

of all possible irritants was made, with the following findings:

The "dry shampoo" contained approximately 50 per cent. water and 48 per cent. alcohol. There was a heavy deposit of a gritty nature present which proved to be almost entirely potassium carbonate. Small quantities of colouring matter and scent were present also. It is to be noted that no pyridine was present. The bottles are of necessity shaken before use, and it may be concluded that the deposit is evenly shaken throughout the mixture and would therefore be inoculated into the hands were any fissuring present. It is worthy of note that the relative concentration of alcohol and water is such as to precipitate crystals of potassium carbonate. These are palpable in the lotion for a few seconds when rubbed on the hand until the evaporation of alcohol allows them to redissolve in the water. Under the microscope they are seen to be sharp and needle-shaped. Experimental inoculation of these crystals into the hand of a non-sensitized person did not give rise to any irritation except such as is to be expected after the application of alcohol to injured skin.

An analysis of the various "frictions" used showed that one of them contained the following irritants: Pyridine, 0.49 per cent. of the total mixture, and 25 per cent. of the residue after evaporation on the water-bath. Also traces of arsenic and aniline colouring matter.

It appears that the use of pyridine is very common in Continental spirit, and it is likely that the cause of the trouble lay in the use of spirit containing this denaturant by the manufacturers. Evaporation of the particular "friction" referred to above left a residue which was largely composed of pyridine and gave rise to irritation of the skin when rubbed in. It is realized also that when the friction is applied to the scalp the evaporation of the alcohol will result in a further concentration of the irritant material.

I am indebted to Dr. Savatard and Dr. Gibson of the Manchester and Salford Skin Hospital for permission to report on three of the cases which came under their notice, and to Mr. H. C. Taylor for the analysis of the materials employed.

REFERENCE.

¹ Prosser White: *Occupational Affections of the Skin* (Lewis, London).

COMMON MISTAKES IN THE TEACHING OF PHYSICAL TRAINING.

BY

H. B. HILL, M.B., M.R.C.P., SURGEON COMMANDER, R.N.,
ROYAL NAVAL PHYSICAL AND RECREATIONAL TRAINING SCHOOL,
PORTSMOUTH.

Now that forms of exercise and physical training are applied and used in colleges, schools, etc., the following remarks on the breathing exercises might be of interest, especially as medical officers are entering more and more into matters of education and school life.

Breathing Exercises.

A clear distinction should be made between a pure breathing exercise and an exercise designed to exercise the muscles of the chest. A pure breathing exercise should, of course, be performed without any movements of the arms or other parts of the body.

In deep breathing the arms should hang loosely by the side, and the muscles of the body be relaxed, in order that the diaphragm may descend to the utmost, and that the capacity of the thorax may be increased to its fullest extent unhampered by any other muscular movement. The abdominal muscles especially should be relaxed. The severe restriction to breathing which takes place when the arms are moved and the head pulled back can be watched by anyone.

Exercises designed to develop and train the muscles of the chest should be called "chest exercises."

The Straight Spine.

It has been taught that the ideal spine is the "straight" spine. This word "straight" has led to considerable confusion in the teaching of gymnastics.

The medically straight spine is the one which gives an erect carriage to the body, has all its natural curves in

correct proportion to one another, and is quite free from any lateral curve. In the other form of straight spine the word has been taken in its literal sense. This faulty spine is illustrated in diagrams and described in words as being as straight as a chimney stack, and free from all its natural curves; the vertebrae are piled up on top of one another like a child's single column of twenty-four bricks, the sacral and coccygeal curves only being shown. This, of course, is not meant by the word "straight."

It is wrong to tamper with or over-correct the normal curves of the spine, the danger being that abnormal curves are produced elsewhere. Mackenzie, writing of the bantam or pouter pigeon type of chest, in which the chest becomes pushed forward and upward, and the lower spine over-extended, forming a marked exaggeration of the natural lumbar curve, says: "This posture is always the result of faulty teaching, and is an exaggeration of the correct standing posture caused by the mistaken efforts of the teacher to over-correct faults" (namely, the "round back" or "gorilla" type).

If an abnormal curve is present then the patient should be transferred from physical training or gymnastic instructors to the care of the doctors.

Leg Exercises.

Confusion has also arisen as regards leg exercises.

It has been taught that after heavy exercises leg exercises "deflect the blood" from the heart, and so ease the heart and diminish the pulse rate; that leg exercises stretch blood vessels, and so the legs contain more blood; and that they have a "calming effect" on the pulse and respiration after heavy exercise. All of this is incorrect.

Writing on leg exercises Pembrey says:

"My chief criticism is that there appears to be prevalent a wrong idea of the physiology of respiration and circulation. Thus some exercises are commended because they are thought to stretch the large blood vessels and increase their capacity. It is apparently forgotten that most of the large blood vessels are placed so near the bones that little or no stretching can take place even if stretching were desirable."

A man after cross-country running has had a surfeit of leg exercise, and his legs have as much blood in them as they can hold. Another leg exercise imposed on him now can only have one result—the state of rapidity of his pulse and breathing are prolonged, which is a point to be guarded against.

Memoranda: MEDICAL, SURGICAL, OBSTETRICAL.

DIRECT FRACTURE OF CLAVICLE WITH SYMPTOMS SIMULATING CERVICAL RIB.

WE recently saw a boy who had been knocked down by a motor car. He had halted on a dark evening by the side of the road on the edge of the sidewalk, and was stooping well down, engaged in trying to light his bicycle lamp, when he was hit by a motor and tossed on the sidewalk. When lifted up he was unconscious, and his bicycle only fit for the scrap-heap. He was taken to the surgery of a near-by medical practitioner, who set his broken collar-bone and directed his friends to take him to his home.

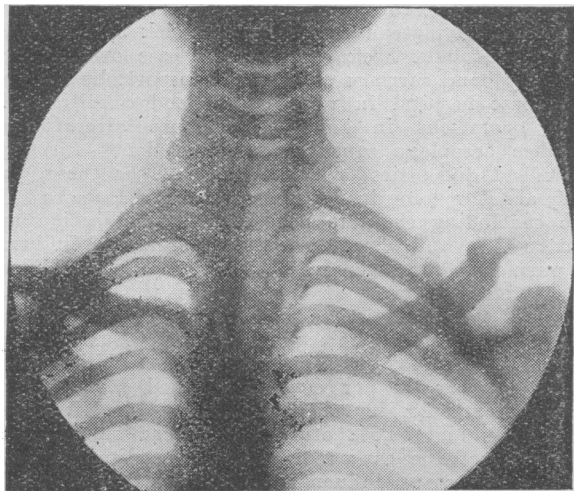
He was seen by one of us on the following day; he was still unconscious and the temperature was raised. As the collar-bone seemed to be doing well the adhesive plaster was not removed till the fifth day; it was then impossible to ascertain whether he was hit on the point of the shoulder by the radiator or mudguard or not. An ordinary oblique fracture of the clavicle just external to its middle presented itself. Behind and above the clavicle, in the posterior triangle of the neck, was a blunted swelling. It was slightly movable, painless on pressure, and pointed obliquely upwards and outwards.

On the opposite side of the neck a small blunted swelling was to be felt. We came to the conclusion that it was a case of a cervical rib, springing from the anterior limb of the transverse process of the seventh cervical vertebra on the right side, and that there was a corresponding small attempt at one on the left side.

The general appearance of the boy almost forced one to consider that there was some abnormality. He was

aged 14 years 2 months, and had a peculiar shaped head. The parietal bones met at an angle, like the two sides of the roof of a house. He was mentally deficient, could not be taught to read, but had been able to do general handyman's jobbing work. We were told that the shape of the head and his mental deficiency were the result of severe delivery with instruments owing to little pelvic room.

During the course of attendance we ascertained that there was frequently pain in the neck and a feeling of pins and needles down the arm. As soon, therefore, as it was convenient we had a skiagram taken, both for diagnosis and with a view to treatment by excision of rib with its periosteum. The x-ray picture showed a frac-



tured clavicle and fractured first rib, but no trace of a cervical rib.

It is obvious that the first rib and clavicle were broken by direct violence from above downwards on the outer end of the clavicle by the impact of the motor car, and the unopposed action of the scalenus medius muscle, tilting up the proximal end of the broken rib together with the callus, gave the impression to the examining finger of a cervical rib.

The boy ultimately made a good recovery.

J. REID, M.D., D.P.H.

Ashford, Middlesex.

J. KENNEDY, M.B., F.R.C.S.I.

CONGENITAL DUODENAL ATRESIA.

HAVING read with great interest Dr. H. C. Cameron's most instructive lecture on duodenal atresia in the *BRITISH MEDICAL JOURNAL* of April 25th (p. 765), and noted thereby the extreme rarity of the condition and the scarcity of reported cases in the literature, it occurred to me that the following case would be worthy of publication.

A female infant, 3 days old, was admitted under my care with a diagnosis of "hypertrophic pylorus." This was the last of a family of ten children, and was delivered after a perfectly normal labour. It appeared quite healthy at birth, and slightly above the average weight; it was not premature. The history sent with the infant simply stated that it had been vomiting continuously since birth, and that it would not take the breast or any other food; any attempt to feed it was immediately followed by vomiting. When examined the infant appeared rather listless and weak, but there was no marked evidence of dehydration or wasting. No abnormalities of development were observed during the very thorough routine examination carried out by the house-surgeon and the ward sister. The vomiting was not of an expulsive type, but was generally a copious and frequent regurgitation, though the ward sister noticed that the vomit was somewhat forceful, and was once projected several inches. The vomit was greenish-brown, obviously containing a large quantity of bile; it had also a disagreeable, almost faecal, odour, but there was no macroscopic blood in it. This vomiting started from the day of birth.

The Stools.—Several meconium stools had been passed without any apparent effort or pain. There had been no opportunity for the stools to change to the yellow milk type as no food had been digested. No rectal examination was made, but there was no history of passage of any mucus or blood. There was no excoriation of the skin of the buttocks. The child did not appear to be in any pain, and there were no signs of painful colics such as screaming or drawing up the legs.

Jaundice.—The child was markedly jaundiced; much more deeply than the slight jaundice of haemolytic origin so often seen in the newborn.

The Abdomen.—There was no obvious distension, either general or local. The abdomen was resonant all over, but not hyper-resonant; it was soft to palpation, no coils of bowel in spastic contraction could be felt, and there was no evidence of any free fluid or peritonitis. The stomach outline could not be observed; a most careful inspection failed to show any peristaltic waves, either gastric or intestinal, nor could any be induced to appear by applying friction or scratching. Frequent attempts to palpate any mass in the pyloric region were equally unsuccessful, although at one time I had a vague sense of a movable thickening in the pyloric region (the operation proved that this must have been inaccurate). Unfortunately, no x-ray examination was made.

Immediate operation was decided upon as it appeared that the child must surely become weaker the longer it was left, since no food was being retained. Immediately prior to the operation an attempt was made to outline the stomach and gain some idea of its size by passing a catheter down the oesophagus and running sterile water into the stomach through the tube. The catheter passed quite freely into the stomach, and about 4 ounces of fluid was run in without difficulty, whereupon it started to regurgitate gently through the mouth and nose. This quantity did not seem to render the stomach outline any more definite.

Operation.—The stomach appeared normal in size and shape and showed no obvious hypertrophy; it seemed to be capable of holding about 6 ounces. The pylorus was not thickened nor did it feel harder than normal. Commencing about half an inch distal to the pylorus, the duodenum suddenly narrowed down to what looked and felt like a solid cord of only about 5 or 6 mm. diameter. This extended throughout the second part of the duodenum, which was observed to become normal again in its third portion. As it was thought that no canal existed I decided to perform jejunostomy in order to be able to feed the infant by this route for a few weeks, with a view to doing a gastro-enterostomy when it should have become stronger. However, the child only survived operation by a few hours.

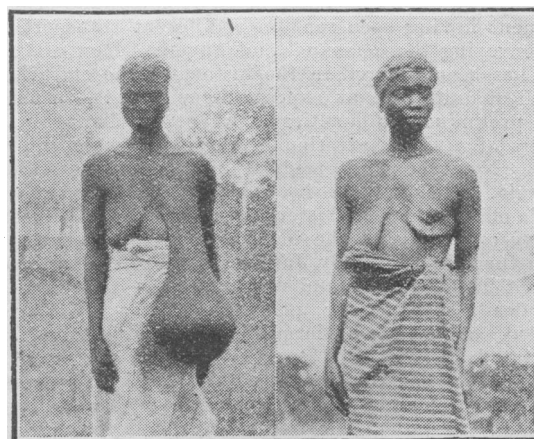
Post mortem the stomach was found to be perfectly normal; the pylorus was normal and not obstructed by any valvular or muscular thickening. About one and a half inches of the duodenum were constricted to the size of a small pocket-book pencil. This constricted area occupied the second and part of the third portions of the duodenum. There was, however, a small lumen traversing the whole length of the constricted area; it was wide enough to admit a packing needle with some difficulty. The walls in this area appeared of normal thickness, but the mucosa (if such actually existed) was deeply injected and of reddish-brown tint, in contrast to the very pale mucosa of the normal parts of the duodenum. No microscopic examination was made.

C. DUNDAS MAITLAND, M.B., B.S.Lond.,

F.R.C.S.Eng.,
Honorary Assistant Surgeon, Royal Surrey
County Hospital.

ELEPHANTIASIS OF THE BREAST.

THE two photographs reproduced herewith illustrate a case of elephantiasis of the breast before and after removal. Elephantiasis mammae is, I believe, a not very common tropical disease.



The woman belonged to the Mendi tribe in Sierra Leone. The duration of the growth was about five years, and its weight after removal was 40 lb. Its elephantoid structure was demonstrated by a histological examination.

I am indebted to Professor Blacklock and Dr. Gordon of the Sir Alfred Lewis Jones Research Laboratory, Freetown, for the photographs and pathological report.

M. JACKSON, M.R.C.S., L.R.C.P.,
West African Medical Staff.

Leighton Buzzard.

by motor to see Dr. Davies at the Manor House, and this year I met the friend again in New York, and he told me that the visit to that delightful house was one of the most vivid memories of his visit to England. Dr. Davies was an Alpine climber for many years, usually making his headquarters at Pontresina, which he visited this year. He was a great lover of the Alps, of cathedrals, and of all forms of grandeur and beauty. He had a special flair for old silver, Italian carvings, mezzotints, and old English furniture, in all of which he showed the most perfect taste. He had a fine appreciation of good food, wine, and cigars, and was a delightful host and companion. All who knew him will miss him greatly, and will condole with his widow and children, one of whom is a distinguished member of our profession.

Dr. GEORGE MARTIN FOX, a practitioner very well known in South Staffordshire, died at Walsall on Sunday, September 27th. He was taken ill while in London, representing his Division at the opening of the new House of the British Medical Association in July, and died a couple of months after his return to Walsall. Born in Bilston, the son of the late Mr. Charles James Fox, he took the L.S.A. in 1886 and the M.R.C.S. and L.R.C.P. diplomas in 1887, and, after a short period of practice in Willenhall, settled in Walsall some thirty-two years ago. Subsequently, he obtained the D.P.H.Ed. in 1897 and the M.B.Durh. in 1905. For many years he had been medical officer to the Walsall Workhouse and medical officer of health to the Walsall Rural District Council, as well as honorary physician to the Walsall General Hospital. He was a keen member of the British Medical Association, and for several years was Representative of the Walsall and Lichfield Division. There were few things he enjoyed more than a large and argumentative gathering of Representatives, particularly when followed by such an Annual Meeting as that at Glasgow or Portsmouth. He was especially interested in midwifery, and for several years he was the recognized teacher of midwives in Walsall. The constant night calls which this entailed seemed to worry him not at all; indeed, right up to his fatal illness his capacity for work was phenomenal. Dr. Fox leaves a widow and one son, an officer in the South Staffordshire Regiment, now in India. His eldest son was killed in the war.

The death of Dr. ROBERT REID RENTOUL of Liverpool has removed one who, in former years, was a prominent figure in medical politics. He was educated at Edinburgh, Dublin, Belfast, and London, and took the diplomas of L.R.C.P. and S.Edin. in 1877 and that of M.R.C.S.Eng. in 1879; he graduated M.D.R.U.I. in 1880. He settled in general practice in Liverpool; from an early date he took an interest in the British Medical Association, and was at one time a member of the Parliamentary Bills Committee. He belonged to a group of active members whose chief opportunity of airing any grievance in the days before the formation of Divisions and the establishment of the Representative Body was either to give notice of motion at the Annual Meeting or move a resolution upon the Council's report then presented. For years no Annual Meeting agenda paper was complete without his voluminous notices of motions. He regularly attended the Annual Meetings and also the special meetings in Exeter Hall held from time to time to consider the many contentious medico-political subjects under the old constitution. A fluent speaker and trenchant critic, scarcely anything the Association undertook escaped his caustic comment. He was elected one of the direct representatives for England on the General Medical Council, but only served for eight months—from January 1st till September 1st, 1897—when he resigned.

We regret to record the death of Dr. ANDREW JOHN GIBSON, at the age of 53, at Creetown, Dumfriesshire, to which he was paying a short visit. Dr. Gibson was a native of the Hebrides, and received his medical education at Edinburgh, where he graduated M.B., C.M. in 1894. He served with distinction in the Boer war, and

was senior medical officer to the refugee camp at Uitenhage, Cape Colony. During the late war he served with the Canadian Medical Forces. In recent years Dr. Gibson gave great assistance to the British Medical Association, of which he was a member, in connexion with the question of the prospects of British medical settlers in Canada. He was for some time a member of the Immigration Service of Canada, and for many years had been engaged in medical practice at Victoria, British Columbia. He recently removed to Duluth, Minnesota. A military funeral was given him at Creetown, all the local ex-service men attending.

Dr. THOMAS ANDERSON ALEXANDER, who died on August 12th at his residence in Epsom, in his 67th year, received his medical education at Edinburgh and in Berlin and Vienna. He graduated M.B., C.M.Edin. in 1880, and M.D. in 1884. He had practised in the Epsom district for forty-one years, and was medical officer to the Epsom Urban Fever Hospital and honorary surgeon to the Epsom and Ewell Cottage Hospital. After his retirement from active practice some six years ago he became honorary secretary of the Cottage Hospital, in which he took a keen interest. During the war he was largely instrumental in starting the Epsom Grand Stand Hospital for Wounded Soldiers. He was one of the original members of the Epsom Golf Club, and in his early days was a member of the Epsom Cricket Club. He devoted many of his holidays to fishing in Scotland, and was a member of the Epsom Angling Society. Dr. Alexander was a member of the British Medical Association for thirty-six years.

The Services.

HONORARY APPOINTMENTS TO THE KING.

It is announced that Air Vice-Marshal David Munro, C.B., C.I.E., Director of Medical Services R.A.F., and Group Captain Hardy Vesey Wells, C.B.E., have been appointed honorary surgeon and honorary physician respectively to His Majesty the King.

DEATHS IN THE SERVICES.

Colonel Robert Robertson, Madras Medical Service (ret.), died on June 5th, aged 60. He was born on December 10th, 1864, the son of James Robertson of Dundee, and was educated at Glasgow, where he graduated as M.B. and C.M. in 1886. Entering the Indian Medical Service as surgeon on March 31st, 1887, he attained the rank of colonel on June 30th, 1913, and retired on June 30th, 1918. He served in the Burmese campaigns in 1888-89, receiving the frontier medal with a clasp, and also in the great war.

Brigade Surgeon Wellington Gray, Bombay Medical Service (ret.), died on July 15th, aged 83. He was born on September 29th, 1841, the son of the late St. George Gray of Drumrany, Meath, and was educated at Trinity College, Dublin, where he took the Licence in Medicine in 1865, and that in Surgery in 1866. Entering the Indian Medical Service as assistant surgeon on March 31st, 1866, he became brigade surgeon on September 1st, 1888, and retired on April 12th, 1893. He was the author of *The Botany of the Bombay Presidency*, in the *Bombay Gazetteer*, published in 1886.

Universities and Colleges.

UNIVERSITY OF LONDON.

UNIVERSITY COLLEGE.

A PUBLIC lecture, delivered in English and illustrated with lantern slides, on the photochemistry of vision, will be given by Professor Fritz Weigert, of the University of Leipzig, on Wednesday, October 7th, at 5.30 p.m., in the Physiology Theatre. The chair will be taken by Sir John Herbert Parsons, F.R.C.S., F.R.S.

A course of eight lectures on the physiology of hearing and vision will be given by Mr. R. J. Lythgoe, M.A., B.Ch. (Sharpey Scholar in Physiology), on Mondays and Wednesdays at 5 p.m., beginning October 12th. The lectures are open to students of the University and others interested in the subject without fee or ticket.

ST. THOMAS'S HOSPITAL MEDICAL SCHOOL.

The following scholarships have been awarded:

Entrance Arts Scholarships: (value £50), Mr. A. G. Sanders and Mr. J. F. E. Bloss.

Entrance Science Scholarships: (value £150), Mr. K. M. Robertson; (value £50), Mr. D. O. Clark.

The William Tate Scholarship: (value £25), Mr. A. M. Easton.

GUY'S HOSPITAL MEDICAL SCHOOL.

The following Senior Science Scholarships have been awarded:

O. A. Beadle (War Memorial Scholarship, £80); L. T. Ride, £80.

Medical News.

H.R.H. THE DUKE OF YORK, K.G., will lay the foundation stone of the College House Extension at St. Thomas's Hospital at noon on Monday, November 2nd. The ground and first floors of this building, which is being erected opposite the hospital in Lambeth Palace Road, will house the Students' Club premises, while the upper four floors will provide resident accommodation for some sixty students, in addition to members of the resident staff of the hospital.

THE annual service of the Guild of St. Luke will be held on St. Luke's Day, Sunday, October 18th, in Westminster Abbey, at 6.30 p.m., when the preacher will be the Rev. Father Jenks. Those members of the profession desiring to take part in the procession are requested to wear academic dress, and to communicate beforehand with the secretary of the Guild, the Rev. H. Kirkland Whittaker, M.D., Chaplain's House, Banstead Downs, Sutton, Surrey.

THE first social evening of the new session of the Royal Society of Medicine will be held, as already announced, on Tuesday, October 27th, at 8.30. Fellows and their guests will be received by the President, Sir St. Clair Thomson, who at 9.30 will give a short address on "Shakespeare as a guide in the art and practice of medicine." The library will be open and various objects of interest will be exhibited, including a display of drugs mentioned in Shakespeare's plays, lent by the Wellcome Historical Medical Museum, and arranged by Mr. C. J. S. Thompson. The annual dinner of Fellows and Members of Sections of the Society will be held on Thursday, November 19th, at 8 p.m., at the Hotel Victoria, Northumberland Avenue. Tickets, price 15s. each, exclusive of wine, may be obtained from the Secretary, 1, Wimpole Street, W.1. Ladies may be invited.

THE Fellowship of Medicine will hold a series of free lectures on tuberculosis in the lecture room of the Medical Society, 11, Chandos Street, during October, November, and December. The first will be given on October 12th at 5.30 p.m., by Dr. L. S. Burrell, on tuberculosis from the physician's viewpoint. On Monday, October 5th, the Central London Throat, Nose and Ear Hospital will begin a three weeks' course in laryngology, rhinology, and otology. The operative surgery and the clinical classes may be taken together or singly. The London School of Hygiene and Tropical Medicine will hold the first two of a series of eight clinical demonstrations on October 6th and 8th, at 2 p.m. Dr. G. C. Low and Dr. Manson-Bahr will consider the more important diseases of tropical countries. Other courses in October will be given as follows: a combined course in children's diseases at the Paddington Green Hospital, Victoria Hospital for Children, and Children's Clinic from October 12th; a course in urology at St. Peter's Hospital on October 19th; and a course in dermatology at St. John's Hospital from October 26th. Copies of any syllabus, together with the Fellowship programme, may be obtained from the Secretary, 1, Wimpole Street, W.1.

AT the meeting of the Royal Anthropological Institute to be held on Tuesday, October 6th, at 8.15 p.m., at 52, Upper Bedford Place, W.C., a communication illustrated with lantern slides and exhibits on early man in Palestine and the Galilean skull will be made by Mr. F. Turville-Petre and Sir Arthur Keith. At the meeting held on Tuesday of this week Dr. Ales Hrdlicka (Washington) exhibited the human skeletal remains recently discovered by him in the Rhodesian Man Cave, Broken Hill, Rhodesia, and discussed the nature of the deposits of the cave.

A POST-GRADUATE course will be held at St. Mary's Hospital during this week-end (from October 3rd to 5th inclusive), open to all medical practitioners without fee. The subjects to be dealt with include the management of urinary obstruction; differential diagnosis of gall stones; haemorrhagic ovarian cysts; minor surgery and some applications of physiology in general practice; clinical aspects of malignant disease of the colon; overlooked causes of fever in children; clinical types in gynaecology; chronic toxæmia; and cancer of the breast. The first class commences at 11 a.m. on Saturday; two classes will be held on Sunday morning, and the Monday classes extend from 10 a.m. to 4.45 p.m.

A COT in the children's ward of the Bristol General Hospital was, on September 25th, dedicated to the memory of the late Dr. Alexander Cochran.

MR. G. C. CLAYTON, C.B.E., Ph.D., M.P., a director of the United Alkali Company, and Professor H. C. H. Carpenter, F.R.S., Professor of Metallurgy in the Royal School of Mines, have been appointed to be members of the Advisory Council to the Committee of the Privy Council for Scientific and Industrial Research.

THE freedom of the Royal Burgh of Tain was conferred upon Mr. John Fraser, professor of clinical surgery in the University of Edinburgh, on September 25th. In an address the Provost recalled the fact that Professor Fraser was born and educated at Tain, and that after his graduation at Edinburgh he specialized in surgery; he had gone from strength to strength and from honour to honour until his name was known throughout the land as one of the most skilful and successful surgeons of the day. The Right Hon. Ian Macpherson, M.P., and Sheriff Principal Mackintosh congratulated the youngest burgess upon the honour conferred upon him. A public luncheon was subsequently held at the town hall, when the health of Professor Fraser was pledged with enthusiasm.

THE memorial cross erected by the Imperial War Graves Commission in the naval war cemetery at Lyness, Orkney, was unveiled on September 29th by Sir William Watson Cheyne, Bt., F.R.C.S., F.R.S., Lord Lieutenant of Orkney and Shetland. The ceremony was attended by representatives of H.M.S. *Revenge*, the flagship of the Atlantic Fleet, and of H.M.S. *Mackay*. Sir Watson Cheyne, it will be remembered, served as consulting surgeon to the Royal Navy with the rank of Surgeon Rear-Admiral during the great war.

MR. BASIL GRAVES, who was recently appointed honorary surgeon to St. Paul's Eye Hospital, Liverpool, has been given temporary leave in order to conduct a post-graduate course at the Bellevue Hospital Department of Ophthalmology, New York University, on the advanced principles of special methods and technique employed in clinical microscopy of the living eye.

THE first annual Norman Lockyer lecture, established by the British Science Guild as a means of periodically directing the attention of the public to the influence of science upon human progress, will be given by Sir Oliver Lodge, F.R.S., on Monday, November 16th, at 4 p.m., in the hall of the Goldsmiths' Company (by kind permission of the Master and Court of Assistants of the Company). The subject of the lecture is "The link between matter and matter." Tickets of admission may be had from the Secretary, British Science Guild, 6, John Street, Adelphi, W.C.2.

THE third session of the Liverpool Psychological Society will open on October 6th, when Mr. G. C. Field, M.A., will deliver the President's inaugural address at the University. In the society's syllabus prominence is given to the psycho-analytic and medical aspects of the subject. The programme may be obtained from the Secretary, the University, Liverpool.

THE annual business meeting and autumn dinner of the Queen's University (Belfast) Club, London, will be held at 7 and 8 p.m., respectively, on Thursday, October 15th, at the Connaught Rooms, W.C.2. Members of the University wishing to join the club are invited to communicate with the Honorary Secretaries, 132, Harley Street, W.

THE autumn general meeting of the Institution of Heating and Ventilating Engineers will be held on October 6th, at Caxton Hall, Westminster, at 7 p.m. A paper by Mr. E. Ower, B.Sc., on the practical measurement of air flow, will be followed by a discussion.

SEVERAL courses of lectures have been arranged by the British Institute of Philosophical Studies for the coming session, which opens on October 5th. Professor T. H. Pear will lecture on psychology, Professor James Johnstone on life and man, and Professor Leonard Russell on the conception of matter. An announcement of these lectures will be found in our advertisement pages.

THE British Social Hygiene Council will hold a dinner on Monday next, October 5th, at 8 o'clock, in the Prince's Restaurant, Piccadilly, to meet the members of the second Imperial Social Hygiene Congress.

THE fortieth annual meeting of the Caledonian Medical Society will be held at the Central Station Hotel, Glasgow, on Friday, October 9th, at 3 p.m., under the presidency of Dr. Neil T. Kerr. This is the third occasion on which the society has met in Glasgow; since the last meeting in 1914 the membership has increased from 275 to 420. Any member of the medical profession will be heartily welcome to attend, and members may introduce lay friends. Dr. Kerr kindly invites the members to tea after the meeting. The annual dinner will take place the same evening, at 7.15 in the Central Station Hotel; tickets, exclusive of wines, 12s. 6d. each.

THE Council of the Harveian Society of London has selected the following subject for the Buckston Browne prize: "The etiology of high blood pressure and of the respiratory phenomena associated with high blood pressure and chronic nephritis." Particulars regarding the prize will be found in our advertisement pages this week.