physiological, and histological departments, and in other rooms the method of preparing insulin was illustrated.

WE understand that Sir Frederick Mott will continue to direct the course of lectures for the Diploma in Psychological Medicine at the Maudsley Hospital, and that the seventh course will commence on Monday, January 21st, 1924, when he will begin the delivery of a course of eight lectures on the anatomy of the nervous system. The physiology of the nervous system will be treated by Dr. F. Golla in a like series, beginning on January 25th. The lectures on psychology will be given by Dr. Henry Devine, the first on January 24th. Full particulars of the course can be obtained from the Director of the Pathological Laboratory, Maudsley Hospital, Denmark Hill, S.E.5.

THE next course of lectures and practical instruction for the diploma in psychological medicine granted by the various universities will be held at Bethlem Royal Hospital, S.E.1, and commence on Monday, January 14th, 1924. It will last for three months and consist of two parts: (A) anatomy, histology, and physiology of the nervous system, also general psychology; (B) neurology and psychological medicine. The fee for the whole course is 15 guineas, and the fee for Part A or Part B separately is 10 guineas. The time table of the course can be obtained from the physician superintendent at the hospital. Clinical instruction in psychological medicine is given at Bethlem Royal Hospital every morning (except Wednesdays) at 11. The fee for post-graduates is 5 guineas for three months' attendance, but a reduction is made to those who attend the course for the diploma in psychological medicine.

THE usual series of post-graduate courses, covering practically all the departments of medicine, will be given during the first quarter of 1924 in Vienna. A special refresher course will begin on February 24th. Particulars can be obtained from Dr. Kronfeld, Porzellangasse 22, Vienna IX. Copies of the programmes can be obtained by members in the Library of the British Medical Association.

A DISTRIBUTION meeting of the President (H.R.H. the Prince of Wales) and Council of King Edward's Hospital Fund for London was held on December 18th, when grants to the amount of £235,000 were made to hospitals and convalescent homes. Owing to pressure upon our space the account of the meeting is held over until our next issue.

THE forty-second annual dinner of the Old Epsomian Club was held at the Trocadero Restaurant, London, on December 13th, with the president, Mr. W. Æneas Mackay, in the chair. In proposing "Floreat Epsomia" Mr. Mackay said that a project which had been in his mind for some time was

the setting up of a hostel in London for old boys of the school, where they could live while studying for medicine and other professions; it would serve also as headquarters for the club. He coupled with the toast the name of Mr. A. C. Powell, headmaster of Epsom, whom he welcomed as the first man of science to hold that office. At the end of his speech the school song, *Canticum Epsomiense*, was sung with enthusiasm. Mr. Powell gave an account of the past year's successes in work and play, and in so doing remarked that the real function of a first-grade public school was to turn out men worthy of the British Empire, not merely members of one specialized calling. He was able to announce that the work of building the school chapel, which is to form the Epsomian War Memorial, was progressing steadily. The honorary secretary of the club, Mr. S. Maynard Smith, C.B., F.R.C.S., briefly reported the receipt of messages of regretful absence from old Epsomians in many parts of the world—"from Birmingham to Burma." The health of the visitors was proposed in a witty speech by Dr. P. Montague Smith, whose thumbnail biographies of the principal guests were greatly relished. In responding, Mr. E. W. Garrett, for many years a metropolitan police magistrate, expressed the appreciation of his fellow residents for the new headmaster's friendly attitude towards the town of Epsom. A pleasant evening concluded with the toast of "The Chairman," proposed by Sir Thomas Wilson, Clerk of the Peace for Glasgow.

THE Ministry of Health has issued a table (Memo. 87/T) showing under various headings the weekly cost per patient in the year ending March 31st, 1923, at a large number of residential institutions for the treatment of tuberculosis, under the control of county councils and various local or private authorities. These headings include drugs, food, fuel and light, and staff expenses. Money may be saved by purchase through a central contract department. The inclusion in one contract of several institutions in the same locality is suggested. Economies in heating and lighting are often possible, and devices for making use of exhaust steam and a lower grade of fuel or ensuring a more complete degree of combustion may be adopted by the engineer in charge if he is supplied with information enabling him to judge the cost and efficiency of his department and encourage him to put forward better and more economical methods. It is hoped to publish the table in future years at an earlier date than December, if the returns from the various institutions are sent in more promptly.

LADY GEORGE NEVILL on December 13th opened the new orthopaedic and x-ray department which has been added to the Royal Sussex County Hospital, Brighton, as the result of a combined effort by the Joint War Committee of the Order of St. John of Jerusalem and the British Red Cross Society, the Shoreham United Services Funds, the Whellock and Blandford memorial funds, and private generosity. Lady Nevill's interest in the hospital has been demonstrated in the past by her gift of the greater part of the equipment of the massage department, and it was further announced during the ceremony that a cardiograph department, in memory of the late Lord George Nevill, would be presented and endowed out of money belonging to the Lady George Nevill Hospital in Hove, which was now closed. The new departments and the wards in connexion with them are most conveniently arranged, and the apparatus and equipment generally are of the most modern type.

MRS. HORBOROW, widow of Dr. A. E. R. Horborow, who lost his life at Weston-super-Mare in endeavouring to rescue two schoolgirls from drowning in a rough sea, has received from the Carnegie Hero Trust Fund a framed memorial certificate bearing the following inscription: "In recognition of the heroism of Albert E. R. Horborow, M.B., F.R.C.S., who died on 18th August, 1923, as the result of an effort to save life."

THE Lord Mayor, in presiding at the sixty-first annual meeting of the Royal Surgical Aid Society on December 12th, said since its existence the society had supplied 1,149,229 surgical appliances amongst 748,211 patients. It was almost impossible to realize the degree of comfort, independence, and relief which such figures indicated. In the past year 30,420 appliances had been supplied, in addition to the temporary loan of air and water beds, invalid chairs, crutches, etc. There were, he said, eighteen branches of the society in the provinces, and the work was auxiliary and supplementary to that of the hospitals, whose treatment frequently needed to be followed by the use of artificial limbs and other appliances. The society, which was under the patronage of the King and Queen, Queen Alexandra, the Prince of Wales, and other members of the Royal Family, was worthy of the heartiest support of the public.

MR. JOCELYN PATTERSON, M.Sc., Ph.D., of the University of St. Andrews, has been appointed biochemist to the Charing Cross Hospital Institute of Pathology.

THE first Friday evening discourse of the Royal Institution of Great Britain of the new session will be given on January 18th, 1924, by Professor H. E. Armstrong, F.R.S., who will discuss the scientific work of Sir James Dewar. On January 25th Sir Aston Webb, President of the Royal Academy, will speak on the future development of London, and on February 22nd a discourse will be given by Professor G. Elliot Smith, F.R.S., on the human brain. On Tuesdays, January 15th and 22nd, Dr. W. E. Dixon, F.R.S., of Cambridge, will give two lectures on drug additions, and in February and March Mr. Joseph Barcroft, F.R.S., the new Fullerian Professor of Physiology, will give a course of four lectures on the respiratory pigments in animal life and their significance.

A SCIENTIFIC Novelties Exhibition, under the auspices of King Edward's Hospital Fund for London, will be held at King's College, Strand, daily from December 29th to January 9th, 1924. There will be demonstrations and experiments from 2 to 5 and 6 to 9 p.m.

A JAPANESE merchant, Yasukichi Miyagawa, was charged at the Central Criminal Court, on December 12th, with procuring 500 lb. of morphine hydrochloride to be sent to Japan, and also with possessing a quantity of the drug. The Recorder, in sentencing the prisoner to three years' penal servitude, said he would be recommended for deportation and would have to pay all the expenses of the prosecution.

THE *Paris médical* of December 15th reports that Dr. Soret, director of the Radiographical Section of the Pasteur Hospital in Havre for the last thirty years, has been obliged to have his right hand amputated in consequence of x-ray dermatitis. His forefinger was removed last March, but without bringing the disease to an end.

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.

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.

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, *Aitology 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.

"S. W. T." asks whether it would be prudent to allow a small infant now a month old, weighing about 5 lb. (probably premature) to be taken out in an ordinary perambulator. The infant takes the breast freely and is doing well.

BUNGALOW HOSPITAL.

"H. R. G." asks whether any hospital has been built recently on the bungalow system—that is, with the wards all on the ground floor after the style of the hospitals erected during the war.

INCOME TAX.

Cash Basis—"Specific Cause" Claim.

"W. S. W." is a partner in a firm assessed to income tax on a cash basis of the three previous years. A new partner was recently admitted, and the new firm has lodged a claim to reduce the assessment to the amount of the cash profit of the first year, on the ground that the profits have fallen short owing to a specific cause following on the succession to the old firm. The inspector of taxes refuses to accept the cash basis for such a purpose.

* * The point raised is of some importance. There is no legal claim to the cash basis, which is accepted by the authorities on the ground that in the long run cash profits must approximate to true profits and are much more easily calculated. It will be seen that where, as in the case of a "specific cause" claim, special weight is attached to the profits of a particular year the "long run" argument is *pro tanto* not applicable, and equitable

considerations call for a computation of the true profit for that purpose. Against this may be urged that during the war—under the special reliefs then in force—reductions from the average to the actual profit were dealt with on the "cash basis" on which they were put forward. In the circumstances we cannot advise our correspondent to press for a cash basis adjustment, but he will no doubt bear in mind the fact that even on the strictly legal calculation of the particular year's profit he can claim to deduct a properly calculated allowance for bad debts.

LETTERS, NOTES, ETC.

MENTAL AFTER-CARE.

The Mental After-Care Association for poor persons convalescent or recovered from institutions for the insane is in urgent need of funds to carry on its work of preventing relapse and supervising the convalescence of some of the 7,000 patients who are discharged each year from mental hospitals and asylums. It arranges for medical advice, finds suitable employment, provides necessary outfits, and helps also in various other ways those who would otherwise have to face the world without any friends or resources. Last year more than 900 cases were so assisted, the majority of whom have done exceedingly well. Contributions will be gratefully received by the secretary, Miss Vickers, Church House, Dean's Yard, Westminster, S.W.1.

MIGRAINE AND CALCIUM LACTATE.

"J. B. S." writes: Dr. A. Douglas Bigland's interesting article (December 15th, p. 1133) on the treatment of migraine by calcium lactate brought back to my memory a rather unpleasant experience I had with this drug. For some considerable time I have been the subject of repeated attacks of what I myself consider migraine, although the symptoms do not correspond exactly with textbooks. In my case I have only the dull headache and sickness. Now about two years ago I tried calcium lactate, not for the migraine, but as a "blood tonic," taking 10 grains three times a day; and one day, while methodically and conscientiously finishing my second bottle, I experienced a severe attack of migraine, starting with visual phenomena (zigzag lines and balls of light before the left eye), and finishing up with dizziness and a diabolical headache on the right temple. This attack was the first I had had with eye features, and I attribute the severity to the calcium lactate, because I have since then attempted to take the drug with almost similar, although not quite so marked, results.

DIET TABLES AND FOOD VALUES.

THE aim of Dr. E. P. Poulton in his *Diet Tables and Recipes for Diabetics* (London: J. and A. Churchill, 1923. 1s. net.) is to place in a short and compact form some facts which may be useful to patients suffering from diabetes when they are carrying out their own treatment under the supervision of their medical advisers. The publication is opportune, since the introduction of "insulin" treatment has rendered precision in diet measurements far more imperative than ever before. We have found them most useful, and they help the patient to carry out instructions with ease and accuracy. Once the appropriate fat, protein, and carbohydrate content of a diet has been determined for an individual patient, these tables will enable him to choose and vary his daily meals with safety and enjoyment.

We have also received a pamphlet containing *Tables of Food Values* compiled by Drs. Smith and Miller of Harrogate (Belfast: R. R. Browne and Co. 1923. 1s.). The tables indicate the weight in grams of carbohydrate, protein, and fat contained in one ounce of the article of diet, together with the calorie value. A very large range of foodstuffs is included, so that with a little practice an intelligent patient can arrange meals which may be varied and attractive.

Yet as we look through food tables arranged for British patients we reflect how much they add to the pain and grief of their illness by attempting to weigh diets in ounces and pounds. They might be better advised to buy a set of gram weights and thus add to the length and ease of the years that remained to them.

A CORRECTION CORRECTED.

SIR JAMES YOXALL (General Secretary of the National Union of Teachers) writes: I read in your issue for December 8th that Sir Robert Armstrong-Jones has been caused "much annoyance" by a statement made in the report of a lecture delivered by him "before the National Union of Teachers." The lecture was delivered before students belonging to the People's League of Health, and not before the National Union of Teachers. This Union places a room at the disposal of that League for a series of lectures each winter, but the proceedings and the report of the proceedings are not under the control of the Union. I write to correct a misapprehension, and not in the least to belittle the work which the People's League of Health is doing.

VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 29, 31, 32, and 33 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 30 and 31.

A short summary of vacant posts notified in the advertisement columns appears in the Supplement at page 280.