

The animals were then given the usual laboratory dose of virulent bacilli, and carefully watched for six months. The loss of weight was not nearly so pronounced as in the other series; but on being killed all the animals were found to be infected, but to a very much less extent than the preceding ones—in some cases only a few glands, in others a more or less generalized infection.

## IV.

In the *fourth series* one half of the animals were given subcutaneously four weekly doses of living human attenuated bacilli, and the other half were given the same doses of living bovine attenuated bacilli. None of these animals showed any signs of infection in six months. The animals which had received the protective doses of human bacilli were then given 1/2 mg. of living virulent bovine bacilli, and the animals which had received bovine attenuated bacilli were given 1/2 mg. of virulent human bacilli. In six months the whole series of animals was most carefully examined, and the results were much more encouraging. Two of the animals showed no infection, but all the others were more or less positive, from a few isolated glands to a mild generalized infection, but to a decidedly less extent than in any of the preceding ones. In all probability these animals would have recovered from this laboratory dose.

## V.

*Fifth Series.*—The object of this experiment was to show if it was possible to protect animals against a virulent infection by giving them two prophylactic injections of a tubercle vaccine prepared from the dead cultures of human tubercle bacilli which had been attenuated by continuous subculture for sixteen years, which represented the 212th generation. Five rabbits were given two injections of 0.01 mg. of vaccine subcutaneously, and were kept under observation for a month. No reaction followed the vaccine; they gained weight and were apparently unaffected. Five control rabbits, and the rabbits which had been vaccinated, were then given 1/10 mg. of a virulent culture of bovine bacilli, supplied to me by Dr. Schutze. Very careful observations were made. The five animals which had not been protected steadily lost weight, and they all died within four months. They all showed generalized tuberculosis in all organs.

The five animals which had received protective vaccine are all alive to-day and in apparently good health, and I propose to keep them alive for another few months before they are examined. These animals have been protected from bovine infection by means of a vaccine prepared from human attenuated bacilli.

In my next series I propose to attempt to immunize guinea-pigs in the same way, but this may be more difficult owing to their great susceptibility to tuberculosis.

*Conclusions.*

1. It appears to be possible to immunize animals against tuberculosis by means of a protective vaccine prepared from attenuated bacilli.

2. The duration of the immunity is not yet known.

3. It seems to be probable that we may be able to protect children against infection in the household. We must wait for some years before this can be finally established. All children over the age of 1 year who are living in the same house with a tuberculous member of the family ought to be protected against infection, and it is in the early years of life that such infection usually occurs.

*Vaccination of Children.*

Encouraged by these results, I have treated 412 children, varying in age from 1½ to 14 years, one of whose parents was suffering from pulmonary tuberculosis, with two prophylactic doses of a vaccine prepared from dead cultures of attenuated bovine bacilli. The injections were given at an interval of two weeks. No reactions were observed, and in no case has there been any untoward symptom. All the children were treated at the request of a parent.

Up to the present I know of no child who has developed tuberculosis, but we must wait for at least ten years before a final judgement can be given of its efficacy in all cases.

From a long observation of tuberculosis I am convinced that infection takes place most commonly in early life, and if we can with complete safety give some active immunity to those children who are directly exposed to infection at home, we will have taken a long step in the direction of prevention, which, after all, is the key to the problem.

**Memoranda :**  
**MEDICAL, SURGICAL, OBSTETRICAL.****PARTIAL HEART-BLOCK COMPLICATING AORTIC INCOMPETENCE FOLLOWING RHEUMATIC FEVER.**

THE case here reported is of interest because the condition is apparently rare, and also because the symptoms were more than usually severe in so small a degree of heart-block. Though, in mitral stenosis, acute inflammatory changes are common in the myocardium, causing heart-block, Heatherley in his recent book states that he has not yet seen the condition complicating aortic incompetence.

A man, aged 28, was admitted to the Royal Mineral Water Hospital, Bath, on May 5th, 1924, complaining of pain and stiffness in the hands, shoulders, knees, and ankles, following an attack of rheumatic fever in February.

He stated that he suffered from palpitation, was breathless on exertion and easily exhausted, and found himself sweating profusely even when at rest. From time to time he felt very giddy and had "fainting turns." The man presented the typical picture of aortic incompetence. There were no signs of accompanying mitral stenosis. Electrocardiographic tracing revealed the P-R interval lengthened, measuring 0.24 sec.; diastolic periods were much shortened, averaging 1/8 sec.; the R-T interval was normal—namely, 0.32 sec. The T waves in all leads were much flattened and corresponded to the height of the P waves, which showed a deflection amplitude of 3.4 millivolts. There were no signs of dropped beats.

Bath.

H. C. NIXON, M.D.

**KNOCK-KNEE AND SCOLIOSIS.**

MANY causes are contributory to the deformity of scoliosis, but I cannot recollect having read in any textbook a description of the following sequence. The conditions having been noted recently on several occasions in the course of school medical inspection, a brief description may be of interest.

When told to stand up, a knock-kneed child seldom assumes an erect posture with knees together and heels several inches apart; instead, he places his heels together, keeps one leg straight (perhaps the right), and allows the knee of the left to come to rest in front of it. The left leg of necessity remains flexed, and as artificial shortening results scoliosis of a postural nature must follow. Constant repetition of the faulty attitude, aided by the muscular and other defects resulting from the rickets which caused the knock-knee, will soon make the deformity permanent.

It is important to remember this point in the etiology of lateral curvature, for the most painstaking remedial measures will hardly be successful if it is ignored.

A. H. SHENNAN, M.B., D.P.H.,  
Assistant Medical Officer of Health,  
County of Lindsey.

**DISCHARGE OF ASCARIS LUMBRICOIDES THROUGH A HERNIOTOMY WOUND.**

A NATIVE of Nigeria, said to be 79 years of age, was admitted to the Colonial Hospital, Lagos, in October, 1922, suffering from a strangulated inguinal hernia on the right side.

I operated immediately and reduced a loop of small intestine, 6 inches in length from the hernial sac; this intestine was deeply congested but had nowhere obviously lost its vitality, although it was evident that in a very short time it would have become gangrenous. The operation was completed in the usual way.

The old man recovered well, but on the fourth day complained of some "tightness" in his wound; the removal of the dressing disclosed a small swelling in the region of the wound without redness or pain; no fluctuation could be elicited, but the "feel" of the swelling was peculiar and unusual. A pair of dressing forceps was inserted through the healthy-looking incision; the expected discharge not having appeared, the opening was enlarged, a finger introduced, and three full-sized *Ascaris lumbricooides* pulled out. These worms had been lying between the skin and muscle; no communication could be found with peritoneal cavity or bowel, and there was only a trace of sero-sanguineous fluid in the pocket in which the worms lay. The general condition of the patient was quite unaltered by this local occurrence. Santonin was now administered, and many more ascarides were passed by the anus. The wound healed quickly without further complication. Six weeks later the patient, who had been kept in hospital on account of his debilitated condition, contracted pneumonia and died.

At the *post-mortem* examination the ileum was found to be attached to the peritoneal aspect of the herniotomy scar by a single fine adhesion, otherwise the bowel was normal and the peritoneal cavity intact.

The strangulated bowel, after reduction, had become adherent to the under surface of the wound, and at this point the worms had forced their way through what must have been a damaged and softened area of the bowel wall; the interesting point is that they should have done so without causing an infection of the peritoneal cavity or of the wound. This is, I should imagine, a rare complication of strangulated hernia.

QUINTIN STEWART, F.R.C.S.E.,  
Nigeria.  
West African Medical Service.

**SURGICAL EMPHYSEMA DUE TO PARTURITION.**  
In view of the apparent rarity of this condition, I have been prompted by Dr. Harvey's note (June 21st, p. 1089) to record particulars of a precisely similar case that came under my care ten days ago.

A young and healthy primipara, whilst having strong and regular pains, complained that her right eye was becoming swollen. This gradually increased, and the swelling extended all round the neck, upper part of the chest, and down the right arm. It had the typical crackling feeling characteristic of surgical emphysema. The labour was somewhat delayed owing to the presenting part being a face, and it was ultimately terminated with the assistance of forceps.

The emphysematous area was very tender for several days, but the whole condition completely subsided in about a week.  
Bedale, Yorkshire.

A. W. HANSELL.

#### OEDEMA OF LARYNX PRODUCED BY POTASSIUM IODIDE.

THE following case shows the extraordinary susceptibility of some individuals to potassium iodide. My patient, a female, had only taken some 20 grains, in 5-grain doses, when she complained of a feeling that her throat was closing up. I found marked oedema of the right aryepiglottic fold, but there was no sign of any inflammatory mischief.

On discontinuing the drug, and giving large doses of sodium bicarbonate with a laryngeal spray of 2 per cent. cocaine and 1 in 2,000 adrenaline, the trouble disappeared in twenty-four hours.

G. A. GARRY SIMPSON.

#### RUPTURE OF AORTIC ANEURYSM IN A YOUNG WOMAN.

A *post-mortem* examination on the body of a woman, aged 29, revealed the following pathological features.

The aorta was ruptured on its posterior wall, inside the pericardium. The vessel walls were thin and atheromatous (opaque white patches in its first part, which on section showed thickening of the tunica intima but no calcareous deposit). A small pale infarction situated in the upper pole of the left kidney. The left ventricle was hypertrophied. There was no history of syphilis.

The age and sex, and also the site of rupture, make this case of sufficient interest to justify record.

R. MACKINNON, M.B., Ch.B.,  
Honorary Pathologist, Oldham Royal Infirmary.

#### UNCOMMON FORM OF DISLOCATION OF THE PATELLA.

ALTHOUGH dislocations of the patella are common, yet the "vertical" dislocation described below, with complete rotation of the bone, is sufficiently rare to be of interest.

In March last a young Indian soldier (driver in the R.F.A.) was admitted to my wards with a diagnosis of fractured patella. There was a history of his having fallen off his horse about an hour previously. After having been given first aid on the spot, he had been sent to hospital in an ambulance.

I found that the left patella was lying over the anterior surface of the external condyle of the femur, and was completely rotated on its vertical axis so that the posterior aspect now looked forwards and the anterior surface was in contact with the condyle of the femur. Reduction was easily effected by slight pressure on the outer edge of the patella once complete relaxation of the quadriceps extensor muscle had been obtained.

Mild synovitis of the knee-joint resulted, which subsided in about a week. The patient was discharged to duty with a normal knee-joint ten days later.

Bangalore, South India. E. G. KENNEDY, Major I.M.S.

## Reports of Societies.

### PROCTOLOGY.

#### JOINT CLINICAL MEETING IN LONDON.

A very successful joint meeting of the Subsection of Proctology of the Royal Society of Medicine and the American Proctologic Society was held on July 9th, 10th, and 11th. The latter society was under the presidency of Dr. RALPH JACKSON (Boston), with Dr. J. F. Montague (New York), the present secretary, and about fourteen other members.

The proceedings were opened on the morning of July 9th, when Mr. ASLETT BALDWIN, President of the Subsection of Proctology, received the American visitors at the Royal Society of Medicine, and, after bidding them a very hearty welcome, outlined the arrangements which had been made for the next few days. Dr. JACKSON replied, and was followed by Dr. WILLIAM M. BEACH (Pittsburg), who read a paper entitled "The evolution of proctology in America." After a consideration of the evolution of specialism in the United States, Dr. Beach described the origin of the American Proctologic Society. He described the peculiar difficulties that were encountered in the early days, owing to rectal practice being then almost entirely in the hands of non-qualified charlatans, and showed how the society was finally successfully launched in 1898, with Dr. Joseph H. Matthews as its first president and himself the first secretary. Since then the society had steadily gone ahead until at the present time its membership was about fifty. The present occasion marked their twenty-fifth anniversary.

#### *Injection Treatment of Haemorrhoids.*

An interesting programme of formal discussions and hospital operation demonstrations had been arranged. The first discussion, on the injection treatment of haemorrhoids, was opened on July 9th by Mr. GRAEME ANDERSON. After giving a history of the injection treatment Mr. Anderson described his present technique, and insisted on the applicability of the method only to uncomplicated cases; his personal preference was for the dilute 10 per cent. carbolic solution rather than for stronger solutions. Dr. CUTHBERT DUKES showed some histological preparations illustrating the intravascular clotting which he had found to take place in the substance of the piles after injection with 10 per cent. carbolic, and the discussion was then continued alternately by English and American speakers. (A paper by Mr. Graeme Anderson and Dr. Dukes, giving an account of their views and experience, is printed in the JOURNAL this week at page 100.) The general opinion was that in selected uncomplicated cases definite improvement could be promised; in some cases permanent cure was effected, but the likelihood of recurrence in perhaps 50 per cent. of cases indicated the necessity for periodical re-examination and further injection as required. The American speakers showed a marked preference for quinine and urea as the injection fluid, and as a rule injected only one pile at a time. Dr. JELKS (Memphis) and Dr. SAPHIR (New York) condemned the method, and described some lamentable after-results that they had seen in the way of haemorrhage and septic complications after injection; no precise details were forthcoming as to the injection fluid used in these cases, and subsequent speakers, including the opener of the discussion, considered that these bad results were due most probably to faulty technique and application of the method to unsuitable cases. The English speakers showed a unanimous preference for carbolic in 10 to 20 per cent. solution in water and glycerin. The immediate arrest of bleeding after even the first injection was agreed upon.

#### *Pruritus Ani.*

On Thursday, July 10th, a discussion on the treatment of rectal prolapse was opened by Dr. HIRSCHMANN (Detroit), with a description of his method of fixing the colon by an abdominal operation. Dr. MONTAGUE (New York) gave a most interesting and beautifully worked out cinematograph demonstration on pruritus ani; he showed in this film the various histological changes which he had noticed in the perianal skin, leading finally

whom the inquiry was of such intimate concern. Apart from being badly constituted, this committee did its work too hastily. It is, therefore, not surprising that the results should be unsatisfactory, and, judging from the more drastic treatment meted out by the bill itself, even the Government could not have been satisfied with the main recommendation. It is a very curious feature of the treatment proposed for certifying surgeons that, although the fault of the present system is said to lie in the divergence of standard of examinations among certifying surgeons, and that this complaint is exactly on the same lines as that laid against local authorities in their dealings with sanitation of factories and workshops, the actual method to be adopted is diametrically opposed to the one laid down for local health departments. Whilst the latter are to be dealt with by centralizing control the same type of fault on the part of the certifying surgeon is to be cured by introducing local control. To the ordinary individual this would appear paradoxical. The present certifying surgeon is to be deprived of his statutory position and to lose his identity by becoming one of a class, whilst his successor is to be appointed and controlled by any or every local authority at the discretion of the Secretary of State, subject only to such regulations as to duties as may be made by order. Granting, as in the previous case, that the fault be correctly diagnosed, it again becomes somewhat puzzling to understand why it should be regarded as necessary to turn things upside down to find a remedy. Uniformity of practice throughout the whole country can be obtained with certainty under central control if this be properly exercised. Why not look at the matter from the point of view of the young person? His requirements are an effective examination and uniformity in certification in whatever area he seeks employment. The processes at which young people work and the conditions attendant on these are regulated by industrial necessities and not by local requirements, and any attempt to act contrary to this dictum would certainly result in confusion.

The bill contains many valuable provisions which ought to become law, and the official desire to get them through Parliament as smoothly and expeditiously as possible can easily be appreciated. Should the Home Secretary still be desirous of shepherding a non-contentious measure, he might with advantage seriously consider how his bill is being taken by the medical profession.—I am, etc.,

July 14th.

#### PUBLIC HEALTH.

#### NON-PROFESSORIAL STAFFS OF UNIVERSITIES.

SIR,—My attention has been directed to the observations made by you in introducing the Edinburgh statement, which you were so good as to publish in your issue of July 12th (p. 63). I need hardly say that it was not the intention of the Committee of the Non-Professorial Staff to suggest that the professorial staff is overpaid. The statistics on which your inference is apparently made were inserted solely in order to show clearly the existing disparity between the salaries of the professorial and those of the non-professorial staffs. The intention of the statement was to emphasize strongly the view that, corresponding to the character of the educational work entrusted to them, members of the non-professorial staff should be paid salaries more closely approximating to those paid to members of the professoriate than is at present the case.—I am, etc.,

JOHN E. MACKENZIE,

Convener,

Medical Chemistry Department, Non-Professorial Staff Committee.  
University of Edinburgh, July 12th.

#### POST-ANAESTHETIC VOMITING.

SIR,—If Drs. Cave and Edwards, the writers of the interesting note on post-anaesthetic vomiting (July 5th, p. 11), will try washing out the stomach with plenty of alkaline fluid before the patient leaves the table, they will be pleased with the results. It is easy and safe, and almost entirely abolishes vomiting.—I am, etc.,

Derby, June 9th.

V. T. CARRUTHERS.

#### Universities and Colleges.

##### UNIVERSITY OF LONDON.

##### UNIVERSITY COLLEGE.

Centenary.

THE hundredth anniversary of the foundation of University College, London, is to be celebrated in 1926, and a history of the college is being prepared. It will include a chapter on the contribution of the college to medical education and research. The Provost, Sir Gregory Foster, asks for the loan of documents likely to be of use for this purpose. Communications (marked "Centenary") should be sent to him at the college.

##### Sharpey Physiological Scholarship.

An appointment will shortly be made to the Sharpey physiological scholarship (value £160), founded in memory of Professor William Sharpey. The scholar has full opportunities for research in physiology, and takes a small share in teaching and demonstration. Applications, with full particulars, should be sent to the secretary of University College, Gower Street, W.C.1, not later than Saturday, July 26th.

##### GUY'S HOSPITAL MEDICAL SCHOOL.

The following scholarship awards have been made: War Memorial Scholarship in Arts: John J. Crow (Charterhouse), £200. Open Scholarship in Arts: John W. Oliver (Felsted), £100. Scholarships in Junior Science: Confined Scholarship, William D. G. Jones (Sexey's School, Bruton, and Guy's Hospital Medical School), £100; Open Scholarship, William L. M. Bigby (Cranleigh and Guy's Hospital Medical School) and Walter P. Roe (University College School and Guy's Hospital Medical School), equal £50 each.

##### UNIVERSITY OF LIVERPOOL.

THE following candidates have been approved at the examinations indicated:

M.D.—H. Cohen, M. J. Cohen, B. L. McFarland.  
Ph.D.—T. Southwell.

M.B.—Ch.B.—\*C. B. Bamford, \*Helen S. H. Brown, \*A. Pool, \*E. Scott, \*Gwenne Williams. Part III: Mary G. B. Allen, R. V. Berrington, C. H. Bradley, J. S. Bradshaw, R. S. Brock, Alison M. Brummitt, A. Cooke, J. W. Cowen, J. D. Craig, M. M. Datnow, Edwina M. Davies, L. Davies, R. Y. Dawbarn, Eileen M. Deane, W. T. Donovan, H. Duff, J. B. Elleray, H. W. Fell, H. R. Fisher, F. F. Fuller, G. A. Garrett, Susan Gluck, T. A. Griffiths, D. C. G. Hanlon, T. Hare, Fannie S. Holt, G. P. Huws, L. E. Johnson, R. W. Jones, R. Jones, A. L. Kerr, D. Kippax, J. Leggate, W. E. Lishman, J. H. M. Little, G. Lowe, G. Macdonald, Margaret S. Macdonald, Phyllis Marsh, G. A. Moulden, A. Newton, R. J. Pryderch, Gwendolen H. ff. Roberts, E. Rowlands, J. A. Scott, G. V. L. Taylor, Marjorie A. Unsworth, Mabel J. Watters, N. Weinberg, H. S. Welton. Part I: R. M. Ainsworth, M. A. E. Azzam, H. E. Barrow, C. Baxter, B. H. Brickman, A. S. S. Brown, D. Cohen, J. Katz, Alice M. Luck, J. W. Melville, E. L. Murphy, Irene M. Neal, J. J. O'Donovan, Mary T. Penrice, W. J. Pierce, Mary A. Silcock, W. L. Webb. Part II: R. M. Ainsworth, H. W. Altschul, A. T. Ashcroft, Ethel Barrow, E. I. Bieber, J. C. A. Birch, H. M. Boston, B. H. Brickman, W. G. Brookes, N. L. Corkill, R. F. Corlett, D. E. Davies, P. V. Dillon, J. L. Donnelly, M. Earlam, J. C. Edwards, Sybil O. Edwards, M. C. J. S. Garton, M. Goldberg, Dorothy A. Gough, Frances M. Greenhalgh, R. I. Greenshields, Gwyneth Griffith, C. A. Harris, J. J. Hutton, Beryl M. Hawthorn, J. C. Heal, R. E. Horsfall, E. Hughes, F. Hughes, S. M. Katz, C. Kaufman, B. Kay, J. E. S. Lloyd, W. J. Lloyd, J. L. J. A. Loewenthal, T. R. E. Longton, H. McGrath, J. G. McNichol, K. N. Mawson, J. W. Melville, F. Murgatroyd, E. L. Murphy, Winifred A. Nicholson, H. E. Pearson, H. Peaston, J. W. Reid, S. Miriam Roskin, J. C. Ross, Ruth Simpson, N. P. Slade, I. Thomas, Margaret E. Thomas, E. F. Thompson, C. E. Unsworth, J. Unsworth, Rosalind Vacher, J. E. Walker, F. W. Yates.

D.P.H.—W. J. Birchall, R. W. Brookfield, B. L. Chopra, H. M. Cohen, F. S. Fowweather, E. S. Gawne, Annie R. Niven, C. J. de V. Shortt, J. F. D. Shrewsbury.

\* Honours, second class.

† Distinction in medicine.

‡ Distinction in obstetrics.

|| Distinction in forensic medicine and toxicology.

§ Distinction in public health.

##### VICTORIA UNIVERSITY OF MANCHESTER.

THE following candidates have been approved at the examinations indicated:

FINAL M.B. AND Ch.B.—Margaret A. Bromhall, W. C. V. Brothwood, T. A. Brown, J. A. Crowther, Madge E. Edwards, R. Ellis, A. G. Forbes, P. Gregory, E. Holmes, Winifred L. Horton, W. G. Howson, \*Phyllis I. Kaufman, D. Kemp, \*Hilda M. Linford, F. R. Lockhart, Gladys F. A. McLean, Alice M. Orrell, T. Peirson, S. Pope, L. J. Prosser, A. Riley, W. M. Roberts, Eileen Sheehan, Dorothy Simmons, J. Sims, G. S. Smith, J. Troup, H. M. Turner, C. L. Walker, E. White-side, T. C. Wilcock, G. Williamson. *Surgery and Obstetrics*: A. R. Addy-Redfern, J. K. Barr, C. V. Brown, Stella H. Brown, Elsie Catlow, W. Chadwick, S. F. Clegg, Jenny D. Craig, S. Devine, Florence M. Duckworth, C. Eccleston, J. D. Farquhar, R. A. Ferguson, J. Haslam, G. H. Hayle, \*A. H. Heyworth, Elizabeth G. Humble, A. M. MacGill, W. Mottershead, Ethel Morris, H. Penman, T. W. Rothwell, H. T. Simmons, A. B. Slack, R. Slater, H. C. Smith, R. Walshaw, S. E. Ward, S. Whalley, R. M. Williams, S. P. Wilson, K. K. Wood, P. C. Wood, F. Yates. *Forensic Medicine and Hygiene and Preventive Medicine*: R. S. Adam, W. Chadwick, T. E. Davies, C. R. Fielding, A. H. Heyworth, J. N. Hudson, T. W. Rothwell, R. F. Stubbs, J. M. Yoffey. *Forensic Medicine*: S. Bernstein, J. W. Graham, R. Slater, A. R. Somerford. *Obstetrics*: C. T. Marshall, J. Shlosberg, E. J. Warburton, J. M. Yoffey. *Surgery*: P. G. Johnson, R. F. Stubbs. *Medicine*: J. M. Yoffey. *Hygiene and Preventive Medicine*: Anne H. Glancy, E. J. Warburton.

\* Second-class honours. † Distinction in obstetrics.

‡ Distinction in medicine. § Distinction in forensic medicine.

DIPLOMA IN PSYCHOLOGICAL MEDICINE, *Part II*.—L. C. F. Chevens, H. D. Cormac, T. W. Davidson, W. J. Lynch, W. R. McGlashen. D.P.H., *Part II*.—F. R. Ferguson, Marjorie A. Grant, Gladys J. C. Russell, Enid F. Stowell, Ethel White.

## UNIVERSITY OF SHEFFIELD.

DR. G. A. CLARK has been appointed to a lectureship in physiology.

## UNIVERSITY OF LEEDS.

At a congregation of the University, the Duke of Devonshire, the Chancellor of the University, conferred the following degrees in Medicine and Surgery:

CH.M.—D. Chamberlain.  
M.B., CH.B.—T. H. B. Bedford, \*A. M. Claye, \*H. Edelstein, \*H. Ross, \*J. G. Ward.  
M.B., CH.B.—W. C. Abel, H. Bruce, A. Cannon, J. Cardis, Aileen N. Claye, F. Clegg, Maria L. Gaunt, G. D. Gordon, Muriel D. Graham, M. Hutchinson, J. W. Pickard, Kathleen M. Potter, L. N. Pyrah, N. A. Rymer, N. A. Scadding, G. H. Sellers, J. E. A. Simpson, G. R. Sunley, D. M. Sutherland, H. Taylor, W. Thistleton-Waite, E. W. Vincent, Hester E. Woodcock, D. Yates.

\* Honours, second class.

## UNIVERSITY OF ABERDEEN.

At the graduation ceremony held on July 10th the honorary degree of LL.D., was conferred upon Dr. Michael C. Graham, F.R.C.P.Lond. The following were among the other degrees and diplomas conferred:

D.Sc.—H. E. Magee.  
M.D.—\*W. Corner, O.B.E. (*in absentia*), \*R. J. Duthie, \*R. Forgan, \*W. I. Gerrard, A. R. Grant, N. M. Maclellan, J. Rannie, R. Rannie, H. J. Thomson, I. S. Thomson.  
CH.M.—R. D. Lockhart, F. H. B. Norrie, O.B.E.  
M.B., CH.B.—†A. M. Hendry, †E. C. Chitty, †B. B. Henderson, †J. A. Innes, †D. West, R. Anderson, J. H. Arthur, A. H. Benton, Kathline Booth, F. Buchan, A. S. Burns, W. Chisholm, Annie S. Clark, Mary Coutts, Edith Cran, Irene V. Croll, J. Crombie, J. G. Currid, F. R. Daniel, D. Duncan, J. C. Forbes, S. Forrest, R. M. Fraser, Ethel L. R. Galloway, A. D. Garden, †W. Kirk, Flora H. G. Macdonald, Penel M. Innes, C. Joiner, D. W. Kirk, J. Hutchinson, J. Macdonald, T. J. C. Macdonald, B. H. Mackay, R. Mackay, R. Mackay, R. Mackay, A. L. McLeod, D. McLeod, Christine Macrae, C. P. Murray, P. W. Philip, A. Reid, A. Reid, W. M. Ritchie, A. Rose, S. C. J. Sandford, W. N. Simpson, J. M. Smith, A. Stalker, N. Taggart, G. J. MacA. Teunon, W. G. Watson, H. M. Wright.  
D.P.H.—Catherine J. Clark, Eleanor M. Henderson, Charlotte S. Hendry, Roberta McLeish, Bethia M. Newlands, Violet M. G. Smith, J. S. Taylor, G. A. M. West.

\* Awarded commendation for thesis.

† With first-class honours.

‡ With second-class honours.

|| Completed final examination with much distinction.

§ Completed final examination with distinction.

## ROYAL COLLEGE OF SURGEONS OF ENGLAND.

A QUARTERLY Council meeting was held on July 10th, when the President, Sir John Bland-Sutton, was in the chair.

## President and Vice-presidents and Council.

Sir John Bland-Sutton was re-elected President, and Mr. H. J. Waring re-elected and Mr. W. G. Spencer elected Vice-presidents for the ensuing year. Mr. W. McAdam Eccles, Mr. Wilfred Trotter, and Sir Charles Gordon-Watson, duly elected at the meeting of Fellows on July 3rd, were introduced and took their seats as members of the Council.

## Licences and Diplomas.

Licences in Dental Surgery were granted to 63 candidates.

At the Primary examination for the Fellowship, concluded on June 18th, 100 candidates were examined, of whom 31 were approved. The names were published in the JOURNAL of June 28th (p. 1160).

Diplomas in Public Health were granted jointly with the Royal College of Physicians to 31 candidates.

Diplomas in Psychological Medicine were granted jointly with the Royal College of Physicians to 5 candidates.

Diplomas in Laryngology and Otology were granted jointly with the Royal College of Physicians to 5 candidates.

## Pathological Department of Museum.

Mr. C. F. Beadles was reappointed Assistant Pathological Curator of the Museum, and Mr. C. E. Shattock was reappointed Pathological Assistant in the Museum for the ensuing year. The office of Pathological Curator of the Museum is to be left vacant for the present, and Mr. T. W. P. Lawrence, F.R.C.S., was invited to advise and assist Mr. Beadles and Mr. Shattock during the ensuing year in rearranging and revising the series of Special Pathology in the Museum.

## Library.

The Library will be closed in August as well as in September for cleaning and redecoration.

## Lister Medal.

The Lister Medal for distinguished contributions to surgical science, with the honorarium of £500, has been awarded to Sir W. Watson Cheyne, who, in accordance with the conditions of the trust, has undertaken to give an address at the Royal College of Surgeons on a day in 1925.

## Lectures.

The following were elected to give lectures during the ensuing year:

*Hunterian Professors*.—Sir Arthur Keith: Six lectures on the evolution of the higher primates. R. L. Knaggs: One lecture on osteitis deformans and its connexion with osteitis fibrosa and osteomalacia. V. Zachary Cope: One lecture on extravasation of bile. A. H. Todd: One lecture on syphilitic arthritis. V. E. Negus: One lecture on disorders of the mechanism of the larynx. H. P. Winsbury White: One lecture on the pathology of hydrocephrosis. S. Cade: One lecture on regional anaesthesia.

*Arris and Gale Lecturers*.—C. P. G. Wakeley: One lecture on the etiology, pathology, and treatment of ectopic and imperfect descent of the testis. G. Scott Williamson: Two lectures on the anatomy and physiology of the thyroid apparatus.

*Erasmus Wilson Lecturer*.—G. W. de Poulton Nicholson: Three lectures on the nature of tumour formation.

*Arnott Demonstrator*.—Sir A. Keith: Six demonstrations on the contents of the Museum.

## Appointments and Reappointments.

Mr. R. H. Burne was re-elected Physiological Curator, and Sir F. Colyer was re-elected Honorary Curator of the Odontological Collection, for the ensuing year. Mr. D. Kennedy Cassels, B.A.Cantab., was appointed Assistant to the Secretary during the ensuing year.

## ROYAL FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW.

THE following have, after examination, been admitted Fellows of the Faculty: W. K. Anderson, J. T. H. Madill.

## LONDON SCHOOL OF TROPICAL MEDICINE.

THE following candidates passed the examination of this school held at the termination of the seventy-fifth session (April-June, 1924):

\*A. W. Grace (winner of Lalcaza and Duncan medals), \*B. B. Yodh, \*W. Rae, \*T. Creaser, \*R. B. Wallace, \*G. C. Ramsay, \*R. Dick, Miss K. S. Captain, M. L. C. Irvine, V. D. Wyborn, Miss S. Russell, J. P. Fehily, W. Dunlop, Mrs. E. M. Gittins, S. Nag, R. G. Cochrane, J. A. Waterman, R. P. Bliss, H. G. D. Mathur, K. Ando, E. A. T. Pateman, F. T. Fisher, K. T. K. Wallington, Miss E. K. Mackay, C. G. Timms, Miss H. Keer, Miss C. B. Kibble, P. V. Casling, A. Esler, R. J. Gittins, R. MacGregor, Miss R. Scott, W. S. Nealor, R. H. Stanbridge, Miss D. Mitchel's, S. F. Alason, D. R. Najar, H. W. Torrance, G. R. Waller, P. K. Dixon, Miss G. Webster, I. E. Meier, P. J. Caffrey, C. L. Stewart, C. R. Edibam, T. Chan Taik, T. Balmokand, G. F. T. Saunders, G. Khalsa, G. Pope, G. Elliot.

\* With distinction.

## The Services.

## ROYAL ARMY MEDICAL CORPS.

## Examination for Promotion.

It is announced in Army Orders that, with effect from April 1st, 1925, the examination of majors of the Royal Army Medical Corps for promotion to lieutenant-colonel will consist of a written examination in army medical organization and administration in peace and war, and of a medical staff tour.

## DEATHS IN THE SERVICES.

Lieutenant-Colonel Adam Rivers Steele Anderson, Bengal Medical Service (retired), died at Branksome Park, Bournemouth, on July 5th. He was born on March 3rd, 1863, and educated at Cambridge, where he graduated B.A., with honours, in 1882, and M.B. in 1886; he was a student at St. Mary's, and took the M.R.C.S. in 1885 and the D.P.H. in 1889. After holding the office of resident medical officer at St. Mary's, he entered the I.M.S. as surgeon in 1889, became lieutenant-colonel after twenty years' service, and retired in 1918. After four years' military duty he was appointed surgeon naturalist to the Indian Marine Survey in March, 1893, and served on the Royal Indian Marine s.s. *Investigator*. In October, 1900, he became senior medical officer at Port Blair in the Andaman Islands, the great Indian penal settlement for life convicts, recently abolished as such. In May, 1906, he was transferred to civil employment in Bengal, and in April, 1912, became civil surgeon of Dakka, then the prize station of Bengal. In January, 1916, he returned to military duty for service in the late war, and remained at that duty till his retirement, two and a half years later.

Lieutenant-Colonel Anthony Lennon Brown, R.A.M.C. (retired), died at Pinhoe, Exeter, on July 6th, aged 81. He was educated at the Ledwich School, Dublin, and after taking the L.K.Q.C.E. and L.R.C.S.I. in 1866, entered the army as assistant surgeon in 1868. He attained the rank of brigade surgeon lieutenant-colonel in 1894, and retired on December 15th, 1897. He served in the Ashanti war of 1873-74, was present at the battle of Amoafu, and in the advance on Kumasi, was mentioned in dispatches, and received the medal with a clasp; in the South African war of 1878-79, in the operations against the Gaikas, and in the Zulu campaign, he was present at the battles of Kambula and Ulundi, was mentioned in dispatches in the *London Gazette* of May 7th and August 21st, 1879 (medal with clasp); in the Sudan campaign of 1884-85, with the Nile column (medal with clasp, and Khedive's bronze star); and in the Sudan in 1885-86, with the Frontier Field Force, when he took part in the action at Giniss.

## Medical News.

THE Maudsley Hospital has now been recognized by the Universities of London, Oxford, and Cambridge, and the Conjoint Examining Board of the Royal Colleges of Physicians and Surgeons, as an institution where undergraduates may take the course in mental disease preparatory to the qualifying examination. The University of London has also recognized the hospital for the post-graduate work for the M.D. examination in psychological medicine subject to the condition that an advisory committee should be appointed. It consists of two members of the teaching staff, elected by the staff, the medical superintendent of the hospital, the director of the pathological laboratory, and a member of the hospital subcommittee, who will act as chairman. Patients who leave the London county mental hospitals on trial or on discharge are to be given a card of instruction as to the facilities which exist at the Maudsley Hospital for obtaining advice and, if necessary, treatment.

NEGOTIATIONS have been completed for the purchase of a site on which to rebuild the Royal Ear Hospital, Dean Street, Soho. This site is situated on the corner of Huntley Street and Pancras Street, Bloomsbury, W.C., and is adjacent to University College Hospital and the new Rockefeller buildings. The chairman, Mr. Geoffrey Duveen, made it possible to commence this scheme by a gift of £15,000 to the hospital, as a memorial to his late father, Mr. Henry J. Duveen.

DR. DOUGLAS MCALPINE has been appointed physician to the department for nervous diseases at the Middlesex Hospital, in succession to Dr. H. Campbell Thomson, who had served on the honorary staff of the hospital for twenty-four years.

THE library of the new house in London of the Oxford University Press in Warwick Square (between Ludgate Hill and Newgate Street) is open to the public, and has a librarian in charge who will supply any information required.

THE Inter-State Post-Graduate Assembly, directed by the Tri-State District Medical Association, contains, we are informed, about 55,000 members in the United States. Some 300 intend to visit this country and Paris in June, 1925, under the leadership of Dr. W. J. Mayo, and will hold their annual congress in London. They will be in London from June 1st to 6th, and afterwards make a tour of England, Scotland, and Ireland. While in London they will visit various clinics. The general arrangements have been placed in the hands of Mr. Philip Franklin, F.R.C.S. (27, Wimpole Street, W.1), who is being advised by a committee consisting of Sir Humphry Rolleston, Bt. (President of the Royal College of Physicians), Sir William Hale-White, K.B.E. (President of the Royal Society of Medicine), Sir St. Clair Thomson, M.D., and Mr. H. J. Waring, M.S., F.R.C.S. The number of visitors to any hospital will be prescribed, and a series of lectures will be given at the house of the Royal Society of Medicine on June 2nd, 3rd, and 4th. It is expected that the party will consist as to one-fourth of specialists, and that the remainder will be surgeons and physicians in equal proportions. The party will go to Dublin on June 7th and will spend the two following days there; the arrangements are in the hands of Sir William de Courcy Wheeler. From Dublin the party will go to Belfast and then to Glasgow and Edinburgh, where arrangements are being made by Sir Harold Stiles. From Edinburgh they will go to Liverpool, arriving there on June 18th. The party will then divide, some remaining in Liverpool, where arrangements have been made by Sir Robert Jones, others proceeding to Manchester, where Sir William Milligan will be in charge, and others to Leeds, where they will be under the guidance of Sir Berkeley Moynihan. Instead of going to Liverpool members may select to go to Newcastle, where Mr. Grey Turner is making plans for them. The party will return to London on June 21st and then proceed to Paris, where Professor Tuffier is making arrangements for their reception.

DR. JAMIESON B. HURRY, in honour of his daughter's wedding, has presented the royal borough of Reading with another historic picture dealing with Reading Abbey. This picture, painted by Mr. E. Board, shows Edward IV and his Queen, Elizabeth Woodville, at the Abbey Church on Michaelmas Day, 1464. The presentation of the picture to the town was made on July 1st at the meeting of the Reading Town Council. In asking the Corporation to accept the picture, Dr. Hurry said he did so in the hope that it might please the townspeople of Reading as a work of art, and that it would be of interest to the children in the schools. This is the ninth picture presented to Reading by Dr. Hurry, whose researches and archaeological enthusiasm are known, not merely to his fellow townsmen, but to many members of his profession.

DR. DAVID MURRAY LYON, assistant physician to the Royal Infirmary, Edinburgh, has been appointed Christison Professor of Therapeutics in the University of Edinburgh in succession to Dr. J. C. Meakins, who has become Professor of Medicine at McGill University, Montreal, and director of the new university medical clinic established by the gift of the Rockefeller Foundation in connexion with the Royal Victoria Hospital, Montreal.

LIEUT.-COLONEL E. D. W. GREIG, C.I.E., late I.M.S., has been appointed lecturer in tropical medicine in the University of Edinburgh. Colonel Greig graduated at Edinburgh in 1895, afterwards became assistant to the professor of pathology, University College, London, and entered the Indian Medical Service in 1899. He served on the Sleeping Sickness Commission of the Royal Society in Uganda, and was appointed a Director of Medical Research, India, in 1921.

To meet the difficulty explained by Mr. Maunsell, President of the Royal College of Surgeons in Ireland, last week (p. 77) there has been introduced into the Free State Dail a bill to continue the authority of the General Medical Council and the operation of the Medical Acts for one year, in order to afford time to make such arrangements as may seem best.

THE Queen's University, Belfast, will receive under the will of Mr. J. C. White, formerly Lord Mayor, the sum of £60,000—£45,000 for the department of biochemistry, and £15,000 for the department of bacteriology.

IN connexion with the appeal for the Sir Malcolm Morris Fund, published in our columns of May 10th (p. 841), we are informed that the sum received up to July 14th is £109 8s. 2d. Further subscriptions will be gratefully acknowledged if forwarded to the honorary treasurers, Sir Malcolm Morris Memorial Fund, 12, Stratford Place, London, W.1.

DR. J. R. WHITWELL, on the occasion of his retirement from the post of medical superintendent of St. Audry's Hospital for Mental Diseases, Melton, Suffolk, which he held for twenty-seven years, has been presented by the members of the committee of the hospital with a handsome present of table silver, each article being inscribed with the name of one member of the committee of twenty-four. Dr. Whitwell was president of the Suffolk Branch of the British Medical Association for 1923-24.

A LARGE party of medical students from Bristol University visited the bathing establishment at Bath on July 11th to study the practical application of medical hydrology at the hot mineral baths. They were received by Mr. John Hatton, director of the baths, and after going over the establishment and seeing various demonstrations heard a lecture from Dr. Vincent Coates on the types of diseases chiefly treated at Bath.

MR. W. H. S. JONES has edited the earliest Greek, Latin, and Arabic MSS. of the "Hippocratic Oath," the famous medical oath upon which the ethical rules of the profession have been based. In addition to the MSS. the volume will contain translations, an essay, and an appendix; it will be entitled *The Doctor's Oath: An Essay in the History of Medicine*, and will be published by the Cambridge University Press.

AN Italian league for combating venereal diseases has recently been founded at the suggestion of Professor Ettore Levi.

THE twenty-third Flemish Congress of Natural Science and Medicine will be held at Aalst on August 9th and 10th.

A COURSE in cutaneous and venereal diseases will be held at Strasbourg from September 22nd to November 8th, under the direction of Professor Pautrier. The fee is 200 francs.

THE next award of the Umberto I prize of the Rizzoli Orthopaedic Institute in Bologna will be made next year. Full particulars can be obtained on application to the president of the Instituto Ortopedico Rizzoli, Bologna.

THE German Pediatric Society will hold its annual meeting at Innsbruck from September 18th to 20th, when the following subjects will be discussed: Immunobiology of tuberculosis, by Bessau of Leipzig; The pathological anatomy of tuberculosis in children, by Koch of Freiburg; The clinical aspects of tuberculosis, especially of the lungs and bronchial glands, by Engel of Dortmund; Roentgenology of the thoracic organs, by Hans Wimberger of Vienna; Roentgenology of the abdominal organs, by Rupprecht of Leipzig.

THE Société d'Anthropologie of Paris, which was founded in 1859 by Paul Broca, has recently celebrated the centenary of his birth.

A BUST of the late Professor Blanchard, the well known parasitologist and authority in tropical medicine, has recently been unveiled at his birthplace, Saint-Christophe, in Touraine.

THE late Mr. Forbes Fraser, C.B.E., of Bath, who died on May 28th, has left property of the value of £19,464, with net personality £13,383.