

dark-ground illumination. Dr. Strangeways entered into a discussion of cell biology and the mechanism of growth and reproduction, in which profound scientific investigation reached the confines of philosophy. Dr. Canti described the method of making tissue cultures and gave an account of cell division as observed under dark-ground illumination.

Dr. Strangeways and Dr. Canti gave a demonstration of living tissue under dark-ground illumination, showing the structure of living cells and intracellular activity. The technique of the method has been described by Dr. Canti and published in the *JOURNAL* of July 24th (p. 155). The outlines of the flattened vegetative cells showed clearly. The cell structures—that is, nucleus, nucleoli, mitochondria, fat globules, and metabolites—were easily visible and their movements fascinating to watch.

SECTIONS OF DISEASES OF CHILDREN AND ORTHOPAEDICS.

Thursday, July 22nd.

SPASTIC PARALYSIS.

On the second day of the meeting a discussion by these two Sections on spastic paralysis in children was opened by Dr. W. J. Adie, who defined its scope and said that nothing material had been added to the accurate clinical description of the condition given by W. J. Little more than eighty years ago. While meningeal haemorrhage must be struck out as a cause of any infantile spastic state, birth injury, which might occur even in an apparently normal labour, was most often present, as had been shown by the important researches of Schwartz of Frankfurt and his assistants. The speaker was much struck by the resemblance between the syndrome of Little's disease and the condition seen in men wounded in the region of the superior longitudinal sinus in the war. He gave reasons for rejecting the view that primary neuronc degeneration was the cause of Little's disease, which, it should be noted, was not familial or progressive as such degenerations generally were. Great defect of the powers of speech might accompany a normal or more than average intellect. Epilepsy, athetosis, and chorea were generally contraindications to surgical treatment. After describing various forms of familial diplegias and spastic affections, the speaker briefly referred to the alleged sympathetic innervation of striated muscle; he thought that the evidence was against this view, for complete ablation of the sympathetic had no effect on decerebrate rigidity. Mr. Blundell Bankart said that the condition was most often due to a defect of the upper motor neurone, and was an exaggeration of the postural reflex. Its treatment was operative—on the muscles and tendons when structural shortening had supervened, but in all cases also on the peripheral motor nerves. Foerster's operation of posterior root section was now universally abandoned. The operation of cutting the sympathetic rami, which was based on the work of Hunter and Royle, had proved ineffective in his and other surgeons' hands. The object of all operations was to diminish the effective action of the preponderating group of muscles, either by lengthening them or by destroying part of it. The speaker thought that Stöffel's operations had advantages over others; they consisted in excising the nerve tracts to the overacting muscles, usually before they left the main trunk. Prolonged after-treatment and the use of splints were unnecessary. Dr. John Beattie showed a number of motion pictures to substantiate the contention of Hunter and Royle that muscle tone was influenced by the sympathetic nerves. These very clearly demonstrated the effects of operations on the central nervous system of goats, sea-gulls, and domestic fowls. In the decerebrate goat the hind limb on the side on which the sympathetic rami had been cut was flaccid. Mr. S. W. Daw agreed with Mr. Bankart as to the great superiority of operations on nerves over those on tendons in suitable cases. For secondary contracture of the triceps cruris he preferred incision of the fascia of the soleus and forcible stretching to tendon lengthening. In the upper limb operation was less necessary and less successful in its functional result. Tenotomy and tendon transfer as for

posterior interosseous nerve palsy were useful, however. The value of the cosmetic effect of such procedures was worth consideration. Mr. Tyrrell Gray said that a selection of cases was necessary, and the patient's desire to walk was a great factor in producing useful results. He preferred the extra peritoneal operation on the obturator nerves. Dr. F. M. R. Walshe maintained that the histological evidence certainly did not establish the sympathetic innervation of voluntary muscle, and consequently he disapproved of cutting the sympathetic rami for spasm. Dr. E. W. Neill Hobhouse thought it was possible to prevent severe spasm in the early stages and prevent need for operation. He emphatically condemned faradization, which the relations and friends and parents were too fond of using on their own responsibility. Dr. W. F. Menzies emphasized the importance of education before spasm became extreme, as there was no rigidity or spasticity at first. Mr. Rocyn-Jones spoke of the beneficial mental effect of physical improvement after operation. In treating adductor spasm by Stöffel's operation he always excised the tendon of the adductor longus. Operations on the arm were disappointing except for their cosmetic effect. Mr. Alan Todd had found bimanual exercises useful when the condition involved the upper extremity. He relied much on a keen mother and a wheelbarrow. Dr. H. J. Capon said that treatment begun at the age of 2 years was too late. It should begin at 1 or 2 days, before diplegia developed. Oedema, congestion, laceration, and haemorrhage required lumbar puncture to drain away the blood, etc.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

GANGRENE OF FINGERS DUE TO SUBCLAVIAN COMPRESSION.

DESCENT of the shoulder during growth or through muscular weakness may occasionally cause compression of the lowest trunk of the brachial plexus by a normal first thoracic rib. T. Murphy, Morley, Stiles, Stopford, and Wheeler have each described instances of this condition.¹ The following case illustrates the fact that the subclavian artery may suffer similar compression at the thoracic inlet.

A man, aged about 50, was admitted to Kasr el Aini Hospital, Cairo, with a useless left upper limb and a dry gangrene affecting the two distal phalanges of the index, middle, and ring fingers of his left hand. He had a flaccid paralysis of the majority of the muscles of the left arm, forearm, and hand, but there was some contracture of the digital extensors which caused the fingers to curve slightly in a dorsal direction. The deltoid was completely paralysed, and the humeral head had sunk towards the subglenoid position—a subluxation which could at once be reduced by supporting the elbow, with the same sensation of "telescopic" movement that is found in a congenital luxation of the hip.

The monoplegia had appeared suddenly during sleep a month before admission to hospital, the patient waking to find his limb useless. He stated that fever had accompanied the paralysis and that the gangrene had gradually followed it. There was no sensory loss in the left upper limb; the skin adjoining the gangrenous areas was hyperaesthetic. A very lively left supinator jerk was present, and was accompanied by a very slight increase of the left triceps jerk.

In view of the absence of sensory loss it was difficult to connect the gangrene directly with disease of the nervous system. An examination of the left radial artery at the wrist showed that while its pulsation was distinctly felt when the subluxation was reduced by supporting the elbow, it disappeared completely when the support was removed and the limb hung vertical.

It seemed at first sight that the axillary artery might be suffering compression by the slightly displaced head of the humerus, but after abducting the arm to a right angle the radial pulse reappeared, in spite of the fact that the head bulged further into the axilla. Radiography revealed no cervical rib or other abnormality, and we concluded that the stoppage of the pulse was due to compression of the left subclavian artery at the thoracic inlet.

Raising the limb relieved the compression, but there was a latent period of some thirty seconds before the pulse returned, due, no doubt, to a persistence of the *stupeur artérielle* produced by mechanical stimulation of the outer arterial coat. It was

¹ Stopford, J. S., and Telford, E. D.: *Brit. Journ. Surg.*, vii, p. 168. Wheeler, W. I. de C.: *Dublin Journ. Med. Science*, April, 1920, p. 65.

impossible to obtain any shadow of the subclavian or axillary arteries in a radiogram.

A series of sphygmograms gave objective confirmation of what had been found by feeling the radial pulse of the affected side. When the elbow was supported a series of well marked percussion waves were seen on the tracing, while when the arm hung by the patient's side the sphygmogram showed an unbroken straight line.

The distribution of the gangrene in the distal phalanges of the index, middle, and ring fingers is explained by the fact that these parts of the hand are furthest from the heart, and for this reason blood failed to reach them when the subclavian artery was compressed at the thoracic inlet.

ARNOLD K. HENRY,
Professor of Clinical Surgery, Royal
School of Medicine, Cairo.

AHMED HANDOUSA,
Resident Surgical Registrar, Kasr el
Aini Hospital, Cairo.

GENERALIZED TUBERCULOUS PERITONITIS: ACUTE OBSTRUCTION: OPERATION: RECOVERY.

CASES like that here recorded are sufficiently rare to be of interest.

On May 6th last I was called to see a woman, aged 70, who complained of abdominal pain and vomiting. She gave a history of good health except for occasional slight attacks of a similar kind during the past two or three years. She had been up and about until the previous day, and the bowels had opened slightly on each of the two previous days. The temperature was normal, and the pulse 84; the tongue was rather coated. The patient was of spare build and had obviously lost weight; the skin over the abdomen was dry and inelastic. Tenderness was elicited over the lower abdomen with some rigidity and distension, but no obvious mass was felt; rectal examination revealed nothing abnormal. No physical signs were found in the chest. Aperients were prescribed, followed later by enemas and colon irrigations; there was practically no result, but the general condition remained good until May 11th, when faecal vomiting occurred. She was then urged to go into hospital for operation, but refused until May 13th, when she was admitted to the County Hospital, Haverfordwest. Mr. R. C. B. Macrae operated. The abdomen was opened through a right paramedian incision and an obstruction of the small gut was found about 18 inches from the caecum; this was caused by a band which stretched from a loop of gut to a tuberculous gland in the mesentery; a piece of small gut was also adherent to the mesentery and kinked. Further up a second complete obstruction was found, due to a smaller band stretching from omentum to mesentery, the intestine above being acutely distended. Enlarged glands were present throughout the mesentery, some calcareous and some soft, and small tuberculous nodules were scattered throughout the peritoneal cavity. There was a small quantity of fluid in the pelvis.

The bands were divided and the adherent gut freed; the abdomen was closed without drainage. The patient made an uneventful recovery.

G. W. V. PARRY, M.R.C.S., L.R.C.P.

St. David's, S. Wales.

Reports of Societies.

RHEUMATOID ARTHRITIS.

A MEETING of the Medico-Chirurgical Society of Edinburgh was held in the Hall of the Scottish headquarters of the British Medical Association on July 7th, the President, Professor RUSSELL, in the chair, when a discussion on rheumatoid arthritis, initiated by Professor Ralph Stockman (Glasgow) and Dr. G. L. Kerr Pringle (Harrogate), was held.

Professor STOCKMAN referred to the varieties in nomenclature associated with this disease. Owing to the fact that the condition resulted from the malign activities of a number of different organisms the clinical designation "rheumatoid arthritis" was satisfactory for the present. Many suggestions regarding the etiology of the condition had been put forward through the ages, but there could be little doubt that it was a germ disease. The probability that there were several different organisms responsible was strengthened by consideration of the different clinical courses noted in the cases met with. In some cases there was a slow, insidious onset with implication of the small joints and gradual implication of the larger joints, perhaps extending over several years. Other cases began as acute arthritis of one of the larger joints with high temperature, rapid pulse, and great constitutional disturbance.

Again, enlargement of the spleen and lymphatic glands might be found, indicating a general blood infection. Ultimately all cases took on a definite chronic course and tended to go from bad to worse. It was important to realize that rheumatoid arthritis was not merely an arthritis but a general disease of which the point of attack was the white fibrous tissue—the connective tissue—of the locomotory system of the whole body. The primary and essential pathology was a fibrositis with swelling and proliferation of white fibrous tissues locally. A perineuritis was set up in the small nerves in the inflamed tissue, and so pains, stiffness, and a fatigued feeling were produced outside the joints. In some cases there was more tendency to attack and erode the cartilage and bone. The sequels of all this included the well known symptoms—the muscular dystrophies, deformities, and contractures. The origin of the disease in any one case might be difficult, and was sometimes impossible, to define certainly. Professor Stockman had seen cases in association with psoriasis, general dermatitis, and lupus erythematosus; rheumatoid arthritis also followed chronic tonsillitis and many other local septic conditions. Treatment resolved itself into two principal endeavours: (1) to combat the infection and bring it to an end, and (2) to remove the fibrositis throughout the body and correct any contractures of muscles and joints. General tonic measures and local application of heat in various forms, baths and spa treatment, had been used from remote times; these, however, had little effect on the general course of the disease. Vaccines from different strains of streptococci and staphylococci had proved of no specific value in Professor Stockman's experience, but during the past five years he had used protein shock or non-specific protein therapy. The benefit appeared to depend on the sharp feverish reaction which followed the injection. Professor Stockman tried various proteins in rheumatoid cases, but now almost confined himself to the typhoid bacillus as the most satisfactory. Beginning with a dose of 100 million intravenously, it was repeated every six days until six injections had been given, the dose being gradually increased to 200 or 250 million. The reaction started within an hour with a rigor and rise of temperature to 103°-105° with nausea, headache, and possibly vomiting. A profuse perspiration was followed by a return to a normal temperature. There was a very marked polymorphonuclear leucocytosis. The reaction lasted for six to twelve hours. There was also a focal reaction, the affected areas becoming painful, slightly swollen, and tender. This passed off, and next day the patient felt better. In about 60 per cent. of upwards of 250 unselected cases which Professor Stockman had treated the infection was brought to an end. The treatment should be commenced early in the disease. The speaker finally referred to the formidable and tedious task of treating the contractures of muscles and joints.

Dr. G. L. KERR PRINGLE referred to the importance of soil and diathesis in addition to infective foci in the production of the disease. He said that the commencement and cessation of menstruation were associated with the disease, and pregnancy had long been considered a cause. He referred to the biochemical investigations at the Royal Bath Hospital, where it was found that the glucose tolerance was lowered in most cases of proliferative arthritis, and that when a septic focus was removed the tolerance became more normal. These patients improved on a low carbohydrate diet, and the basal metabolism did not appear to be altered in them. With regard to treatment, Dr. Pringle said that infective foci should be removed and hydrochloric acid given if there was achlorhydria. In young women with an abnormal menstrual history thyroid extract in small doses with increasing doses of the French tincture of iodine and a low carbohydrate diet should be given, and lavage where there was intestinal stasis. The speaker referred to the local production of hyperaemia by various agents followed by massage. Surgical measures should not be undertaken when there was active disease, and when operation was considered a low glucose tolerance should be obtained. Vaccines sometimes gave excellent results, and in other cases were very disappointing.

demonstrate how, in spite of all setbacks, medicine has gradually been freeing itself from legends, myths, traditional lore, and other human imaginings, and has emerged as a science developed in peace and war.

At some distant epoch the influence of this Association, by its varied world-wide activities, will be recognized as having made its contribution to the development of the spiritual, mental, and physical attributes of man, and so be found worthy of being included in such a history. Another prophecy; and yet an encouragement.—I am, etc.,

Hove, July 30th.

E. ROWLAND FOTHERGILL.

DEFENCE OF ASSISTANTS AND LOCUMTENENTS.

SIR,—I am instructed by the council to bring before the notice of your readers the fact that this union, which enrolls medical and dental practitioners in any part of Great Britain and Northern Ireland, has always accepted responsibility for the acts of their member's assistant or locumtenent. If, therefore, a claim is made, or an action raised against a member of this union in respect of a negligent (or alleged negligent) act of his assistant or locumtenent, the union will defend the case. The union's indemnity insurance scheme, under which members are protected in the event of an action against them being unsuccessfully defended, also covers the member, not only against his own negligence, but that of his assistant or locumtenent.—I am, etc.,

W. FINDLAY,

Secretary and Treasurer, Medical
and Dental Defence Union of
Scotland, Limited.

155, St. Vincent Street,
Glasgow, C.2, Aug. 3rd.

Universities and Colleges.

UNIVERSITY OF OXFORD.

DR. WILLIAM BROWN has been re-elected Wilde Reader in Mental Philosophy for five years.

The Master and Fellows of University College, Oxford, upon the report of the Professor of Pharmacology, have awarded the scholarship in pharmacology to Frank Hawking.

On the recommendation of the Waynflete Professor of Physiology, the board of management of the Theodore Williams Scholarship in Physiology has elected F. R. Crookes and J. H. Hunt, whose work was of equal merit, to be Theodore Williams Scholars in Physiology for 1926-27.

UNIVERSITY OF CAMBRIDGE.

At a congregation held on July 29th the following medical degrees were conferred:

M.D.—J. Rickman, *F. A. Barker.

M.B., B.Chir.—J. W. H. Simpson, K. G. Salmon, P. E. Bardsley, R. S. Starkey, J. D. M. Stewart, D. P. Marks.

M.B.—F. W. Roques.

B.Chir.—L. G. Higgins, T. F. Fox, G. G. Holmes, F. G. Winterton, A. W. Spence, *B. C. Tate, V. B. Wigglesworth, J. H. Hannan.

* Admitted by proxy.

UNIVERSITY OF LONDON.

LONDON HOSPITAL MEDICAL COLLEGE.

THE entrance scholarship in pathology (value £100), offered by the London Hospital Medical College to students of the Universities of Oxford and Cambridge, has been awarded to Mr. G. E. Lewis, of Christ's College, Cambridge.

LONDON SCHOOL OF HYGIENE AND TROPICAL MEDICINE.

Dr. R. M. Morris has been awarded a Laloea medal, in addition to that gained by Dr. R. Crawford and referred to in the list of successful candidates published last week (p. 233); both students obtained an equal percentage of marks.

LONDON (ROYAL FREE HOSPITAL) SCHOOL OF MEDICINE FOR WOMEN.

The following scholarships and bursaries have been awarded for the session 1926-27:—Isabel Thorne Scholarship: Miss H. M. Brown. St. Dunstan's Medical Exhibition: Miss E. J. Adams Clark. Sir Owen Roberts Scholarship: Miss R. E. Chamings. Mabel Sharman Crawford Scholarship: Miss P. Farncombe. Alfred Langton Scholarship: Miss P. D. Towell. Flora Murray Bursary: Miss M. M. Fenn. Fanny Butler Scholarship: Miss R. B. Snow. Dr. Edith Pechey-Phipson Post-Graduate Scholarship: Miss G. H. Newell, M.B., B.S.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

An ordinary quarterly comitia of the Royal College of Physicians of London was held on July 29th, when the President, Sir John Rose Bradford, was in the chair.

Fellowship.

Dr. D. R. Paterson, Dr. G. E. C. Pritchard, and Sir George S. Buchanan were admitted to the Fellowship.

Membership.

The following, having passed the required examinations and satisfied the Censors' Board, were elected to the Membership, and all but Dr. Simpson were admitted.

Janet Kerr Aitken, M.D.Lond., Julia Bell, L.R.C.P., Shankar Sahai Bhatnagar, M.B.Punjab, Harold Godfrey Bird, M.B.Toronto, Edward Rowan Boland, L.R.C.P., William Brockbank, L.R.C.P., Norman Francis Clifford Burgess, M.B., L.R.C.P., Vincent Middleton Coates, M.D.Cantab., Daniel Thomas Davies, M.B.Wales, Durga Ratan Dhar, M.B.Calcutta, Victor Wilkinson Dix, M.B.Cantab., Helen Winifred Duncan, M.B.Lond., Chester Kingsley Dunstan, M.B.Sydney, Iris Mary Harmer, M.B.Cantab., Kenneth Edwin Harris, L.R.C.P., Richard Athelstane Parker Hill, M.D.Cantab., Alfred Birkbeck Hodgson, M.B.Lond. and Birm., John Holmes, L.R.C.P., John Alexander Innes, M.B.Aberd., Reginald Sleigh Johnson, M.B.Lond., Edmund Britten Jones, M.B.Adelaide, Alexander Henderson Kirker, M.B.New Zealand, Louis Lavine, M.B.Durh., Terence Charles Morton, M.D.Edin., Herbert William Pearson, M.B.Oxf., Edward Selby Phipson, D.S.O., M.B.Lond., Cyril John Polson, M.B.Birm., Dewan Hakumat Rai, M.C., Major, I.M.S., Thomas Percy Rees, M.B.Wales, William Austin Robb, M.B.Lond., Hugh Alexander Robertson, M.B.Oxf., John Davy Rolleston, M.D.Oxf., John Whitwell Hope Simpson, L.R.C.P., Sidney Smith M.B.Lond., Capt., R.A.M.C., George Henry Wickens, M.B.Melb., F.R.C.S.Eng.

Licences.

Licences were granted to the following 176 candidates who had passed the recent examination.

R. M. Ainsworth, C. E. H. Anson, J. R. Armstrong, H. Y. Awad, W. Baker, B. Barling, J. T. Barr, A. K. Basilios, *Florence I. Beech, W. F. D. Benton, P. Berry, W. Blood, *Hilda M. P. Bond, *Mabel C. Booyson, M. D. Bower, *Ellen W. M. Bridge, R. C. Brock, R. D. W. Butler, P. J. L. Capon, *Rose A. Carter, *Alison M. Clark, E. V. Claydon, A. P. L. Cogswell, A. H. F. Cole, R. G. Cooke, *Constance M. Corbett, F. R. Corfe, *Annie A. Corp, J. B. Crabtree, A. T. Currow, P. J. Curran, K. J. J. Cursetji, W. W. Darley, E. A. Darukhanawalla, L. Dass, J. R. A. Davies, *Mirabel G. Davis, C. A. Day, H. I. Deitch, H. A. H. D'Silva, C. W. L. de Souza, *Sheila Dewar, G. Dignam, *Irene Dixon, *Jean M. Dollar, M. H. C. Dyson, J. P. Evans, R. Evans, S. N. Evans, G. L. Feneley, C. Fernando, R. F. Fidler, G. W. S. Foster, E. O. Fox, *Elsa C. A. Fristedt, R. Gallimore, R. C. Germond, F. Goldby, B. W. Goldstone, E. D. Y. Grasby, W. P. Greenwood, J. L. Groom, R. G. Hall, *Kathleen M. Halloran, T. J. Hargest, C. H. Harper, S. T. Harris, J. C. Hawksley, G. G. Hill, W. S. Hinton, A. S. Hollins, M. F. Hope, W. G. S. Hopkirk, *Nancy G. Howell, J. H. Humphris, W. T. Hunt, D. H. Isaac, *Mary R. Isaac, R. Jarman, B. S. Jarvis, B. C. Jennings, *Mary Jennings, J. D. F. Johnston, A. N. Jones, E. D. Jones, J. P. Jones, B. Kaplan, *Gladys Kay, W. A. Kerr, H. Kesselton, W. R. Kirkpatrick, J. H. Kitson, *Olive C. Knight, S. C. H. Lane, W. Leslie, A. L. St. A. McClosky, R. G. MacGregor, E. M. B. Mackenna, C. W. Mackenzie, E. H. Mackenzie, J. H. Marshall, W. N. Masall, A. J. M. Melly, *Bertha I. Meyer, *Anna P. Montgomery, A. W. J. Morgan, J. Morris, *Margaret E. Morton, L. Moss, I. Muende, *Kathleen A. Muir, *Dorothy L. Neate, E. J. Newman, *Norah M. A. Nisall, H. P. O'Keefe, M. N. Oster, C. L. Owen, J. G. Paley, F. Parker, *Isabel D. Patterson, R. A. M. Pennington, G. H. Pereira, D. Perkoff, R. K. Phillips, M. M. Posel, E. I. Puddy, E. J. Pye-Smith, W. F. H. Ray, W. D. B. Read, *Violet M. H. Rendall, *Doris Reynolds, J. R. W. Richardson, F. T. Ridley, *Bertine M. Rix, *Phyllis Routledge, E. S. Rudaizky, S. E. Saint, A. E. Y. M. Salama, W. Samarasinghe, W. E. Savage, H. N. Seymour-Isaacs, A. Signaiewsky, R. A. Simms, H. Sissons, E. W. Skipper, *Peggie P. Slater, S. Smith, J. E. C. Spicer, J. B. Stauffer, K. R. Stokes, *Stella C. C. Stuart, R. D. Summers, M. M. Suzman, B. C. Tate, E. D. Thomas, L. H. Thomas, *Mary Thomas, B. Thomason, S. R. Trick, J. M. Turner, *Dorothy I. Valentine, *Vera A. Vane-Percy, G. F. Vincent, J. E. Wallace, S. D. H. D. Wallis, *Kathleen M. Ward, R. F. Ward, T. H. Wehlburg, A. G. Welker, D. F. Whitaker, E. G. Williams, H. P. Williams, *Jane C. Williams, *Elizabeth E. Winttingham, H. L. C. Wood, R. E. Yule.

* Under the Medical Act, 1876.

Diplomas.

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

PUBLIC HEALTH.—E. G. Anthonisz, C. M. Brown, Lily C. Butler, C. K. Cullen, P. P. Daruvala, E. F. Duck, E. James, J. V. Landau, Janet McL. MacKay, Catherine J. MacLaren, R. C. Mahajan, J. A. Struthers, T. Tennent, W. D. R. Thompson, Cicely Weatherall, M. J. Whelton.

LARYNGOLOGY AND OTOTOLOGY.—T. A. Clarke, A. L. Clowes, A. O. Davy, J. D. Dhruv, P. Garson, W. J. Macdonald, C. S. C. France, M. J. Quraishi, B. T. Rao, B. D. Uberoi, J. R. Wheeler.

OPHTHALMIC MEDICINE AND SURGERY.—R. A. de O. Basto, S. N. Chau, G. S. Chowdhary, W. J. L. Duncan, K. Eweida, S. Fraser, D. Hardie, S. H. G. Humphrey, R. Lang, E. H. Lim, A. M. MacGillivray, A. McGlashan, E. G. Mackie, M. S. Mahmood, M. C. Mason, H. B. Owen, T. G. W. Parry, W. L. Peacock, T. Pearson, H. Ral, P. R. S. Rao, G. P. N. Richardson, F. W. Robertson, Nina L. D. Robertson, W. J. Roche, K. G. W. Saunders, H. Singh, S. G. Sorabji, T. C. Talk, H. K. Tucker, M. L. Watts, L. E. J. Werner.

PSYCHOLOGICAL MEDICINE.—G. W. J. MacKay, J. R. A. Madgwick, J. T. H. Madill, A. R. Martin, L. Minski, A. C. Sinclair.

The Murchison Memorial Scholarship was awarded to C. E. Newman, M.B.Cantab., M.R.C.S., L.R.C.P.; and *proxime accessit* P. B. Wilkinson, M.B.Lond., M.R.C.S., L.R.C.P., both of King's College Hospital.

Members of committees and examiners for the ensuing year were elected, including:—*Censors*: Herbert Morley Fletcher, M.D., Robert Hutchison, M.D., John Walter Carr, C.B.E., M.D., Frederick John Poynton, M.D. *Emeritus Treasurer*: Sir Dyce Duckworth,

Bt., M.D. *Treasurer*: Sidney Philip Phillips, M.D. *Registrar*: Raymond Crawford, M.D. *Harveian Librarian*: T. H. Arnold Chaplin, M.D. *Assistant Registrar*: Robert Oswald Moon, M.D.

Harveian Orator and Bisset Hawkins Medal.

The President announced that he had appointed Sir William Hale-White to deliver the Harveian Oration in 1927, and had awarded the Bisset Hawkins Medal, 1926, to Dr. A. T. Stanton.

Harvey Tercentenary.

The President reported the following recommendation of the Council, which was adopted:

That it be remitted to a committee consisting of the President, Senior Censor, Treasurer, Registrar, and Harveian Librarian, with power to add to their number, to consider and report to the College on the arrangements that should be made by the Royal College of Physicians duly to celebrate in 1928 the tercentenary of the first publication of Harvey's *De Motu Cordis*.

Various Communications.

At the request of the Secretary of the Medical Research Council, Lord Dawson and Dr. John Fawcett were nominated to confer with that council on the question of continuing the issue of *Medical Science: Abstracts and Reviews*. A specimen copy of the Osler Memorial medal was accepted, with thanks to the Regius Professor of Medicine at Oxford, Secretary of the Osler Memorial Committee, for the gift. The President reported communications with the Home Office concerning the barbitone group of drugs, including copies of the draft amending regulations under Section VII of the Dangerous Drugs Act, 1920.

Various reports from standing committees were received, and the report of the Departmental Committee on the University of London was discussed. The President then dissolved the comitia.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

An ordinary council meeting was held on July 29th, when the President, Sir Berkeley Moynihan, Bt., was in the chair.

Diplomas and Licences.

Diplomas of membership were granted to 174 candidates. Licences in dental surgery were granted to 2 candidates. Diplomas were granted jointly with the Royal College of Physicians: In public health to 16 candidates; in ophthalmic medicine and surgery to 32 candidates.

Appointments.

A letter was read from Mr. Herbert S. Pendlebury resigning his membership of the Court of Examiners, and suggesting that such resignation take effect on the conclusion of the final examination for the Fellowship in November. The resignation was accepted and the vacancy on the Court of Examiners thus occasioned will be filled at the ordinary meeting of the council on December 9th.

Sir Anthony Bowlby and Sir D'Arcy Power were re-elected, and Mr. Sampson Handley was elected, members of the executive committee of the Imperial Cancer Research Fund.

Lister Memorial Lecture.

The Lister Memorial Lecture by Professor von Eiselsberg, will be delivered at the College at 5 p.m. on Thursday, July 7th, 1927, and a reception will be held in the museum from 4 to 5 p.m. before the lecture.

The Supplemental Charter.

The Supplemental Charter, as prayed for by the College, was approved by the King in Council on July 26th.

SOCIETY OF APOTHECARIES OF LONDON.

THE following candidates have passed in the subjects indicated:

SURGERY.—A. C. F. Barrow, A. Henkamp, R. F. Middleton.
MEDICINE.—N. H. Allen, F. W. Barton, T. M. Beattie, W. O. H. Evans, J. B. Lurie, R. I. Richards, G. E. Rowan.
FORENSIC MEDICINE.—C. S. Forrest, H. S. Littlepage, J. B. Lurie, R. F. Middleton, T. E. Moody Jones, A. K. Rama Chandra, G. E. Rowan, R. S. S. Smith, M. Stinnesbeck.
MIDWIFERY.—A. C. Banerji, H. J. J. Fordham, D. Jacobson, V. K. Samy, M. T. Y. Selim, R. S. S. Smith, T. de L. Walker.

The diploma of the Society has been granted to Messrs. W. O. H. Evans, R. F. Middleton, and G. E. Rowan.

The Services.

NAVAL DECORATION.

The Royal Naval Volunteer Reserve Officers' Decoration has been conferred upon Surgeon Commander R. Wilbond.

DEATHS IN THE SERVICES.

Colonel B. M. Blennerhasset, C.M.G., Army Medical Service (ret.), died at Rotorua, New Zealand, on May 26th, aged 76. His surname was originally Tincler, and under that name he entered the army, but changed it by deed poll to Blennerhasset in 1879. He was educated in Dublin, taking the L.K.Q.C.P. in 1870, and the L.R.C.S.I. in 1871, and subsequently the F.R.C.S.I. in 1889.

Entering the army as assistant surgeon in 1872 he became colonel in 1902, and retired in 1906. He served in the Ashanti campaign of 1895-96, when he was mentioned in dispatches, and received the star, given instead of a medal for that campaign, and the C.M.G.

Lieut.-Colonel L. J. Pisani, Bengal Medical Service (ret.), died in London on June 22nd, aged 64. He was born at Gibraltar, the son of John Pisani, landholder, and educated at Charing Cross Hospital, taking the M.R.C.S. and L.S.A. in 1886. He entered the I.M.S. as surgeon in 1886, passing first into Netley, but dropping two places during the course there. In 1895 he took the F.R.C.S. He became lieutenant-colonel after twenty years' service, and retired in 1911. After the usual two years' military duty, he took civil employ in the Punjab, but was soon after transferred to the United Provinces. He served on the north-west frontier in the Hazara campaign of 1888, was present at the action at Kotkai, and received the frontier medal with a clasp. He was the author of a work on *The Pathology of Relapsing Fever*, 1889.

Lieut.-Colonel Henry Arthur Bransbury, D.S.O., R.A.M.C., was murdered at Lucknow on July 5th by an Indian servant. He was born on October 2nd, 1877, the son of the late Mr. Henry Bransbury of Southsea, was educated at St. George's, and took the diplomas M.R.C.S. and L.R.C.P.Lond. in 1900. After filling the posts of house-physician and assistant to the medical registrar at St. George's, he entered the army as lieutenant on January 29th, 1901, and became lieutenant-colonel in 1918. He served in the South African war in 1901-2, taking part in operations in the Transvaal and Orange River Colony, and receiving the Queen's medal with three clasps; he served also in the war of 1914-18, when he was mentioned in dispatches in the *London Gazette* of April 5th, 1916, and received the D.S.O.

Medical Notes in Parliament.

[FROM OUR PARLIAMENTARY CORRESPONDENT.]

PARLIAMENT rose on August 4th for the long recess. The House of Commons is to resume its ordinary business on November 9th, but there will probably be a special sitting on August 30th for renewal of the Emergency Regulations. The Government will take the whole time of the House during the autumn session. The London University Bill, being a Government measure, may be carried, but there is considerable opposition to it. No attempt will be made to advance the Factories Bill which has just been introduced.

Though no decision has been officially announced, the Minister of Health is expected to introduce next year a bill founded on the recommendations of the Nursing Homes Committee. The bill, when introduced, will also propose consequential modifications in the Midwives and Maternity Homes Bill which has just been passed.

The House of Commons passed the Lead Paint (Protection against Poisoning) Bill through report and third reading on August 3rd.

Public Health in Scotland.

During the debate in the House of Commons on the Scottish Estimates the question of the duties of education authorities as to the feeding of school children during the holidays was raised. The Lord Advocate said that the education authority's duty arose when it found that, owing to lack of food or clothing, a child was not in a condition to take full advantage of the educational course. It was the duty of the parish council to provide relief while the child was at home.

Mr. Johnston said that in Dundee 4,000 persons lived in houses which had been officially scheduled as unfit for human habitation, and that 1,000 families lived each in a share of a room. The medical officer of health had urged development in house building. Mr. Barr said that the report of the Hospital Services (Scotland) Committee, over which Lord Mackenzie had presided, showed that the hospital accommodation was inadequate; in the six teaching hospitals in Scotland there were 3,256 beds and a waiting list of 5,854. Considering the inadequacy of the medical equipment, remarkable progress had, Mr. Barr said, been made. He recapitulated some of the statistics published in our columns, and quoted some about Glasgow, which will be found at page 272. The Labour party desired to see the whole health service a public service, and the best medical skill available to all without distinction.

Mr. T. Kennedy said that in cases of abnormal sickness national health insurance committees had the responsibility of inquiry and action. The Royal Commission of 1924 had recommended their practical abolition on the ground that the duties were of a routine character, and had diminished. The House should think seriously before assenting to their abolition.

Mr. Buchanan urged on the Scottish Office the need for more rapid expansion in the treatment of venereal disease. Medical provision in Glasgow and Edinburgh was not sufficient. In Glasgow it was not uncommon to have thirty or forty cases a night, and to give each the necessary medical attention was impossible. He referred also to the training of the blind; there was a long waiting list of persons anxious to get training. Mr. Wheatley said that Scotland required 100,000 working-class houses.

Members of the Association who have had occasion frequently to visit the Central Offices will learn with regret that the senior porter, Mr. SAMUEL Cox, died suddenly on July 28th, from pulmonary haemorrhage, at the age of 54. His early life was spent in the 11th Hussars, with which he went through the Chitral campaign. During the South African war he was General French's personal dispatch rider. He entered the service of the British Medical Association in 1902, and was called up at the beginning of the great war, throughout which he served in the Army Service Corps as saddlery sergeant. While with the British Medical Association he discharged numerous functions, always with courtesy and diligence. Almost his last duty, performed during the recent Annual Meeting, was to carry the Nottingham flag before the President in the procession to St. Mary's Church. Mr. W. G. Spencer, the Honorary Librarian, desires us to add his appreciation of Cox's services as library porter, and particularly during the change from the Strand to Tavistock Square. "He was," Mr. Spencer says, "one of the most obliging and all-round efficient men I have ever met."

Medical News.

AT the Post-Graduate Hostel, Imperial Hotel, Russell Square, London, a discussion on the silhouette radiogram in the interpretation of clinical signs will be opened on Thursday, August 12th, at 9 p.m., by Mr. A. P. Bertwistle, F.R.C.S.Ed. Ladies and friends of medical men are invited to attend. Two discussions were held last week. Dr. Finsterer of Vienna, on his way from Nottingham, where he had taken part in the discussion in the Section of Surgery on gastro-enterostomy, spoke on operations on the stomach. Sir William Wheeler, who was in the chair, emphasized the diagnostic importance of a course of arsenic in deciding whether the case was one of anaemia or carcinoma. The second discussion was opened by Sir George Lenthal Cheatle, who dealt with the difference between hyperplasia and inflammation, which he regarded as two distinct entities. He illustrated his remarks by lantern slides.

THE late Sir Henry Morris, Bt., F.R.C.S., has left estate of the value of £44,768, with net personalty £44,602. He directed his executors to offer the portraits of himself by W. W. Ouless, R.A., to the National Portrait Gallery, and, if not selected by them, to the Royal College of Surgeons and the Royal Society of Medicine.

IN aid of King Edward's Hospital Fund for London visits to the Tower of London are being arranged for August 11th, 18th, 25th, and September 1st. Mr. Walter Bell, F.S.A., will give addresses and conduct parties round the building, and an opportunity will be afforded to visit Queen Elizabeth's Walk and the Bell Tower. Parties will assemble at the entrance gates at 2.30 p.m. (nearest Underground station, Mark Lane). Early application for tickets (price 7s. 6d.) should be made to the Secretary of the Fund, 7, Walbrook, E.C.4.

THE Fellowship of Medicine announces that the special course in diseases of children at the Queen's Hospital from August 16th to 28th will include demonstrations, lectures, and operations in the various departments of the hospital. From August 23rd to Sept. 4th the Queen Mary's Hospital, Stratford, will provide an all-day course of instruction in all departments. Regular weekly courses in obstetrics are now offered at the City of London Maternity Hospital; practical courses in anaesthetics can be arranged on application to the Fellowship. The September special courses include: diseases of infants, electrotherapy, ophthalmology, orthopaedics, psychological medicine, and an intensive course in medicine, surgery, and the specialties. Copies of all syllabuses, the general course programme, and the Fellowship journal may be obtained from the secretary of the Fellowship, 1, Wimpole Street, W.1.

A POST-GRADUATE course in non-pulmonary tuberculosis will be held at Heatherwood Hospital, Ascot, Berks, from September 23rd to 25th inclusive. The programme includes discussions on light treatment, diseases of the spine and hip, and the after-care of surgical tuberculosis. It is stated that the course has been approved by the Minister of Health as ranking for a grant. The fee is one and a half guineas, and further information may be obtained from the honorary secretary, Joint Tuberculosis Council, Post-Graduate Courses, 19, Brunswick Square, Camberwell, S.E.5.

THE eighth Karlsbad international post-graduate course in balneology and balneotherapy will be held from September 12th to 18th. Professor George Barger of Edinburgh will

deliver a lecture on the chemistry of hormones. The course is open to all medical practitioners, for whom full opportunities for studying the local therapeutic institutions will be provided. In connexion with the course a Czecho-Slovakian visa will be supplied without charge and a 33 per cent. reduction allowed on the State railways. Further information may be obtained from the secretary, Dr. Edgar Ganz, Karlsbad.

A POST-GRADUATE course in dermatology and venereology will be held at the Strasbourg Faculty of Medicine from September 20th to November 6th, under the direction of Professor Pautrier, assisted by Professors Barré, Blum, Canuys, Merklen, and others. A course on the principal laboratory methods and the general morbid anatomy of skin diseases will be held at the same time; the fee for each course is 300 francs. Further information can be obtained from Professor Pautrier, 2, Quai Saint-Nicolas, Strasbourg.

THE twenty-sixth French Congress of Urology will be held at the Paris Faculty of Medicine on October 5th under the presidency of Dr. Marion, when a discussion on the vesicoureteral reflux will be introduced by Dr. Lepoutre of Lille. Further information can be obtained from Dr. O. Pasteau, 13, Avenue de Villars, Paris VIIe.

UNDER the direction of Professor Jeansolme three autumn courses will be held at the Hôpital St-Louis, Paris, the fee for each being 250 francs. During October there will be a dermatological course, and in November one in venereal diseases, while from November 29th to December 22nd the two subjects will be treated from the therapeutical standpoint. Further information may be obtained from Dr. Burnier, Hôpital St-Louis, Paris.

THE twenty-second international medical post-graduate course will be held at Vienna from September 27th to October 9th, the subject being modern therapeutics; in connexion with it there will be a course in public health. Further information may be obtained from Dr. A. Kronfeld, Porzellangasse 22, Vienna IX.

WITH the co-operation of the Union of American Biological Societies a monthly periodical, *Biological Abstracts*, will appear shortly and include epitomes of the literature of the world dealing with theoretical and applied biology, excluding clinical medicine. Individual biologists can obtain the journal for an annual subscription of nine dollars. Further information may be obtained from the editor, *Biological Abstracts*, University of Pennsylvania, Philadelphia, Pa., U.S.A.

A BOOK entitled *Les Héros sans Gloire* has been prepared by Madame A. René-Brouilhet, the widow of a French army medical officer who died during the war. She has collected material industriously, and the volume is dedicated to the memory of the surgeons who died for France. It will be published shortly (price 25 francs) by C. Lavauzelle et Cie, 124, Boulevard St-Germain, Paris, to whom subscriptions may be sent.

A NEW publication entitled *Archives médico-chirurgicales de l'appareil respiratoire* has been established in Paris (G. Doin et Cie); it deals with physiological, medical, and chemical researches into the pathology of respiration. The editors are Drs. Pierre Pruvost and Jean Quénu.

A WELL illustrated pamphlet entitled *At the Meeting of the Ways* has been issued in support of an appeal by University College Hospital for money to provide an additional annual income of £15,000. As reported at the time, the Prince of Wales opened the new hospital extensions—namely, the obstetric hospital and the nurses' home—at the end of May, and unveiled a memorial tablet at the new Royal Ear Hospital, which has been rebuilt as part of University College Hospital. The hospital was founded ninety-three years ago, and was, we believe, the first hospital established in this country as part of a medical school and with a direct connexion with a university. The pamphlet describes the nature of the work in the various departments; copies of it may be obtained from the secretary of the appeal committee at the hospital.

THE sterilization of milk and butter by the electric current, ozone, and ultra-violet rays forms the subject of an interesting article in the *Revue générale des Sciences pures et appliquées* for May 15th, by the agricultural engineer, M. Antonin Rolet.

IN the recent massage examinations four blind students from the National Institute's massage school were successful, one of them being the holder of a Gardner scholarship. This examination is held in open competition with sighted candidates.

THE London County Council has added the name of Professor Alfred Piney, M.B., director of pathology at Charing Cross Hospital, to the panel of expert pathologists who may be called in by coroners in connexion with inquests of exceptional difficulty.