

be necessary. An important matter in the after-care of these cases is warmth and free ventilation. If I quote the notes of two cases I think it may be sufficient.

CASE I.

I was sent for on July 1st to see Mrs. F., aged 82. She complained of pain in the left eyeball and along the superior maxilla, and almost complete blindness of the left eye. There was ptosis of the lid, and the eyeball could only be moved slightly outward and downwards; the pupil was contracted. I referred her to Mr. Potts, who reported well marked optic neuritis, central scotoma, paralysis of the third nerve, and slight proptosis; he suggested that I might find some nasal trouble. She gave a history of an influenzal cold in her head some few weeks previously. Examination showed swelling of the middle turbinate with muco-purulent discharge in the middle anterior part of the space, and in the post-nasal space over the Eustachian cartilage; the maxillary antrum was dim. I advised operation as a possible cure. She consented, and three days later, under general anaesthesia, I completely exenterated the anterior cells up to the soft tissues of the orbit. There was ecchymosis of both eyelids. Six weeks later she had completely recovered her sight, and movement of the eyeball and ptosis and proptosis had disappeared.

CASE II.

F. C., a gardener, aged 22, was admitted to the eye department of the hospital on October 11th, 1924. Receding optic neuritis of the left eye was diagnosed. He complained of severe supraorbital headache and occasional occipital pain, that he felt giddy, was sleepy at times, and of nausea. On examination I found slight muco-purulent discharge coming from under the anterior end of the middle turbinated bone. In the post-nasal space pus was seen winding round the left Eustachian cartilage; there was a similar condition on the right side, but less marked. The report as to vision was: R.V. = 6/5 (part), L.V. = 6/36. There was slight hyperaemia of the left disc, physiological pit filled in, and lamina not visible.

On October 12th left vision = 6/60. The following day, under general anaesthesia, the anterior ethmoidal cells were opened, right and left, gently curetted, both maxillary antra burred, and pus evacuated from the left.

On October 16th left vision = 6/36 and on October 27th 6/18; on April 29th of this year it was 6/12. There is no active optic neuritis now present, and vision is practically normal. This case was shown at the laryngological meeting in May, 1925.

ARTHRITIS DEFORMANS: OBSERVATIONS ON ITS ETIOLOGY AND TREATMENT.

(Preliminary Communication.)

BY

L. S. ASHCROFT, L. CUNNINGHAM, T. P. McMURRAY,
AND H. S. PEMBERTON.

(David Lewis Northern Hospital, Liverpool.)

UNDER the term "arthritis deformans" (Virchow) we have included all forms of non-specific hypertrophic or atrophic, active or inactive, arthritis which we have encountered in a routine investigation of upwards of fifty cases, seen in our wards and privately. This investigation has been conducted from several sides:

1. *Clinical.*—Daily observation has been made in the wards for as long, in some cases, as six months.

2. *Bacteriological.*—The joints have been opened (T. P. McM.) in a large proportion of cases, and from them an organism has been recovered (L. S. A.) which is identical in every case in its cultural and biochemical features. This organism does not correspond to any organism which has been previously described in association with this or any other disease, in so far as we have examined the literature. In only one case has it been recovered from the synovial fluid; in all the others it has been isolated from either the membrane or articular bone. No lesions have as yet been produced in animals; so far only the intravenous inoculation of rabbits has been attempted. Nothing constant has been isolated from foci of sepsis, faeces, urine, blood, or fasting stomach contents.

3. *Metabolic.*—Routine examinations have been made (L. C., H. S. P.) of gastric secretion, basal metabolism, acid-base ratio, renal and hepatic efficiency, and of glucose tolerance. The outstanding features, so far, appear to be: the large proportion of cases showing achlorhydria or hypochlorhydria, the practically universal diminution of carbohydrate tolerance, and the relative absence of acidosis, renal or liver defects, or of changes in the basal metabolic rate.

4. *Therapeutic.*—Apart from correction of deformities (T. P. McM.) and removal of focal sepsis wherever practicable, the only routine treatment employed has consisted in the use of large amounts of 0.4 per cent. hydrochloric acid and a carbohydrate-free diet extending over a period of months. Improvement—first by diminution of pain and then by increase of mobility—has been obtained in practically every case, even without the removal of focal sepsis.

Memoranda:
MEDICAL, SURGICAL, OBSTETRICAL.

A CASE OF REVERSE PERISTALSIS.

A CONGENITALLY weak-minded boy, aged 13, recently had an attack of diphtheria, which was treated with antitoxin in ordinary doses. About ten days after his admission to hospital, and after all acute symptoms had passed off, he became very constipated and lost his appetite, his tongue becoming furred and dry. Ordinary aperients failing to produce an action of the bowels, a simple enema was administered. This was retained for about three-quarters of an hour, when it was returned unchanged; he vomited at the same time, and the matron noticed in the vomit several pieces of oval brown substance, rather less than the size of a small walnut. On examining these about an hour later I found them to be typical, formed faeces. The boy was then quite comfortable; he had had the bowels moved, though by the mouth, and his tongue had already cleaned. He has since made a perfect recovery, and his bowels have become normal after the use of aperients.

The enema appears to have set up a reverse peristalsis which carried the faeces from the colon to the stomach in something less than three-quarters of an hour.

ROBERT E. LORD, M.D., B.Sc.Lond.

PROLONGED CHEYNE-STOKES RESPIRATION FOLLOWED BY RECOVERY.

THE following case seems of sufficient interest to be placed on record.

A male infant, 1 month old, was brought to the C.M.S. Hospital, Pakhoi, South China, at 11 a.m. on May 9th, 1924. The child was cyanosed; the temperature was 99° F., the pulse was very feeble (160), and the respirations very irregular (50 to 60). As there was some history of cough, it was, for the moment, thought to be a case of bronchopneumonia, but auscultation of the chest showed nothing abnormal, and suspicion fell on the alimentary system. The mother, who lived on a junk, said that as she had been short of milk she had, the previous day, given the child a quantity of "yeet." This concoction, very popular among the local Chinese, is made of flour, cane-sugar, and boiling water. Castor oil was given at once, and 3-minim doses of brandy, diluted, at intervals.

At 2 p.m. the temperature had fallen to 98° F. and the respirations had become markedly irregular, and finally, an hour later, assumed the Cheyne-Stokes type. The temperature rose to 100° F. At night the condition of the child was critical. The breathing cycle was of 7 to 9 respirations; the pulse was very feeble and difficult to count. An injection of digitalin gr. 1/1200 and strichnine gr. 1/1200 was given, and a rectal saline, containing 20 minimis each of brandy and aromatic spirits of ammonia, administered. The latter was not retained; it was repeated at midnight and again at 4 p.m. On these occasions it was partially retained.

At 8 a.m. the next day the Cheyne-Stokes breathing was very definite; temperature 100° F. and pulse still running. The child could not swallow water.

At 10 a.m. 2 ounces of saline, with the addition of 1/2 minim liq. strichninae, was injected subcutaneously. This was followed by a very definite reaction, and at noon the temperature had risen to 103° F. The child was then able to swallow a little water. The injection was repeated at 4 and at 9 p.m., and though the cerebral control over the breathing was still inhibited the temperature remained at 103° F. during the day, and the length of the Cheyne-Stokes cycle increased to 16.

By the following morning the child was able to take the breast, which had been massaged and the milk flow improved. The temperature was now about 102° F. and the Cheyne-Stokes cycle about 30. The breathing gradually became normal, and by 4 p.m., after forty-four hours of Cheyne-Stokes respiration, had become quite regular. The temperature fell steadily, and five days after admission became normal.

Apart from flatulence, which was controlled by small doses of salol, the infant made an uneventful recovery, and on the tenth day after admission was discharged. It was then feeding and sleeping normally and the mother had a full supply of milk.

As there is no reason to suppose that the preparation given had not been well boiled and was therefore sterile, it would seem that the child was suffering from an auto-toxaemia which was the cause of the medullary centre being depressed.

A. J. WATSON, M.B., B.S.Dunelm.

Pakhoi, South China.

ACCESSORY MAMMÆ.

A PRIMIPARA, aged 25, complained on the second day of her puerperium of two painful swellings situated in either axilla. She stated that she first observed them when 15 years of age; they were then the size of a hazel-nut. She consulted a doctor, who diagnosed them as "tumours," presumably lipomata, and no treatment was suggested. As they pained her at regular intervals she went, two years later, to a hospital, where a similar diagnosis was made and their removal was offered; operation was refused.

I found over each of these swellings an accessory nipple, and was able to express a small quantity of milk from each. In the following days the production of milk in both normal mammae was superabundant, and they required support. The accessory mammae shared in this full lactation, were freely secreting, and painful. It was felt that belladonna plasters were contraindicated lest normal and accessory mammae might communicate, and the mother so lose her milk or atropine be administered indirectly to the baby. It was hoped that involution would occur as a result of no demand being made upon their function if they were independent, and this has now taken place to some extent, although milk can still be squeezed from either.

These accessory mammae are perfectly formed, hemispherical, each superficially $3\frac{1}{2}$ inches in diameter (the normal mammae are 7 inches). They are symmetrically situated upon the anterior border of each axilla. The nipple is centrally placed, three-eighths of an inch in diameter.

DOUGLAS D. S. STEWART, M.R.C.S., L.R.C.P.
Northampton.

Reports of Societies.

AUTO-INFECTION IN NEUROLOGICAL LESIONS.

A MEETING of the Edinburgh Medico-Chirurgical Society was held on June 3rd, with Sir DAVID WALLACE, President, in the chair.

Dr. CHALMERS WATSON showed two cases of disseminated sclerosis to illustrate some of the points of his communication—The role of auto-intoxication or auto-infection in the etiology of disease of the higher and lower nervous systems.

The first case was a patient whose illness had lasted ten years, commencing with pains affecting the soles of the feet, gradually spreading up to the calves and thighs, and later affecting the small of the back. This condition remained stationary for a year or two. Later she developed some insensitiveness and certain brain symptoms, but improved after a time in hospital. Now she had a recurrence of her symptoms showing Rombergism and a typical ataxic gait. Dr. Watson wished to emphasize the importance of the general medical examination, to find out to what particular strain the patient had been subjected. In many cases the condition which this patient showed was found. She suffered from pronounced pyorrhœa and constipation of the seven to eight day type. The urine, in accordance with Dr. Watson's experience of most of these cases, was comparatively normal—free from albumin and sugar and practically free from bacteria. The other patient was an ex-service man who was perfectly healthy up to the time he contracted a severe dysentery. His signs showed a good deal of disturbance in co-ordination. He had a marked gastro-intestinal lesion, and a specially prepared vaccine produced distinct improvement.

Dr. Watson drew no particular conclusions from these results, except that they were interesting and stimulating, but his reason for showing the cases was to emphasize the association of these physical disorders with these neurological lesions. He referred to the view of French alienists of a hundred years ago, that mental disorders had their origin in abdominal disorders. This teaching had been largely disregarded, and though neurologists had added much to their knowledge of the symptoms and minute anatomy of disorder of the lower nervous system, corresponding advance in the knowledge of etiology and treatment had not been made.

Dr. Watson referred to his views as published since 1900, on the factor of auto-sepsis taking origin in one or other of the mucous surfaces of the body—for example, faulty state of teeth and gums, abnormal conditions of the digestive tract as revealed by physical examination, examination of the stools, and x rays, and abnormalities in the urine, more especially the presence of bacteria and cells. He referred to the recent work on disseminated sclerosis, and to the conclusions tentatively drawn by experts from it, as to the intestinal tract being the primary source of the toxic agent responsible for the changes in the nervous system.

Dr. ROBERT ROBERTSON agreed that in early cases of disseminated sclerosis something could be done for patients by studying their cases from a general point of view as Dr. Chalmers Watson indicated. He recounted several cases in which removal of septic foci produced considerable amelioration in the nervous system symptoms.

Tryparsamide in Syphilis of the Nervous System.

Mr. DAVID LEES then read a communication—a preliminary note—on the use of tryparsamide in the treatment of syphilis of the nervous system. He referred to the composition of the drug and to the fact that it was not a powerful treponemacidal agent, its use in the treatment of syphilis being based on other considerations: (1) a powerful stimulative effect on animal economy and on animal resistance, (2) a high degree of penetrability, and (3) a fair or moderate degree of treponemacidal action which, on account of the unusual penetrability of the drug, was equally available for therapeutic purposes in all parts of the body. Mr. Lees said that in the beginning of 1924, by the aid of the Medical Research Council, he was able to commence the treatment of five patients, and up to now eighteen patients had been treated by this drug. All the patients suffered from syphilitic infection of the central nervous system, and showed both positive serological reactions and positive findings in the cytobiology of the spinal fluid. With few exceptions all had been intensively treated with salvarsan, mercury and iodides, and other forms of treatment, but none of them had shown that amount of clinical or serological improvement in their spinal fluid which justified any hope for any permanency as a result of this treatment, prolonged in some cases for three or four years. The drug was given intravenously in doses ranging from 2 to 3 grams weekly, the former being the initial dose. Mercury or bismuth was also given. Tryparsamide was definitely contraindicated in patients with optic atrophy or other disease of the optic tract or albuminuria. No grave constitutional effects were produced. The immunity to disturbance of the liver was noticeable. One patient had severe jaundice under arsenobenzol. So far he had had 90 grams tryparsamide and had shown no evidence of liver trauma. As a result of the treatment the general condition of most of the patients was markedly improved. They developed a sense of well-being, their cerebration improved, and their power of application to work increased. The most marked change was in the cerebro-spinal fluid. The cell count decreased in all cases. The amount of globulin progressively decreased. The cerebro-spinal fluid under the Wassermann test became completely negative in three cases within a comparatively short period, averaging three months. Lange's gold-sol test showed a marked improvement in every case. Mr. Lees said that so far as he had been able to evaluate the drug it seemed to be specially

satisfied that he went to Brighton to see his brother. As a result he entered Portsmouth Hospital, where Dr. Smith, the house-surgeon, saw at once that his arm was dislocated, and, after an x-ray photograph was taken, an operation was performed by Mr. Harold Burrows. After the time which had elapsed it was impossible to reduce the dislocation, and the arm was now shorter by two inches, which meant that the plaintiff was gravely handicapped for the rest of his life. Counsel submitted that the most skilful surgeons sometimes made mistakes, but if anything went wrong the patient expected the surgeon to tell him and take every step in his power to remedy it.

Counsel's opening was borne out by the plaintiff, but both the nursing home sister and nurse said, in their evidence, that they heard nothing whatever while the arm was being manipulated.

The plaintiff's daughter, in her evidence, said she told Dr. Maybury that she thought her father's arm was fractured, but the reply was, "No; there is nothing to worry about."

Dr. N. R. Smith said when he first saw the plaintiff's shoulder at the Royal Portsmouth Hospital it was obvious that some gross injury had been occasioned, but what it was he did not know at the time.

Mr. Harold Burrows, F.R.C.S., said the x-ray photograph indicated a dislocation; in fact, it was obvious apart from the photographs, but it was not clear how long it had been obvious. It was beyond reduction, and when he operated the humerus was dislocated and the lesser tuberosity was torn away. The tearing off of the lesser tuberosity was not recent and healing had taken place. It was not a common thing for a fracture to take place when breaking down adhesions, but he had heard of cases. It ought not to happen. After a dislocation occurred it was important to reduce it at once.

Defendant's Case.

Counsel for Dr. Maybury, in opening, said the allegations were every bit as bad as a criminal matter. Dr. Maybury had been in Portsmouth for forty years, was well known, and had had dozens and dozens of operation cases which had been successful; during the whole of his career there had never been a suggestion that he was negligent or unskilful. The accusations that he had not exercised the ordinary skill of a general practitioner were absolutely untrue. Was ever an attack launched upon a doctor in the circumstances more unworthy, more ungenerously, than this attack? From the very first Dr. Maybury attended the plaintiff, who was not a rich man, with an assiduity and care that was altogether admirable. It was admitted that the medical treatment was perfectly good. The case was loaded with prejudice. If there were a fracture of the tuberosity it might just as well have been done in the hospital as out of it. Dr. Maybury had not to exercise the highest skill, but he had to be reasonably careful and not go below the professional standard. A doctor could not guarantee not to make a mistake. He did not admit that there had been a mistake, but, if there had been, Dr. Maybury would tell them that, rightly or wrongly, his impression was that he got the shoulder back to justify the strapping, and he hoped and believed that there would be a reduction of the dislocation; as soon as it was released the head of the bone slipped out of position. But for Miss Powell's and the plaintiff's brother's interference the operation performed by Mr. Burrows would have been performed by Dr. Maybury. Counsel maintained that it was Mr. Burrows's cutting which had shortened the plaintiff's arm; any doctor would first try to reduce the dislocation by manipulation before doing what Mr. Burrows did; the cutting was the last resource. Dr. Maybury's only fault, if there was a fault, was that he was too hopeful and believed he had got the shoulder back, so clamped it down and left it to set; but the condition of the shoulder was such that this was impossible.

Dr. Maybury bore out counsel's opening statement, and Mr. W. H. Battle and Mr. J. E. Adams, consulting surgeon and surgeon respectively to St. Thomas's Hospital, London, gave evidence in support of the defendant.

The Judge's Summing Up.

Mr. Justice Shearman, in summing up, said it was for the jury to fix the standard of skill which they considered a patient had a right to expect from a medical man. The jury had to decide whether the defendant was guilty of negligence on October 25th. It was alleged that Dr. Maybury was a bungler and was not fit to do his job, that he used violence and dislocated the shoulder through negligence. It was also suggested that the anaesthesia was incomplete, but of that there was no evidence. On the other hand, it was stated that such a dislocation could arise under proper and correct treatment, and the jury had to be satisfied before finding in favour of the plaintiff that there was negligence in causing the dislocation. Another difficulty of the case was that the plaintiff said the doctor was negligent in that after the dislocation he did not discover it and immediately put it right. The defendant said he discovered the dislocation immediately it occurred and put it back at once, but the plaintiff said that was untrue and that the doctor did not know it. The dislocation having taken place, the jury were asked to say that Dr. Maybury did not know it until the x-ray photograph was taken, and it was suggested that not knowing was negligence. Was the defendant guilty of negligence as a surgeon on October 25th, 1924, either in pushing the arm out, or, finding he had pushed it out, in not pushing it back? If they took the defendant's view that he did his best and it was not negligence and that anybody might have done it, it was their duty to say so. The defendant claimed that he put the shoulder back and it slipped out afterwards, and that was the fault of the abnormal bone and not his fault.

The jury returned a verdict for the plaintiff as stated above, stay of execution being granted pending an appeal.

Universities and Colleges.

UNIVERSITY OF LONDON.

THE UNIVERSITY SITE.

At the meeting of the Senate on June 24th it was announced that the following correspondence had passed between H.M. Treasury and the University on the subject of the Bloomsbury site:

Treasury Chambers,
3rd June, 1925.

Sir,
I have laid before the Lords Commissioners of His Majesty's Treasury Sir Cooper Perry's letter of the 13th ulto, stating that, in connexion with proposals by the Delegacy and the Council of King's College for an appeal to the public for funds for new construction or endowments, the Co-ordination and Developments Committee of London University desire to be informed of the answers to certain questions addressed to their Lordships in Sir Cooper Perry's letter of the 18th December last. My Lords regret that a reply to the last-named letter has been delayed.

I am now to inform you (1) that the Lords Commissioners of His Majesty's Treasury are not able to hold out any hope that Parliament could be asked to contribute a larger sum than £370,000, as representing the commercial value of the site and buildings of King's College in the Strand, in the event of King's College removing to Bloomsbury and the Strand site reverting to the Crown.

(2) On the assumption that King's College would for their part be unwilling to move to the Bloomsbury site or unable to do so on these terms, my Lords apprehend that the University may desire to reconsider the policy of transferring their central buildings to Bloomsbury, and if the University can suggest any practicable alternative for an increase, without undue cost, of the accommodation for their central offices, my Lords would be prepared to consider it.

(3) My Lords are not without hope that it might be possible to make arrangements with the vendors of the Bloomsbury site whereby at least a part of it might be occupied on terms for other University purposes, but this might depend on the course of negotiations which have not been initiated.

R. S. MEIKLEJOHN.

The Principal Officer,
London University.

University of London,
South Kensington, S.W.7,
24th June, 1925.

Sir,
I am desired to say, in reply to your letter of the 3rd June, that, as the Lords Commissioners of H.M. Treasury have already been informed, the Senate passed a resolution in November, 1923, that in their opinion "the removal and reinstatement of the secular and theological Departments of King's College on a scale adequate in the opinion of the Senate to present needs and future requirements should be effected without expense to the University or the Council of King's College in return for the surrender to the Government of the present site and buildings in the Strand." As it is certain that the expense of rebuilding King's College on the Bloomsbury site on the scale contemplated in the above resolution would far exceed the sum of £370,000, and as the Lords Commissioners of H.M. Treasury are not able to hold out any hope that Parliament could be asked to contribute a larger sum than £370,000 as representing the commercial value of the site and buildings of King's College in the Strand in the event of King's College removing to Bloomsbury and the Strand site reverting to the Crown, the Senate find themselves compelled to decline the offer contained in Mr. Fisher's letter of 7th April, 1920, conditionally accepted by the Senate on October 20th, 1920. Amongst the conditions laid down by the Senate was:

"(5) That the terms of the removal of King's College from the Strand to the Bloomsbury site shall be a matter of subsequent negotiation between His Majesty's Government, the Council of King's College, and the Senate of the University, and that an agreement shall be concluded between the said parties."

It is obvious that this condition cannot now be fulfilled. The important questions raised in paragraphs (2) and (3) of your letter will demand the anxious consideration of the Senate after reference to the relevant Councils and Committees and to other bodies which may be interested.

The Senate note with satisfaction that the Lords Commissioners of H.M. Treasury recognize the need for increased accommodation for the central offices of the University.

E. C. PERRY,
Principal Officer.

The Secretary,
H.M. Treasury.

Vice-Chancellor.

Professor E. A. Gardner, Litt.D., has been re-elected Vice-Chancellor for the year 1925-26.

Emeritus Professor.

The title of Emeritus Professor of Hygiene and Public Health in the University has been conferred on Sir William J. R. Simpson, C.M.G., M.D., F.R.C.P., as from the end of the present session on his retirement from King's College, after twenty-seven years' service, on the closing of the Department of Bacteriology and Public Health.

Studentship in Physiology.

The University Studentship in Physiology for 1925-26, of the value of £50, and tenable for one year in a physiological laboratory of the university or of a school of the university, has been awarded to Mr. Isaac Cohen, Ph.D., B.Sc., who will carry out research on tetanus under the direction of Professor E. C. Dodds at the Bland-Sutton Institute of Pathology at the Middlesex Hospital Medical School.

UNIVERSITY OF OXFORD.

THE following candidates have been approved at the examination indicated:

FINAL B.M. AND B.C.H. (*Materia Medica and Pharmacology*).—H. W. Allen, O. A. Beadle, D. H. Brinton, C. Charleson, H. E. Cuthbert, J. G. A. Davel, W. N. Dickenson, H. R. J. Donald, C. W. Flemming, K. A. Hamilton, R. A. Haythornthwaite, O. Hooper, C. W. Hope-Gill, S. Howard, G. L. M. Inkster, A. J. Leslie-Spinks, G. E. Macdonald, R. G. MacGregor, P. C. Mallam, R. Oddie, R. Okell, M. G. Pearson, J. W. Pugh, H. G. Wells, E. M. B. West. (*Pathology*).—O. A. Beadle, L. W. H. Bertie, D. H. Brinton, W. H. Brown, N. Chilton, J. H. Chitty, A. W. Cubitt, E. L. Fothergill, A. C. Gairdner, A. H. Gale, T. B. Hodgson, C. W. Hope-Gill, A. Kendrew, J. H. Kennedy, D. Lurie, C. E. Roberts, R. W. A. Simmonds, E. M. B. West, A. G. Wilson, Rosalind V. Carruthers, Margaret A. L. Herbertson, Margaret N. Jackson, Kathleen G. Norton, Irene M. Titcomb. (*Forensic Medicine and Public Health*).—D. A. Abernethy, E. N. Allott, F. J. Bach, R. B. Bourdillon, H. N. Bradbrook, C. S. Broadbent, A. V. Clemmey, C. R. Croft, J. N. C. Ford, S. Harris, T. B. Hodgson, A. Kendrew, R. Lewthwaite, T. M. Ling, G. L. M. McElligott, W. D. B. Read, C. E. Roberts, R. W. A. Simmonds, J. W. de W. G. Thornton, G. P. Thorold, O. R. Tisdall, A. L. Wilkinson, W. R. Wood, the Hon. Olive B. Buckley, Kathleen G. Norton, Janet M. Vaughan, Rosa S. Wordsworth. (*Medicine, Surgery, Midwifery*).—D. A. Abernethy, E. N. Allott, R. B. Bourdillon, H. N. Bradbrook, J. S. Jerome, A. Kendrew, E. L. Newell, C. E. Roberts, V. P. Robinson, J. G. S. Thomas, R. A. Walsh, E. C. Whitehall-Cooke, the Hon. Olive B. Buckley, Ella J. Cockram, Janet M. Vaughan.

UNIVERSITY OF CAMBRIDGE.

SIR W. B. HARDY, F.R.S., and Dr. L. E. Shore have been reappointed University Lecturers in Physiology for a period of five years.

The following candidates have been approved at the examinations indicated:

M.CHR.—W. D. Doherty.

THIRD M.B., B.CHR. (*Part I, Surgery, Midwifery, and Gynaecology*).—A. Barker, W. A. Barnes, I. C. P. Beauchamp, C. B. Buckley, R. C. L'E. Burges, N. F. C. Burgess, J. W. D. Butterly, G. A. H. Buttelle, R. T. Chadwick, J. E. Church, D. R. T. Clendon, A. C. Copley, A. F. D. Darlington, J. H. T. Davies, R. K. Debenham, J. V. Dockray, A. Elliot Smith, V. H. Ellis, C. A. Francis, J. H. Francis, J. A. Galletly, S. E. Gawthrop, J. H. Gibbons, N. M. Goodman, H. W. Gordon, J. L. Groom, K. H. A. Gross, J. H. Hannan, P. M. D'A. Hart, C. H. Hilliard, J. C. Hogg, L. E. Houghton, R. H. Metcalfe, E. F. Molony, J. L. Morgan, H. W. Nicholson, G. F. Oakden, L. V. Pearson, C. P. Pinckney, K. G. Salmon, D. G. Shields, A. Simpson-Smith, H. B. Stallard, R. S. Tooth, K. H. Utley, H. M. Woodman. (*Part II, Principles and Practice of Physic, Pathology, and Pharmacology*).—T. F. Anderson, W. A. Bourne, H. F. Brewer, G. A. H. Buttelle, W. E. Chiesman, W. R. F. Collis, H. V. Coverdale, J. E. D. Crozier, C. H. C. Dalton, J. H. T. Davies, P. O. Davies, V. W. Dix, J. M. Dobie, H. W. Eddison, J. L. Edwards, A. Elliot-Smith, G. S. W. Evans, K. Fletcher-Barrett, J. H. Francis, P. M. D'A. Hart, N. H. R. Hatfield, R. A. Hickling, J. Holmes, M. C. H. Kingdon, R. L. Lancaster, D. P. Marks, J. P. Marsden, L. P. Marshall, L. M. Maybury, K. F. T. Mills, E. B. Murrell, G. L. F. Rowell, J. Bussell-Smith, A. J. Smythe, E. W. P. Thomas, S. Vatcher, H. A. Ware, I. M. Harmer (Girton).

UNIVERSITY OF BRISTOL.

THE Markham Skerritt Memorial Prize has been awarded to Macdonald Critchley, M.D. Bristol.

The dissertation submitted by F. J. Hector for the M.D. degree has been approved by the examiners.

UNIVERSITY OF SHEFFIELD.

THE following candidates have been approved at the examinations indicated:

M.D.—Clara D. Tingle.

FINAL M.B., CH.B. (*Class I*).—John Wilkie (with honours and distinction in surgery and gynaecology), D. L. Brown, J. S. Calcutt, R. K. Dawson, Dorothy L. Gregory, Marion Hirst, W. Malone, S. Newsom, G. W. Rippon, Lucy T. Winskill.

UNIVERSITY OF GLASGOW.

AT the graduation ceremony on June 24th the following were among the degrees conferred:

LL.D. (*honoris causa*): Sir John Bland-Sutton, Bt., President of the Royal College of Surgeons of England; John A. Roxburgh, chairman of Western Infirmary, Glasgow.

M.D.—*Charlotte A. Douglas, *R. J. Peters, R. M. Greig.

* With commendation.

The History of Medicine Prize of £60 for an essay on some subject in the history of the science or practice of medicine, awarded to Dan McKenzie, M.D., C.M., for his essay, "The infancy of medicine," was also presented.

UNIVERSITY OF DUBLIN.

AT the later commencements of Trinity term, held on June 27th, the following degrees and licence were among those conferred:

M.C.H. (*honoris causa*).—G. W. Crile, C. H. Mayo.

M.D.—A. G. Bewley, P. K. Dixon, C. W. J. Ingham, J. S. Quin, R. Seale.

J. F. Wicht.

M.B., B.C.H., B.A.O.—O'D. T. D. Browne, O. Chance, E. S. A. Crawford.

Annie T. Deane, J. E. Deane, J. Dick, E. C. Dodgeon, T. C. Foster.

W. Gallaagher, Mary Galvin, N. M. Greeves, J. R. Gregory, Agnes L. Kelly, E. M'Alpine, N. G. M'Auliffe, C. F. D. M'Calder, T. W.

MacDowell, W. P. E. M'Intyre, Kathleen D. Murison, W. C. Somerville-Large, H. Trant, J. W. Wallace, H. Waters, R. A. Webner.

J. F. Wilde, A. Maud Young.

LICENTIATI IN MEDICINE, SURGERY, AND OBSTETRICS.—J. L. Marshall.

Medical News.

THE eleventh annual conference of the National Association for the Prevention of Tuberculosis will be held in London at the beginning of next week. The headquarters are the house of the Royal Society of Medicine (1, Wimpole Street, W.). The morning and afternoon sessions of the first day (Monday, July 6th) will be devoted to discussions on tuberculosis in childhood. After the conference has been declared open by Sir Kingsley Wood, M.P., Parliamentary Secretary to the Ministry of Health, an introductory address will be given by Professor Pirquet (Vienna), who will be followed by Dr. Stanley Griffith (Cambridge) and Dr. Richard Wagner (Vienna). The afternoon proceedings will be opened by Sir Robert Philip (Edinburgh), followed by Dr. Clive Riviere, Professor A. Louise McIlroy, and Dr. Fergus Hewat (Edinburgh). At the annual meeting of the association, to be held in the evening, films will be shown, including one entitled "The Invisible Enemy." The discussion on tuberculosis in childhood will be resumed at the morning session on Tuesday, July 7th, when the opener will be Sir Henry Gauvain (Alton), followed by Dr. John Fraser (Edinburgh) and Dr. Gordon Pugh. At the afternoon session addresses on the treatment of tuberculosis by sanocrysin will be given by Professors Holger Moellgaard and Knud Faber of Copenhagen, followed by Professor Lyle Cummins of Cardiff.

AT the conclusion of the luncheon given by the staffs of the Manchester and Salford hospitals to the members of the Inter-State Post-Graduate Assembly of America, noted in our issue of June 27th (p. 1179), Dr. Charles Mayo bestowed the honorary membership of the Inter-State Post-Graduate Assembly upon Sir William Milligan. On the termination of the visit to Edinburgh the officials of the Assembly expressed their satisfaction at the provision that had been made for their instruction and entertainment in that city. Dr. Charles Mayo, in the name of the Assembly, conferred the honorary membership of the association upon Lord Provost Sir William Sleigh, Sir Alfred Ewing, Vice-Chancellor of the University, Sir Harold J. Stiles, Sir David Wallace, Professor Wilkie, Sir Robert Philip, Professor Gulland, and Dr. John D. Comrie.

THE operations of the Hellenic Travellers' Club, founded in 1906 by the late Lord Bryce, were suspended during the war, but last spring it arranged a successful cruise, lasting sixteen days, from Venice to the Greek islands, Anzac and Suvla Bays, and Constantinople. It has now chartered the oil-burning yachting steamer *Palatino* of the Lloyd-Triestino line for a cruise in the last fortnight of August and for two cruises in September, visiting Dalmatian ports as well as Greek ports. The inclusive cost will be 40 guineas, according to the berth selected. Full particulars can be obtained from the Honorary Secretary, the Rev. Wilfrid Ellis, M.A., Trinity College, Cambridge.

DR. T. DIVINE (Lincoln's Inn), Major W. V. Corbett, R.A.M.C. (ret.), and Dr. C. N. Atlee (Gray's Inn) were called to the Bar on June 24th.

THE Fellowship of Medicine announces that on July 9th Mr. G. Grey Turner will lecture on "Gall-stone ileus—a pitfall for the practitioner," at 5.30 p.m., in the West Lecture Hall at 1, Wimpole Street, W. The Prince of Wales's General Hospital (North-East London Post-Graduate College, Tottenham, N.) will hold a vacation course in medicine, surgery, and the specialties from August 4th to 15th. Beginning on the same date, the All Saints' Hospital will give a month's special course in diseases of the urinary system. From August 24th to September 5th the Queen Mary's Hospital, Stratford, has arranged an intensive course in medicine, surgery, and the special departments. The fee for both intensive courses is £3 3s. each, or £2 2s. for either week, and for the special course in urology £5 5s. Copies of the syllabus of each, together with the Fellowship programme of the general course of instruction available under its scheme, may be obtained from the Secretary at No. 1, Wimpole Street, W.1.

A COURSE of lectures and practical instruction for the diploma in psychological medicine of the Universities of London, Cambridge, Durham, etc., will commence at the Bethlem Hospital, Lambeth Road, S.E.1, on September 14th. Full particulars can be obtained on application to the Medical Superintendent.

THE Midland Branch of the Society of Medical Officers of Health, Birmingham, proposes to commemorate the knighthood conferred on the medical officer of health, Birmingham, by entertaining Sir John and Lady Robertson at a complimentary dinner at the Queen's Hotel, Birmingham, on Friday, July 10th, at 7 p.m. All members of the society are invited. The cost of the dinner will be 10s. 6d. without wine. This amount should be sent to the honorary branch treasurer, Dr. T. Ridley Bailey, at the Health Offices, Town Hall, Wolverhampton.

THE managers of the Pinsent-Darwin Studentship in Mental Pathology announce that they have made no award this year.

THE annual general meeting of the Council of the Association of Infant Welfare and Maternity Centres will be held at Carnegie House, 117, Piccadilly, W.1, on Tuesday, July 7th, at 3.30 p.m. The subject for discussion is heliotherapy, with Dr. Eric Pritchard in the chair. The speakers will be Professor Leonard Hill, Dr. G. F. Stebbing, Dr. C. W. Saleby, Dr. Sheila Churchill, and Dr. Percy Hall. Admission is free without ticket.

AT the annual prize-giving of the London (Royal Free Hospital) School of Medicine for Women, on June 25th, the Dean, Dame Louisa Aldrich-Blake, announced that Lord Riddell, president of the hospital, had provided for two fellowships for research in maternity and gynaecology at the Royal Free Hospital, and that Mr. Alfred Langton, chairman of the hospital, had endowed another fellowship for research in infant feeding. Dr. May Thomas stated that in a few months it was proposed to institute private rooms for paying patients at the Royal Free Hospital.

THE new Watford and District Peace Memorial Hospital, erected at a cost of over £65,000, was opened by H.R.H. Princess Mary, Viscountess Lascelles, on June 24th. The Bishop of St. Albans conducted the dedication service, after which Princess Mary opened the hospital door with a gold key.

THE new wards and other additions made to the Tilbury Seamen's Hospital were opened on June 24th by Viscountess Inchcape. The Bishop of Colchester having dedicated the new buildings, the company inspected the hospital's new features, including a wing for nurses.

MRS. ELLA ROWCROFT of Torquay announced on June 25th her intention of defraying the whole cost of the erection of the new Torbay Hospital at Torquay. Mrs. Rowcroft and her sister, Miss Wills, have given £123,000 towards the new hospital, which will be begun almost immediately.

MESSRS. MAY AND BAKER, LTD., of Battersea, S.W.11, have issued a catalogue of their pharmaceutical preparations and of vaccines for the treatment of gonorrhoea and its complications (prepared in the pathological laboratory of the London Lock Hospital). Tables of weights and volumes and of percentage solution equivalents are provided.

WE have received the first number of *La Pediatria, Archivio di Patologia e Clinica Pediatrica*, which is being issued under the editorship of Professors R. Jemma of Naples and G. Caroia of Rome as a supplement to the fortnightly pediatric journal of the same name, the two journals being now respectively called *Archivio La Pediatria* and *Rivista La Pediatria*. The object of this new journal, which will appear at irregular intervals, is to publish works whose size and character preclude publication in existing journals except at great expense to the author. The present issue contains articles by Drs. G. Cristina and G. Caroia on the etiology of scarlet fever, accompanied by illustrations of the micro-organism which they claim to be the cause of scarlet fever; by Dr. D. Caffarena on the plurality of the antigens in the Wassermann reaction in congenital syphilis; and by Dr. M. Gerbasi on the variability of the strains of the typhoid bacillus. The price is 20 lire.

THE London School of Hygiene and Tropical Medicine, Endsleigh Gardens, N.W.1, invites applications for four research studentships, each of the value of £250 per annum. Applications must be sent to the Secretary by August 31st. Particulars will be found in our advertisement pages.

THE following promotions in and appointments to the Order of the Hospital of St. John of Jerusalem in England are announced:—*As Knights of Grace*: Lieut.-Colonel F. S. Lambert, R.A.M.C.(T.), Major-General Sir Samuel Guise Moores, K.C.B., C.M.G., Dr. F. J. Waldo, Captain W. T. Wood, R.A.M.C., Major Arnold W. Izard, M.D. *As Esquires*: Lieut.-Colonel J. C. Strathearn, O.B.E., Dr. W. C. Rigby, Dr. John Rodley, and Dr. W. H. Carse.

Letters, Notes, and Answers.

All communications in regard to editorial business should be addressed to **The EDITOR, British Medical Journal, British Medical Association House, Tavistock Square, W.C.1.**

ORIGINAL ARTICLES and LETTERS forwarded for publication are understood to be offered to the BRITISH MEDICAL JOURNAL alone unless the contrary be stated. Correspondents who wish notice to be taken of their communications should authenticate them with their names, not necessarily for publication.

Authors desiring REPRINTS of their articles published in the BRITISH MEDICAL JOURNAL must communicate with the Financial Secretary and Business Manager, British Medical Association House, Tavistock Square, W.C.1, on receipt of proofs.

All communications with reference to ADVERTISEMENTS, as well as orders for copies of the JOURNAL, should be addressed to the Financial Secretary and Business Manager.

The **TELEPHONE NUMBERS** of the British Medical Association and the BRITISH MEDICAL JOURNAL are **MUSEUM 9861, 9862, 9863, and 9864** (internal exchange, four lines).

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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, Drumsheugh Gardens, Edinburgh (telegrams: **Associate, Edinburgh**; telephone: 4361 Central).

QUERIES AND ANSWERS.

TREATMENT OF DISSEMINATED SCLEROSIS.

“J. R.” writes to inquire about intravenous injections in the treatment of disseminated sclerosis.

* * * The intravenous injections referred to were probably with one of the salvarsan compounds—for example, sodium silver salvarsan. This treatment is founded on the belief, now widely held, that disseminated sclerosis is an infective disease, and on the fact that certain observers have found spirochaetes in the nervous tissues after death from this disease. It is certain that this organism is not the spirochaete of syphilis, and that syphilis is not the cause of disseminated sclerosis; nevertheless, treatment by salvarsan and mercury, on the same lines as for syphilis, is probably the best treatment we have for disseminated sclerosis. In a disease which has a marked natural tendency to remission it is extremely difficult to assess the value of any mode of treatment, but the results are quite sufficiently encouraging to justify the continued use of this method if the cases are recognized at a reasonably early stage. In disseminated sclerosis, as in so many diseases, intravenous injections of protein—for example, typhoid vaccine—have also been used, either alone or in addition to salvarsan treatment.

STUDY IN OPHTHALMOLOGY.

“OPHTHALMIC,” who is a graduate of medicine at present practising in one of the Dominions, wishes to know what course he should pursue with a view to obtaining post-graduate study in eye work, towards which he has a strong inclination. He asks what are the facilities in London and Paris, and what diploma might be obtained.

* * * There are ample facilities for the study of ophthalmology both in London and in Paris. There is also a choice of English diplomas in ophthalmology. To name the two best known, there is the diploma offered by the University of Oxford and that of the Royal College of Surgeons of England. A graduate who obtains either of these diplomas secures the hall-mark of high attainment in eye work. If our correspondent proposes to undertake the training necessary for the attainment of either of these diplomas, his work will be mapped out by the course prescribed by the bodies issuing the diplomas. These he can obtain by inquiry from the Secretary of the Medical School, Oxford University, or from the Secretary of the Royal College of Surgeons, Lincoln's Inn Fields, London, W.C.2. The courses are very similar, and require attendance on prescribed courses of study, practical work, and clinical work. The course is strenuous and means real work. One year's study in a recognized hospital is necessary before a candidate may enter for the examination, and in the case of the Oxford diploma two months of this year must be spent at Oxford. If he is well grounded in general medicine and has a good foundation in the physical sciences, our correspondent should have no difficulty in carrying out the prescribed course of study in the time allotted. If his ambition