

to stem the bleeding, and delivery may take place naturally. Should the bleeding continue, version must be undertaken, and it is a much more difficult operation after the waters have been drained away.

One may almost say that the treatment of placenta praevia resolves itself into version and allowing the uterus to expel the foetus, with two exceptions: First, in a primipara at term with a central placenta praevia, Caesarean section must be insisted on for the sake of both mother and child. Secondly, in a multipara in the same case Caesarean section may be suggested if a living child is especially desired. If not, version is the treatment. However great the temptation to terminate the case either by version with extraction or by forceps extraction, this temptation must be resisted.

Post-partum haemorrhage is a subject closely associated with the two foregoing conditions.

Severe uncontrollable post-partum haemorrhage is only met with in cases where a uterus which is not contracting has been suddenly emptied. In placenta praevia this extra loss is sufficient to kill the patient before the uterus has time to recover. In accidental haemorrhage the same occurs, only the uterus would probably not recover its tone anyhow. I have already indicated how with due care these misfortunes may be avoided.

The average case of post-partum haemorrhage following unduly prolonged labour or overdistension of the uterus by twins or by hydramnios as a rule readily responds to massage of the fundus and pituitrin, or careful control by a hand on the fundus for a judicious period of time. Failing this, bimanual compression of the uterus, taking the opportunity to ascertain that the uterine cavity is quite empty of secundines, possibly combined with a hot douche, generally meets the case. Compression of the abdominal aorta often gives the uterus time to contract successfully and retract, and so stop the bleeding. The question of the treatment of post-partum haemorrhage is so well worn that I will not dwell on it. A great percentage of the cases respond to any of the accepted forms of treatment. Those that do not generally die unless it is feasible to perform hysterectomy, and this, hoping against hope, is generally postponed until it is too late.

III. HAEMORRHAGE DURING THE THIRD STAGE OF LABOUR.

Some of the most alarming cases with which we have to deal in midwifery are those of severe bleeding while the placenta is still *in utero*. This is due to a partial separation of the placenta, and this separation itself is generally due to efforts to expel the placenta by pressure on the fundus before it is naturally separated from the uterine wall and has passed into the vagina. The signs of this having happened—rising up of the fundus, uterus smaller and flatter from front to back, escape of more cord, and slight gush of blood—are well known. In a partial separation thus brought about, the bleeding is often extremely severe. Attempts at expression will have failed, and the only treatment is to pass the sterilized hand into the uterus, complete the separation with the fingers, give 5 c.cm. of pituitrin, and maintain a firm grasp of the fundus till the uterus is and remains firmly contracted. This is what the midwives are now taught to do in extreme cases where they find it quite impossible to get a medical man in time to save the patient's life.

IV. SECONDARY POST-PARTUM HAEMORRHAGE.

Haemorrhage occurring after the first twenty-four hours may be due, first, to retained products of conception, often a small piece of placenta or placenta succenturiata, or, more rarely, membrane; secondly, to getting up too soon, or overexertion, and not infrequently as a sequela of puerperal sepsis.

The treatment is to clear out the uterus, and swab it out afterwards with tincture of iodine, and pack with gauze for twenty-four hours.

REFERENCES.

¹ Blacker, G. F.: *Practitioner's Encyclopaedia of Midwifery and Diseases of Women* (Fairbairn), p. 261. ² Shaw, W. Fletcher: *Trans. Roy. Soc. Med.*, October, 1916. ³ Tweedy, Hastings: *Ibid.*, October, 1920.

CYESOEDEMA: A PECULIAR BLOATING OF PREGNANCY.

BY

A. A. LENDON, M.D.LOND.,

HONORARY LECTURER IN OBSTETRICS, UNIVERSITY OF ADELAIDE.

THE object of this somewhat bizarre heading* is to attract attention to an accompaniment of pregnancy which I have seen very pronounced in 6 out of 363 consecutive cases of midwifery since I first observed the condition in 1901.

It is a peculiar bloating or swelling, which is quite distinct, on the one hand, from anasarca or ordinary pitting dropsy, and, on the other hand, from the solid swellings, such as myxoedema, which it certainly more nearly resembles.

It affects the whole body, but naturally it attracts more attention in the face, as it so greatly alters the features of a young woman as almost to make her unrecognizable towards the end of pregnancy. In my experience it has occurred only in primiparae; it disappears with considerable rapidity after the labour is over; it has not recurred in my cases in subsequent labours; though not specially associated with post-maturity according to the maternal reckoning, the babies have been large—in three instances they weighed on the average just under 8 lb., and in two other cases were described as very large. In two cases there was some albuminuria, but no other recognized indication of the so-called toxæmia of pregnancy.

To describe cyesodema is a matter of some difficulty, and I must confess rather beyond my powers. I was never able to induce a victim of it to sit for her photograph. There is no accompaniment such as the slow speech of myxoedema, nor the supraclavicular fatty masses; there is no sense of general ill health complained of. There is not the pallor of renal oedema, nor the porcelain china tint to be seen in the cheek. There is rather some lividity, but happily it does not suggest alcoholic indulgence; it has not been associated with high blood pressure, though the cases mostly were observed before the sphygmomanometer came into general use.

Of one of these cases I have lost sight; of the remainder four agree in this respect—that they have all become stout in middle age, and three have undergone treatment for obesity.

What is its nature? It is certainly not due to nephritis, and I think that hypothyroidism may be ruled out of the question. I have failed to find any description of cyesodema in any textbook in our university library, but Whitridge Williams refers to "the non-oedematous" (presumably non-pitting) "thickening of the features observed in so many pregnant women," and suggests that it may be related to hypertrophy of the anterior lobe of the pituitary body, which, he says, has been "shown to undergo regularly great hypertrophy during pregnancy and to atrophy after the termination of the pregnancy."

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

THE NON-LUETIC ARGYLL ROBERTSON PUPIL.

IN my experience the phenomenon of this form of Argyll Robertson pupil reported by Mr. Foster Moore (November 7th, p. 843) is not uncommon, and to the features described by him I would add certain others which appear to me no less important—namely, that the condition occurs more often in women than in men, and that when unocular it is (or has been in all my cases) the left eye which is affected. In a paper entitled "Emotion and eye symptoms," read in 1921 before the Medical Section of the British Psychological Society, I referred to several of these cases, whose history strongly suggested that the unequal pupils were the result of emotional stress, and in each of these it was associated with the death of the father. This led me to regard the phenomenon as a disorder of the sympathetic nervous system, and

* *Κύσσις*, pregnancy; *οίδημα*, swelling.

in pursuance of this theory I have for some time been engaged in an investigation, the results of which I hope shortly to publish. Mr. Foster Moore's interesting communication prompts me to anticipate matters and to record one striking example which bears out his observations and furnishes him with another instance of familial tendency.

A lady, aged 32, consulted me in 1915 and again in 1916 on account of some difficulty in reading. Beyond a low degree of compound hypermetropic astigmatism nothing abnormal was found. In May, 1921, she attended again, complaining chiefly of headache. The left pupil was found to be larger than the right, and to react to accommodation but not to light. The Wassermann reaction was negative. As she was of the type commonly described as "highly strung," I surmised that some shock or grief might have caused the symptom, and asked her if she had had any recent bereavement. To my astonishment she burst into tears, and then told me of the death of her father, which had occurred, not immediately before, as one might have supposed, but fourteen months previously, in March, 1920. On the anniversary of his death she was on her way to visit his grave, and was actually buying a wreath, when her sister noticed and commented upon the dilatation of the left pupil, which was so pronounced as to give her a strange look. I saw her again in March, 1922. She was then unaware that it was about the time of the second anniversary of her father's death. The pupils were at first normal in size and reaction, but a reference on my part to the old sorrow, whilst evoking no apparent emotion, was yet followed by a dilatation of the left pupil. The patient said that she had noticed that the equality of pupils was disturbed by certain actions, and instanced going upstairs. She came again in the following March, complaining of a sensation of squinting when she looked to the left. She had no diplopia, and the only muscle imbalance was 2 degrees of exophoria. The left pupil was found to be larger than the right, but a few minutes later they had become equal.

It was only later that, by chance, I found in the notes made on her elder sister, who had consulted me in 1920, the entry "Left pupil larger than right. Patient states that for many years the left pupil has been much greater than the right, at times. Feeble reaction to light. Nervous breakdown after death of father in previous March. Similar attack more than twenty years ago, when she was about to be married, and then could not determine to leave parents, although banns were twice declared." Some eleven years later she eventually married the man to whom she had been previously engaged.

These are only two of a number of cases which have led me to the conclusion that the conditions described by Mr. Foster Moore are to be attributed to an emotional rather than to an infective or toxic factor.

Portsmouth.

W. S. INMAN.

THE following case is of interest, in view of the eight cases mentioned by Mr. R. Foster Moore in the *BRITISH MEDICAL JOURNAL* of November 7th (p. 843).

In the course of a routine examination a woman, aged 33, who made no complaints as to her eyesight, had been twice married, and had had a healthy child by each marriage, was found to have an Argyll Robertson pupil; there was no history and no signs of syphilis, the knee-jerks were present, and there were no other nerve symptoms. The Wassermann test of the blood serum was negative, as also of the cerebro-spinal fluid in all dilutions. Cells 5 per c.m.m.; globulin slight excess; Lange's gold test 0000000000.

I am indebted to Dr. H. M. Galt for the examination of the blood serum and the cerebro-spinal fluid, and to Lieut.-Colonel H. Herbert for kindly examining the patient's eyes and supplying me with the following report.

The Argyll Robertson pupil is definite in the right eye only, and is associated with some miosis. The latter, however, is evidently inconstant.

The patient was seen on two days, at a week's interval. At the first examination the right pupil was definitely contracted, the left being perhaps very slightly dilated and irregular in shape, from flattening of part of its curve. An unexplained slight transient enlargement of both pupils was noticed. On the second day both pupils were larger than before. The right was of about normal size (2 mm.), except during accommodation; and the left was somewhat dilated throughout, measuring quite 3 mm. in its greater diameter. No reaction to light was obtainable in either eye. With the left eyelids closed, a very moderate contraction of the right pupil took place with maximal accommodation. If then the left palpebral aperture was opened, that eye was found to be slightly divergent, or, at least, not at all convergent. Accommodation being maintained, full convergence followed, together with increased contraction of the right pupil. Comparing the two stages of pupillary contraction, the second movement, with convergence, always appeared greater than the primary movement, associated with accommodation. The only corresponding contraction of the left pupil was a barely discernible one, with combined maximal accommodation and convergence.

The vision was 6/5 in each eye, and accommodation was unimpaired; the fundi were normal. The pupils dilated readily with homatropine; the effect was equal in both eyes; the left pupil remained slightly the larger of the two.

Hove, Sussex.

F. H. LAWSON.

Reports of Societies.

RESPIRATION AND ANAESTHESIA.

At a meeting of the Anaesthetics Section of the Royal Society of Medicine held on December 4th, with the President, Dr. F. E. SHIPWAY, in the chair, a paper on the subject of apnoea, dyspnoea, and cyanosis in relation to anaesthesia was communicated by Professor M. S. Pembrey, F.R.S., and the President.

Physiological Considerations.

Professor PEMBREY stated that anaesthesia was a pathological condition which had its representation in physiology, for it was impossible to discover any change which was unique. The same life and death were observed by the pathologist and the physiologist, the difference lying in the conditions of the subject and the mental attitudes of the observers. Mutual benefit would therefore result when anaesthetists and physiologists compared their findings. The present discussion would be confined to respiration. By apnoea was meant the absence of respiratory movements whereby the lungs were ventilated. In the foetus there was a profound and long apnoea before birth, though the mechanism for pulmonary ventilation was present in reserve. A foetus born before full term was capable of breathing, and this might be considered an exception to the rule that muscular work needed progressive training, trial and error; but Ahlfeld had shown that muscular contractions of a rhythmic nature occurred within the uterus, and appeared to be respiratory and due to stimulation of the medulla by gaseous changes in the blood. Cohnstein and Zuntz removed a foetal sheep from the uterus without damage to the placental circulation, and found that stimulation of the skin did not cause respiratory movement, but the animal began to breathe as soon as the umbilical cord was tied. Undue importance had been given to cutaneous stimulation as the cause of the first breath, but it was well known that if the placental circulation were intact the foetus could be subjected to much manipulative treatment, in cases of complicated labour, without being stimulated to breathe prematurely in the uterus. The effective stimuli resulted from changes in blood composition, and cutaneous stimuli were only an accessory influence upon the respiratory centre, the excitability of which was low in the foetus and infant, as they could withstand deprivation of oxygen and accumulation of carbon dioxide better than the adult. The young mammal retained characteristics of its cold-blooded ancestors. A cat could not survive submersion for three minutes, but a two-day-old kitten would recover after being under water for as long as twenty minutes.

Apnoea signified diminished excitability of the nervous system and the absence of sufficient carbonic or other acid to stimulate the respiratory centre. Apnoea was not due to excess of oxygen, as could be demonstrated by observations on hibernating animals, the respiratory movements of which differed in type according to the activity and temperature of the animal. When the temperature was below 12° C. the periods of apnoea lasted several minutes with few respirations between; when the temperature rose above 13° C. the apnoeic periods were shorter and the periodicity of the breathing resembled that of the Biot or that of the Cheyne-Stokes type. The excitability of the animal was much depressed; there was muscular rigidity, which resembled that of a man during unconsciousness produced by lack of oxygen. In infants, Cheyne-Stokes breathing commonly occurred and was physiological. The same type of breathing was seen in the old and might have no relation to disease, being due to diminished excitability of the central nervous system. Morphine would produce periodic breathing, often of the Cheyne-Stokes type; hence the success of the old ambulatory treatment of morphine poisoning could be explained by the production of carbonic acid in sufficient quantity to stimulate the depressed respiratory centre. Yandell Henderson had shown the value of 5 per cent. carbon dioxide in such cases. The injection of morphine might lead to serious respiratory failure, and the injection of adrenaline into anaesthetized

Universities and Colleges.

UNIVERSITY OF OXFORD.

Radcliffe Travelling Scholarship.

THE next examination for the Radcliffe Travelling Fellowship will begin on February 16th at the University Museum, Oxford. The fellowship is of the annual value of £300, and is tenable for two years. Candidates must have passed all the examinations required by the University for the degrees of B.A. and M.B., and must not have exceeded four years from the time of passing the last examination of the latter degree. The examination will occupy four days, and include papers in physiology, pathology, and preventive medicine, an essay, and practical examination in pathology. Further information may be obtained from the Regius Professor of Medicine, University Museum, Oxford, by whom applications must be received on or before February 3rd.

UNIVERSITY OF CAMBRIDGE.

At a congregation held on December 11th the degree of B.Chir. was conferred on A. J. Smyth.

UNIVERSITY OF LONDON.

THE following candidates have been approved at the examination indicated:

THIRD M.B., B.S.—*Hannah Billig, *S.R. H. Boggan, *Margaret Du B. Evans, *Alice M. C. Macpherson, *J.W. R. Spurrell (University Medal), *W. A. Taylor, *P. B. Wilkinson, Agnes L. Adam, A. J. Amor, R. G. Anderson, G. Anderton, C. B. Andrae, Kathleen J. Atkinson, Diana J. K. Beck, Margaret A. L. Buckner, Dorothy M. Campbell-Meiklejohn, Enid A. Ceiriog-Cadle, Florence C. Churcher, Eileen M. Clarke, Vera E. Claxton, Marian R. Coleman, Dorothy Collisbaw, A. B. Cowley, D. P. Crawford, R. N. Curnow, R. Y. Dawbarn, Mostafa Dia, Ethel Downing, D. M. B. Evans, D. W. G. Faris, He en E. Fergusson, C. F. Fernando, G. R. Ford, D. Frost, C. P. K. Gibson, G. S. Hale, F. J. S. Hall, Kathleen M. D. Harding, N. G. Harris, Constance E. Harrison, Freda K. Herbert, Margaret R. Herford, L. G. Housden, J. C. Hoyie, Marjorie B. Hubert, E. C. Hudson, Dorothea A. C. Hunt, Adèle H. Jacob, M. E. M. Jago, Marjorie H. James, H. M. R. Jones, Kathleen M. Jankester, H. Lord, Catherine B. McArthur, D. G. Martin, C. P. Miller, G. O. Montomery, Eileen S. Morris, D. C. Mundy, E. E. Nesser, Frances C. Nicklin, Muriel L. M. Northcole, M. C. O'Connor, Milroy A. Paul, P. R. Peacock, Marie Pedersen, G. H. Pitt, T. W. Preston, M. D. Rawkins, Dorothy M. Rees, Nellie H. Reynolds, H. W. Riches, W. G. Roberts, T. Robson, W. F. Roper, W. H. Royal, N. K. Sahiar, Katharine F. E. Sanders, S. J. Scurlock, M. B. Seng, C. Shepherd, K. A. Soutar, J. Stein, Ruby O. Stern, L. D. J. Tephosphor, A. K. Thomas, G. W. R. Thomson, Jean S. Thomson, W. G. Thwaites, Beatrice E. Turner, Bertha Turner, N. A. A. van Jauren, E. G. L. Walker, J. H. M. Walker, Helen D. Watson, Mary A. Wiles, Muriel M. Yates.

Group I.—R. T. Bannister, J. R. Blazé, Margaret H. Brown, Dorothy Durance, W. Fletcher-Barrett, Edith L. Gould, F. H. K. Green, K. P. Hare, Dorothy M. Howse, Ruth T. Hurnard, Iorwerth H. Jones, A. J. King, Nora M. Leesmith, Gwynedd M. E. Olive, Catherine E. Orr-Ewing, H. L. Peake, J. Pearce, C. E. Pearsons, Elsie E. A. Ridley, A. G. Silver, N. R. Smith, K. H. Southall, F. O. T. Strange, H. Treisman, Kathleen E. Treilian, R. L. Waterfield, W. S. Whimster, Emily A. C. Wilson, Jessie Wiltshire, Ada R. Winter.

Group II.—H. C. Beccle, L. F. Beccle, P. S. Bell, S. Berman, E. H. J. Berry, F. A. Bevan, E. J. Blackaby, Margery G. Blackie, L. N. R. Comty, Annie A. Craig, Victoria M. Crosse, Evelyn J. Curtis, Gweneth M. Daniel, D. J. Davies, H. J. Davies, T. D. Deighton, Margaret H. Duncan, H. G. Estcourt, W. G. Evans, D. B. Fraser, Winifride M. Gibson, Agnes H. S. Gray, J. G. Hamilton, Helen M. Harris, F. C. Haward, W. E. Heath, T. R. Hill, R. C. Howard, L. I. Hyder, Amelia M. Ison, H. N. James, Isabel E. S. James, R. O. Jones, Frances M. Kenyon, H. Lewis, R. H. Little, J. H. Macpherson, Joan G. Malleson, J. P. Monkhouse, Mary A. Monro, Margaret I. Neal, J. O. O'iver, S. M. Power, Janet McL Robertson, Constance G. Sloan, J. S. Symons, Josephine I. Terry, Janet Welch, J. C. Young.

* Honours. † Distinguished in Medicine.
‡ Distinguished in Pathology. § Distinguished in Surgery.
|| Distinguished in Midwifery.

UNIVERSITY OF SHEFFIELD.

MR. J. B. FERGUSON WILSON, M.B., M.S., F.R.C.S., has been appointed to one of the combined posts of Lecturer in Surgical Pathology and Assistant Curator of Pathological Museum.

UNIVERSITY OF DUBLIN.

SCHOOL OF PHYSIC, TRINITY COLLEGE.

THE following candidates have been approved at the examination indicated:

FINAL EXAMINATION, PART II.—*Medicine*: *C. R. Boland, *S. F. Heatley, *J. W. Bowden, *E. E. Satchwell, R. L. Forsyth, R. M. Allardyce, D. St. C. Mackenzie, E. J. Roche, A. B. Brooks, R. G. Keays, J. H. M'Lean, D. J. Cussen, R. V. Franklin, J. C. C. Boyle, Aileen Fair, G. A. Miller, W. Sinclair, W. J. A. Mahon, Frances E. O'Connor, Mary C. Livingston, C. E. M'Cauley, C. G. Nel, L. W. R. Haskins, W. G. S. Maxwell, Mabel E. Brittain, G. J. Joubert, Dorothy A. M'Entire, Grace J. Rankin, B. P. Pienaar, W. C. Sloan, W. B. G. Gallagher, H. St. G. M'Kenny, W. J. Van Zijl, W. Magowan, Mary S. Miller, W. Russell, Elspeth V. D. Hevat, W. G. Maule, P. Coleman, Margaret W. Pike, Norah E. Fenton, Margaret E. Pedlow, Henrietta Armstrong, Jane D. Fulton, J. Johnston, P. Wallace, C. H. Wilson. *Surgery*: *W. B. Roanree, *J. E. M'Cauley, *M. A. W. Roberts, P. B. Robinson, J. W. Bowden, J. M. Selkon, W. J. A. M'Mahon, Grace J. Rankin, J. E. Stokes, W. G. S. Maxwell, J. J. Cusack, Gladys M. A. Colquhoun, E. Rakoff, A. D. M'Lean, H. Nelson, Angel V. B. Crawford, H. M. Nevin, G. A. Valsusley, R. A. J. Holmes-Ievers, F. H. M'Kenna, J. St. Clair, W. Sinclair, W. R. G. Gallagher, Kathleen M. Ball, C. R. J. Boland, G. G. M'Farland, P. Coleman, W. C. Warrington, J. C. C. Boyle, Aileen Fair, P. F. Palmer, Margaret E. Pedlow, W. J. Van Zijl, C. H. Keller, D. J. Roux, D. J. Cussen, F. V. Duke, C. E. M'Cauley, Jane D. Fulton, Elspeth V. D. Hevat, Dorothy A. M'Entire, C. Lord-Flood, B. P. Pienaar, P. Wallace, W. H. Coen, Margaret H. H. Frances E. O'Connor, A. A. Shafik, H. Tomkin. *Midwifery*: *H. O. Clarke,

*R. E. Hadden, A. B. Brooks, A. J. Conlin, G. S. Gardner, Kathleen L. Purdy, G. T. L. Archer, R. A. J. Holmes-Ievers, T. J. W. Keown, R. H. Mitchell, D. Blewitt, R. K. Carson, A. R. Gray, J. C. T. Sanctuary, E. H. Harte, G. E. Dodds, J. F. MacMahon, Margaret H. Donaldson, J. N. S. Gouws, Silver M. E. Deane Oliver, R. T. P. Tweedy, Annette K. Wood-Martin, T. F. M. Woods, V. G. Horan, A. E. A. O'Byrne, G. W. H. Townsend, C. G. Nel, A. N. B. Odber, E. H. Hall, M. Hoffmann, Isabella K. M'Neilly, E. W. Bingham, G. V. A. Griffith, D. A. O'C. Quinlan, V. St. G. Vaughan, H. A. Brittain, M. L. M'Cauley, Mabel E. Brittain, Kathleen R. Byrne, J. G. M'Dowell, D. B. O'Sullivan Beare, L. B. Somerville-Large, R. C. U. Warrington.

* Passed on high marks.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

AN ordinary Council meeting was held on December 10th, when the President, Sir John Bland-Sutton, Bt., was in the chair.

A letter was read from the Home Secretary conveying His Majesty's thanks for the expression of sympathy contained in the address of the Council on the occasion of the death of Her late Majesty Queen Alexandra.

Supplemental Charter.

With reference to the resolution carried at the annual meeting of Fellows and Members, the following reply was adopted:

"The Council has fully and earnestly considered afresh at ordinary meetings and at a specially convened meeting the question of the direct representation of Members on the Council, and has arrived at the following decision:

"In view of the urgent need for greater facilities for carrying on the examination work of the College, the Council proposes to proceed with the application for a Supplemental Charter to effect some modifications of the existing arrangements, and at the same time to remove inequalities in the status of men and women holding diplomas of the College.

"The Council has confined this proposed Supplemental Charter to points which it believes could not reasonably be regarded as controversial, and is not prepared to apply in this Charter for an alteration in the constitution of the Council of the College, having regard to the difference of opinion prevailing on that question."

Court of Examiners.

MR. C. H. Fagge was re-elected and Mr. Russell Howard was elected to fill the vacancies on the Court of Examiners occasioned by the expiration of the term of office of Mr. Fagge and the resignation of Mr. Hugh Lett.

Diplomas and Licences.

Diplomas of Fellowship were granted to the following 33 candidates:

J. B. Barnett, M. B. S. Button, G. H. Caiger, J. D. Dhruv, C. Donald, H. Donovan, K. M. K. Duff, N. L. Edwards, J. D. Grierson, F. W. Harlow, F. J. Jauch, N. A. Jory, A. R. Lister, A. C. McAllister, E. E. Mackay, N. S. Macpherson, L. Morris, J. A. Pantor, R. T. Payne, A. McK. Reid, O. W. Roberts, O. H. C. Scarby, G. S. Sinnatamby, A. G. Smith, F. A. R. Stammers, E. P. Stibbe, J. W. T. Thomas, T. M. Thomas, G. L. Thompson, B. M. Tracey, A. S. H. Walford, H. A. B. Whitelocke, C. P. Wilson.

Licences in Dental Surgery were granted to 79 candidates.

Messrs. H. Burt-White, N. L. B. V. Eckhoff, and A. C. Maconie were also successful at the Final Fellowship Examination, but have not yet attained the requisite age to receive the diploma.

The Services.

HONORARY PHYSICIANS TO THE KING.

SURGEON REAR-ADMIRAL C. M. BEADNELL, C.B., R.N., and Surgeon Rear-Admiral A. Maclean, C.B., D.S.O., R.N., have been appointed Honorary Physicians to the King, in succession to the late Surgeon-General C. Pearson and the late Surgeon-General H. J. M. Todd, C.B., respectively.

DEATHS IN THE SERVICES.

Lieut.-Colonel Robert Evans Stuart Davis, Madras Medical Service (ret.), died at Belfast on November 29th, aged 70. He was the son of William H. Davis of Dungannon, Tyrone, and was educated at Trinity College, Dublin, where he graduated B.A. in 1877 and M.B. and Ch.B. in 1880. He entered the I.M.S. as surgeon in October, 1882, became lieutenant-colonel after twenty years' service, and retired on October 29th, 1910. Nearly the whole of his twenty-eight years' service was spent in Burma, the first five years on military duty. During this period he served for two years, 1885-87, in the Burma campaigns, was mentioned in dispatches (1887), and received the frontier medal with a clasp. In April, 1887, he was appointed secretary to the Deputy Surgeon-General at Mandalay, who was administrative medical officer for the recently annexed Upper Burma; and a year later became Assistant Inspector-General of Jails in Burma. In April, 1889, he was appointed superintendent of the Rangoon Central Jail, and held that post for ten years, till in April, 1900, he became civil surgeon of Rangoon; he spent another ten years in that appointment. He was present on duty at Lord Curzon's Durbar of 1902, and had the medal granted for that ceremony. After his retirement he rejoined for duty in the recent war, and served in the Indian Hospital in the Pavilion, Brighton, from its opening in December, 1914, to its closing in January, 1916. Later, he was for some time president of the Recruiting Medical Board at Preston. Davis was a man of great size and strength, but had been in failing health for some years past. He was unmarried.

The Right Hon. Edward Wood, on his appointment as Viceroy and Governor-General of India, is retaining the services of Lieut.-Colonel J. Norman Walker, I.M.S., as surgeon.

Medical News.

In our issue of December 5th we published a review of the new fourth edition of the late Sir James Mackenzie's *Diseases of the Heart*, and in the same issue (p. 1075) referred to it in the course of a leading article entitled "Mackenzie's Last Work." Messrs. Faber and Gwyer inform us that there is still another book by Sir James Mackenzie to come. It is a short book, or perhaps more correctly, as they tell us, a long essay, which they intend to publish under the title *The Basis of Vital Activity* early next year. It deals with the conclusions he drew from researches in the institute at St. Andrews, now known by his name.

THE Royal Sanitary Institute will celebrate its jubilee next July by an Imperial Congress in London, of which Mr. Neville Chamberlain will be president. The Lord Mayor and Corporation of the City of London have granted the use of the Guildhall for the opening meeting. The congress will have six sections and seven conferences. The Lord Mayor will be chairman of the conference for sanitary authorities, Sir George Newman of the section of sanitary science and preventive medicine, Sir William Hardy, F.R.S. (Director of the Food Investigation Board), of the section of the hygiene of food, Sir William J. Collins of the conference of sanitary inspectors, and Dr. G. F. Buchan of the conference of medical officers of health. Official representatives to attend the congress have already been appointed by Australia, New Zealand, India, the Straits Settlements, and by the Spanish Government.

A BALL in aid of the Royal Medical Benevolent Fund Guild will be held, under the patronage of the Princess Louise, Duchess of Argyll, at Kensington Town Hall, on Tuesday, January 12th, 1926. Tickets (15s. each or 6 for four guineas) can be obtained from the Honorary Secretary, 20, Upper Phillimore Place, Kensington, W.8.

THE Fellowship of Medicine announces that a special vacation post-graduate course will be held at the Prince of Wales's General Hospital from January 11th to 23rd, 1926. Demonstrations of modern clinical methods will be given each morning, and in the afternoons special lectures will be delivered and there will be practical work in the various departments of the hospital. From January 4th throughout the month a series of lecture demonstrations on psychological medicine will be given at the Bethlem Royal Hospital on Tuesdays and Saturdays at 11 a.m. At the West End Hospital a month's course in neurology will open on January 4th at 5 p.m. The North-Eastern Hospital will hold a three weeks' course in infectious fevers on Wednesdays at 2.30 p.m., and Saturdays at 11 a.m., from January 11th, and there will be a course in diseases of children at the Queen's Hospital from January 18th to 30th. At the National Hospital for Diseases of the Heart a whole-day course will be arranged from January 18th to 30th. It is proposed to hold weekly demonstrations in clinical surgery throughout the year. Those arranged for next month are: January 11th, Mr. Mummery at St. Mark's Hospital, 5 p.m.; 19th, Mr. Souttar at the London Hospital, 2 p.m.; and 27th, Mr. Carling at the Westminster Hospital, 2 p.m. The Fellowship has arranged a further series of lectures from January to March. The first will be given by Dr. Herbert Spencer on abdominal palpations in pregnancy, on January 21st, at 5 p.m., in the hall of the Medical Society of London. A copy of each syllabus and of the Fellowship general course programme may be obtained from the Secretary, 1, Wimpole Street, W.1.

THE People's League of Health, of which the King is patron, has arranged a series of lectures for the coming year, beginning at the end of January. Among the lecturers are Sir Frederick Mott, Sir Maurice Craig, Sir Robert Armstrong-Jones, Dr. Bernard Hart, Dr. A. F. Tredgold, Dr. T. Beaton, Dr. R. H. Cole, Dr. W. A. Potts, Professor Leonard Hill, Professor Mellanby, Sir Henry Gauvain, and Professor F. E. Wynne. The lectures will be given at the house of the Medical Society and the Regent Street Polytechnic. Particulars can be obtained from Miss Olga Nethersole, R.R.C., 12, Stratford Place, W.1.

THE annual dinner of the Medico-Legal Society was held at the Holborn Restaurant, London, on December 11th. Earl Russell (a past president) took the chair in the absence of the President, Lord Justice Atkin. Sir StClair Thomson, President of the Royal Society of Medicine, in responding to the toast of the medical and legal professions, proposed by Lord Riddell, made amusing reference to the "irregular relationship" between Medicine and Law, which (like all liaisons) had its features of interest. "We doctors," he said, "trust and envy, but do not understand lawyers; if we understood them, perhaps we should not trust them so much." Mr. T. R. Hughes, K.C., chairman of the General Council of

the Bar, responding for the Law, spoke of the high regard felt by lawyers for the medical profession and their appreciation of its great assistance in the administration of justice. Sir Ernie Blackwell, Legal Assistant Under Secretary of State, Home Department, also replied. The chairman, in submitting the toast of the society, mentioned the proposed foundation of a medico-legal institute, to which reference was made in these columns on June 27th last (p. 1184). It was hoped, he said, that considerable progress with the scheme would be made in the near future. In a passing allusion to recent criticisms of the General Medical Council in the lay press, Earl Russell remarked that public opinion as expressed by the man in the street was about the least competent body to decide on the standards of conduct necessary among members of a profession. The toast of "Our Guests" was proposed by Sir Bernard Spilsbury, joint honorary secretary of the society, and responded to by Dr. Vincent Dickinson, Master of the Society of Apothecaries, and Sir Alexander Renton, formerly Chief Justice of Ceylon.

THE forty-sixth annual meeting and dinner of the Old Epsomian Club was held on December 10th at the Trocadero Restaurant, Mr. J. S. Cotman in the chair. The toast of "Floreat Epsomia" was proposed by the chairman, and the headmaster, Mr. A. C. Powell, in his reply, drew attention to the "record" attendance, and gave an account of the various successes of the year. During the evening Mr. S. Maynard Smith, C.B., F.R.C.S., for many years honorary secretary of the club, was presented with a cream-jug of the 1735 period, for which a large number of subscriptions had been received from all parts of the world. The toast of "The Visitors" was proposed by Mr. Maynard Smith, and was responded to by Sir Humphry Rolleston, who acknowledged the great debt owed by the medical profession to Epsom College.

AT the annual dinner, on December 10th, of the British Serbian Units Branch of the British Legion, Sir James Purves-Stewart occupied the chair, and was supported by Professor Louise McIlroy, Sir James and Lady Berry, Dr. Alice Hutchison, Miss Nina Boyle, Sir William Simpson, Miss Flora Sandes, and the Serbian Minister in London. About 120 guests were present, and all civil and military units were represented.

THE late Mr. James Shorrocks of Bowdon, Cheshire, has bequeathed £2,000 each to the Manchester Royal Infirmary and St. Mary's Hospitals, Manchester, and £1,000 to the Altrincham Provident Dispensary and Hospital. His wife having predeceased him the sum of £100,000 is to be divided between eight legatees and the hospitals mentioned above in share proportionate to the amounts of the legacies already given to them.

AT the meeting of the Court of Governors of the London Hospital, on December 9th, it was stated that Her Majesty the Queen had consented to become president of the hospital in succession to the late Queen Alexandra. Viscount Knutsford also announced the receipt of a gift of £50,000 for research work from a donor who desired to remain anonymous.

THE annual report of Livingstone College for the year 1924-25 opens with a reference to the loss sustained by the death of Dr. C. F. Harford, its founder and first principal, of whose work an appreciation appeared in our issue of July 11th. The report contains several letters from old students showing how the elementary medical training given them at Livingstone College had been of assistance in their missionary work. During the year nine students had entered for the whole nine months' course, one for the six months', and twelve for periods of one to five months. The vacation class in July was attended by thirty-two students, and forty-two others entered for the short courses on care of the health in the tropics. As a memorial to Dr. Harford an effort is being made to raise a capital sum of £3,500 in order to supplement the college funds.

AN oto-neuro-ophthalmological society has recently been founded in Paris, with Dr. André Thomas as president and Dr. Baldenweck as secretary. Its organ will be the *Revue d'oto-neuro-oculistique*.

M. PIERRE DUVAL, professor of surgical therapeutics in the Paris faculty, has been elected a member of the Académie de Médecine in the Section of Surgery.

A MEETING of the Parliamentary Medical Committee, which included Lord Dawson of Penn, resumed on December 16th a discussion on the General Medical Council and on the processes of striking off practitioners from the *Medical Register* and reinstating them. The Committee felt that the position and responsibilities of the Council were not fully understood by the public, and approval was given to a suggestion that next session lay Members of Parliament should be invited to meet the Medical Committee and hear explanations. No suggestion was made that the constitution or powers of the General Medical Council required revision.