

pectoralis minor unaccompanied by defect of the pectoralis major is said never to occur,³ while only one case has been recorded where the condition has been bilateral.⁴

Heredity does not apparently play a very strong part in its production, since only once has the condition been noted in more than one member of a family—a case of father and two sons with this abnormality⁵—though other defects of development in the same family, such as accessory fingers or "webbed" toes, are occasionally met with. The pectoralis major is in some cases replaced by a fibrous band over which the skin becomes rolled, giving rise to a sickle-shaped fold which forms the anterior wall of the axilla.

Defects in the nipple and breast on the affected side are often present; both may be completely absent,⁶ or the breast alone may be absent, with a rudimentary nipple, which is usually displaced upwards and inwards, as in the case described in this paper. There may also be a falling in of the chest on the affected side, due to defects in the cartilaginous portion of the second and third ribs; this portion may be markedly attenuated, or may be completely absent, its position being taken by a strong fibrous band.⁷⁻¹¹

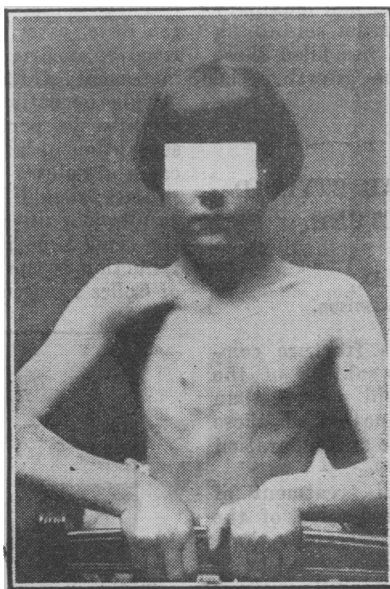
The amount of disability produced by the condition is, as a rule, extremely slight, as is seen by the case described by Burke¹² of a good left-handed baseball pitcher who had this abnormality on the left side, by the man recorded by Bruns¹³ who was an expert turner, and by the student described by Stinzig¹⁴ who was an excellent left-handed fencer, using his arm with the defect in preference to the other. In the case of the girl described in this article, with the abnormality on the right side, this arm was much stronger than the other, and she was able to throw a tennis ball twice as far with her right hand as with her left.

The most widely accepted view with regard to the origin of the condition is that advocated by Lewis,¹⁵ who has shown that the pre-muscle mass from which the pectoral muscles are developed is situated in the lower cervical region in the early embryo and anterior to the first rib. As the embryo gets older the mass spreads out in the shape of a fan and moves downwards, becoming attached to the clavicle early and later to the ribs, sternum, and

abdominal fascia; while at the same time it becomes differentiated into major and minor muscles. He believes that the condition is due either to (1) failure of attachment and subsequent atrophy of the pectoralis minor and pars sterno-costalis of the pectoralis major; or to (2) lack of complete differentiation between the muscles. Probably both factors play a part in its production, but in favour of the latter view is the fact that there is always marked hypertrophy of the pars claviculæ when present in addition to hypertrophy of the deltoid.

The case here described was that of a girl, aged 13 years, with absence of the pars sterno-costalis of the pectoralis major and the pectoralis minor on the right side. The condition is best demonstrated by getting her to put her arms straight forward and pressing her hands together. There is considerable hypertrophy of the clavicular portion of the pectoralis major and of the deltoid on that side. The muscle is not replaced by a definite fibrous band, the anterior axillary fold being formed by the clavicular part of the muscle. The breast on the right side is absent, and the ribs in that position are merely covered over with skin and subcutaneous tissue. The nipple is rudimentary, and is situated higher and nearer the middle line than on the other side. The ribs are normal, and x rays show no abnormality of the bony thorax; no scoliosis is present. There is no loss of power on the affected side owing to hypertrophy of the deltoid and clavicular part of the muscle.

It is of interest that she has also wasting of the left thigh and calf with some shortening—the result of an attack of acute anterior poliomyelitis when 2 years of age.



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Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

THE VALUE OF ANATOMICAL DETAIL.

THE following case may be of interest as it serves to illustrate one of those finer details of anatomy which are apt to be forgotten and which sometimes assume considerable importance.

A married woman came to see me suffering from a wound on the dorsum of the right hand, a bowl having fallen from a height of about three feet on to her hand, splitting it open. The wound was comparatively clean cut, about one inch in length, and extended transversely across the extensor tendon of the middle finger, one inch from the metacarpo-phalangeal joint. On probing the wound it was found that the extensor tendon had been severed. In spite of this the patient could still extend the finger, although the movement was very slow and caused considerable pain. There was no apparent contraction of the extensor digitorum communis during the movement of extension. The patient was sent to hospital for treatment, but the diagnosis arrived at there was "extensor tendon half-cut." The treatment adopted was a skin stitch and finger splint. As I had informed the patient that the tendon was completely severed she naturally wished to have this little difference of opinion settled, and at her request I made an exploratory incision under local anaesthesia. I found the tendon completely severed, the proximal end having been drawn up the sheath for a distance of two inches. The sheath was opened and the tendon withdrawn in the usual way. The severed ends were then trimmed up and stitched together and the hand put up in a hand and forearm splint in full extension.

sion. Passive movement was commenced on the second day and active movement on the seventh. The splint was removed on the fourteenth day and the patient now has full use of her finger.

The point of interest lies in the fact that in spite of complete severance of the tendon the finger could still be fully extended.

The anatomical detail apt to be overlooked is that from the extensor tendon of the ring finger fibrous slips pass to the adjacent tendons. The slip going to the middle finger is inserted just proximal to the metacarpo-phalangeal joint. Before stitching the severed ends together the patient was asked to extend her fingers, and it could then be seen that it was this slip which was responsible for the function remaining. In addition, the insertions of the tendons of the lumbricals and interossei would also contribute in some degree to the movement of extension.

Glasgow.

R. K. SHEARER, M.B., Ch.B.Glas.

HUNTINGTON'S CHOREA.

WITH respect to the commentary by Dr. Grimby and Dr. Wilson on two cases of Huntington's chorea (*BRITISH MEDICAL JOURNAL*, May 8th and 15th, p. 820), and having regard to the pathology and rarity of the disease, I desire to record the cases of two patients who died within a day or two of each other in April last at the South Yorkshire Mental Hospital. One was a female and one a male, and

while the clinical symptoms were very similar and typical histories were obtained of several other members of the family having been insane and having chorea, yet the pathological pictures macroscopically were very different. The brain of the woman was small and firm, there was no thickening of the pia-arachnoid, the ventricles were only slightly dilated, the cerebro-spinal fluid was only slightly in excess, and there was apparently no wasting of the grey matter or basal ganglia; the brain of the man was large and very soft throughout; there was marked thickening of the pia-arachnoid, which was also adherent; the ventricles were very greatly dilated and the subarachnoid and ventricular fluid in great excess; there was marked frosting of the ependyma of the lateral and fourth ventricles. The grey matter and the corpus striatum were brown, very soft, and considerably atrophied, especially the caudate nucleus. In the brain of the woman the cerebral arteries were in good condition; in the brain of the man they showed numerous rings of sclerosis. Other details are as follows:

Case 1.—A woman, aged 41 on admission on June 22nd, 1921; no occupation. Several members of her family had been insane and had chorea, including her father and two uncles. She was imbecile and had previously been in mental hospitals for five years. She had delusions of persecution; the chorea was then only slight, but gradually became more severe, rendering her unable to do anything for herself and making her speech unintelligible. She died five years after admission.

Case 2.—A labourer, aged 52 on admission on November 25th, 1925. One brother and one sister had chorea and died insane. One brother had chorea and committed suicide; one brother is living but has chorea; one brother and one sister are living and healthy. The father had chorea and committed suicide. Two paternal uncles and a paternal grandmother had chorea and were insane. The patient had suffered from chorea for many years; he was imbecile and had latterly become irresponsible, mischievous, violent, and obscene; on admission he could give no account of himself, and the choreiform movements affected the whole body, including the face, and made the speech an unintelligible jargon. He died five months after admission.

In each case the terminal cause of death was a rapidly spreading inflammation, starting, in the case of the female, in an ischio-rectal abscess, and in the male in a boil of the gluteal region. As to the rarity of the disease during the last twenty years, I have been able to find mention of only two other cases at this hospital.

I am indebted to Dr. W. Vincent, medical superintendent, for permission to publish these cases.

FREDERICK BACK,
Assistant Medical Officer and Pathologist,
South Yorkshire Mental Hospital.

Sheffield.

POISONING BY TOBACCO APPLIED TO THE SKIN.

THE case of tobacco poisoning following inunction, reported in the JOURNAL of April 24th (p. 739) by Drs. Jones and Morris, calls to mind a case that I saw in Italy in 1918.

Whilst "resting" in a small village behind the line I was asked one evening to see an Italian soldier lying sick in a farmhouse in which some of our men were billeted. I gathered that the man was home on short leave, and would have returned to his unit that day had he not been taken suddenly ill.

I found a young man lying in bed obviously ill, drowsy, flushed, and irritable. He complained of sore throat, headache, and diarrhoea. His temperature was 104° and the pulse over 100. The fauces, soft palate, and pharynx were all very red, but free from membrane. There was a generalized erythema on the trunk and limbs. No paresis was noted.

He was handed over at once to the nearest Italian military authorities, who, in reply to my request for a diagnosis, informed me that the case was one of tobacco poisoning, the method of administration being that usually adopted in this particular form of malingering.

The method was as follows: two *toscani* (cheap Italian cheroots of great potency, usually cut in half and smoked by the poorer classes), having stood some hours in a glass of water, were placed at bedtime one in each axilla and held in position by a puttee or bandage. In some cases, in order to make more certain of the effects, the man drank the water in which they had stood. The following morning he generally went sick, and so escaped duty.

Unlike the case reported by Drs. Jones and Morris, the nicotine had not been removed from the tobacco by combustion, and consequently it was the probable cause of the vasomotor upset.

London. S.W.

J. NISSEN DEACON.

THE BLOOD VESSELS OF THE HUMAN SKIN.

AN ABSTRACT OF THE CROONIAN LECTURES, DELIVERED BEFORE THE ROYAL COLLEGE OF PHYSICIANS OF LONDON,

BY

SIR THOMAS LEWIS, C.B.E., M.D., F.R.S.,
PHYSICIAN TO UNIVERSITY COLLEGE HOSPITAL, LONDON.

THE Croonian course delivered before the Royal College of Physicians of London by Sir Thomas Lewis consisted of four lectures given on June 8th, 10th, 15th, and 17th. It dealt with work done in collaboration with Drs. Grant, Love, and Zotterman, and was intended to stimulate interest in the study of human physiology as opposed to animal physiology; the results considered refer to man only.

The description given by Spalteholz of the arrangement of the vessels in the skin was adopted as the anatomical basis for the observations.

The colour of the skin is mainly due to the blood contained in the superficial venous plexuses. The capillaries may contribute in small part to this colour, particularly in such regions as the palms of the hands and soles of the feet, as they are more numerous in these sites than in others. The contention of Spalteholz that all the blood to the skin passes through the capillaries in the papillae is in accordance with one of their functions—namely, the dissipation of heat.

The chief methods available for the study of these vessels are:

(1) Direct observation through the microscope as employed by Lombard. The skin at the base of the nail is very suitable for such observation. The capillaries here lie horizontally; the arterial loop is seen to be finer than the venous and the subpapillary venous plexus can be made out dimly; the blood flow and the red and white corpuscles can be distinguished. The capillary loops vary in size and in conformation in one field of vision and become larger as age advances. It is important to remember that the vessels visible in this way form only a limited proportion of the total and that they are all endothelial structures. The horny layer of the skin is an obstruction to the view, and after its removal by blistering the picture becomes much clearer; arteries can be seen to come up and divide and the capillaries to join the subpapillary venous plexus. Blistering, however, is not justified for physiological observations, since it alters the normal state; physiological observations are therefore confined chiefly to the tips of the capillary loops.

(2) Estimation of skin temperature by means of a specially constructed thermo-electric couple; alteration of the skin temperature indicates a corresponding alteration in the blood flow.

(3) Observations of skin colour, from which an estimate of the relative rates of blood flow can be made.

The reactions of the skin vessels to injury are of great importance and interest. Light and heavy stroking of the skin with a blunt instrument results in the appearance of the well known white and red lines respectively. The white line is due to the active contraction of the minute skin vessels—capillaries and venules—while the red line is but an element of a much more complex reaction. The development of the red line is accompanied by the appearance of a surrounding and brightly coloured irregular flush and is followed, if the injury has been sufficiently severe, or in a susceptible subject (urticaria factitia), by the formation of a wheal along the line of stroke. The red line itself is due to the active dilatation of the capillaries and venules, and also possibly of the terminal arterioles, and is independent of the nervous system. The surrounding flush is due to an independent and widespread dilatation of the arterioles brought about by a local axon reflex. The wheal is due to an outpouring of fluid from the vessels as a result of a local change in the permeability of the vessel walls, an increase of permeability which is independent of the dilatation and is uncontrolled by the nervous system.

The mechanism of this triple reaction to mechanical injury has been elucidated by studying the effect of the introduction of histamine into the skin. The physiological

obstetrician of skill) for every first confinement. Dr. C. N. BENTLEY (Bengal) said that in the Indian province he represented, with the same population as Great Britain and Ireland, one and a half million births took place in a year. Only one-half the children born reached the age of 8 years. No fewer than 35,000 infants and nearly 10,000 mothers died of tetanus within a few days of delivery. The reason for this appalling death rate was ignorant midwifery. Dr. LEON JONA (Victorian Branch of the British Medical Association) said that he looked forward to the day when midwifery would be in the hands of specialist practitioners only. As regards nursing, he believed conditions in Australia were better than in Great Britain.

CONFERENCE ON MATERNITY AND CHILD WELFARE.

The fourth English-speaking Conference on Maternity and Child Welfare was held in London from July 5th to 8th, and was attended by over seven hundred delegates, the majority of them from public health authorities. The Conference was opened by Sir H. KINGSLEY WOOD, M.P., Parliamentary Secretary to the Ministry of Health, who gave a number of figures illustrating recent progress in the prevention of infant mortality. He deplored the fact that maternal mortality had shown practically no diminution during the last twenty years. Moreover the lessened infant death rate appertained almost wholly to infants after the first month of life. It was the object of the Ministry of Health to create an informed public opinion with regard to maternal mortality, and in this connexion he was glad to say that the number of ante-natal centres had increased during the last two years from 564 to 641, and the number of infant welfare centres from 2,011 to 2,218. The services of trained midwives were now available for nearly 70 per cent. of the rural population.

Dame JANET CAMPBELL introduced the subject of the health of children of from 1 to 5 years. She showed that there had been a general downward tendency in the rate of mortality of children of this age, though there was still room for improvement. Health visitors at present concentrated on the infant, and the little being whom she called the "ex-baby" was likely to be neglected. Competent health visiting, with its many occasions for teaching the mother the importance of mental and physical hygiene, would do more than anything else to raise the standard of health among pre-school children. She also suggested special sessions at infant welfare centres at which children up to 5 years of age might be examined by the doctor two or three times a year. There should also be increased facilities for the treatment of certain defects, such as orthopaedic conditions. The remainder of this discussion was chiefly taken up by the recitation of American experience by three or four visitors from the States.

Conception Control Teaching at Welfare Centres.

A discussion, which was so eager and animated that it took double the time allotted to it on the programme, was on a question which was set out as: "Should medical officers be free to give information on birth control at centres in individual cases?" but which might be more accurately stated as: "Should women as a right receive information on conception control from medical officers at welfare centres?"

Dr. MARGARET EMSLIE, maternity and child welfare medical officer for Croydon, maintained the affirmative, with certain reservations. Her view was that individuals did stand in need of such advice, and that the centre doctor was the best person to give it. She agreed that it would be calamitous if the infant welfare centres became associated in the public mind with the question of conception control *per se*, and she was strongly against miscellaneous instruction; the instruction should be given only in the individual case, and there only on medical grounds or where medical and economic considerations could not be dissociated. She begged those who were hostile to this proposal to give its supporters credit for a moral position. Dr. MARY BLAIR, medical officer of the Hammersmith Centre, took a different view. Whatever the merits of conception control, the infant welfare centre was essen-

tially a health centre, not a resort for the diseased and defective. If it was urged that a woman with phthisis should expect to receive advice on conception control at the centre, the answer was that such a woman had no business there at all; she ought to be under the tuberculosis authorities. Dr. BLAIR maintained that at the centres what should be taught was the ideal, not the expedient thing. The whole atmosphere of the centres would be lowered if this information were imparted, though she did not think there would be any harm in teaching restraint and continence and knowledge as to certain times in the reproductive cycle. But conception control could not be taught without teaching mechanical methods, which would be very unfortunate from the point of view of the influence of the centre. These speakers were followed by two working-class women, each of whom took a different view of the subject. Dr. ERIC PRITCHARD, who was in the chair, agreed with Dr. BLAIR. Dr. LETITIA FAIRFIELD also spoke strongly in opposition to the proposal. She said that speakers on the other side began with the assumption that a doctor by virtue of her medical degree should be allowed a wide discretion as to the giving of this advice. But was it right that a woman should allow a doctor to say that she had too many children or not? The infant welfare movement would be broken from top to bottom by any such introduction if it came to be regarded, as it would be, as an attempt to remedy economic ills. She admitted the hard cases, but such cases ought not to be allowed to govern the principle. What would very frequently happen would be that a woman who had had a bad first confinement would go down to the centre and receive this advice, and afterwards settle down into the neurotic mother of an only child. Dr. BINNIE DUNLOP took an opposite position, but he said that he would be satisfied if such teaching as was suggested by Dr. BLAIR were given at the centres. The fairly even division of opinion among the speakers was reflected in the audience. Cries of protest were made when one medical officer of a clinic declared that behind this demand was a desire to shirk motherhood, and she was answered by another speaker, who said that it was because working women were beginning to realize the dignity of motherhood that they desired to be taught conception control and the spacing of families. If such teaching were not given, the resort of many of these women would be to the criminal abortionist.

BIRTHDAY HONOURS.

THE following honours have been conferred on members of the medical profession, on the occasion of His Majesty's birthday. Owing to the general strike publication of the list was deferred from June 3rd to July 3rd. To all the recipients, and in particular to Dame Mary Scharlieb and Sir Alexander MacCormick, we offer the congratulations of their colleagues.

K.C.M.G.

Colonel Sir ALEXANDER MACCORMICK, Kt., M.D., F.R.C.S.Ed., Honorary Consulting Surgeon, Prince Alfred Hospital, and Surgeon, St. Vincent Hospital, Sydney. In recognition of his service to the Commonwealth of Australia.

D.B.E. (Civil).

Mrs. MARY ANN DACOMB SCHARLIEB, C.B.E., M.D., M.S., Consulting Gynaecologist, Royal Free Hospital.

Knighthood.

ALFRED HENRY EVANS, M.R.C.S., L.S.A., J.P., Member of the Unionist Association of the Tamworth Division since 1895, and President and Chairman since 1920. For political and public services.

C.B. (Military).

Surgeon Captain REGINALD ST. GEORGE SMALLBRIDGE BOND, M.B., F.R.C.S., R.N.

Major-General ROBERT STRICKLAND HANNAY, C.M.G., D.S.O., K.H.S., Deputy Director of Medical Services, Southern Command.

C.M.G.

JOHN OWEN SHIRCORE, M.B., Ch.B., Director of Medical and Sanitary Services, Tanganyika Territory.

O.V.O.

ERNEST CLARKE, M.D., F.R.C.S., Consulting Surgeon, Central London Ophthalmic Hospital.

C.I.E.

Colonel KRISHNAJI VISHNOO KUKDAY, I.M.S., Inspector-General of Civil Hospitals, Central Provinces.

Lieut.-Colonel THOMAS WILLIAM HARLEY, I.M.S., District Medical and Sanitary Officer and Superintendent, Medical School, Madura, Madras.

C.B.E. (Civil).

Colonel GEORGE WYKEHAM HERON, D.S.O., O.B.E., R.A.M.C. (ret.), Director of Department of Health, Palestine.

O.B.E. (Military).

Temporary Captain WILLIAM BLIGH, M.D., R.A.M.C.

Lieut.-Colonel HENRY ROBERT BROWN, I.M.S.

Major WILLIAM EGAN, D.S.O., M.B., R.A.M.C., Deputy Assistant Director of Medical Services, Scottish Command.

Major CHARLES HENRY HASLER HAROLD, M.D., R.A.M.C., Assistant Instructor, graded as Deputy Assistant Director of Hygiene, Aldershot.

Captain (local Major) JOHN WRIGHT MALCOLM, M.C., M.B., R.A.M.C., attached Iraq Levies.

M.B.E. (Military).

Captain WILLIAM DANIEL ARTHUR, R.A.M.C.

O.B.E. (Civil).

ANANDRAI KESHAVAL DALAL, F.R.C.S., Professor of Clinical and Operative Surgery, Grant Medical College, Bombay, and Surgeon, Jamsetjee Jeejeebhoy Hospital, Bombay.

DIGBY MACKENZIE MACPHAIL, M.B., C.M., Medical Officer, District 1, St. Lucia, Windward Islands.

WILLIAM MACLACHLAN McDONALD, M.R.C.S., L.R.C.P., Medical Officer, District 2, Antigua, Leeward Islands.

FRANK EDRED WHITEHEAD, M.R.C.S., L.R.C.P., Director of Military and Sanitary Services, Nyasaland Protectorate.

M.B.E. (Civil).

Major JOSEPH HENRY ARNOLD DONNELLAND, I.M.D., House-Surgeon, Jamsetjee Jeejeebhoy Hospital, Bombay.

Major HENRY CLEMENT CRAGGS, I.M.D., Military Assistant Surgeon, Madras.

ALAKH BEHARI ARORA, Medical Officer of Health, Lahore.

To be Honorary Member of the Civil Division of the Order of the British Empire.

HALIM ABU RAHMEH, Medical Officer, Department of Health, Palestine.

Kaisar-i-Hind Medal (First Class).

Miss AGNES SCOTT, M.B., Chief Medical Officer, Women's Medical Service, and Secretary, Countess of Dufferin's Fund.

JOHN DAVID O'DONNELL, M.B.E., V.D., F.R.C.S.Ed., Chief Medical and Sanitary Officer, Kolar Gold Fields, Mysore.

Major JOSEPH ALEXANDER H. HOLMES, I.M.D., Senior Assistant Surgeon, British Station Hospital, Quetta.

Companion of the Imperial Service Order.

Major HERBERT WILLIAM V. COX, I.M.D., Civil Surgeon, Punjab.

NAVAL PROMOTIONS.

The following promotions are announced in connexion with the King's Birthday honours:

Royal Naval Medical Service.—Surgeon Commanders to be Surgeon Captains: HERBERT R. H. DENNY, JOHN S. DUDDING, O.B.E., ARTHUR R. THOMAS, C.B.E., F.R.C.S., PERCIVAL T. NICHOLLS, JAMES MCCUTCHEON, M.B.

Royal Naval Volunteer Reserve.—Surgeon Commander to be Surgeon Captain: ROBERT J. WILLAN, M.V.O., O.B.E., V.D., M.B., M.S., F.R.C.S. Surgeon Lieutenant Commanders to be Surgeon Commanders: FRANCIS H. WATSON, M.B., GEORGE H. S. MILLN, M.B. (Surgeon Commander, Emergency List, R.N.).

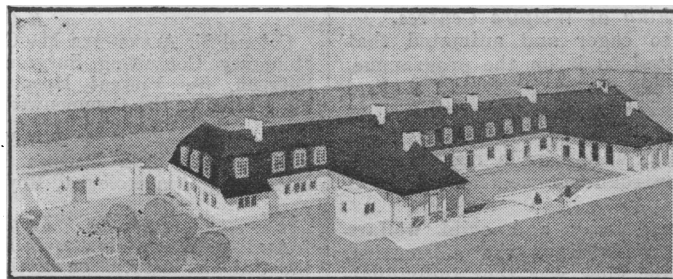
The name of Miss Agnes Hunt, of the Hospital for Cripples, Gobowen, near Oswestry, also appears among those upon whom the honour of D.B.E. is conferred. Over a quarter of a century ago (1900) she established on a small scale at Baschurch, near Shropshire, a hospital for cripple children in which the principle of open-air treatment was from the first carried out. She had from the beginning the help of Mr. (now Sir) Robert Jones; he, with the assistance of other surgeons who volunteered their services, visited the hospital periodically to perform operations which were found to be necessary, especially in cases of bone and joint tuberculosis. The hospital grew, and Miss Hunt organized a system of local clinics, by which cases requiring treatment were discovered. Afterwards the hospital was removed to a more commodious building near Oswestry. The principles for which Miss Hunt worked have been extended to other counties, and the Central Committee for the Care of Cripples was established. In congratulating Miss Hunt we congratulate also the medical profession, of which she is so beloved and distinguished a colleague.

WAR MEMORIAL HOSPITAL AT ANDOVER.

FIELD-MARSHAL VISCOUNT ALLENBY formally opened the War Memorial Hospital at Andover on June 30th. The building, which has just been completed, is erected on open land to the north of the town on a gentle slope to the south-south-west. The main wards projecting to the south form a wide sheltered and screened court for the use of patients. Every room in the hospital gets the full sun except those where it is not desirable, such as the operating room, the x-ray room, and the kitchens and offices, which have all been planned along the north side, with easy access to the patients' quarters on the south.

The main central corridor has been kept low to allow cross-ventilation to the private wards on the south side, and this has permitted considerable economy in construction. Heating is by a low pressure hot-water plant, though all wards have open fires in addition. The cooking will be by gas. The building is lighted by electricity. The main wards have been designed to give 100 superficial and 1,050 cubic feet per patient, and the private wards considerably more. All the windows in the wards are of the metal Austral type, and above them are additional windows of the hopper type, giving ventilation at the ceiling level.

The two ward kitchens have been placed in such positions that they serve also as duty rooms to two wards in each case. There are large sun verandahs at the south end of the two main wards.



ANDOVER WAR MEMORIAL HOSPITAL.

The concrete foundations are laid on the solid chalk and all the outside walls are of hollow construction, being built of 9-inch internal brickwork, 2-inch cavity, and 4½-inch exterior brickwork, rendered in cement on the outside. The general character of the building is shown in the accompanying illustration from a drawing exhibited at the Royal Academy. The total cost of the building, providing twenty beds and three private wards, has been £16,000. The possibility of future additions has been kept in mind throughout, and the building can be readily extended at three separate points.

The most pressing addition will probably be a maternity ward and a children's ward to the south-east at the end of the main corridor. The men's and women's wards can be extended considerably in length without affecting any other portions of the building. It is hoped that the administrative portions will be found sufficiently large to

serve these suggested additions without alterations. The architects are Mr. Edward Maufe, M.A., F.R.I.B.A., and Mr. Leslie Moore, M.C., F.R.I.B.A., of Raymond Buildings, Gray's Inn, and the builders Messrs. Musselwhite of Basingstoke.

H.R.H. the Prince of Wales paid a private visit on June 29th to the hospital on his way to the railway station from Enham Village Centre, and made a careful inspection, at the end of which he expressed the opinion that it was a very fitting memorial and that the town was to be congratulated on the possession of such an up-to-date hospital.

NINETY-FOURTH ANNUAL MEETING of the British Medical Association, NOTTINGHAM, 1926.

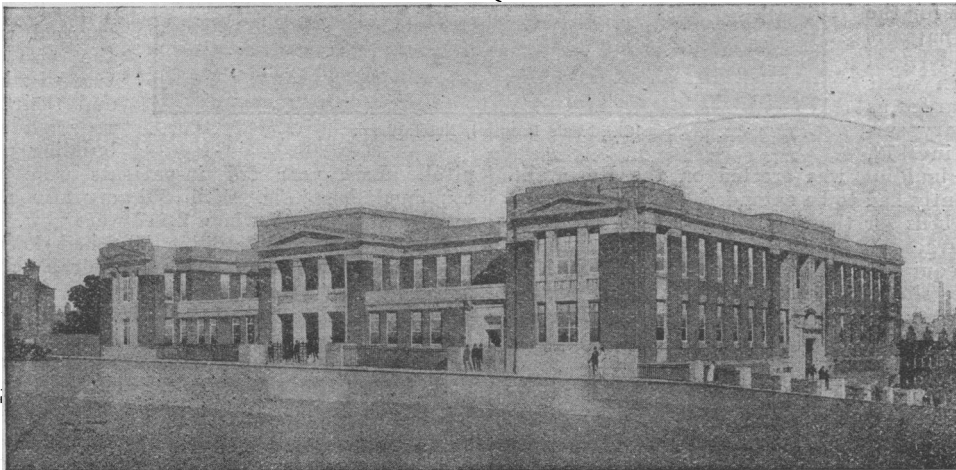
THE ninety-fourth Annual Meeting of the British Medical Association will be held at Nottingham this month under the presidency of Mr. R. G. Hogarth, C.B.E., F.R.C.S., senior surgeon to the Nottingham General Hospital, who will deliver his address to the Association on the evening of Tuesday, July 20th. The Annual Representative Meeting, for the transaction of medico-political and administrative business, will open on the previous Friday, July 16th. The sectional meetings for scientific and clinical work will be held on Wednesday, Thursday, and Friday, July 21st, 22nd, and 23rd. The names of the officers of the thirteen Sections are published in the SUPPLEMENT this week, together with the provisional programme of arrangements for the Annual Meeting. On the last day of the meeting (Saturday, July 24th) there will be excursions to places of interest in the neighbourhood. The article printed below is the fifth of a series of descriptive and historical notes on Nottingham and the neighbouring country. The earlier articles appeared in the JOURNAL of December 5th, 1925 (p. 1081), January 23rd, 1926 (p. 158) March 20th (p. 541), and June 5th (p. 957).

THE MEDICAL INSTITUTIONS OF NOTTINGHAM.

THE city cannot claim to have any hospitals with very ancient foundations, but is well provided with modern ones, both charitable and otherwise. History, however, does tell of one institution, the Hospital of St. John the Baptist, which was in existence in 1208, but is long since defunct. It is interesting to note that among its various duties was the "care and reparation of the Bridge of Nottingham." The earliest of the modern foundations is the General Hospital, which will stand comparison with most institutions of the kind. In addition there are the

in 1781 by His Grace the Duke of Newcastle and the Corporation of Nottingham. The cost was £5,861, and the hospital contained 44 beds. Ten more beds were added in 1784. In 1854 the hospital was added to considerably, the main building being raised a story and the chapel and day wards erected at a total cost of £4,872. In 1878 divisions 6 and 7, adjoining Park Row, containing 51 beds in all, were built.

In 1900 the Jubilee Wing was opened, having been erected by public subscription to commemorate the Diamond Jubilee of Queen Victoria. The wing, which is circular,



Architectural drawing of new building (Ropewalk Wing) for the Nottingham General Hospital.

various special hospitals mentioned below, the fine Poor Law hospital at Bagthorpe, and several others, and it is most satisfactory to note the increasing co-operation between the staffs of the various hospitals, which is so essential for the advancement of science and the treatment of disease.

GENERAL HOSPITAL.

This hospital stands in a high position overlooking the park, in close proximity to the castle, and commands wide prospects towards the south. The site is historically famous, as it was here that Charles I raised his standard at the outbreak of the civil war. The hospital was established in 1782, two acres of land having been given for the site

contains three floors for patients, the ground floor being utilized as cubicles for a portion of the domestic staff, while the basement is used as store rooms, etc. There are in this wing 79 beds, 48 being for male surgical cases and 31 for children.

The further extension of the hospital was delayed on account of the great war, but in 1919 steps were taken to increase the accommodation. The first step was to erect a nurses' home. The cost of this was defrayed by a public subscription as a Nottingham and Notts War Memorial. The total cost was £75,000. There are at present 131 bedrooms, each nurse being provided with a separate room. As the hospital is a recognized training school for nurses, the home is suitably equipped with classrooms, where the

probationer nurses receive two months' preliminary training under a tutor sister before entering the wards. There are also recreation and sitting rooms for the sisters, staff nurses, and the nurses in training, and hard and grass tennis courts are provided. The home, which may be considered one of the most modern of its kind in the kingdom, was opened by H.R.H. the Prince of Wales on August 1st, 1923.

The new buildings now in course of erection at the corner of Park Row and the Ropewalk, known as "the Ropewalk Wing," consist of a new out-patient department, with large waiting hall, consulting rooms, etc., new x-ray, orthopaedic, electrotherapeutic, and massage departments, together with operating theatres and 40 beds for ear, nose, and throat cases. The total cost will be about £90,000. The buildings communicate with the hospital by a subway under Park Row. The heating, lighting, etc., will be supplied from the present hospital plant. Although it will be some months before the premises are in actual use, they are sufficiently advanced in construction to be fit for inspection.

NOTTINGHAM AND MIDLAND EYE INFIRMARY.

It was not until 1859 that, with the growth of the mining and textile industries, Nottingham decided to provide itself with a special institution dealing with affections of the eye, and the Eye Dispensary was opened in Parliament Street. In earlier times sufferers used to bathe their eyes with the waters of certain local springs and wells, hence the name "Rag Spring." This first institution was soon found to be too small, and within a few months a move was made to St. James's Street; here it assumed its present title, and secured the services of Dr. Bell Taylor as one of its first honorary surgeons, an association which remained unbroken till his death fifty years later.

In 1860 six beds for the treatment of in-patients were added, and good work was done in what would now be regarded as hopelessly insanitary surroundings, until, in 1912, a handsome new building was erected on the Ropewalk. Even this has recently had to be extended, and now includes a wing of paying beds for those unable to afford the usual nursing home charges, in addition to the forty ordinary beds. It is well equipped with modern appliances, such as the giant magnet, slit-lamp, etc. It draws on a population extending as far as Skegness in the east and Burton-on-Trent in the west, and deals with about 700 in-patients and 30,000 attendances yearly.

COLLIN'S TRUST MATERNITY HOSPITAL.

This hospital, in Waverley Street, takes its name from Abel Collin, a generous citizen of Nottingham, who lived in the reign of Queen Anne. The hospital was started by the trustees of his charity with funds which they allocated for the purpose, aided by a grant from the Ministry of Health, as, apart from the wards in the Poor Law hospital and nursing homes, there was no maternity hospital in Nottingham. The project was under consideration before the war, but it was not until near its end, when the need of safeguarding the pregnant mother and her child became more urgent, owing to housing and other difficulties, that a small beginning was made by the purchase and equipment of a house in Waverley Street to admit 12 mothers and 12 babies. There, since June, 1919 (the first case to be admitted was for contracted pelvis and had Caesarean section performed), with many difficulties owing to limited accommodation, the work has been carried on, including ante- and post-natal clinics and training of midwives, the hospital having been

recognized as a training school by the Central Midwives Board since 1920. After many delays a new hospital at "The Firs," Sherwood, for 32 mothers and 32 babies, has been nearly completed, and when funds permit it will be possible to extend the accommodation so as to admit 60 mothers and 60 babies, as was planned in the original scheme.

NOTTINGHAM HOSPITAL FOR WOMEN.

This hospital was opened in a private house in Castle-gate nearly fifty-one years ago. The real founder was Miss Catherine Woods, a great-aunt of the present Bishop of Winchester. She had been brought up in Quaker traditions of usefulness to her kind; and it was while visiting in the wards of the General Hospital that some of the women patients gave her the suggestion of a small, homely hospital for women only. Perhaps then—we do not know—as in other hospitals of the time, the babies and children were nursed in the women's wards. At all events there arose between those unknown women and Miss Woods the idea of a hospital on lines which have now become those of the most modern of these institutions. There were to be no recommendations, and therefore no temptation to admit a patient for any reason other than her need and fitness for treatment. Those who wished to befriend a patient could pay her modest fees for a part or the whole of her stay.

To complete the anticipation of modernity, some years later a private department was begun. These patients under the care of the hospital staff paid a sum

covering the full cost to the hospital, which made no profit out of them. The nursing home had not yet been born in Nottingham, and these private beds have been an unspeakable boon.

Meanwhile the Samaritan Hospital for Women was started in Raleigh Street in 1885, and has for thirty-nine years done a great amount of splendid surgical work. In 1924 the two hospitals contracted a happy marriage, and their life under one roof waits only for the building of the new hos-



Children's Hospital, Nottingham.

pital. Last year 537 in-patients were treated in the combined hospitals, with 531 operations. Out-patients numbered 8,528, of whom 2,112 were new.

For many years a building fund had slowly been accumulated, and some years ago an admirable site with a good house in Peel Street was purchased. The site is central, yet, overlooking the Arboretum, sure of quietude and fresh air. It is let to a nursing home until the hospital is ready to build. The committee now waits only for a little better times to complete the plans and to appeal to the public to help those who have worked hard to help themselves.

NOTTINGHAM CHILDREN'S HOSPITAL.

The institution of a children's hospital must be placed to the credit of a noble band of philanthropic workers who were intimately associated with the management of the Nottingham General Hospital, and who, about 1869, came to the conclusion that the provision for free medical treatment of children suffering from various ailments and diseases was altogether insufficient. Probably the Rev. and Hon. C. J. Willoughby, rector of Wollaton, should be placed first, then the Rev. Henry Seymour, rector of Holme Pierrepont, and associated with them was the Rev. James Matheson, minister of Friar Lane Chapel, Mr. Abraham Cam, solicitor, acting as honorary secretary, Mr. T. C. Hine being the architect.

After deliberation they decided to purchase the house of the late Alderman Knight in Postern Street and Amberley Street, which was altered and adapted. Sister Mary

Melicent was the foundress and first sister-in-charge, the hospital being opened in July, 1869. When more room was needed Mrs. Violet Jacoby, mother of Sir Alfred Jacoby, M.P., in 1878 spent about £800 in making the necessary additions. When the removal to Forest House, as mentioned hereafter, took place, the property above described was sold to Sir Charles Seely, Bt., presented to the General Hospital, and connected therewith by a bridge crossing Postern Street.

Sir Thomas Birkin, Bt., having purchased the estate of the late Edwin Patchett in 1899, presented to the committee of the Children's Hospital the house and grounds known as Forest House, which is situated in the healthiest part of the city, stands high, is open on every side, and is very conveniently situated. This valuable gift required a considerable sum to be spent in alteration and adaptation.

In the year 1870 the total income of the hospital was £391, the in-patients for the year numbering 37, the out-patient attendances being 98. To-day the expenditure is approximately £7,600 per annum, the in-patients numbering 600 and the out-patient attendances being approximately 120 a day.

The hospital is equipped with separate modern operating theatres for in-patients and out-patients, with up-to-date x-ray plant, ultra-violet ray lamps, and massage and electrical departments.

As the present premises are inadequate and somewhat out of date, a new hospital is being erected by the generosity of Mr. and Mrs. J. D. Player. Unfortunately the building is not completed, but it will be sufficiently far advanced for inspection by those attending the Annual Meeting of the British Medical Association in July. When completed the building will accommodate about eighty in-patients, and will be equipped on the most modern and up-to-date lines. The design is the work of Mr. J. Rigby Poyser, L.R.I.B.A., architect, of Nottingham, in consultation with Dr. D. J. Mackintosh, C.B., of Glasgow. The out-patient department is to be considerably increased and the old house modernized; this will make an admirable residence for nurses and staff.

NOTTINGHAM AND NOTTINGHAMSHIRE HOSPITAL FOR DISEASES OF THE THROAT, EAR, AND NOSE.

This hospital, in Shakespeare Street, was founded in 1888 by the late Dr. Donald Stewart. It has a very large out-patient department, between 2,000 and 3,000 new patients being seen every year. There are 14 beds, which are kept continually occupied; nearly 400 operations are performed there annually. The board of this hospital was one of the first to realize that tonsil and adenoid operations should be kept in hospital for at least thirty-six hours after the operation is done. Patients pay a small sum towards the upkeep of the hospital, which is also supported by voluntary contributions from private friends, workmen's clubs, etc.

NOTTINGHAM UNIVERSITY COLLEGE.

The foundation stone of the University College was laid on September 27th, 1877, by the Mayor, Alderman J. W. Bowers. The College was opened on June 30th, 1881, by H.R.H. the Duke of Albany, and the first session began on October 1st of that year. All provision for the higher education of adults was gathered into the College, and facilities for day and evening studies were afforded to all without distinction. The College was affiliated to the Universities of Oxford and Cambridge in 1883. From its foundation until 1903 it was governed by a committee of the town council. On August 27th of that year a Royal Charter of incorporation was granted, vesting the College in a court of governors consisting of the City Council, with a president and vice-president elected by them.

The present technical schools were opened on January 12th, 1893, by the Master and Wardens of the Drapers' Company of the City of London.

New university buildings are now being erected in University Park, at a cost of £250,000. This has been made possible by the great generosity of Sir Jesse Boot, Bt., who has not only provided the site and very large sums towards

the cost of the buildings, but has given to the city and laid out at a cost of hundreds of thousands of pounds the park itself, which provides a beautiful setting for the new buildings.

The College prepares for degrees of the University of London, and for diplomas in commerce, social study, geography, chemistry, pharmacy, physics, education (elementary and secondary), engineering, mining and mine surveying, hosiery manufacture, and dyeing and finishing. It is divided into four faculties: the Faculty of Arts, including departments of English, history, classics and philosophy, modern languages, education, extramural education, and music; the Faculty of Economics and Commerce, including the departments of law and social study; the Faculty of Pure Science, including the departments of chemistry, metrology and physics, mathematics, biology and bacteriology, geology and geography; and the Faculty of Applied Science, including the departments of engineering, technology, mining, and textiles.

There are four halls of residence connected with the College: Mapperley Hall and Waverley House for men, Cavendish House and Hollygirt for women. During the session 1925-26 there were 722 day students and 2,036 evening students in attendance. The social side of the College is in the hands of the students' "Union," which has the control of all clubs and societies. The tennis ground, with ten courts, is situated in Elm Avenue, and the athletic ground in University Park, where provision is made for cricket, hockey, netball, tennis, and football (Rugby and Association).

The Scientific Sections of the Annual Meeting of the British Medical Association will meet in the theatres, classrooms, and laboratories of University College.

LONDON HOSPITAL MEDICAL COLLEGE.

PRIZE DISTRIBUTION.

THE distribution of prizes to students of the London Hospital Medical College and Dental School took place, as briefly announced in our last issue, on June 28th. The Chairman of the College Board, Lieut.-Colonel W. MARLBOROUGH PRYOR, presided, and the proceedings began with the reading by the DEAN (Professor William Wright) of his report on the work of the college during the past year. In noting some of the principal honours and distinctions won by past and present students and members of the staff, the Dean mentioned that a very distinguished son of the London Hospital, Sir Neville Howse, V.C., a former Minister of Education and Health in the Australian Government, had just been appointed by that Government to be its High Commissioner in London. A year ago he had been able to announce that during 1924-25 the college had received three donations each of £10,000, to be applied respectively to the promotion of medical research, the building of a new clinical theatre, and the reconstruction of the Pathological Institute. The present year had been signalized by a munificent gift from an anonymous donor of £50,000, which had been applied to the endowment of a "Freedom Research Fund," the whole of the income being devoted to medical research. With the new hostel for resident medical officers, and the prospective building of a new cardiological department, the year 1926 would take its place architecturally also as one of the most important and eventful in the history of the London Hospital.

Address by the Minister of Health.

The Right Hon. NEVILLE CHAMBERLAIN, Minister of Health, after distributing the prizes to successful students, gave an address on the organization of medical services. After touching on the great variety of choice and great diversity in the possible careers of those who had studied at the hospital, he thought there would nevertheless be amongst them all many common thoughts, common ideals, and common associations which would, in spite of everything, preserve in them a spirit of comradeship. Above all, there would be that attitude of mind which, as he sometimes thought, distinguished members of the medical profession from ordinary people and made them, to a

Areas affected by the Coal Strike.—On July 1st the Minister of Health stated, in reply to Sir H. Brittain, that he was keeping in constant touch, through his general inspectors, with the areas affected by the coal stoppage. In reporting to him they had, at his request, paid special attention to the condition of the children. A large amount of assistance was being given by the supply of meals and other food, and there was no evidence of malnutrition of children.

Invaliding in the Air Force.—On July 1st Sir P. Sassoon informed Major Hore-Belisha that when an airman was dissatisfied with the decision of a board of medical officers (normally three) that his disability was not directly attributable to service, and appealed to the Air Ministry, he was asked to furnish the grounds of his appeal if not already given in his letter, and in particular any evidence additional to that considered by the board. On receipt of the information the decision of the invaliding board was reviewed in the light of all the facts and of any further evidence available, and if the case appeared to warrant it a further board would be held.

Notes in Brief.

Mr. Neville Chamberlain stated that a veterinary qualification, though desirable, is not essential for the examination of imported meat from the public health point of view.

The new Milk and Dairies Order will come into operation on October 1st. Its terms have been settled, and copies should be available in the course of a week or so.

On July 6th Dr. Haden Guest introduced a bill to provide for minimum rates of wages and hours of labour in industries protected from foreign competition, and it was read a first time.

The death rate per 1,000 among all labour, surface and underground, in the gold mines in the Gold Coast is approximately 8.3. No reliable figures are available as to the sickness rates.

The Committee considering the liquor control system in the Carlisle area is still taking evidence, but may consider its report in the autumn.

Universities and Colleges.

UNIVERSITY OF OXFORD.

At a congregation held on July 3rd the following medical degrees were conferred:

D.M.—W. V. Robinson, H. S. Souttar.
M.Ch.—H. A. B. Whitehouse.
B.M.—T. H. Sellors, R. W. A. Simmons, D. Lurie, G. H. Crisp, A. V. Clemmney, K. A. Hamilton, F. J. Sale, C. R. Croft, G. P. Thorold, H. E. Cuthbert, W. R. Wood, O. B. Tisdall, Rosa S. Wordsworth, Margaret N. Jackson, Constance I. Pattullo.

UNIVERSITY OF CAMBRIDGE.

The following candidates have been approved at the examinations indicated:

M.Chir.—T. M. Thomas
M.B., B.Chir. (Part I, *Surgery, Midwifery, and Gynaecology*).—J. R. Armstrong, B. Blaxill, R. D. W. Butler, G. D. G. Cameron, H. M. Elliott, R. W. B. Ellis, T. L. Evans, R. M. Gilchrist, E. J. Greenwood, G. J. Gross, M. J. Harker, L. J. Haydon, A. J. Johnson, F. W. Law, D. F. Lawson, R. Marham, R. W. L. May, E. D. Moir, J. W. Monro, J. Morris, C. G. E. Plumstead, G. F. Taylor, R. J. Vince, F. H. A. Walker, V. B. Wigglesworth, R. W. Windle, D. S. Tait (Girton). (Part II, *Principles and Practice of Physic, Pathology, and Pharmacology*).—B. E. Ahrens, G. L. Alexander, J. O. W. Bland, C. K. Colwill, W. F. Cooper, R. K. Debenham, T. S. Dewey, H. V. Dicks, J. Dockray, A. B. Eddowes, J. B. Ellison, T. F. Fox, H. F. Griffiths, J. H. Hannan, H. J. Heathcote, G. G. Holmes, L. A. Jackson, D. McI. Johnson, S. Levy-Simpson, W. W. McLean, R. H. Metcalf, R. D. Milford, H. E. Nelson, H. W. Nicholson, F. B. Parsons, W. Richards, L. A. Richardson, F. W. Roques, K. G. Salmon, G. Simon, R. E. Smith, A. W. Spence, R. S. Starkey, B. C. Tate, H. B. Trumper, V. B. Wigglesworth, J. G. Wigley, H. L. Wilson, F. G. Winterton, A. T. Worthington, H. R. Youngman.

UNIVERSITY OF LIVERPOOL.

The following candidates have been approved at the examinations indicated:

M.D.—R. G. Cooke, C. W. Healey.
M.B., Ch.B.—186 R. G. Walmsley, 24 R. M. Ainsworth, 25 J. F. Galloway, 26 F. Murgatroyd. (Part I): Grace A. Austin, B. Brickman, G. E. Church, J. L. Clegg, D. Cohen, R. F. Corlett, J. C. Edwards, Elinor M. Gelling, E. H. Glynn, A. J. Goss, Dorothy H. Gough, J. Halton, D. G. Henry, B. S. Jarvis, T. A. Jermy, A. N. Jones, C. Kaufman, G. T. Krajewski, J. S. Logan, D. B. Macaulay, W. A. McCurdy, J. C. McFarland, G. McLoughlin, J. Morgan, G. W. Paton, H. E. Pearson, Mary T. Penrice, D. E. P. Pritchard, A. V. Russell, M. R. Sheridan, Mary A. Silcock, N. P. Slide, I. Thomas, G. D. Thompson, J. E. Wallace, Kathleen M. Ward, A. K. Wilson, Nora M. Wilson. (Part II): J. G. Hattings, R. E. Jackson, G. W. Phillips, J. Williamson. (Part III): S. W. Adler, A. B. Anderson, T. Bleazard, 6 W. S. Brindle, H. O. Calvey, A. N. Cameron, 6 T. K. Cameron, S. Canter, E. Cohen, F. R. Craddock, W. S. Creer, A. Dala, A. Dodd, T. L. Dowell, W. J. Eastwood, Lillian W. Edwards, Ruth M. Fennell, J. J. Graham, Elsie A. Griffiths, G. T. Harris, 6 E. D. Irvine, K. Jilani, R. N. Johnson, O. V. Jones, I. Kossew, 6 T. Lasker, Theresa J. Lee, J. L. Lewis, E. E. Lomas, J. C. Newman, J. Pasvolosky, J. W. Pickup, E. E. Prebble, C. Rigby, N. W. Riley, G. L. Roberts, J. B. Rushton, T. M. Silverstone, V. J. M. Taylor, J. P. Thomas, S. L. Tunnicliffe, A. J. Walsh, E. N. Wardle, P. H. Whitaker, A. L. Williams, R. L. Wynn.
D.P.H.—W. E. Haigh, J. E. Power, J. A. Scott, A. E. Wall.
DIPLOMA IN TROPICAL HYGIENE.—W. J. Aitken, N. Bligh-Peacock, T. Cullen, E. G. A. Don, H. P. Fowler, D. Lennox, A. G. Mackay, F. Oppenheimer, S. A. Talib, N. S. Turnbull.

1 First-class honours. 4 Distinction in surgery.
2 Second-class honours. 5 Distinction in midwifery.
3 Distinction in medicine. 6 Distinction in public health.
7 Distinction in forensic medicine and toxicology.

UNIVERSITY OF BIRMINGHAM.

DR. LAURENCE BALL, assistant to the chair of medicine and physician to Queen's Hospital, has been appointed to be joint Professor of Medicine. Professor Leonard Gamgee, M.S., F.R.C.S., has been elected the representative of the University on the General Medical Council, in succession to Sir Gilbert Barling, Bt., resigned. At a congregation held on July 3rd the following medical degrees were conferred:

M.D.—Gladys M. Evans, V. G. Williams.
M.B., Ch.B.—Marjorie E. Crump, A. F. Downie, Margaret L. A. Galbraith, L. Glass, J. G. Green, Joan E. Greener, G. S. Hall, D. Humphreys, Roberta I. Hutchinson, Marie E. Jackson, A. J. Lea, J. H. Marshall, C. A. Mather, B. L. S. Murtagh, A. V. Neale, H. S. H. O'Connor, Dorothy E. A. Reader, N. S. Robinson, G. de N. U. Somers, W. Summers, P. Symons, A. C. R. Walton, J. D. H. Wearne, Nellie Wilkes.

UNIVERSITY OF LEEDS.

At a congregation of the University held on July 3rd the Vice-Chancellor conferred the following degrees:

M.D.—A. L. Taylor (with distinction), D. R. Allison, P. Rosenbloom.
Ch.M.—G. Armitage.
M.B., Ch.B.—F. K. Beaumont, *W. D. Bedford, *S. Jack, *Hartfall, A. Barratt, W. H. Carr, J. E. Erdheim, D. Heap, Eugenie C. Illingworth, G. J. Jenkinson, Emily E. Johnson, A. Katz, F. Lawson, Beatrice M. Leatham, R. A. Lillott, N. Newman, L. B. Pawson, M. Perlman, M. S. Scott, S. Silverman, J. E. Teal, A. C. Welch, J. V. Whitaker, E. W. L. White.

* With second-class honours.

UNIVERSITY OF DUBLIN.

At the later summer commencements in Trinity term held on June 29th the following were among the degrees conferred:

M.Ch. (*honoris causa*).—Sir Berkeley G. A. Moynihan.
M.D.—F. J. O'Meara, W. B. J. Pemberton, G. F. T. Saunders, A. H. Thompson, R. B. Jackson, W. J. Powell.
M.B., Ch.B., B.A.O.—G. T. L. Archer, Henrietta Armstrong, D. Bluet, H. A. Brittain, H. O. Clarke (B.Ch. *stip. cond.*), Evelyn E. Connolly, J. Craig, G. E. Dodds, G. S. Gardner, G. V. A. Griffith, R. E. Hadden, E. H. Hall, G. R. L. Jordan, T. J. W. Keown, Nancie N. Lowther, J. G. McDowell, D. St. C. Mackenzie, J. P. M. Mahon, Isabella K. McNeilly, E. E. Malone, R. H. Mitchell, C. G. Nel, H. Nelson, H. M. Nevin, Kathleen I. Purdy, M. A. W. Roberts, E. E. Satchwell, S. Smyth, R. T. P. Tweedy, C. H. Wilson, T. F. M. M. Woods.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

ELECTION TO THE COUNCIL.

At a meeting of the Fellows on July 1st four Fellows were elected into the Council to fill the vacancies occasioned by the resignation of Mr. James Sherren, C.B.E., and Sir Charles Ballance, K.C.M.G., C.B., and by the retirement in rotation of Mr. Walter G. Spencer and Mr. Ernest W. Hey Groves. The result of the poll was as follows:

	Votes.	Plumpers.
ERNEST WILLIAM HEY GROVES ...	532	2
GEORGE GREY TURNER ...	426	3
VINCENT WARREN LOW, C.B. ...	398	38
VICTOR BONNEY ...	361	8
Hugh Lett, C.B.E. ...	306	27
John Percy Lockhart-Mummery ...	270	11
William Ernest Miles ...	264	10
Charles Coley Choyce, C.M.G., C.B.E. ...	259	1
Herbert John Paterson, C.B.E. ...	222	5
Sir Herbert Furnivall Waterhouse ...	221	5
Philip Turner ...	181	18
Cyril Alfred Rankin Nitch ...	172	4

In all, 1,100 Fellows voted (including 184 Fellows resident out of the United Kingdom), 1,036 sending their ballot papers through the post and 4 voting in person. In addition, 2 voting papers were found to be invalid. Mr. Low becomes substitute Member of Council for Mr. Sherren until July, 1933, and Mr. Bonney becomes substitute Member of Council for Sir Charles Ballance until July, 1930.

ROYAL COLLEGE OF PHYSICIANS OF IRELAND.

At the monthly business meeting of the College held on July 2nd the following candidates, having passed the Final Qualifying Examinations under the conjoint scheme of the Irish Royal Colleges of Physicians and Surgeons, were duly admitted to the Licences in Medicine and Midwifery of the College:

Sybil Atkinson, Henrietta Carson, J. J. Fant, J. E. Harris, J. A. Hynes, P. Kennedy, W. Kingsberg, J. Molony, L. P. F. Nolan, W. O'Connor, J. O'Neill, T. S. Osborne, J. Owens, Catherine A. Quinn, C. Whitehead.

At the same meeting a letter was read from the secretary of the Committee of Management stating that P. Moran and N. K. Henderson had passed the examination for the Diploma in Psychological Medicine.

A letter was also read from the secretary of the Executive Council, Saorstát Éireann, forwarding a copy of a draft Order which has been prepared for the purpose of adapting the charters of the College in accordance with Section 1 of the Adaptation of Charters Act, 1926, and asking if the College has any observations to make thereon.

The College unanimously approved the draft Order.

Medical News.

A CONGRESS of chemists has been arranged by the Society of Chemical Industry in connexion with its own forty-fifth annual meeting. The congress, which will be held in London, will open on Monday, July 19th, and continue until Friday, July 23rd. A joint meeting of the Biochemical Society with the London Section of the Society of Chemical Industry, to be held at the Hotel Great Central on Tuesday, July 20th, will be devoted to a discussion on hormones; it will be opened at 11 a.m. by Dr. H. H. Dale, F.R.S., with a paper on the experimental study and use of hormones. He will be followed by Dr. H. W. Dudley, who will deal with the chemistry of the pituitary gland and of insulin; by Mr. F. H. Carr, who will discuss the commercial production of hormones; by Dr. H. A. D. Jowett, who will speak on the history of adrenaline; by Professor G. Barger, F.R.S., whose subject will be recent progress in the chemistry of thyroxine; and by Dr. J. W. Trevan, who will explain the biological assay of hormones.

Nature states that at an extraordinary general assembly of the International Research Council on June 29th the Executive Committee agreed to omit from the statutes words which have limited membership to allies and neutrals. On the motion of the president of the Royal Society a resolution was unanimously adopted deciding to invite Germany, Austria, Hungary, and Bulgaria to join the International Research Council, and the unions attached to it.

DR. R. M. COURTAULD, a Cambridge medical graduate, has given an endowment to Pembroke College for the purpose of establishing a studentship in physics and cognate subjects. The student appointed will be called the "Stokes student," in memory of Sir George Gabriel Stokes, formerly Master of the College. No distinction of sex will be made in awarding the studentship, but if a man is appointed he will be required to become a member of the college. Preference will be given to graduates of the university. Candidates must be between the ages of 23 and 30, and must have shown capacity for research in mathematical or experimental physics, or in cognate subjects. The student will be expected to devote himself to research in Cambridge unless permitted for a limited time to conduct his researches elsewhere; he may give a course of lectures each term. The value of the studentship will be between £400 and £450 a year, and the tenure will be for three years, with possible renewal for a further five years.

FROM January 3rd to February 20th 2,369 fatal cases of plague occurred in the Dutch Indies.

THE annual general meeting of Fellows of the Royal Society of Medicine was held in the Barnes Hall, 1, Wimpole Street, on July 1st. The President, Sir StClair Thomson, in introducing the annual report of the Council, drew attention to some of the outstanding events of the session, more especially the important developments in regard to the library. Dr. R. H. Cole expressed the gratitude of the Society to Sir StClair Thomson for his gift of a presidential chain and badge of office, and a warm vote of thanks to the outgoing president for his generous services was carried on the proposal of Dr. Robert Hutchison and Mr. Walter Spencer. The president for the ensuing year, Sir James Berry, and the other officers were declared duly elected. The Council of the Society has awarded the William Gibson Research Scholarship to Miss Alice Bloomfield, who will hold it for two years.

THE North-East London Post-Graduate College is holding at the Prince of Wales's General Hospital, Tottenham, N.15, a special vacation course from July 19th to 31st. It will include as on previous occasions practical demonstrations of clinical and "side-room" methods each morning from 10.30 to 12.45, demonstration of groups of selected illustrative cases from 2 to 2.45 p.m., general hospital work, in-patient and out-patient clinics, operations, demonstrations in the special departments of the hospital, and at 4.30 p.m. each day a clinical lecture, the opening lecture of the first week being by Dr. T. Watts Eden on ante-natal care as it affects the child *in utero*, and that of the second week at 3 p.m. by Lieut.-Colonel L. W. Harrison on the diagnosis and treatment of syphilis, to be illustrated by cinematograph films. On the Saturday morning at 11 there will be demonstrations of cases illustrating the diagnosis and treatment of the infectious fevers, at the North-Eastern Fever Hospital, St. Ann's Road, N., and of typical cases of mental disease at the Colney Hatch Mental Hospital, New Southgate, N. Luncheon will be obtainable in the neighbourhood of the hospital, and tea will be provided in the hospital each day at 4 p.m. The fee for the course is 5 guineas, or 3 guineas for either week. The names of those wishing to attend should be sent (by Friday, July 16th, if possible) to the Dean of the College or to the Secretary of the Fellowship of Medicine, at 1, Wimpole Street, W.1.

A MEETING of the Biochemical Society will be held this day (Saturday) at Oxford beginning at 2.30 p.m. Two demonstrations will be given and a number of papers will be read.

THE Fellowship of Medicine has arranged a clinical demonstration in surgery by Mr. Rocyn Jones at the Royal National Orthopaedic Hospital, on July 12th at 2 p.m., and one in ophthalmology at the Royal Eye Hospital on July 14th at 3 p.m. by Mr. Griffith; both demonstrations are open to medical practitioners without fee. A late afternoon course will be held at the West End Hospital for Nervous Diseases from July 19th to August 12th. Practical courses in obstetrics and child welfare have been arranged at the City of London Maternity Hospital; the duration of each course is one week. Practical courses in anaesthetics can be arranged. From August 9th to 14th there will be an intensive course at the Brompton Hospital; an all-day course in diseases of children at the Queen's Hospital from August 16th to 28th; and an all-day course at Queen Mary's Hospital in medicine, surgery, and the specialties from August 23rd to September 4th. Copies of all syllabuses may be had from the Secretary of the Fellowship of Medicine, 1, Wimpole Street, W.1.

THE annual dinner of past and present students of St. Mary's Hospital Medical School will be held at the Connaught Rooms, Great Queen Street, London, W.C., on Monday, October 4th, at 7.30 p.m.

A COMPLIMENTARY dinner was given to the president of the London and Counties Medical Protection Society, Sir John Rose Bradford, K.C.M.G., M.D., F.R.S., on June 29th at the Grand Hotel to celebrate his recent election to the presidency of the Royal College of Physicians of London. Dr. C. M. Fegen, chairman of council, occupied the chair and was supported by the vice-presidents and members of council, including the legal officers of the society.

AT the general meeting of the People's League of Health, on July 5th, the Lord Mayor announced that the King and the Prince of Wales were subscribers to the £100,000 endowment fund which the league was endeavouring to obtain. Lord Burnham, speaking on the general work of the league, emphasized the importance of co-operation between the various nations in matters relating to health in order that higher standards of humanity might be secured. Professor Edgar Collis, Dr. A. F. Tredgold, and Professor W. E. Dixon dealt with the aims and objects of the league from the physiological, psychological, and public health aspects. Resolutions were passed in favour of the provision of periodical medical and dental examinations for insured persons, and advocating an inquiry by the Government into the influence of the dole on the national health and character.

IN our issue of June 12th we announced that the Manson medal of the Royal Society of Tropical Medicine and Hygiene had been awarded to Professor Ettore Marchiafava of Rome. The formal presentation was made at the meeting of the society on June 17th by its president, Dr. Andrew Balfour. The Italian Ambassador and Baron San Severino also spoke on this occasion.

EIGHT deaths from puerperal septicaemia having occurred during the first six months of this year among patients attended by nurses on the staff of the Kingston District Nursing Association, questions were asked in Parliament, as mentioned in our issues of June 19th (p. 1069) and July 3rd (p. 40). The Minister of Health has now written to the chairman of the Kingston Association expressing his concern and sympathy with the relatives and friends of those who died, and stating that the inquiry by one of the medical officers of the Ministry indicated the existence of grave laxity on the part of the superintendent in the administration of the nursing home and of the midwifery practice. The same nurse had access to infected and non-infected patients, and a nurse suffering from septic infection had remained on duty in spite of her manifest unfitness to continue in attendance on maternity patients. The Minister thinks there can be little doubt that this nurse acted as a carrier of virulent infection, and that both she and the superintendent cannot be exonerated from blame. He adds that he cannot escape the impression that the medical care in more than one case did not seem, so far as the evidence shows, to have been in accordance with the principles of sound midwifery practice. He expresses approval of the action taken by the Kingston Association in closing the maternity home temporarily and suspending the district midwifery practice, and he suggests that when maternity work is resumed the superintendent and the nurse concerned should be replaced by others and that an entirely new midwifery staff should be appointed. The Minister refers to the long record of good and successful work by the association and is sure that its valuable public service will not be allowed to lapse. He suggests that it might be advisable for the committee to consider affiliating its association to the Surrey County Nursing Association.

THE eighth annual meeting of the Mental Hospitals Association will be held in the Council Chamber of the Guildhall, London, on Wednesday, July 14th, at 11 a.m.

THE thirteenth congress of French-speaking alienists and neurologists, which will be held in Geneva and Lausanne in the first week in August, will coincide with the centenary of Pinel's death, and will have as presidents one of his descendants (Dr. Semelaigne of Paris) and Professor Long of Geneva. The following subjects will be discussed; Schizophrenia, introduced by Professors Bleuler of Zürich and Claude of Paris; Babinski's sign, its causes, mechanism, and significance, introduced by Professor Claude; the treatment of mental diseases by work, introduced by Professor Ladame of Geneva and Dr. Demay of Clermont. The subscription for members of the congress will be 30 French francs.

A FURTHER series of tours has been arranged by the *Bruxelles-Médical* for the autumn. From August 31st to September 21st a cruise to the Canary Islands will include visits to Bilbao, Vigo, Oporto, Las Palmas, Almería, or alternatively Casablanca and Tangiers and Marseilles; the charge to medical practitioners for the complete journey will be £26. Visits to the French ports are being organized during August and September lasting fifteen to eighteen days at the cost of 1,800 francs. Two Mediterranean cruises for university students will be organized in August and September, visiting Egypt, Palestine, Turkey, Greece, and Italy; the charge for the first cruise of twenty-six days will be 1,800 French francs, and for the second—lasting thirty days—2,100 francs. Further information may be obtained from the *Bruxelles-Médical*, at the Belgian office of the Compagnies Françaises de Navigation, 29, Boulevard Adolphe Max, Brussels.

THE thirty-sixth French Congress of Surgery will be held at the Paris Faculty of Medicine, under the presidency of Professor J. L. Faure, from October 4th to 9th, when the following subjects will be discussed: (1) Pathology of the semilunar cartilages, introduced by MM. Mouchet of Paris and Tavernier of Lyons; (2) Conservative operations in inflammatory diseases of the adnexa, introduced by MM. Gervais de Rouville of Montpellier and Mocquot of Paris; (3) Treatment of active gonococcal arthritis, introduced by MM. Michel of Nancy and Mondor of Paris.

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.**

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QUERIES AND ANSWERS.

INCOME TAX.

Deduction for Cost of Professional Rooms.

"A. R." has for many years been allowed to deduct two-thirds of his rent and rates as incurred for professional purposes; the local inspector of taxes has now informed him that he will be allowed one-third only in future.

* * Two-thirds was the old *maximum* proportion. The test is what is reasonable in the circumstances of each case, and it has to be admitted that that is usually excessive in the case of a provincial town. If, for instance, "A. R.'s" combined rent and rates amount to £150 per annum, it is unlikely that £50 only

(or any amount near that figure) would reasonably cover the non-professional portions of the house and garden. But whether one-third is enough we cannot say. It may be worth while pointing out to the inspector that the garage is wholly (or almost wholly) used for professional purposes and that the ground floor, where presumably "A. R." has his waiting and consulting rooms, is always reckoned by valuers to be by far the most valuable portion of a house.

Private Use of Car.

"H. L." explains that (excluding holiday running, which is separately recorded) he uses his car privately to the probable extent of 300 miles a year, and that on that basis the inspector of taxes proposes to disallow his claim to expenses to the extent of from £20 to £50, according to the total amount expended in the year.

* * It must be admitted that any expense which "H. L." has incurred for non-professional purposes cannot properly be deducted in his income tax return, and that it is not uncommon for the taxing authorities to insist on the exclusion of such expenses. At the same time the amounts suggested seem excessive on the mileage basis quoted. (Perhaps "H. L." has not made it clear to the inspector that his holiday expenses have not appeared in his original claim?) There are some expenses (cost of garaging and licence, for instance) which are not increased by private use of a car, and we are of opinion that the whole of such expenses should be allowed.

LETTERS, NOTES, ETC.

DUPUYTREN'S CONTRACTION.

DR. T. M. ALLISON (Newcastle-on-Tyne) writes with reference to the annotation on "The machine and the man" (p. 839): I regard Dupuytren's contraction as a gouty fibrosis; I have never seen it except in a person who drinks beer, not necessarily to excess. The use of certain tools may irritate the hands, but the contraction, in my opinion, only occurs in gouty subjects.

CALCIUM IN OVARIAN INSUFFICIENCY.

"OBSERVER," referring to the recommendation by Crainicianu of calcium in ovarian insufficiency (*Epitome*, June 26th, 1926, para. 652), asks what evidence there is of a deficiency of calcium in hypofunction of the ovaries; an excess of calcium might, he thinks, readily lessen the function of the ovaries, as well as that of the thyroid. Our correspondent adds: We know that the ovaries stimulate calcium metabolism, and also (as has been shown by Professor Dixon) the secretion of the pituitary body; but how calcium could stimulate the ovaries requires some explanation. In the treatment of osteomalacia the removal of the ovaries has long been practised. There is no use in introducing huge doses of calcium lactate into the digestive tract unless its absorption can be ensured, and it is known that only a small amount of calcium (fortunately) can be introduced into the system. If it were otherwise many patients would become like Lot's wife.

HAFFKINE'S PROPHYLACTIC FLUID.

WITH reference to the proposed improvement of Haffkine's prophylactic fluid by using the clear filtrate and rejecting the sediment, Dr. S. MALLANNAH (Hyderabad, Deccan) writes: Up to the present it has been generally thought that the protection produced by Haffkine's fluid is due to the action of dead plague bacilli and their products, and hence it is directed that the bottles be well shaken before use, so that both dead bacteria and their products are used in inoculation. In 1900 I formed and published conclusions based on clinical and experimental observations to the effect that the filtrate of Haffkine's fluid, when free from sediment containing dead plague germs, was not only efficacious in producing immunity, but that it was better than the whole fluid, since it did not cause indurations at the site of injection (*BRITISH MEDICAL JOURNAL*, 1900, i, p. 1155). These indurations or lumps generally last for three or four months and are slowly absorbed. They contain sterile pus, as I have demonstrated. I have shown also that rabbits inoculated with whole Haffkine's fluid lose weight during the absorption of these indurations. Finding that the filtrate has a better protective power and does not produce hard lumps, my usual procedure in using Haffkine's fluid is as follows. The bottles, after being well shaken, are set aside for some days with the pointed ends directed upwards. After a few days the fluid becomes quite clear, and at the bottom there is an ash-coloured sediment, which consists of dead plague bacilli. I withdraw the clear supernatant fluid and use it for injections, rejecting the sediment. With this procedure I have obtained better results and less reactions without producing any induration. One great advantage in using the filtrate, or clear supernatant fluid, only, is that contamination can be easily detected, since it causes turbidity in the fluid; in such a case the bottle should be rejected.

VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 39, 40, 41, 44, and 45 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 42 and 43.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 86.