

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

REMOVAL OF AN OVARIAN CYST IN AN AGED WOMAN: RECOVERY.

In November, 1923, I was asked by a colleague to tap an ovarian cyst. The patient was an old lady who had previously refused operation for various reasons. The necessity for tapping became more and more frequent, and on each occasion from 16 to 18 pints of thick glairy fluid were drawn off. The last interval between paracenteses was three weeks. The old lady declared that her life was not worth living with the continuous discomfort of pressure symptoms, and said she would rather be operated on and die under the anaesthetic than endure it any longer. After a lengthy discussion with the patient's doctor I decided to take the risk and make an attempt at permanent relief. I said that if I could not remove the tumour in its entirety in a given time I would not proceed further with the operation. My only fear was that it might be malignant. I tapped the cyst for the last time on May 3rd, and operated exactly one week later.

The operation was performed on May 10th, when the patient was 90 years of age. The usual mid-line incision was made, and I found a large multilocular ovarian cyst with multiple adhesions to the parietes, but fortunately these could easily be broken down by the hand and did not require ligature. The pedicle was clamped, ligatured, and the cyst removed whole. It was not malignant, and contained over a gallon of fluid. The operation took twenty-five minutes.

The patient sat up in a chair on the seventeenth day, and walked from one room to another on the twenty-second day. To use a familiar and unscientific expression, "she did not turn a hair," and continues to enjoy good health. This case may not constitute a record, but it is sufficiently unusual to warrant publication.

JOHN W. HECKES, B.S., M.B.Lond.,
Surgeon, Royal Hospital, Richmond,
and Richmond Infirmary.

SEVERE GENERALIZED DERMATITIS AFTER A LOCAL SCALD.

The case of severe dermatitis following ultra-violet light reported by Drs. MacCormac and McCrea (April 11th, p. 693) is interesting and instructive. Recently I had a case presenting many points in common, but caused by scalding. A lady, aged 55, scalded one foot and instep (probably a scald of the second degree), which was treated rather casually with home remedies; no doctor was called in, and no serious attempt was made to keep the part aseptic. Partial healing occurred after some months, but then the condition became worse and spread over the body. When I first saw her, three months after the accident, the affected foot was acutely inflamed and there were extensive raw areas—copiously weeping. The other foot was similarly but less severely affected. There was a generalized acute eczematous dermatitis all over the chest, trunk, legs, and arms, with considerable pruritus; the face alone escaped. In ten days, with aseptic treatment of the foot and soothing applications to the rest of the body, and *mistura alba*, the condition completely cleared up. There was no previous history of eczema; no doubt the generalized dermatitis was produced by toxic absorption from the scalded foot.

London, S.W.

REDMOND ROCHE, M.R.C.S., L.R.C.P.

A NOVEL METHOD OF REDUCING A DISLOCATION OF THE ELBOW.

A BRITISH sailor came into the Cottage Hospital at Algiers recently with a typical dislocation of the right elbow, the forearm being displaced forwards. It so happened that Professor Curtillet, surgeon to the Civil Hospital, was in the

hospital—a circumstance which enabled me to watch the reduction of the displacement by what appeared to me to be a novel method.

Standing on the right side of the patient, who was in the erect position, he grasped the patient's right arm firmly above the elbow with both hands, leaving the forearm free. Having raised the limb to an obtuse angle with the trunk he then, suddenly, taking the patient quite by surprise, imparted to the limb a violent flail-like movement, whereupon the displaced forearm slipped back into its place. The pain was no doubt considerable; indeed, the patient collapsed and fell to the ground, but it was only momentary, for he got up smiling. Dr. Curtillet told me he had employed this method many times with invariable success, and it is so simple that it deserves to be more commonly known.

Algiers.

ALFRED S. GUBB.

PLUGGING THE POSTERIOR NARES.

THE customary method of plugging the posterior nares in epistaxis by the use of a catheter or of Bellocq's sound has several disadvantages. The use of a forehead mirror is almost essential, and, when the haemorrhage is severe, it may be impossible even to see the thread. In a case where the Bellocq sound failed the following method was successful.

One end of a piece of packing tape was twisted several times round the tip of the forefinger, which was put into the mouth and pushed up behind the palate into the nasopharynx. With sinus forceps introduced through the nose the tape was then easily seized and drawn out through the anterior nares. A roll of gauze was attached and secured in position in the usual manner.

This method, being carried out by the sense of touch alone, can be employed where a suitable light is not available, or where the view of the pharynx is obscured by blood. In such circumstances the method, which I believe to be new, may prove useful.

HENRY S. RUSSELL, B.Sc., M.B., Ch.B.,
Barrow-in-Furness. House-Surgeon, North Lonsdale Hospital.

FAECAL FISTULA OF THE SCROTUM.

THE case here recorded was shown to the Sierra Leone Branch of the British Medical Association as an interesting case, showing the vitality and resistance to sepsis of some of the natives.

A man, aged about 46, was admitted to the Connaught Hospital, Freetown, Sierra Leone, on November 22nd, 1924, complaining of a wound in the leg. He was found also to have a faecal fistula of the scrotum, with a large right inguinal hernia in a much enlarged scrotum. The opening was about three-quarters of an inch in diameter and could be probed to a depth of two inches. The patient stated that about eighteen months previously he had been stabbed with a knife while at work on his farm, but there is a suspicion that the wound was inflicted while engaged in burglary, as he was known to be a burglar. Very seldom had he used rectum or anus since that time, all faeces passing by the fistula.

An operation was performed by Dr. J. Y. Wood, of the West African Medical Staff, assisted by Dr. E. J. Wright and the writer.

As there did not appear to be much adhesion at the external ring an incision two inches long was made just below this with a view to cutting across the loop, making an end-to-end anastomosis and performing a radical cure for hernia. This was found to be impossible owing to adhesion, and the wound was closed. A fresh incision was then made above the fistula and enclosing the latter elliptically. The bowel proved to be the caecum, much dilated, and not a double loop. One side was embedded in a dense mass of hard fibrous tissues from which it could not be freed. It was found possible, however, by careful dissection to free the sac below the mass. The base of the fistula was then cut across by a second elliptical incision—the edge in the fibrous mass being freed sufficiently to catch it with stitches. A row of continuous sutures closed the aperture about two inches long in the bowel, a second row stitched down a fold of the outer coats over this, a third row of interrupted sutures massed the sac over this, and the wound in the scrotum was closed. The wound healed by first intention, the first dressing not being removed for ten days, during which time the patient remained on fluid diet. On the third day after operation the bowels acted naturally, and continued to do so, a purge being given on the tenth day. He was discharged on the eighteenth day completely cured but still with a scrotal hernia; the scrotum at the site of the operation was soft and pliable and the fibrous mass had practically disappeared.

W. F. OJUMIRI T. TEOR.
Connaught Hospital, Freetown, Sierra Leone.

AN INDIGENOUS OPERATION FOR STRANGULATED
HERNIA.

MEDICINE is to some extent specialized throughout Moham-medan communities in Northern Nigeria. The physician is the *malam*, or learned man, and the main part of his practice consists in selling amulets and prescribing draughts of water in which are dissolved the ink used to write a sentence of the Koran. The surgeon, represented by the barber, deals with abscesses and wounds, and cups; while the greater part of his work is very crude, it is often founded on sound common sense and occasionally has quite brilliant results, as evidenced in the following case:

Yesufu, a Hausa native of Kano province, aged about 40, consulted me with regard to a faecal fistula. He said that three years ago a swelling which had come down into his scrotum "for a long time" and disappeared when he lay down became suddenly larger and refused to disappear; it gave him great pain and he vomited. The village practitioner—who treated all acute swellings thus with good results—heated an arrow-head until red-hot and plunged it into the swelling, causing "black water" to come out, and then, in a short time, faeces; the pain disappeared and the patient was well, but all his motions now came out from the opening, which had never closed. He was well nourished and healthy-looking. On the anterior surface of the scrotum, just below and to the right of the root of the penis, was an opening from which semi-solid faeces were propelled intermittently. Nothing but a small amount of mucus was ever discharged from the anus.

I thought it better to see if any obstruction existed internally before closing the fistula. On opening the abdomen the transverse colon was found to be the portion of bowel implicated in the hernia, while coils of bowel, consisting of terminal ileum, caecum, ascending colon, and transverse colon, were adherent in the right iliac fossa. The adhesions could not be undone, so, the appendix having been removed, an anastomosis was made between the entering loop of colon, which was thin and atrophic. Following this operation faeces passed both by the fistula and by the anus. Twelve days later, on the day before the fistula was to be closed, the temperature, which had never been above normal, rose suddenly to 103° and relapsing fever developed—not an unusual complication in the wards at present and impossible to eradicate under existing epidemic conditions; the blood was crowded with large spirochaetes, but they speedily fell, as did the temperature, after intravenous injection of neokharisvan.

Under spinal anaesthesia the inguinal canal was opened and the bowel freed from adhesions to the peritoneal sac, which was very thick; the fistula was excised and the bowel closed and returned to the abdomen. The sac being dealt with, the inguinal canal was obliterated after excising the testicle and cord, conditions for repair being unfavourable. No further complications occurred, and the patient was discharged with the bowels acting by the proper route.

As an emergency procedure with the facilities available the indigenous operation was undoubtedly excellent and probably saved the man's life.

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

Kano, Nigeria.

Reports of Societies.

PEDIATRICS.

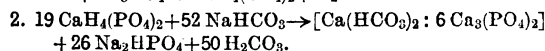
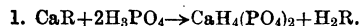
THE provincial meeting of the Section for the Study of Disease in Children of the Royal Society of Medicine took place at Cambridge on June 20th. By kind permission of Professor Hopkins the meeting was held in the Sir William Dunn Laboratory of Biochemistry; the chair was taken by the President, Dr. H. C. CAMERON.

Bone Formation and Rickets.

A discussion on the biochemistry of bone formation and the application of this to the pathology of rickets was opened by Dr. H. D. KAY, who briefly stated and criticized the various theories of the biochemical mechanism of the deposition of bone in normal animals which have been advanced by Pfaundler, Pauli and Samec, Freudenberg and György, and particularly by Robinson and his collaborators. The central discoveries on which new ideas of the mechanism of bone formation depended were: (1) that the cells of ossifying cartilage, and to a less extent those of full-grown bone, contained a powerful phosphoric esterase which decomposed most phosphoric esters readily; and (2) that there was a phosphoric ester present in blood upon which this enzyme acted, resulting in the liberation of $\text{PO}_4^{///}$ ions in the immediate neighbourhood of the site of ossification. Tertiary calcium phosphate (or possibly some compound of even greater basicity) was laid down because the local increase in the concentration of $\text{PO}_4^{///}$ ions brought about by the enzyme led to the solubility product

of $\text{Ca}_3(\text{PO}_4)_2$ (or that of the more basic compound) being exceeded. The evidence on which this modern view rested was critically examined, and it was found to explain many of the facts. Rickets, however, was not necessarily associated with a shortage either in the enzyme activity of the bone, or in the amount of phosphoric ester in the blood, which was hydrolysable by the bone enzyme.

Dr. H. W. C. VINES suggested that in the light of Kay and Robison's discovery of a phosphoric esterase in ossifying cartilage, the deposition of calcium salts might be carried out according to the equations—



The double salt could be prepared by the neutralization of a solution of $\text{CaH}_4(\text{PO}_4)_2$ by NaHCO_3 . Phosphoric acid or diacid calcium phosphate dissolved this salt molecularly with the formation of CaHPO_4 . Taking the view that the Ca and P equilibrium of the plasma was directly dependent upon the skeletal Ca salts through the agency of CaHPO_4 , it was shown that buffered protein solutions to which solid CaHPO_4 was added in certain concentrations came into an equilibrium, in which the percentage Ca content was about 12 mg., and the P_2O_5 10 mg., the pH being constant at pH 7.4. From this a graph was built up indicating the probable conditions in the plasma. It was shown that a very slight decrease in P_2O_5 concentration would cause a fall in Ca to below 7.5 mg. per cent. This would be compatible with tetanic rickets with low Ca and normal phosphorus. A further decrease in P_2O_5 to 50 per cent. of the normal value would lead to a Ca value of 9 mg. per cent., indicating perhaps a rachitis with normal calcium and low phosphorus. Any further decrease in P_2O_5 would lead to a lowering of Ca. From these experiments Dr. Vines suggested that rickets might be associated primarily with an error in phosphorus metabolism, and that the calcium metabolism was affected secondarily.

A discussion followed in which many speakers took part, and in which the decrease of the grosser forms of rickets during the last few years was emphasized, and the great variety of satisfactory methods of cure was illustrated.

Pulmonary Lesions due to the Pneumococcus.

Dr. J. F. GASKELL described certain experiments on which he had been engaged in an endeavour to elucidate the origin and relationships of the various forms of pulmonary lesions produced by the pneumococcus. Rabbits were used for the experiments, and he claimed that a close parallel existed between the lesions obtained and the various forms met with in children. All experiments had been made with a single strain of pneumococcus Type I, which had been obtained from a fatal human case. The virulence of the strain was varied at will, and could be controlled and measured with sufficient accuracy by the minimal lethal dose to mice of saline dilutions of an eighteen-hour broth culture, the virulence found in this way being expressed as the titre. With low titres no lesions were obtained in the lung; with titres between 3 and 4 bronchopneumonic lesions were obtained which might be either central round the main bronchus or more diffuse. With titres between 4 and 5 the lesions were larger and became lobular in type; with titres between 5 and 6 either lobar consolidation was produced or the lung lesions, though diffuse, were incomplete, and were accompanied by double pleurisy with much purulent effusion, and often also by pericarditis. To produce the lobar lesion the dose must be small. With titres of 6 and over a septicaemic condition was produced, with intense invasion of the blood stream and a characteristic sero-haemorrhagic effusion in all lobes, very reminiscent of the rapidly fatal "blue" pneumonia of the influenza outbreak of 1918-19. In all lesions, even the mildest, a positive blood culture could always be obtained from the heart's blood in the first three days. Evidence was given that with the lower titres the condition was a bacteraemia rather than a septicaemia, and the theory was advanced that the organisms present in the blood were always within the leucocytes and not free. Dr. Gaskell suggested that the size of the lung was of importance in the production of the lobar lesion, and that the larger

diphtheria in Mr. Venn when he was admitted, and a septic throat might have accounted for his high temperature, but that would not relieve the medical attendant from considering the thigh. Rheumatic pain was very frequent after scarlet fever.

Mr. Neilson, K.C., in his opening, said Dr. Milson had not suggested that an operation was necessary on March 18th. He sent Mr. Venn into hospital for observation, and the reports showed that Mr. Venn was carefully observed and that he made no complaint about his leg until April 16th. The trouble was then diagnosed as of a rheumatic nature, and nobody could have said that the diagnosis was wrong. Later reports disclosed no complaint about pain in the leg, and on April 22nd inflammation first appeared.

Dr. Veitch Clark, in his evidence, said he was not in charge of the patients at the hospital, but visited them at the request of the resident medical officers. He was now medical officer at Manchester. When he saw Mr. Venn on April 25th he found his leg swollen, red, and tender, and, coming to the conclusion that there was an abscess, he instructed the medical officers to call in a surgeon. He was of opinion that pus had not been present more than two days, and that it could not have been discovered earlier than, possibly, the evening of April 24th.

Dr. Elder, now medical officer of the Manchester Corporation Sanatorium, said the day following Mr. Venn's admission to the scarlet fever ward he examined him, and diagnosed diphtheria. He found Mr. Venn suffering from a swelling on the right thigh, and Mr. Venn told him he was a martyr to rheumatism, and that the rash over the swelling was caused by a hot-water bottle. He was never told that Mr. Venn was suffering from a disease of the leg.

Cross-examined, he never diagnosed deep-seated inflammation, but the patient had such treatment as would relieve either a burn or deep-seated inflammation.

Dr. Todesco, in his evidence, said on Mr. Venn's admission he diagnosed scarlet fever and diphtheria. There was some redness on his right thigh, but he (the witness) did not make a diagnosis of it. It was consistent with having been caused by a burn. Mrs. Venn told him her husband had been treated for rheumatism; rheumatism was a common complication of scarlet fever. Mr. Venn's condition on admission was not consistent with his having a deep-seated abscess.

Cross-examined, he did not remember telling Mrs. Venn that it was "a case of mind over matter," and that if Mr. Venn ceased to worry about his leg he would get better.

Dr. E. L. Adams, of Croydon, said he saw Mr. Venn on April 25th and found him suffering from a large fluctuating abscess. In his view, the formation of the abscess had only begun four or five days before.

Nurse Corney, who was in charge of the double infection ward at the Croydon Borough Hospital in March and April, 1922, said on April 18th Mr. Venn complained of pain in the leg, but there was nothing to be seen. She first saw inflammation on April 20th, and by April 22nd the leg had become very inflamed. On admission, Mr. Venn told her he had had rheumatism, and that he had been burned with a hot-water bottle.

Dr. William Hunter, C.B., senior physician to the London Fever Hospital from 1880 to 1925, said he had carefully considered the charts, reports, and other documents relating to the case, and he was of opinion that on Mr. Venn's admission nothing surgical could have been done. He should have marked the case "Query rheumatism or query something else."

The jury disagreed.

The Lord Chief Justice asked Mr. Neilson, K.C., if he was willing to take a majority verdict, but Mr. Neilson replied that he was for the defendants.

The Lord Chief Justice: Then you are not willing.

ALLEGED NEGLIGENCE AT CONFINEMENT.

In the King's Bench Division, before Mr. Justice Sankey on July 1st, the jury gave a verdict for the defendants, Dr. J. L. W. Kitching, Dr. R. C. P. Whitcombe, and Dr. J. Hale, who practise in partnership at Cobham, in an action brought by Mr. A. E. Sherlock, an under gardener employed at Cobham, on behalf of himself and his three children, for alleged negligence in the treatment of his late wife in childbirth.

Mr. B. B. Stenham appeared for the plaintiff, and Mr. W. A. Jowitt, K.C., and Mr. T. Carthew appeared for the defendants.

Mr. Stenham, in his opening, said the deceased woman was strong and healthy and normal in every way. She had a baby 2 years old, and in 1923 she became aware that she was going to have another. The district nurse was communicated with, and Dr. Kitching was to be the doctor to attend her at the confinement, which was expected on March 7th, 1924, but actually occurred on March 12th. The plaintiff's employer, Mrs. de Jonge, a Dutch lady with some years of nursing experience, observed that the deceased had a certain amount of swelling above the ankles for some eight weeks prior to the confinement, and she took tests of the deceased's water and found albumin. She told Dr. Kitching, who replied that he had found no albumin worth mentioning in his tests, and also that, in his opinion, the patient's physical condition was quite satisfactory, but her mental condition was something different. Dr. Kitching also declared that Mrs. de Jonge had been carrying out tests in front of the patient and making her believe she was ill. Later, the patient became lethargic, and Dr. Kitching caused her removal to Epsom Infirmary, where she died on March 24th. Counsel said the deceased died of eclampsia, but if her symptoms had been carefully watched at an earlier stage, and if Dr. Kitching had not got a preconceived

notion of what was the matter, she would have had a proper diet, and, in all probability, she would not have died.

The plaintiff, cross-examined, said he did not allege anything against Dr. Whitcombe, but he alleged negligence against the other two partners. Mrs. de Jonge did not prescribe diet for his wife, but she out-nursed her with his consent.

Mrs. de Jonge, cross-examined, admitted that as the result of another case in which she had interested herself she "did not think much of Dr. Kitching after that." She had lent the plaintiff funds for that action, but she denied encouraging him in it. There was a time when he intended dropping it, and she left him perfectly free to drop it. When Dr. Kitching reprimanded her for interfering in the case she admitted that she cried and ran away.

Dr. Robert Maxwell Trotter of London said, in his opinion, Dr. Kitching ought to have diagnosed eclampsia on March 17th, 1924. Cross-examined, he said, if Dr. Kitching found no albumin before the confinement, in his opinion, up to the 16th, Dr. Kitching had done nothing wrong. If no albumin was found on the Tuesday, he did not think it could be said the patient was suffering from eclampsia.

Dr. W. G. Donald of Walthamstow said from the evidence he had no doubt whatever that the deceased died from puerperal eclampsia. Mrs. de Jonge's tests of albumin appeared to him to have been normal and proper tests. He did not agree that the symptoms were such as were likely to be those of encephalitis.

Dr. Guy M. Kendall, assistant medical officer at Epsom Infirmary, said he made a *post-mortem* examination and found death to be due to eclampsia and cerebral haemorrhage.

Mr. Jowitt, K.C., in his opening, said doctors did not guarantee results, and he submitted that it was impossible for the jury to say a case of negligence had been made out against defendants. Mrs. de Jonge was interested in medicine, and had that little knowledge which was such a dangerous thing. She was, no doubt, one of the most generous, unselfish, devoted persons one could wish to meet, but he honed the result of this case would be to hold up a finger of warning to persons against interfering in any way with a case in which a doctor was concerned. It was no part of his case to show that the cause of death was encephalitis lethargica, but he would call eminent men who would say that, in the light of what they now knew, it was more likely to be encephalitis lethargica than eclampsia.

Dr. Kitching, cross-examined, said Mrs. de Jonge's tests were not of the slightest value. He thought she was a nuisance. She had no standing in the sick-room at all. The deceased's symptoms pointed to a cerebral and mental condition. He, however, had not made up his mind to anything. He thought the deceased's condition entirely due to the atmosphere created about the house, and that she was being harried into a mental state. One of the things he objected to was that Mrs. de Jonge, while discussing the patient's condition, practically waved her test tubes in the patient's face.

Dr. Whitcombe, in his evidence, said the patient seemed upset and worried. There were several persons in the sick-room, and the noise was so great that one could scarcely hear oneself speak. There was no symptom of eclampsia.

Dr. Hale, in his evidence, said he and Dr. Kitching together examined a specimen of the deceased's urine and found no albumin. When the deceased was removed to the infirmary he wrote to the medical officer asking if he thought it was a case of encephalitis lethargica. He at no time agreed with Dr. Kendall that death was due to eclampsia.

Mrs. Wakefield, certified midwife, who attended the deceased during and after the confinement, said she had had experience of eclampsia, but there were no symptoms in this case which led her to suspect the patient had eclampsia.

Dr. J. P. Hedley, obstetric physician to St. Thomas's Hospital, London, said the case in no way resembled eclampsia.

The jury found for the defendants, and judgement was entered accordingly.

Universities and Colleges.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

ELECTION TO THE COUNCIL.

At a meeting of the Fellows on July 2nd for the election of three Fellows into the Council in the vacancies occasioned by the retirement in rotation of Mr. V. Warren Low, Mr. James Sherren, and Sir John Lynn-Thomas, Mr. Sherren, and Sir John Lynn-Thomas were re-elected and Mr. Arthur Henry Burgess of Manchester was elected; 964 Fellows voted, including 172 Fellows resident out of Great Britain and Ireland; 961 sent ballot papers through the post and 3 voted in person. The result of the poll was as follows:

Candidates.	Votes.	Plumpers.
ARTHUR HENRY BURGESS	462	48
JAMES SHERREN	441	14
SIR JOHN LYNN-THOMAS	406	7
Victor Bonney	361	19
Vincent Warren Low	332	12
John Percy Lockhart-Mummery	243	11
Herbert John Paterson	232	18

Three voting papers were found to be invalid, and in addition three voting papers were received too late.

UNIVERSITY OF OXFORD.

At a congregation held on July 4th the following medical degrees were conferred:

B.M.—D. A. Abernethy, E. N. Allott, H. N. Bradbrooke, T. B. Hodgson, B. A. Walsh, A. Kendrew, J. S. Jerome, V. P. Robinson, J. G. S. Thomas, the Hon. Olive B. Buckley, Janet M. Vaughan, Ella J. Cockram.

The following awards are announced:

Theodore Williams Scholarships:—Scholarship in Physiology: F. Hawking. Scholarship in Human Anatomy: J. M. Gibson. Scholarship in Pathology: O. A. Beadle; honourably mentioned, K. A. Hamilton, Irene M. Titcombe. *Welsh Memorial Prize for Anatomical Drawing*:—J. H. B. Beal; highly commended, J. K. Marshall. *Radcliffe Scholarship in Pharmacology*:—K. A. Hamilton; honourably mentioned, D. A. Brinton, J. G. A. Davel. Recent Elections by External Bodies:—*To a Commonwealth Fund Fellowship*: B. G. Scholefield. *To Rockefeller Medical Fellowships*: W. S. Dawson, H. W. Florey, G. P. Wright.

UNIVERSITY OF LONDON.

CONVOCAION.

HITHERTO holders of bachelor degrees have only been able to join Convocation after the expiration of three years from the date of graduation. The matter has been considered by Convocation and the Senate at the instance of the XXth Century Society of London Graduates; an amendment of the statute has been approved by His Majesty in Council, and in future all graduates who attain the age of 21 years will be entitled to be registered as members of Convocation.

UNIVERSITY OF BIRMINGHAM.

THE following scholarships and prizes have been awarded in the Faculty of Medicine:—Queen's Scholarships: (Second year) G. H. Knight, (third year) T. E. Skinner, (fourth year) A. V. Neale, (final year) F. E. Roberts. Ingleby Scholarship: J. Gore. Russell Memorial Prize: A. Hobson. Arthur Foxwell Memorial Medal: F. E. Roberts, J. Gore (*proxime accessit*).

UNIVERSITY OF BRISTOL.

THE following candidates have been approved at the examinations indicated:

FINAL M.B., CH.B., PART I (*including Forensic Medicine and Toxicology*).—Helen M. Aldwinckle, Cecily France-Hayhurst, F. W. T. Hughes, E. May, R. E. Satchwell, S. P. Taylor. PART II (*Completing Examination*).—D. H. Beatson, H. W. Brassington, Bessie V. F. Dawkins, C. H. Durnford, W. S. Ormiston, M. E. J. Packer, Yolande de la Pasture, C. P. Porter, T. W. Ware. Group II (*Completing Examination*).—Elizabeth E. Benson, Margaret P. Posthuma, Kathleen M. Willmore. Group I (*Completing Examination*).—C. F. R. Killick. D.P.H., PART II (*Completing Examination*).—F. P. Mackie, Norah A. McD. Rodger.

UNIVERSITY OF DURHAM.

CONVOCAIONS were held at Durham and in the Armstrong College, Newcastle-upon-Tyne, on June 30th and July 1st respectively.

Dr. H. J. Hutchens, Heath Professor of Comparative Pathology and Bacteriology in the University, has been appointed junior proctor for the ensuing academic year.

Dr. W. D. Arnison has been elected a member of the Senate for four years.

The following degrees and diplomas have been conferred:

M.D.—J. F. C. Braine, J. E. Dainty, G. Hurrell, Mona Kirkhouse, T. Ruddock-West, Eleanor H. Russell, E. H. Shaw, H. Williamson (*in absentia*). M.D. (*or Practitioners of Fifteen Years' Standing*).—H. S. Brown, P. T. Harper, J. Ross, A. Turner. M.B., B.S.—C. W. Arnot, D. R. F. Bertram, F. H. Blackburn, A. Brodie, J. Brown, A. Charlton, Nora E. Coltman, A. de Redder, J. R. Garson, E. V. Griffiths, J. T. Holliday, A. H. Holmes, S. Hughson, Marjory G. T. Jacka, H. Levy, J. D. W. McCracken, D. W. McLaren, W. C. Pinkney, Ethel G. Potts, F. E. Stabler, S. C. Stonier, W. Toward, C. C. Ungley, R. Wear. D.P.H.—S. Annecke, H. C. Simpson.

The following candidates have been approved at the examination indicated:

THIRD M.B., B.S. (*Materia Medica, Pharmacology, and Pharmacy; Public Health; Medical Jurisprudence; Pathology and Elementary Bacteriology*).—O. C. Dobson, *W. Irving, R. E. Alderson, M. Davison, J. Furman, W. R. S. Good, D. Gamsu, Rebecca Harbit, D. E. Hearn, W. B. Hicks, G. Holmes, D. S. Jackson, T. F. Jarman, M. Levi, C. Mason, G. McLaren, G. N. Myers, H. P. Nelson, L. D. Nelson, Eleanor Patterson, H. C. S. Pimblett, E. Porteus, V. B. Purvis, C. F. Richardson, F. H. Robson, Rev. G. Salisbury, S. W. Smith.

* With second-class honours.

UNIVERSITY OF LEEDS.

A CONGREGATION of the University for the conferring of degrees was held in the Town Hall on July 4th. In the absence of the Chancellor, the Duke of Devonshire, the degrees were conferred by the Vice-Chancellor, Dr. Baillie. Great interest was added to the occasion by the fact that the degree of Doctor of Laws, *honoris causa*, was conferred upon H.R.H. Princess Mary, Viscountess Lascelles.

The following were the graduates in medicine and surgery:

M.D.—A. Massey, H. A. Sin-on. CH.M. (with distinction).—J. T. Blackburn.

M.B., CH.B.—*D. R. Allison, *A. Hemingway, *M. Masser, *J. L. Moorhouse, *J. H. O'Donnell, *M. Rabinovich, *Rosamond E. Roper, *G. W. Taylor, M. Backwell, L. V. Broadhead, I. Cainer, F. R. Curtis, J. Duncan, J. Ewing, W. S. Flowers, G. Gortiste, J. R. S. Greenwood, P. V. Hardwick, J. L. Hartley, Fannie Hirst, J. C. Lamont, S. Leviten, Edith V. Olver.

* With second-class honours.

UNIVERSITY OF GLASGOW.

At the graduation ceremony on July 3rd the degree of M.D., with high commendation, was conferred upon Archibald J. Cronin.

UNIVERSITY OF DUBLIN.

SCHOOL OF PHYSIC, TRINITY COLLEGE.

THE following candidates have been approved at the examination indicated:

FINAL M.B., PART I (*Materia Medica and Therapeutics; Jurisprudence and Hygiene; Pathology and Bacteriology*).—*E. P. N. M. Early, S. D. K. Roberts, M. L. McAuley, G. S. Smyth, R. S. F. Hennessey, A. Sachs, R. A. J. Holmes-Ievers, M. G. J. Booyen, G. S. Gardner, E. W. Bingham, A. N. B. O'bert, J. O. Bennett, N. J. U. Mather, J. H. Stephens, C. de W. Meintjes, D. A. O'C. Quinlan, H. Nelson, H. C. Weir, J. C. Collins, J. B. Patrick.

PART II (*Medicine*).—J. E. M. Cauley, R. K. Carson, Gladys M. A. Lowry, J. W. Wallace, A. D. M'Lean, H. Trant, J. J. Cusack, E. C. Dudgeon, H. Waters, W. H. Coen, J. V. Pincus, Kathleen M. Ball, J. N. S. Gouws, C. R. J. Boland, H. Tomkin, G. R. L. Jordan, J. E. Stokes, E. S. A. Crawford, J. St. Clair, P. B. Robinson, C. L. Taylor, D. N. Power, Norah M. Smith, G. A. A. Powell, W. O. Warrington. (*Surgery*).—G. F. D. M'Callin, O'D. T. D. Browne, J. R. Gregory, W. C. Somerville-Large, T. C. Foster, R. L. Forsyth, T. W. MacDowell, O. Chance, J. W. Wallace, R. A. Webner, W. Gallagher, J. Dick, J. F. Wilde, W. P. E. M'Intyre, H. Trant, Mary Galvin, Augusta M. Young, Mary C. Livingston, L. W. R. Haskins, Kathleen D. Murison, Agnes L. Kelly, N. G. M'Aliffe, N. M. Greeves, H. Waters, Annie T. Deane, G. J. Joubert. (*Midwifery*).—*S. P. Heatley, *R. G. Keays, *R. M. Allardyce, *J. H. M'Lean, W. B. Roantree, E. M'Alpine, J. W. Bowden, J. M. Selkon, Nancie N. Lowther, R. Kahn, W. Russell, Stella C. Ross, Jane D. Fulton, J. F. Roche, W. Magowan, D. J. Roux, Frances E. O'Connor, P. F. Palmer, Gladys L. Craig, G. A. Walmsley, G. R. L. Jordan, Aileen Fair, Rachel E. Porter.

D.P.H., PART I (*Chemistry, Bacteriology, Physics, and Meteorology*).—W. F. Sheil.

EXAMINATION IN CLINICAL HOSPITAL PRACTICE.—F. D. Matthews, G. M. Titterton.

* Passed on high marks.

ROYAL COLLEGE OF PHYSICIANS OF IRELAND.

At the monthly business meeting of the President and Fellows held on July 3rd the following successful candidates at the Conjoint Final Examination (June, 1925) were duly admitted to the Licences in Medicine and Midwifery of the College:

T. S. Acheson, Barbara J. Austin, D. J. Browne, L. F. Clarke, Moira E. Connolly, J. A. K. Douglas, M. A. F. Leyland, W. G. Lyons, J. Purcell, H. G. Maguire, P. J. Mulcahy, W. M. Watson, E. Whelan, Brenda M. Young, G. Young.

The Services.

NORTH PERSIAN FORCES MEMORIAL MEDAL.

CAPTAIN W. H. DYE, R.A.M.C., has been awarded the North Persian Forces Memorial Medal for the year 1924 for his paper "Schistosomiasis and splenomegaly in Central Africa," published in the *Journal of the Royal Army Medical Corps*, vol. xliii, September, 1924. At the time this work was done and the paper published Captain Dye was seconded from the R.A.M.C. and doing duty under the Colonial Office in Nyassaland. This is the second award of the medal, which, in accordance with the terms of the trust deed of the memorial fund, is awarded annually for the best paper on tropical medicine or hygiene published in any journal during the preceding twelve months by any medical officer of under twelve years' service of the Royal Navy, Royal Army Medical Corps, Royal Air Force, Indian Medical Service, or of the Colonial Medical Service, provided the Memorial Committee considers that any of the papers published has attained a standard of merit justifying an award.

NAVAL MEDICAL COMPASSIONATE FUND.

At the quarterly meeting of the directors of the Naval Medical Compassionate Fund, held on July 7th, when Surgeon Vice-Admiral Joseph Chambers, C.B., C.M.G., K.H.F., Medical Director-General of the Navy, was in the chair, the sum of £65 was distributed among the several applicants.

DEATHS IN THE SERVICES.

Lieut.-Colonel George Tucker Thomas, Madras Medical Service (ret.), died in London on June 3rd. He was born on September 25th, 1851, the son of the late Rev. John Thomas, of the Church Missionary Society, Tinnevely, and, after taking the M.R.C.S. and L.R.C.P.Lond. in 1873, entered the I.M.S. as surgeon on March 31st, 1875. He reached the rank of lieutenant-colonel after twenty years' service, and retired in 1905. Almost the whole of his service was spent in civil employment, at first in Madras, where, when resident medical officer of the Madras General Hospital, he came into collision with the Provincial Government in a case which created a good deal of stir and interest in India, some forty years ago; and afterwards in Burma.

Medical News.

THE publication by the Stationery Office of the volume of general tables comprising population, housing, institutions, ages and marital conditions, education, birthplace and nationality, and the Welsh language, completes the series of volumes of tabulated statistics derived from the census of June, 1921. This final volume contains the aggregated figures of the sixty county volumes that have already appeared, and so renders possible the study of the census from a national standpoint. A certain amount of new matter has been added relating to populations of county court circuits and districts; seamen and fishermen not enumerated with the general population on census night are included, also persons in vessels or establishments under naval, military, or air force discipline outside Great Britain. The price of the volume is 13s., and it may be obtained from H.M. Stationery Office.

A FORTNIGHT ago a leading article was published giving an account of the difficulties which had arisen with regard to reciprocity of medical practice with Italy, and stating that an agreement had been signed under which full freedom of practice in Italy was accorded to British practitioners, this country undertaking to admit medical practitioners possessing degrees from Italian universities to the Foreign List of the *Medical Register* of the United Kingdom. We learn from Mr. Norman C. King, registrar of the General Medical Council, that the Council has been officially informed that the Italian Embassy in London has communicated to all the consular offices under its orders the regulations concerning the admission of British registered practitioners to the privilege of practising medicine in Italy and its dependencies. The new agreement comes into force from the date of its signature (May 21st, 1925) without need for further ratification or approval.

THE Fellowship of Medicine announces that a course in the diagnosis and treatment of common diseases of the nervous system has been arranged by the West End Hospital from July 27th to August 14th. A vacation course will be held at the Prince of Wales's General Hospital from August 4th to 15th, including lectures and demonstrations in medicine, surgery, and special subjects, including mental diseases and fevers. At the All Saints' Hospital there will be a special course in urological diseases throughout the month. From August 24th to September 5th the Queen Mary's Hospital, Stratford, will give an intensive course in medicine, surgery, and the specialties. The following special courses are announced for September: diseases of the chest, infants' diseases, dermatology, electrotherapy, ophthalmology, and an intensive course at the Westminster Hospital. Copies of the syllabus of each course and the programme of the Fellowship of Medicine may be obtained from the Secretary at 1, Wimpole Street, W.1.

AN announcement appears in our advertisement columns inviting applications for the appointment of two assistant medical officers for the Mental Hospitals Department under the New Zealand Government. The commencing salary is £615 per annum. Particulars may be obtained by sending a foolscap envelope to the High Commissioner for New Zealand, 415, Strand, W.C.2.

THE National Baby Week Council has held during the present week an Imperial Baby Week at Wembley Exhibition. On July 6th Dr. Mary Scharlieb presented prizes and certificates won in various annual competitions, including the Astor challenge shield for the best local baby week campaign in 1924, and the challenge shields awarded to infant welfare centres. During the remainder of the week film displays and lectures were given each afternoon.

AT the Climatological Congress to be held at Davos from August 17th to 22nd the topic for discussion will be the significance of climate in its physical, physiological, and therapeutical aspects. Those desirous of contributing papers on any branch of the subject, or requiring details of the arrangements, should communicate with the Secretary of the Congress, Dr. Vogel-Eysern, Davos-Dorf.

THE German Society for the Promotion of Morality, which represents the German Branch of the International Abolitionist Federation, is bringing before the Reichstag a bill for placing under supervision all persons who are insane, mentally deficient, or who, in consequence of mental, physical, and moral defect, are incapable of looking after themselves and are a danger to others. The supervision will be arranged at the public expense by order of the county court in a suitable family, institution, or workmen's colony.

THE annual dinner of past and present students of St. Mary's Hospital Medical School will be held at the Connaught Rooms, Great Queen Street, W.C., on Monday, October 5th, at 7.30 p.m.

THE St. Bartholomew's old students' dinner will be held on Thursday, October 1st, in the Great Hall of the Hospital, at 7.30 p.m. The chairman will be Mr. John Adams, F.R.C.S. The honorary secretaries are Sir C. Gordon-Watson and Mr. R. M. Vick.

SUBSCRIPTIONS received at the Mansion House for the Metropolitan Hospital Sunday Fund reached, on July 6th, a total of about £51,000.

A VACATION course of instruction for qualified practitioners will be given again this year at St. Bartholomew's Hospital, beginning on Monday, September 7th, and ending on Friday, September 18th. Inquiries should be addressed to the Dean of the Medical College, St. Bartholomew's Hospital, E.C.1.

DR. GEORGE P. ALDERSON of Turton, Bolton, has been appointed to the Commission of the Peace for the County Palatine of Lancaster.

DR. MOURQUAND has been nominated professor of children's diseases in the Lyons Faculty of Medicine, in succession to the late Professor Weill. Professor Gott of Munich has succeeded Professor Salge in the chair of children's diseases at Bonn.

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).

The **TELEGRAPHIC ADDRESSES** are:

EDITOR of the **BRITISH MEDICAL JOURNAL**, *Aitiology Westcent, London.*

FINANCIAL SECRETARY AND BUSINESS MANAGER (Advertisements, etc.), *Articulate Westcent, London.*

MEDICAL SECRETARY, *Mediscera Westcent, London.*

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.

UNCERTIFIED LUNATICS.

"P. X. D." writes to ask for enlightenment as to a doctor's position with regard to uncertified lunatics. Sometimes (he says) individuals, evidently insane, walk into one's surgery, and sometimes one visits families where insane relatives are kept at home, the relatives refusing to allow certification, although the individuals in question are clearly dangerous while at large. What should the doctor do in such cases?

"EUPARAL."

DR. A. H. SKINNER (Beckenham) writes: On page 888 of the **JOURNAL** of May 9th, in a review of Jordan's *Textbook of Histology*, mention is made of a new mounting medium, "euparal." I find difficulty in obtaining this.

* * The method of preparation of this mounting medium is described by Shepherd in the *Transactions of the American Microscopical Society*, vol. 37 (1918), p. 131. We understand that "euparal" can be obtained in this country from Messrs. Laird and Tatlock, 14, Cross Street, Hatton Garden, E.C.1.

STREPTOCOCCAL INFECTION OF TONGUE.

"G. P." writes to suggest to "Perplexed" (June 27th, p. 1201) that a Wassermann test should be made. In a similar case he has found it positive, greatly to the surprise of both the doctor and patient.

INCOME TAX.

"L. B. C." has received an inquiry from the local inspector of taxes with regard to the deductions made for domestic servants' wages; he has deducted the estimated cost of food, etc., of one maid at each of the two houses used for the practice.

* * Our correspondent does not say what staff is employed at each house, and a good deal must depend on that—for example, if, to take an extreme instance, the staff kept is one resident