

the surface of the liver, which in one case clinched an uncertain diagnosis, and in another forbade a drastic operation. In a case in which tuberculous peritonitis was suspected it was easy to see that there were no tubercles on the intestine. The extent of a carcinoma on the surface of the stomach may be discerned. Information may be given as to the nature of swellings of uncertain origin inside the abdomen. I have once or twice seen the appendix presenting itself. Pelvic tumours can be inspected. The method would be available to determine the presence or absence of blood in the abdomen in cases of ruptured ectopic gestation or traumatic rupture of a

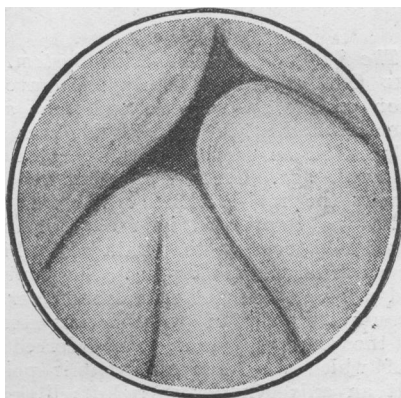


FIG. 1.—Coils of normal small intestine.

viscus. It is easy to see whether the liver is or is not "hobnail."

Coeloscopy does not and cannot replace exploratory laparotomy in those cases where the cause may have to be sought for and does not lie on the surface of the abdominal viscera, and these will always be the majority. It is principally valuable for what is definitely seen, and not for what is apparently absent.

The technique is simple. Under novocain anaesthesia, or under ether if preferred, an incision half an inch long is made in the skin and fascia. I usually enter in the middle line just below the umbilicus. Above the umbilicus difficulties with the falciform ligament arise. Layer after

layer is picked up with a pair of artery forceps until the peritoneum is opened, the incision being just as large as will admit the cystoscope, but no larger. The cystoscope, sterilized in carbolic solution, is then passed in and the abdomen inflated with air through it. The air is filtered through sterile wool, and an ordinary bellows is all that is necessary. Then the lamp is inserted; the brightest possible light is used. Some risk of fusing the bulb must be run. If the upper abdomen is to be examined the table is tilted to raise the head, and vice versa. I usually commence by finding the edge of the liver on the right side, and then the gall bladder. If the patient is under a local

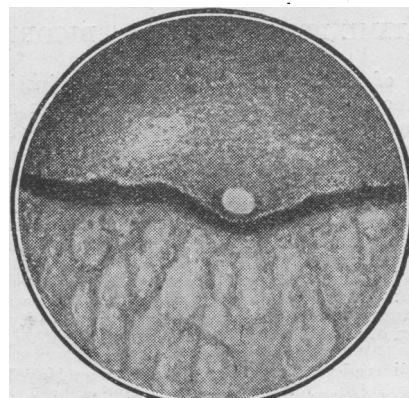


FIG. 2.—The edge of the liver, showing a small nodule of carcinoma on its surface.

anaesthetic the peristaltic movements of the small intestine can be seen. When the examination is finished, the air is let out as completely as possible and a stitch put in—unless, of course, the findings are such as to encourage a set operation.

Fig. 1 shows coils of normal small intestine, and Fig. 2 the edge of the liver, with fat lying on the surface of the viscera below it. There is a small nodule of carcinoma on the surface of the liver, secondary to a growth in the rectum; no operation, therefore, could be undertaken. I am indebted to Mr. Sewell for the pictures. They are from two separate cases.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

PARALDEHYDE POISONING.

PARALDEHYDE is not a scheduled poison, but is used extensively as a sedative in mental cases. There are only two cases recorded of death from this drug, one of them being a person suffering from typhoid fever. A recent case (Liverpool, June, 1925) is interesting and should be put on record.

The person was a man aged 41, very lightly built, who had been accustomed for some months to take doses of paraldehyde varying from one to two teaspoonfuls. The source of his supply of the drug up to the present has not been ascertained, and it is probable he had gradually increased the dose. On the last occasion he went to bed at 11 p.m. and slept by himself. The next morning at 8 o'clock he was found dead in bed; a glass with half an ounce of paraldehyde, and a 4-ounce bottle containing three-quarters of an ounce of paraldehyde, were by the bedside; two other empty 8-ounce bottles were in the room; the washings gave the reactions of paraldehyde. It is estimated that he had taken between 2½ and 3 ounces. He had had very little food of any kind, and very little stimulant for two or three days before death. When found there was a little oozing of stained fluid from the nose, but no vomiting had taken place.

At the *post-mortem* examination the innermost exposed portions of the lips were seen to be dry and darker than normal; the mouth smelt of paraldehyde. The mucous membrane of the mouth, epiglottis, larynx, and upper portion of the oesophagus were blanched, and in the lower third of the oesophagus the mucous membrane bore light-coloured coagulated patches.

On opening the body the cavities smelt strongly of paraldehyde. The stomach, normal in size, contained about 5 ounces of turbid fluid, smelling strongly of and giving the reactions for paraldehyde; the mucous membrane was markedly hyperaemic with

uniform injection of the small vessels. The hyperaemia was more marked on the back part of the stomach towards the cardiac end. The mucous membrane of the duodenum was more lightly injected, the appearance gradually fading away; the small and large bowels and their contents were normal.

Both lungs were very congested at the bases. The blood was fluid and dark. The heart showed some small atheromatous patches on the aorta just beyond the aortic valves and at the openings of both coronary arteries; it was otherwise normal. The liver, spleen, kidneys, and brain were quite normal. All the organs seemed to bear the odour of paraldehyde, but it was difficult to eliminate the smell. The bladder contained 14 ounces of urine which smelt very strongly of paraldehyde, and gave the chemical tests for aldehyde.

As the deceased had made his ordinary arrangements and laid out his clothing ready to be put on the next day, the case was taken and returned as one of misadventure.

J. E. W. MACFALL, M.D.

Department of Forensic Medicine,
University of Liverpool.

RAT-BITE FEVER IN AN INFANT.

As rat-bite fever, though common in Japan, is rare in England, the following case, which occurred recently in Sunderland, seems worthy of record.

On April 8th an infant was bitten on the right thumb while in bed with its mother; the wound bled profusely. Next day the thumb was somewhat swollen and dark in colour; the back of the hand was also swollen. The child had some bronchitis and appeared ill. During the ensuing week the swelling subsided, the wound healed, and the general symptoms abated. Fifteen days after the bite a scarlatiniform rash appeared about the chest and armpits, together with four swellings, one on each wrist and one just below the sternal end of each clavicle. There was some pyrexia. The child was taken to the Borough Sanatorium, and next day the swellings were incised, thick pus being evacuated. This was placed in broth and some blood smears forwarded to the pathologist, Dr.

Cookson, who reported polymorphonuclear leucocytosis, and isolated a leptothrix from the culture. Four weeks later a further abscess formed on the right wrist. To date there have been three periods of three-day pyrexia of intermittent type, and the patient has now been discharged well.

It is interesting to note that the mother was bitten on the head previously. The rat was caught on the night after it had bitten the child, but was not obtained, half having been eaten by a cat and the other half thrown away. It was reported that the cat suffered from salivation and was off its feeds at the time the abscesses appeared on the child, but we were unable to gain possession of the animal.

EUSTACE THORP,
Assistant Medical Officer of Health, Sunderland.

FULL-TIME PREGNANCY IN A BICORNUATE UTERUS.

THE rarity of this condition is sufficient justification for recording the following case. I have not seen a pregnancy in a bicornuate uterus myself in twenty years of active practice, during which I have averaged 100 confinements annually.

At 10 p.m. on May 2nd I was called to see a primipara, aged 28, in the first stage of labour. I had not seen her previously, and on arrival found a woman of delicate appearance somewhat oedematous and with a history of headaches for the previous week; the os admitted one finger; the presentation was left occipito-anterior. The appearance of the abdomen was unusual. There was a distinct longitudinal tumour occupying the left half of the uterus which gave the impression of being thickened uterine muscle rather than uterine contents.

She was delivered spontaneously at midday on May 3rd of a male child weighing 6½ lb. After waiting one and a half hours with no sign of separation of the placenta, and as the perineum required repair, I anaesthetized the patient; on intrauterine examination I found that the uterus was completely divided by a well formed muscular septum, and after difficulty removed from the fundus of the right compartment an extremely adherent placenta. I was able to introduce three fingers without difficulty into the left compartment of the uterus.

Except that the lochia was very profuse for the first week she made an uninterrupted recovery.

R. E. MOYES, M.D. Edin.

Broomhill, Morpeth, Northumberland.

MENINGITIS AND KERNIG'S SIGN.

It does not seem to be generally known that meningitis may occur in young children without its characteristic signs. A few months ago I saw an infant, 3 months old, which had a temperature of 104° and convulsions, but there was no retraction of the neck, no Kernig's sign, and no bulging of the fontanelles, yet, by a lumbar puncture, I drew off cloudy fluid, a direct film from which showed very numerous meningococci and polynuclear cells.

In my experience it is unusual to get retraction of the neck and Kernig's sign in meningitis in a child under a year old, and up to 3 years of age meningitis may be present without these signs, but I have never seen them absent in children over 3 years. By retraction of the neck I mean an inability to make the chin touch the chest without pain. This retraction of the neck and Kernig's sign may be found where there is not meningitis; the cerebro-spinal fluid is under pressure if lumbar puncture be done, but clear and normal on examination. This is often found when a mastoid operation has been delayed or incompletely performed, and it is then an indication that the inflammation in the bone is approaching the meninges and will soon cause a genuine meningitis.

I have also seen this meningismus in a bad attack of typhoid fever in a child of 6, whose temperature was 105°. The child made a good recovery without any real meningitis. In severe pneumonia in young people retraction of the neck and Kernig's sign may be found when the fluid drawn by lumbar puncture is clear and normal, and pneumococcal meningitis does not follow. In sunstroke these signs of intracranial pressure may be marked, and lumbar puncture greatly improved the patient's condition in two cases that I have seen. Other conditions in which retraction and Kernig's sign are sometimes found are encephalitis lethargica, tumour of the brain, especially near the base, large cerebral haemorrhages, and in uraemia when headache is severe or convulsions are threatening.

WALTER BROADBENT, M.D., F.R.C.P.,
Physician to the Royal Sussex County Hospital.

Reports of Societies.

MEDICO-PSYCHOLOGICAL ASSOCIATION.

THE annual meeting of the Medico-Psychological Association of Great Britain and Ireland was held at the University of Birmingham on July 6th to 10th, under the presidency of Sir FREDERICK MOTT, who announced that the Council had nominated Lieut.-Colonel J. R. Lord, Editor of the *Journal of Mental Science*, to be the next President. The meeting carried in silence resolutions of condolence on the deaths of Sir Clifford Allbutt and Dr. Rowse.

The Sympathetic Endocrine System.

Dr. DAVID ORR of Prestwich Asylum gave a lantern demonstration on the sympathetic endocrine system. He said that emotion and all intellectual life were inseparable from and depended on sensory stimuli, from birth until and beyond adult age. Certain areas of the brain were associated with the registration of visceral impressions, and there was no impression in any part of the body which was not registered in the brain and which did not immediately react on certain organs. The central nervous system could not be spoken of as a system *per se*; it was intimately connected with the sympathetic system, and this latter with the ductless glands. He referred to Cajal's laws, one of which was that of dynamic polarization—namely, that an axis cylinder spread its little collaterals around the protoplasmic processes of the cells, when an impulse passing through it was then transmitted into a multitude of cells. As every impression reached the brain it was accompanied not only by its own specific sense, but by an emotional content, and it aroused certain responses; it produced either a pleasant or an unpleasant sensation, as there was no such thing in the human mind as a negative impression. Through the spinal cord impressions were going down; they then spread through the anterior roots and into the white rami of the sympathetic system, and thence onwards. All this time sensory impressions were proceeding up from the viscera, and from the ductless glands, forming reflexes. The vegetative system possessed its reflexes, as did the system which was related to the outside world. This was most important, and was a standing justification of the treatment of mental patients from the physical point of view. Dr. Orr proceeded to elaborate his thesis, and demonstrated the sequence of events during a nervous upset. His main point was the intimate co-operative working of the whole mechanism and the need for treating patients from the physiological point of view.

The President's Address.

Sir FREDERICK MOTT, in his presidential address, said that no progress was possible in knowledge of mental disease until the spell of metaphysical speculation had been shaken off, since that carried with it the doctrine of mind as an invisible intangible spirit with an existence separate from the body. The functions of mind depended on the whole body and on the harmonious action of all its parts. In the apparently healthy brain there might be subtle biochemical and biophysical conditions which were dependent on inborn functional or bodily defects. Acting on the highest levels of the brain, weak doses of narcotics sufficed to affect intelligence, self-criticism, judgement, and control, leaving the lower levels unaffected; the higher levels were the first to undergo the deleterious effects of any form of intoxication. This highest level represented the psychic personality of the individual, and was the personal equation due to inborn tendencies and characters derived from racial and familial ancestry, near and remote. Primitive people suffered from the same psychoses and psycho-neuroses as did the most cultured people, but the illusions, hallucinations, and delusions were coloured by social usages, customs, and beliefs. Yet there might be no discovered differences in the brain structure, even by powerful microscopy. There might be a vital germinal deficiency, perhaps manifesting itself by an arrest of development of many of the cortical neurons, or a lack of durability. Vascular conditions might

in association with the late Dr. Willis, he had charge of the Japanese hospitals in Yokohama, and later in Yedo, now Tokyo, during the war of 1868-69. He established the first hospital, called the Dai Biyoin (or the Great Hospital), in Yedo in 1868. There his pioneer work was done, for he introduced hygienic methods into the Japanese military service. He put his experiences on record in an article published in 1875 in vol. v of *St. Thomas's Hospital Reports*. His pioneer work in Japan did not end there. He so forcibly advocated the value of vaccination in Japan that the Mikado issued an order that the whole of the population was to be vaccinated. This was done, and in fifteen years small-pox was virtually stamped out. Previously no measures had been adopted to combat this disease, which was very rife. For his services to Japan he was awarded the Order of the Rising Sun by the Mikado, but it was not until 1909 that he received the permission of the British Foreign Office to wear it. He had the distinction of being the first foreigner to receive this Order. On his return from Japan he practised for a time at Ross-on-Wye, retiring about thirty-five years ago to reside in Devonshire and latterly in Malvern. Dr. Siddall was a fine cricketer in his day; he was one of the founders of the Royal North Devon Golf Club, and his handicap was four. He played cricket for the Gentlemen of England, and, standing 6 ft. 2 in. and broad in proportion, was naturally a hard hitter. He was proud of the fact that he had smashed the clock at the Oval, and occasionally played in the same eleven as the "Three Graces"—W. G., E. M., and G. F. Grace.

Dr. WILLIAM MAULE SMITH, who died at his residence in West Bromwich, on July 6th, aged 51, received his medical education at Edinburgh and Dundee, where he graduated M.B., Ch.B. in 1897, proceeding M.D. in 1906. He obtained the diploma M.R.C.P. Edin. in 1900, and was elected F.R.C.P. in 1919. After holding appointments at the asylums in Polton, Wakefield, and Worcester, he became medical superintendent of the Union Infirmary, West Bromwich, and medical officer to the Wigmores Schools and the Hallam Street Infirmary in 1914. He ceased to be medical superintendent in 1918 when the infirmary was reorganized, and about the same time suffered from illness for several months. He subsequently resumed his duties at the schools and at the Hallam Street Infirmary, but a month or two ago became ill again. He contributed numerous articles on neurological subjects to the *BRITISH MEDICAL JOURNAL*, the *Journal of Mental Science*, and the *Review of Neurology and Psychiatry*. He was a member of the British Medical Association.

The Services.

DEATHS IN THE SERVICES.

Major-General William Sparks Martin Price, A.M.S.(ret.), died at Chelsea on June 13th, aged 81. He was the son of the late Dr. John Lloyd Price, D.L., of Glangwill, Carmarthenshire, and was born at that place. He was educated at Trinity College, Dublin, and after taking the L.R.C.S.I. in 1863 and the L.K.Q.C.P. in 1864, entered the army as assistant surgeon in 1864, attained the rank of surgeon general in 1898, and retired in 1903. As a regimental officer he served in the 73rd Foot, now the 2nd Battalion of the Royal Highlanders, or Black Watch. In the Afghan war in 1878-80 he took part in the operations in the Bazar Valley, and in the action at Deh Sarak, receiving the medal; and in the Sudan campaign of 1884-85, with the Nile column, in the Korti field hospital, receiving the medal with a clasp and the Khedive's bronze star. During the recent great war he was re-employed in England.

Lieut.-Colonel William Arthur Mawson, Bengal Medical Service (ret.), died at Cobham, Exeter, on June 9th, aged 74. He was the son of the late William Mawson of Breyton, Yorkshire, and was educated at Leeds; he took the M.R.C.S. in 1872 and the L.R.C.P. Lond. in 1874. He entered the I.M.S. as surgeon in 1876, reached the rank of lieutenant-colonel after twenty years' service, and retired in July, 1906. His whole service was spent in military employment, chiefly as medical officer of the 14th Bengal Lancers. He served in the Afghan war of 1879-80, in the actions at Ali Musjid and Charasiah, and in the operations round Kabul, receiving the medal with three clasps; on the North-West Frontier, in the Tochi, in 1897-98 (medal with clasp); and in the Waziristan campaign of 1901-2, when he was mentioned in despatches, and received a clasp to the frontier medal. He rejoined for service in the recent great war, and served from 1914 to 1919.

Universities and Colleges.

UNIVERSITY OF CAMBRIDGE.

THE following candidates have been approved at the examination indicated:

DIPLOMA IN MEDICAL RADIOLOGY AND ELECTROLOGY.—Part I (Physics and Electrotechnics): R. V. Clayton, J. F. Johnson, G. W. Mitchell. **Part II (Radiology and Electrolgy):** Elizabeth M. Bird, J. F. Bromley, Margaret B. Clark, Beatrice L. Collins, E. D. Gray, J. L. A. Grout, J. F. Johnson, M. H. Jupe, P. J. Kerley, Ethel M. Magill, P. B. Mukerji, K. A. Piper, E. J. H. Roth, N. S. Sodhi, M. Weinbren, J. Y. Wood, F. E. Wynne.

UNIVERSITY OF LONDON.

THE following candidates have been approved at the examinations indicated:

M.D.—BRANCH I (Medicine): P. C. Brett, Gertrude B. G. Carden, E. Gallop, P. C. Gibson, C. F. Harris, J. L. Livingstone, W. E. Lloyd (University Medal), W. P. H. Sheldon, J. S. Sloper, R. H. Wade, S. Wright. **BRANCH III (Psychological Medicine):** Elizabeth C. Eaves. **BRANCH IV (Midwifery and Diseases of Women):** M. W. B. Bullman, M. C. F. Easmon, Winifred M. Gray, Hilda T. Haggett, Phoebe M. Phillips, Elaine M. K. Salmond. **BRANCH V (State Medicine):** Eleanor M. Reece. **BRANCH VI (Tropical Medicine):** K. S. Captain, H. C. V. Joy, Una F. M. Morton. **M.S.—BRANCH I (Surgery):** T. G. D. Bonar, J. P. Hosford (University Medal).

UNIVERSITY OF DUBLIN.

SCHOOL OF PHYSIC, TRINITY COLLEGE.

Post-Graduate Classes.

ARRANGEMENTS have been made for a post-graduate course of instruction during the autumn of 1925—Monday, September 14th, to Saturday, October 3rd. As far as possible members of the class will be allotted college rooms and will dine in commons.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

AN ordinary quarterly comitia of the Royal College of Physicians of London was held on July 30th, when Sir Humphry Rolleston, President, was in the chair.

Members.

After the minutes of the Censors Board had been read the following candidates having passed the necessary examinations were admitted as members:

Henry Kendall Pates, M.B. Toronto, Robert Hector Baxter, M.B. New Zealand, John Brander, M.D. Edin., Edward Arnold Carmichael, M.B. Edin., Peter Connan, M.B. O.S., L.R.C.P., John Hubert Dunn, M.B. Belfast, Edward Gallop, M.D. Lond., L.R.C.P., Humphry Hart Gleave, M.B. Leeds, Frank Dutch Howitt, M.D. Camb., Redvers Noel Ironside, M.B. Aberd., Victor John Frederick Lack, M.B. Lond., L.R.C.P., Reginald Cyril Lightwood, M.B. Lond., L.R.C.P., James Livingstone Livingstone, M.D. Lond., L.R.C.P., Neville Langdon Lloyd, M.B. Lond., L.R.C.P., George Lyon Lyon-Smith, M.B. Camb., L.R.C.P., Bruce Maclean, M.D. Lond., L.R.C.P., Cyril Charles William Maguire, M.D. Birm., L.R.C.P., Frederick Harold Moran, M.C., M.B. Melbourne, Bernard Edward Schlesinger, M.B. Camb., L.R.C.P., John Smith Sloper, O.B.E., M.D. Lond., L.R.C.P., Harry Lawrence Stokes, M.B. Melbourne, Robert Yelverton Stones, M.C., M.D. Lond., L.R.C.P., Sampson Wright, M.D. Lond., L.R.C.P., Harry Wyatt Wunderly, M.B. Melbourne.

By-law 112, relating to the age of candidates for the Membership, was altered to read as follows:

By-LAW 112.—Every candidate for the Membership of the College shall furnish proof of having attained the age of 23 years.

A report was received from the committee appointed to revise the by-laws and regulations relating to the examination for the Membership.

Censors.

The following were appointed censors: Sir John Rose Bradford, Dr. James Calvert, Dr. Cyril Ogle, and Dr. Robert Hutchison.

Licences.

Licences were granted to the following candidates who had passed at the recent examination:

A. K. Abdel-Khalik, G. N. M. Attkens, J. S. Aldridge, D. R. Allison, R. G. Anderson, C. B. Andrae, R. Armsden, H. M. H. Ashwin, E. A. Aslett, G. S. Aston, H. Awroun, H. M. Ayres, E. Bacon, H. I. C. Balfour, D. E. Burton, G. F. G. Batchelor, R. M. Bates, Sybil K. Batley, C. E. Beare, J. G. Y. Bell, S. A. Belshaw, Jane G. Bevan, S. N. Bhansali, S. S. Bhatnagar, C. A. Birch, H. McI. Birch, F. H. Blackburn, N. W. Bolton, Edith D. Bowie, H. C. Boyde, C. S. Broadbent, Theodora Brookes, A. S. S. Brown, J. A. S. Brown, J. L. Brown, T. E. Brown, O. W. B. Browning, H. H. Bullough, Eleanor G. Burdett, R. C. L'E. Burges, T. J. Burke, J. W. D. Buttery, A. R. H. Cama, F. R. Carreck, F. Carroll, J. H. T. Challis, Irene E. Chandler, Gwendolen S. Chataway, Eileen A. Chennell, Ella J. Cockram, Marian B. Coleman, A. C. Copley, Celia M. M. Culver-Evans, Evelyn J. Curtis, G. W. Curtis, R. S. Davidson, A. Davies, C. I. Davies, H. G. Davies, L. Davies, V. H. G. Davies, G. H. Day, Doris L. Delittle, N. A. Dickinson, F. R. Dingle, C. Donald, L. Earlam, R. G. Eastwood, R. W. Edwards, A. El K. H. El Shurbagi, H. Evans, I. Evans, T. F. Everett, H. E. Filmer, M. Fine, J. W. Fisher, M. Fishman, A. H. W. Fleming, Elsie C. I. Focke, A. J. Foote, E. A. Freeman, L. O. F. Fysh, J. Gabe, W. F. Gaisford, E. A. Gerrard, Winifride M. Gibson, R. Glasser, A. Glatt, E. H. Glynn, T. R. Goddard, J. Goldberg, W. L. G. Gossill, J. Gore, Edith L. Gould, Gladys Goumet, S. J. P. Gray, H. L. H. Green, Emily M. Hall, G. T. Hankey, M. J. Harter, C. G. Harper, Helen M. Harris, Constance E. Harrison, L. P. A. Harrison, J. W. Hart, F. Y. Hasaballa, W. D. Hasler, B. E. Hawkins, J. C. Heal, Lynette Hemmant, Dorothy G. Bervey.

*Kathleen L. Hicks, C. H. Highfield, G. S. Hirst, C. H. Ho, B. L. Hodge, S. J. Hoffman, R. St. J. Honner, C. L. Hunt, D. J. C. Hutton, S. W. Innes-Smith, A. O. Jacob, T. L. Jenkins, E. Jones, *Helen V. Jones, Iorwerth H. Jones, *M. R. Jones, T. S. L. Jones, G. W. Keele, J. J. Keevil, *Frances M. Kenyon, A. K. Kerr, B. Kornblum, O. F. A. Krause, E. D. Lawrence, H. E. Lewis, W. E. Lishman, *Dorothy M. Llewellyn, T. R. E. Longton, E. S. Lucas, W. S. Macgowan, C. C. Mackinnon, *Aileen J. McMahon, I. McPherson, M. L. Maley, *Joan G. Malleson, W. N. Map'e, H. L. Marriott, C. H. Mason, A. K. Miller, N. A. Miller, H. P. F. Modder, W. J. Moody, A. L. Moorby, R. H. Mortis, K. V. N. Nair, W. B. Norcott, *Kathleen G. Norton, B. V. O'Connor, *Gwynedd M. E. Olive, *Edith G. Peacock, R. W. L. Pearson, H. Peaston, K. R. T. Peiris, A. B. Plant, W. G. Platt, G. L. S. Plumbly, Stephen M. Power, I. Price, *Nora Proctor-Tims, T. B. Prys-Jones, *Violet R. H. Rains, J. Raiman, J. R. Ratcliffe, M. P. S. Rau, J. E. Readman, E. W. Riches, J. B. W. Robertson, *May E. Rogers, J. C. Ross, G. L. F. Rowell, E. A. Rucker, H. Scudamore, A. Sebba, H. J. Seddon, S. Q. Servanté, J. Shepherd, J. Shutt, *Amelia M. Simmons, J. H. Simmons, J. A. Simons, A. Simpson-Smith, E. G. Smallbone, *Rachel N. S. Smellie, R. H. Smith, R. K. Smith, S. Speck, L. P. Spero, *Lois Stent, T. W. Stephens, J. M. Stobo, R. Stuart, F. W. Ta'Bois, A. C. Taylor, G. F. Taylor, W. A. Taylor, *Josephine I. Terry, D. E. Thomas, J. E. Thomas, J. L. Thomas, F. S. Thornton, F. T. Thorpe, O. C. Tobin, H. Trafford, *Beatrice E. Turner, K. A. Turner, L. G. W. Ulrich, J. N. J. L. Uys, P. R. Viviers, A. G. Walter, *Elizabeth M. Whishaw, J. E. Whitehill, J. S. Whitton, J. McM. Wilder, E. C. P. Williams, E. J. Williams, G. O. Williams, H. J. Williams, J. H. Williams, W. B. Williams, J. H. Willis, N. Wilson, R. E. Wolfendale, C. J. Wyld, R. H. Yelf, T. Yoxall.

*Under the Medical Act, 1876.

Diplomas.

The diplomas indicated were granted jointly with the Royal College of Surgeons to the following successful candidates:

PUBLIC HEALTH.—C. O. S. B. Brooke, Dorothy M. Campbell-Meiklejohn, J. V. Carroll, J. Cauchi, E. T. P. Eames, D. G. M. Edwards, J. C. N. Harris, S. S. Hewitt, Alice E. D. Karr, B. P. Khambatta, C. V. Ramchandani, B. P. Srivastava, Doris M. Stone, F. Tooth.

TROPICAL MEDICINE AND HYGIENE.—A. F. Abbassi, M. Ali, D. D. Anderson, J. B. S. Baxter, J. C. R. Buchanan, M. Burn, A. H. Campbell, R. A. Chambers, W. Corner, J. R. Davies, G. H. Dive, I. Girgis, F. M. Halley, Hans-Raj, G. W. Harley, A. McKenzie, M. S. Mahmood, W. J. Moir, C. R. Philip, L. M. J. R. Pilot, S. Ramakrishnan, H. D. C. Rice, G. W. Scott, E. A. Seagar, T. F. Sheehan, Charlotte A. Stuart, C. Sturton, W. Wilkinson.

PSYCHOLOGICAL MEDICINE.—G. T. Baker, G. L. Cutts, H. T. Jones, J. J. Laws, J. B. S. Lewis, H. C. McManus, A. H. Pearce, G. F. Peters, R. G. Riches, G. R. A. de M. Rudolf, J. Russell.

OPHTHALMIC MEDICINE AND SURGERY.—E. W. Arndt, H. L. Patra, K. D. Bhawe, Catherine Boyd, M. M. Cruickshank, A. W. D'Ombrian, Agnes Estcourt Oswald, J. A. F. Flynn, K. B. Johnston, W. A. Khan, C. V. Krishnaswami, A. P. Lawrence, A. L. McCurry, W. M. C. MacDonald, K. K. Nayar, K. B. Palihivala, R. W. Payne.

LARYNGOLOGY AND OTOLARYNGOLOGY.—S. N. Chan, E. D. Dickson, R. McM. Glynn, R. E. Jowett, J. F. Kies, N. W. MacKeith, J. H. Shaw.

Awards and Appointments.

The Baly Medal was awarded to Professor R. Magnus, of Utrecht, on the recommendation of Council.

Sir Frederick Andrewes was reappointed a representative on the Executive Committee of the Imperial Cancer Research Fund.

Harveian Orator.

The President announced that he has appointed Sir John Rose Bradford, K.C.M.G., C.B., C.B.E., M.D., to deliver the Harveian Oration in 1926.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

An ordinary council meeting was held on July 30th, when the President, Sir John Bland-Sutton, was in the chair.

Professor Alexander Primrose, C.B., was introduced and admitted a Fellow of the College.

Diplomas of Membership were granted to 235 candidates, and diplomas of Fellowship to 3 candidates.

Diplomas were granted jointly with the Royal College of Physicians: in Public Health to 14 candidates, in Tropical Medicine and Hygiene to 28 candidates, and in Ophthalmic Medicine and Surgery to 17 candidates.

The names of the successful candidates are published in the report of the comitia of the Royal College of Physicians of London published in this issue.

Post-Graduate Study and the Fellowship.

The following resolution adopted at the annual meeting of the Canadian Medical Association was referred to a committee for consideration:

That this Council puts itself on record in expressing its unanimous desire and approval of establishing such means as may be necessary for the purpose of facilitating for our Canadians, by post-graduate study and examination, the obtaining of the Fellowship of the Royal College of Surgeons of England.

Supplemental Charter.

The terms of a petition for a Supplemental Charter were taken into consideration and approved, and it was decided that the further steps to be taken in the matter should be considered at the quarterly meeting of the Council in October. The proposed Supplemental Charter is in general terms to enable the Council to make improved arrangements for certain examinations. In accordance with this object it is proposed to give the Council power to increase the number of members of the Court of Examiners and to give greater freedom in the selection of examiners for the Licence in Dental Surgery. It is also proposed to admit women Fellows and Members of the College and

Licentiates in Dental Surgery on the same terms and conditions as men and with the same rights and privileges, and to effect certain minor adjustments.

SOCIETY OF APOTHECARIES OF LONDON.

The following candidates have passed in the subjects indicated:

Surgery.—S. J. Alexander, S. Bartlett, F. Beinaschewitsch, F. Carroll, W. Hinds, P. H. Knowles.

Medicine.—S. Bartlett, F. T. Birkinshaw, A. H. Henson, A. Kaplan, T. A. Lazaro, C. H. Mason, C. S. Netscher, R. C. Pratt, K. E. R. Robertson.

Forensic Medicine.—S. Bartlett, T. A. Lazaro, R. D. Mason, P. B. P. Mellows, J. M. Moran, K. E. R. Robertson.

Midwifery.—S. Bartlett, S. A. Joelson, C. H. St. Johnston, J. Mindess, J. M. Moran, P. H. Row.

The diploma of the Society has been granted to Messrs. S. J. Alexander, S. Bartlett, F. T. Birkinshaw, F. Carroll, A. Kaplan, P. H. Knowles, C. H. Mason, C. S. Netscher, and K. E. R. Robertson.

Medical News.

We have on several occasions called attention to the high price at which the Registrar-General's *Statistical Review* is issued. The Registrar-General, we understand, has himself regarded the price with dissatisfaction, and it has now been found possible to make a special offer of the two parts "medical" and "text" to public health authorities and officers, at the price of 12s. 6d. a year instead of £1, on certain conditions. A circular has been issued by the Minister of Health to public health authorities, boards of guardians, and insurance committees announcing this and stating the conditions, which include a promise of a subscription for at least five years. The circular is accompanied by a memorandum by the Chief Medical Officer of the Ministry of Health.

The King and Queen visited the Royal Society in the afternoon of July 22nd, before the annual ladies' conversation that evening, and were received by the President, Sir Charles Sherrington. They saw many of the exhibits arranged for the evening, and attended a lantern lecture by Mr. F. E. Smith, Director of Research at the Admiralty, upon the subject of navigational devices. On July 24th Sir Walter Fletcher, by command, presented Dr. W. E. Gye and Mr. J. E. Barnard to the King.

The Minister of Health and the Secretary for Scotland have appointed a committee to inquire and report whether any amendments are required in the Local Government and Other Officers Superannuation Act, 1922; in particular (a) whether it is desirable that the scheme of superannuation established by that Act should now be made obligatory on all local authorities, and (b) whether that scheme should, with or without modification in respect of particular classes of officers, be made applicable to all persons in the employment of those local authorities, other than school teachers and police. The chairman of the committee is Sir Amherst Selby-Bigge, Bt., K.C.B., and Dr. Drummond Shiels, M.P., is a member.

The Fellowship of Medicine announces that the Queen Mary's Hospital, Stratford, will hold a general course in medicine, surgery, and the special departments from August 24th to September 5th, with practical study in gynaecology and obstetrics. On September 7th an operative surgery course commences at the Seamen's Hospital; the course will last five weeks with four meetings weekly. On September 21st, at the Brompton Hospital, a two weeks' course in pulmonary diseases begins. There will be an afternoon's course with evening clinics at the Blackfriars Skin Hospital from September 7th to 19th. At the Infants Hospital a course of instruction will be given from September 7th to 19th in the latest methods of treating infantile ailments. The Royal Westminster Ophthalmic Hospital has arranged a course from September 7th to 26th, and there will be an intensive course in general medicine, surgery, and the specialties at the Westminster Hospital from September 21st to October 3rd. A series of lecture demonstrations in electrotherapy will be given on Wednesdays, beginning September 23rd, at the Royal Free Hospital. Copies of the syllabus of these courses can be obtained from the Secretary at No. 1, Wimpole Street, W.1.

The annual congress of the French Society of Oto-Rhino-Laryngology will be held from October 12th to 17th, at the Faculty of Medicine in Paris, under the presidency of Dr. Brindel of Bordeaux. The congress will discuss latent otitis in children, and the syndrome of the sphenopalatine ganglion; further information as to this congress can be obtained from the general secretary, 216, Boulevard St-Germain, Paris 7^e.

THE twelfth annual Congress of Hygiene will be held at the Institut Pasteur, Paris, under the presidency of Dr. Faivre, from October 19th to 23rd, when the following subjects will be discussed: (1) Is syphilis tending to disappear? introduced by Professor Pantrier of Strasbourg; (2) standardization of the methods of bacteriological analysis of water, introduced by Dr. Rochaux of Lyons; (3) epidemiology, geographical distribution, and prophylaxis of undulant fever, introduced by Dr. Burnet of the Institut Pasteur, Tunis; (4) experimental hygiene and laboratory research, introduced by Dr. Dujarric de la Rivière; (5) general and social hygiene, introduced by Drs. Ott and Brian; (6) sanitary hygiene, introduced by Dr. Dequidt. Further information can be obtained from M. Bossus, 142, Boulevard Montparnasse, Paris XIV^e.

THE seventh congress of the French Society of Orthopaedics will be held in Paris on October 9th, when the following subjects will be discussed: Palliative treatment of inveterate congenital dislocation of the hip, introduced by M. Lance; congenital club-hand and paralytic club-hand, introduced by M. Rocher of Bordeaux.

THE second Latin-American Odontological Congress will be held at Buenos Aires in October, and an international odontological exhibition is being organized.

THE congress of French-speaking gynaecologists and obstetricians will be held in Paris, under the presidency of Dr. Siredey, from October 1st to 3rd, when the following subjects will be discussed: the biological action of the corpus luteum and the interstitial gland of the ovary, by Professor Shickelé of Strasbourg; tumours of the broad ligament, by Professor Forgue of Montpellier and Dr. Crousse of Brussels; indications for pelvotomy, by Professor Romer of Lausanne and Dr. Le Lorier of Paris. Further information can be obtained from M. Proust, 2, Avenue Hoche, Paris.

THE Zanoni Opothérapeutic Institute of Milan has offered a prize for the best essay published in 1925 on the experimental and clinical aspects of insulin.

AT a meeting attended by Dr. Gunn, director of the European Mission of the Rockefeller Institute, Professor Brumpt, member of the Académie de Médecine, and Dr. Sari, senator of Corsica, it was decided to found a malaria research laboratory at Bastia (Corsica). The expenses will be defrayed by the Rockefeller Institute.

THE Royal Free Hospital has received a gift of £2,000 from an anonymous donor for the enlargement of its light treatment department.

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.

DR. J. DONALD (Glasgow) desires to know whether any experiments on animals have been made in this country by the intravenous injection of hedonal (methyl-propyl-carbinol-urethane).

A CORRESPONDENT asks whether there are any institutions in England where natural and artificial sunlight treatment can be obtained by a lady suffering from chronic nerve trouble. She does not wish to enter a sanatorium for tuberculosis.

SUBNORMAL TEMPERATURE.

DR. S. VERE PEARSON (Mundesley) writes: "P. X. D." (**BRITISH MEDICAL JOURNAL**, July 25th, p. 184) asks for advice about subnormal temperature. He states that, apart from the low temperature, the patient "is otherwise fairly fit." I am inclined to ask two questions. The first is: Why worry if the individual is fit? The second is: Is the temperature at 97.2° subnormal? My experience is that often this is an average temperature and one of health. Mouth temperatures taken for a minute are generally about this level in health, especially if taken in cool weather, and after a person has been inactive. An accurate reading of the body temperature is best taken in the rectum, or at least by passing a good stream of urine on to the bulb of the thermometer.

LETTERS, NOTES, ETC.

SLEEP AND SLEEPLESSNESS.

DR. E. H. WILKINS (Birmingham) writes to express the opinion that Dr. Symonds, in his article on sleep in our issue of May 9th, did not attribute sufficient importance to the part played by the eyes in inducing sleep. In the course of his letter Dr. Wilkins makes the following observations: The feeling of sleepiness, apart from the sensation which leads to yawning, is felt in the eyes more than in any other part of the body—a heaviness of the lids, a tendency, sometimes almost irresistible, for the lids to close. This is of practical importance in the induction of sleep. One of the commonest impediments to sleep is an overactivity of the mind, thinking, it may be, over the business of the day that has passed and of the tasks of the morrow. This cinema of mental imagery can be effectively counteracted by the following procedure: open the eyes wide, keep them open, and gaze into the darkness; resist, and continue to resist, the increasing tendency of the lids to close. Consciousness is thus centred in this physical effort, and the sense of eye-weariness which supervenes, which, I think, is an important element in sleepiness, overwhelms consciousness. By the effort of keeping the eyes open the overactive mind is side-tracked into oblivion. The power of habit is immense; contact with the pillow should normally invite sleep. It is, he adds, important that the bladder should be empty. Even half a pint of urine in the bladder, of which we are normally unconscious, may with some be the last straw in maintaining wakefulness. As the bladder fills more rapidly while awake than asleep, if one has lain awake for an hour double this quantity may have collected, according to the amount of fluid taken before retiring; thus, an old Dublin doctor's specific for insomnia was—"Get up and pass water." There is, further, no more potent soporific than a mild degree of bodily fatigue, and for those who can take it a brisk walk or gentle run of a mile or so just before retiring to bed produces a very sound sleep which is profoundly restful.

DRIVING A CAR.

On Driving a Car the Better Way is an extremely well-got-up advertisement of the British Petroleum Company's petrol. On each left-hand page of the book is an illustration, as artistic as the subject will allow, of some portion of the oilfields or works from which "B. P." the British petrol, is produced. Each right-hand page has an illustration in bold design of some portion of a motor car, to which is attached a hint on the proper care or the proper use of the part. For the new motorist these hints will be most useful; he will learn the meaning of choking the engine, the disadvantage of overflooding the carburettor, the safe method of starting the engine, the correct method of braking, and the proper use of the clutch; while the British Petroleum Company will endeavour to persuade him that all these matters are dealt with best by the use of their petrol. Copies of the book may be obtained free on application to the British Petroleum Company, Ltd., Britannic House, Moorgate, E.C.2.

ROAD PLANS.

THE Dunlop Rubber Company, Ltd., have now issued the third volume of their series of pictorial road plans *On the Road*, produced by Ed. J. Burrow and Company, Ltd., of Cheltenham, price 6d. It shows the old coaching highway to Bath and Bristol, which the rise of the motor car has brought back to life. It shows also the road from London to Milford Haven, with Oxford, the Cotswolds, the valleys of the Thames, Severn, and Wye, and the Welsh hills. An alternative route runs through the towns of Wales. There are sketch plans of Cardiff, Swansea, Reading, Oxford, Bristol and Bath, Central London and the way out. The booklet includes forty-eight strip maps adorned with thumb-nail drawings.

MOTOR TOURS.

As evidence of the increasing popularity of motor touring, the Automobile Association states that this summer it is issuing specially prepared routes and tours to members "at the rate of over 1,000 miles a minute."

VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 34, 35, 38, and 39 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 36 and 37.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 84.