

the notes of two cases dictated at the time the *post-mortem* examinations were made:

"On opening the abdomen the first thing observed is the extreme dilatation and thinning of the whole gastro-intestinal tract; atony of the bowels; ballooning and transparency; intestinal stasis; giving the appearances now so familiar to us in deficiently fed animals, and first observed in pigeons and monkeys in 1919."⁴

Again in another case:

"This case presents an extraordinary contrast to all other rats' intestines seen up to date. The lumen of the bowel is very much narrowed, the bowel being in its whole course hardly thicker than a piece of grocer's string. There is no distension of the bowel nor 'air-locks.' Intestinal stasis is marked; the lower part of the bowel is filled with hard, oval, faecal masses situated one above the other, which, with the attenuated bowel between them, resemble a string of beads strung at bead-distance intervals. The stomach is very small, and is not dilated; it is filled with coffee-ground-like material, some of which washes off in water, but much of which is adherent to the congested mucous membrane, and can be removed only by scraping. About the middle of the proximal portion of the stomach there are three mammiform areas, each having a small crater-like depression at the top."

These areas, which may be either villiform or mammiform, were found in this situation in 3 of the 6 animals in which *post-mortem* examination was made, but never, so far, in well-fed controls. On histological examination they were seen to be papillomatous outgrowths of the stratified epithelium lining the proximal part of the stomach. Their appearance is illustrated in the photomicrographs (Figs. 3 and 4). These notes will serve to indicate that the diet on which this colony was fed was such as favoured the production of an unhealthy and inefficient state of the gastro-intestinal tract, and an abnormal growth of epithelium in the proximal portion of the rat's stomach.

4. Body Weight.

The difference in body weight of the two colonies is sufficiently indicated by the photographs. Aggregate weight curves are, however, given in the chart. Starting from the same point at 2,540 grams, it will be noted how the two curves diverged: the aggregate weight of the well-fed colony rose steadily; that of the ill-fed colony fell steadily. At the points at which deaths occurred in either colony an arrow indicates the event. The fall in the aggregate weight curve of the ill-fed colony was, of course, due mainly to losses by death; but the chart illustrates in a striking way the extent to which the ill-fed colony suffered.

CONCLUSION.

This experiment demonstrates that a diet composed of whole-wheat, milk, milk products, sprouted legumes, uncooked vegetables and fruit, with fresh meat occasionally, far surpasses in nutritive value that composed of white bread, tea, sugar, margarine, jam, boiled vegetables, and tinned meat, to which the common food preservatives—boric acid, formaldehyde vapour, and sulphurous acid—are added. The former promotes physical efficiency and health, but the latter gives rise to stunting of growth, to physical inefficiency, and often to disease. The maladies of which the bad diet is so apt to lay the foundation are lung disease and gastro-intestinal disease. I have repeatedly drawn attention to the influence of faulty and ill-balanced food in causing the gastro-intestinal diseases which are so common at the present day.⁵ The results of this experiment furnish additional proof of this influence, and suggest also that the common food preservatives may contribute their share to the harmful effects of such a food. The high incidence of lung disease in the ill-fed group emphasizes no less strikingly the influence of what one may call the "white-bread-margarine-tea-sugar diet" in favouring the operation of pathogenic agents which attack the lungs.

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- ¹ McCarrison, R.: *Journ. Roy. Soc. Arts*, January 2nd, 1925, p. 137; *Practitioner*, January, 1925, p. 90.
- ² Final Report of the Departmental Committee on the use of Preservatives and Colouring Matters in Food, H.M. Stationery Office, 1924.
- ³ Cramer, W.: Discussion on Disturbances of Health Due to Vitamin Deficiency, *Proc. Roy. Soc. Med.*, London, 1925, p. 6 et seq.
- ⁴ McCarrison, R.: *BRITISH MEDICAL JOURNAL*, July 12th, 1919, p. 36; February 21st, 1920, p. 249; and June 19th, 1920, p. 822. *Ind. Journ. Med. Research*, October, 1919, pp. 283 and 308.
- ⁵ McCarrison, R.: *Studies in Deficiency Disease*, London, 1921.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

NEW SERUM PEPTONE IN ASTHMA.

My communications on this subject to the *BRITISH MEDICAL JOURNAL* (vol. ii, 1924, p. 575, and vol. i, 1925, p. 448) now require alteration. When the solution of peptone was added to the fresh blood and incubated at 37° C. a clear peptonized serum gradually formed, which was usually pipetted off on the following day. But last winter this no longer occurred. An insoluble clot, whitish in colour, formed over the blood. It was evident that plasma as well as serum was being extruded. Adding to the fresh blood a minute quantity of calcium chloride made matters no better. It is clear that the peptone must have undergone a change of some sort. A fresh batch of Armour's peptone (No. 2) showed the same thing.

The serum peptone could be made, however, by allowing the blood to clot, drawing off the serum, and adding peptone in powder or in solution, then incubating and adding phenol.

Since last spring I have been making the serum peptone by a new method. The blood is run directly from the needle into a four-ounce sterile glass tube,¹ which is made half or three-quarters full. It is then allowed to stand at room temperature until next day. As the patient is not allowed any food for five hours before the bleeding the serum is clear. It is pipetted off and some agar solution added to it.

The agar solution is prepared by mixing one part of agar with 1,000 of water (1 grain, 1,000 minims). This is well boiled and allowed to cool. No gel is formed, but should a little clot be present it is removed. One volume of this solution is shaken up with 5 volumes of the serum and the mixture incubated at 37° C. for about an hour. The peptone powder (Armour No. 2) is then added to the mixture in 4, 5, or 6 per cent., according to the patient, slightly agitating, and it is again incubated for an hour. By this time the peptone will all be thoroughly dissolved, and on adding 0.5 per cent. phenol the preparation is ready for use. If the peptone powder is doubtful as regards sterility (which it should not be) it may be heated to 100° C. for a time. I have tried trikresol instead of phenol, but it is not quite so good. Dilute the phenol with five or six times its volume of water and rapidly shake on adding it.

The preparation is given in 1½ c.cm. doses intravenously every three, four, or five days, going up gradually to 3 or 4 c.cm. The above agar solution is only one-fifth of the strength used experimentally by Bordet, as it was found that serum can be toxified with agar one-tenth of the strength used by Bordet. Bordet's agar forms a gel also on cooling. Novy and his colleagues found that keeping the serum for twenty-four or thirty-six hours before adding the agar had no effect on the toxicity. Hence, it is unnecessary to centrifugalize the blood.

The effect of this solution, which must be very carefully prepared and administered, is very good in cases where peptone alone has proved unsatisfactory.

London, W.I.

A. G. AULD, M.D.

ACUTE INTESTINAL OBSTRUCTION DUE TO HYDROCEPHALIC CHILD.

The following case is recorded because of its unusual features and complications.

A married woman was admitted to the Bristol General Hospital on January 23rd, 1926. She was eight months pregnant and complained of intractable vomiting. Her previous history was that she had had Caesarean section performed for her first child in 1921 and had had an induction at eight months for her second in 1924; neither of these children survived. She was due for admission at a slightly later date for induction for her present pregnancy.

On admission she had a normal temperature but a persistent pulse rate of 120. There was no abdominal rigidity and no marked distension; the only tenderness was over the uterus itself. The presenting foetal vertex was on the brim. Urine examination showed the presence of diacetic acid but no albumin, and as there were no other evidences of toxæmia I put the presence of diacetic acid down to her persistent vomiting and consequent carbohydrate starvation. A fair result was obtained with an enema.

¹ From Baird and Tatlock.

The vomiting persisted in spite of treatment, and gradually the passage of faeces ceased though flatus was still passed in small quantity with turpentine enemata. On the second day after admission the presenting part was firmly fixed in the brim and obstruction became absolute. I decided to induce labour by rupturing the membranes, hoping that this would relieve the obstruction, as there seemed no other cause but the pressure of the presenting part. I induced labour at 5 p.m. on January 25th without anaesthesia; very little liquor escaped, but labour commenced later in the evening. At 2 a.m. on the next morning the patient's condition was very bad; vomiting had recommenced, the pulse was 160, the cervix was half dilated and the presenting part was in the pelvis. I determined to deliver the child through the vagina as her general condition seemed to preclude any abdominal operation. Under anaesthesia I found that the presenting part was the advanced part of a huge hydrocephalic head, the greater portion of which was above the brim, the only bony portion being in the pelvis. I immediately perforated and delivered the child quite easily, but this was followed by an alarming haemorrhage. I put my hand into the uterus in order to deliver the placenta, when I found that my hand went through the uterine wall into the abdominal cavity. The patient's position was changed immediately and I opened the abdomen, to find the placenta floating free in the abdominal cavity, which was filled with fresh blood and old blood clot; there was a large rent in the anterior wall of the uterus corresponding to the old Caesarean scar. I removed the placenta and then performed a subtotal hysterectomy, leaving a drainage tube in the pouch of Douglas on closing the abdomen. For the next few days the patient's condition was critical on account of the shock and haemorrhage, but she eventually made an excellent recovery. There was never any sign of sepsis, while the obstruction was immediately relieved by the operation.

That the obstruction was due to the hydrocephalus I think there is no doubt, as it filled the pelvic brim completely like any soft tumour and pressed on the intestine. Against a toxæmia is the presence of absolute constipation. The rupture of the Caesarean scar had evidently commenced prior to my intrauterine manipulations, as around the scar and in the abdomen there was a considerable amount of organized blood clot, but it is probable that I completed the tear in my efforts to dislodge the placenta, which was attached to the area of the scar.

As an eventful obstetrical history I think that this case will be hard to beat.

H. J. DREW SMYTHE, M.B., M.S.,

F.R.C.S.

Honorary Assistant Obstetrician and Gynaecologist,
Bristol General Hospital.

Reports of Societies.

INTRACRANIAL TUMOURS.

THE first meeting of the winter session of the Section of Neurology of the Royal Society of Medicine was held on October 14th, when Sir JAMES PURVES-STEWART, who had been elected President for the year, delivered his presidential address, on intracranial tumours and errors in their diagnosis.

The President confined his remarks on intracranial tumours to purely personal experiences. While fully aware of the important contributions to this branch of neurology by various workers, he preferred to omit reference to the literature of the subject. His observations were based upon notes of 250 cases of cerebral tumour, in 119 of which the localization of the tumour was subsequently verified either by operation or necropsy. He showed many lantern slides illustrating brain preparations and displaying cerebral tumours or cysts in various parts of the brain, including cortical and subcortical tumours of the frontal, parietal, and occipital lobes, and tumours of the mid-brain, the basal ganglia, the pons and medulla, the optic and auditory nerves, the Gasserian ganglia, the pituitary region, and the cerebellum. Interesting specimens of tumour of the lateral ventricles and the cisterna magna were also shown. It was often the case that a cerebral tumour of large size gave rise to surprisingly few physical signs. Prefrontal tumours were sometimes associated with nystagmus and unilateral ataxia, and might therefore be mistaken for homolateral cerebellar tumours; this error had occurred in two of the cases of the series. On the other hand, cerebral tumours were sometimes accompanied by no other signs than nystagmus. More than one tumour might occur in the same brain and thus lead to errors of diagnosis or localization. Some cases of disseminated sclerosis simulated cerebral tumour, especially if associated with

intracranial haemorrhage; one such case was that of a girl, aged 17, with a history of failing vision (optic atrophy), attacks of unconsciousness associated with transient hemiplegia, mental apathy, and a pronounced increase in weight. This patient, with some justification, was considered to be suffering from a cyst in the pituitary region, which probably involved the posterior lobe of the pituitary gland. At autopsy, however, a condition of disseminated sclerosis was found, with an area of haemorrhage into the right caudate nucleus. Tumours involving the basal ganglia or mid-brain might be mistaken for the Parkinsonian type of encephalitis lethargica; this error had occurred in one case. Serous meningitis with internal hydrocephalus secondary to otitis media might give rise to symptoms and signs closely resembling those of cerebral tumour, especially if optic neuritis was present. One interesting case was that of a woman who complained of headache, vertigo, and nausea only when sitting up or standing; on lying down these symptoms at once disappeared; at the necropsy a tumour of the lateral ventricles was found. Sir James Purves-Stewart suggested that the symptoms experienced by the patient when the head was erect were due to the tumour hanging down in the ventricles and blocking the foramina of Monroe; in the supine position the tumour probably fell backwards and the foramina were not occluded. In another case, when tumour of the cisterna magna was present, the patient showed no symptoms or physical signs attributable to the pons or medulla, but had a spastic condition of both upper limbs. Pachymeningitis haemorrhagica might also be mistaken for cerebral tumour; since the Wassermann test was introduced as a routine examination, however, this error was less frequent. In conclusion, the President said that errors of diagnosis were divisible into two classes: (1) avoidable errors, such as those resulting from inadequate or incomplete examination, lack of a sufficiently detailed history, and attempting to fit in with a preconceived notion of the patient's case symptoms that developed subsequently; (2) unavoidable errors—in the early stages of cerebral tumour the physical signs might be inconspicuous, and even later, localization difficult, and sometimes impossible.

A vote of thanks to Sir James Purves-Stewart for his interesting address was passed, on the proposition of Professor EDWIN BRAMWELL (Edinburgh), seconded by Mr. DONALD ARMOUR (London).

CHOLECYSTITIS.

At a meeting of the Brighton and Sussex Medico-Chirurgical Society on October 7th Dr. E. RIVAZ HUNT gave his presidential address on cholecystitis.

Dr. Hunt said that according to Hurst cholecystitis was the most common of all chronic abdominal disorders, probably occurring in at least 20 per cent. of all persons. It was probable that with a keener watch for this condition many complaints of bilious attacks, indigestion, flatulence, or even of that much abused term "influenza," could be attributed to their real cause—the presence of cholecystitis. Gall stones, found after death in at least 10 per cent. of all persons dying after the age of 20, were probably almost always secondary to cholecystitis, though the latter might have ceased long before the presence of the gall stones was recognized, and might also exist without the presence of gall stones. He emphasized the importance of recognizing this disease as a focus of chronic sepsis, either occurring alone or in conjunction with septic foci in the more common situations, such as the teeth, tonsils, and nasal sinuses. After briefly reviewing the anatomy of the gall bladder and its nerve supply, and mentioning the importance of the close relation in the spinal cord of the areas from which the gall bladder, liver, and stomach were innervated, he discussed the physiology of this organ. It was probable that the gall bladder acted as a pressure bulb to regulate the flow of bile into the duodenum rather than as a storehouse for bile, which was formerly thought to be its chief function. Cholecystitis was invariably microbic in origin, and therefore any agent which lowered the resistance of the mucous membrane of the gall bladder was a predisposing cause of infection. Streptococci isolated from infected teeth and tonsils in cases of cholecystitis

Gabriel of Calne, Wilts. He is survived by his widow and four sons, of whom two are members of the medical profession.

The following professors in foreign medical faculties have recently died: Dr. Commandeur, professor of clinical obstetrics at Lyons; Dr. Rudolf Boehm, formerly professor of pharmacology at Leipzig, aged 82; Dr. Adolf Lesser, formerly professor of internal medicine at Breslau, aged 75; Dr. Lorenzo Mannino, professor of dermatology at Palermo.

Medico-Legal.

A DANGEROUS DRUGS PROSECUTION.

THE Marlborough Street stipendiary magistrate (Mr. Cancellor), on October 15th, committed for trial at the Old Bailey John Kynaston, retired lieutenant-colonel R.A.M.C., whose address was given as Langham House, Regent Street, W., on a charge of aiding and abetting, counselling and procuring Rowland Pawsey, registrar of marriages, Marylebone, to attempt to obtain possession of a dangerous drug (powdered opium), contrary to a regulation of the Dangerous Drugs Act, 1920. A further summons of falsely using the description of M.R.C.S. and L.R.C.P.Lond., implying that he was a registered medical practitioner on August 25th, contrary to the Medical Act, 1858, was adjourned *sine die*.

Both summonses were first heard on October 8th, and a report of the hearing appeared in our last issue (p. 716).

Mr. Vincent Evans, for the Director of Public Prosecutions, stated that the defendant treated Mr. Pawsey for catarrh, and handed him a prescription at the top of which were the words: "Late R.A.M.C., L.R.C.P., M.R.C.S." The prescription was signed at the bottom: "Lieutenant-Colonel R.A.M.C., retired, M.R.C.S., L.R.C.P.Lond." His name had been removed from the lists of the two medical colleges in question, and also from the Register by the General Medical Council.

Mr. Edmond O'Connor, solicitor, for the defendant, said his client elected to go for trial on the first summons. He was not a quack, impostor, or adventurer, but a fully qualified medical man placed on the Register in 1885, and remaining there for over forty years. In 1886 he entered the army, serving in India, West Africa, and in the South African war, and in 1905 he was placed upon the retired list. On the outbreak of the great war he was again called up and served in the R.A.M.C. In 1922, in consequence of a dispute between the defendant and the General Medical Council for alleged "advertising," the defendant published a paper in which he said diseases of the tonsils and adenoids need no longer be subject to operative treatment. For this he was found guilty of "infamous conduct from a professional point of view," and his name was removed from the Medical Register. Mr. Pawsey had committed no offence in presenting the prescription. He did not want a dangerous drug and did not care whether what he got was opium or powdered rhubarb. If Mr. Pawsey could not be convicted of an unlawful attempt to obtain a drug, the defendant could not be convicted as an aider and abettor.

Mr. O'Connor further submitted, as a matter of law, that the regulation made by the Home Secretary in 1922, pursuant to the Dangerous Drugs Act, was *ultra vires* because the principal Act did not authorize him to make a regulation dealing with an attempt to obtain possession of a dangerous drug. The preamble to the Medical Act, 1858, showed clearly that what was intended was to distinguish qualified from unqualified practitioners. The defendant had been a fully qualified man since 1885, and nothing that the General Medical Council might do could deprive him of the right to say that he was such to-day. There was nothing in any Act to prevent him from acting as a physician or surgeon to a hospital supported by voluntary contributions. All that the erasing of his name from the Register had deprived him of was the right to sue for his fees, to issue certain certificates, such as for death, or to hold certain public appointments.

Mr. Cancellor: Is it your submission that the defendant is entitled to use the letters M.R.C.P.?

Mr. O'Connor: I do not think it is necessary for me to go so far as that. I say he is a fully qualified medical man.

Mr. Cancellor: Do you say, after he has been struck off the Medical Register, he is a duly qualified medical man?

Mr. O'Connor: I say that he is a fully qualified medical man. The magistrate, in committing the defendant for trial, allowing bail in his own recognizance of £100, said he did so "in view of the great importance of the submission made to him."

FEES FOR REPORTS TO INSURANCE COMPANIES.

In the Llandudno county court Dr. S. L. B. Wilks of Colwyn Bay was recently successful in recovering from the executors of a deceased patient his fee for two medical reports; the charge of one guinea for each had been disputed. The reports were supplied to two insurance companies, and it was contended by the defendants that, since the information required for them was already in the possession of Dr. Wilks and had been used in the preparation of a report to the coroner, a fee of half a guinea for each was adequate. The judge, in giving judgement for the plaintiff, said that Dr. Wilks was perfectly justified in making the charge.

Universities and Colleges.

UNIVERSITY OF CAMBRIDGE.

At a congregation held on October 15th the following medical degrees were conferred:

M.D.—C. B. S. Fuller.
M.B., B.Chir.—O. K. Colwill, W. H. Gervis, S. Levy-Simpson.
M.B.—F. B. Parsons.

UNIVERSITY OF LONDON.

KING'S COLLEGE HOSPITAL MEDICAL SCHOOL.

THE following awards have been made: Senior Scholarship for General Clinical Studies, Todd Prize for Clinical Medicine, Special Prize for Diseases of Children and for Orthopaedic Surgery: F. Goldby. Jelf Medal, awarded annually on the senior scholar examination to the candidate who is second in order of merit: A. W. Kendall. Burney Yeo Scholarship: R. G. Macbeth, Burney Yeo Scholarship (honorary): T. K. Lyle. Burney Yeo Exhibitions: F. C. Mayo and C. R. L. Orme. Raymond Gooch Scholarship: S. R. O. Price. Tanner Prize for Obstetric Medicine: A. P. Ross. Special Prize for Diseases of Children: J. L. Newman. Special Prize for Orthopaedic Surgery: H. L. C. Wood.

VICTORIA UNIVERSITY OF MANCHESTER.

Dr. A. D. MACDONALD has been appointed Lecturer in Experimental Physiology.

Dr. J. B. Duguid has resigned the post of Lecturer in Morbid Anatomy and Histology on his appointment as Lecturer in Pathology in the Welsh National School of Medicine, Cardiff.

UNIVERSITY OF WALES.

DORIS WILLIAMS has satisfied the examiners in Part II of the examination for the Diploma in Public Health.

UNIVERSITY OF ABERDEEN.

Dr. A. LYALL has been appointed Lecturer in Clinical Chemistry and Clinical Chemist at the Aberdeen Royal Infirmary.

UNIVERSITY OF EDINBURGH.

THE following candidates have been approved at the examination indicated:

FINAL M.B., Ch.B.—A. I. Barron, O. D. Beetham, H. Caplan, C. W. Clayson, B. G. T. Elmes, W. A. Erskine, E. T. Forbes, W. G. Hardie, J. D. Horsburgh, W. D. Jackson, J. M. L. Johnston, J. J. Mason, D. O. Peters, G. Phillips, E. M. Robertson, P. M. Scott, E. M. Sewell, P. Siger, H. Somerville.

UNIVERSITY OF GLASGOW.

THE following degrees were conferred on October 18th:

M.D.—*I. Murray, A. Davidson, P. R. M'Naught, P. J. O'Hare.
M.B., Ch.B.—The degree of M.B., Ch.B. was conferred on the eighty-three successful candidates whose names were printed in our issue of October 9th, p. 668.

* With high commendation.

The Brunton Memorial Prize, awarded to the most distinguished graduate in medicine of the year 1926, has been gained by Herbert H. Pinkerton.

The West of Scotland R.A.M.C. Memorial Prize, awarded to the candidate with the highest aggregate marks in medicine, surgery, and midwifery in the Final Examinations for the degrees of M.B. and Ch.B. held during the year 1926, has been won by Stuart I. A. Laidlaw.

ROYAL COLLEGE OF PHYSICIANS OF IRELAND.

THE annual meeting of the Royal College of Physicians of Ireland was held at the College on St. Luke's Day, October 18th.

Professor T. Henry Wilson was unanimously elected president, Dr. T. Solomon vice-president, and Dr. Kirkpatrick and Sir John Moore were re-elected the registrar and representative of the College on the General Medical Council respectively. Four censors were elected, as well as examiners.

Dr. C. J. Ussher Murphy was unanimously elected a Fellow.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

A QUARTERLY Council meeting was held on October 14th, when the President, Sir Berkeley Moyulhan, was in the chair.

The death on September 9th, at the age of 80, of Mr. Herbert William Page, past member of the Council and of the Court of Examiners, was reported, and a vote of condolence was passed.

Sir Holburt J. Waring was re-elected a member of the Committee of Management.

Diplomas.

Diplomas in Tropical Medicine and Hygiene were granted jointly with the Royal College of Physicians to twenty-one candidates.

The diploma of Fellowship was granted to John Lewin, M.B., B.S.Lond. (Guy's), and that of Membership to Winifred M. de Kok, T. C. Hunt, S. M. Mallick, A. W. L. Row, H. Smith, Karin Stephen, H. Syed, J. G. T. Thomas.

Supplemental Charter.

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

Awards.

The Sir Gilbert Blane Gold Medal has been awarded to Surgeon Lieut.-Commander Stewart Russell Johnston, R.N., M.R.C.S. (Promotion Examination, 1926). Mr. Kenneth Swire Squtham was nominated as the thirty-fourth Jenk's Scholar.

Annual Report.

The draft copy of the annual report of the Council was approved.

Lectures.

The Thomas Vicary Lecture, on "The significance of anatomy," will be delivered by Professor G. Elliot Smith on Thursday, November 4th, at 5 p.m., and the Bradshaw Lecture, on "Reconstructive surgery of the hip-joint," by Mr. Ernest W. Hey Groves on Thursday, November 11th, at 5 p.m.

Medical News.

THE next term at the Royal Institution of Great Britain will begin on November 2nd, when Dr. G. W. C. Kaye, superintendent of the physics department of the National Physical Laboratory, will begin a course of Tyndall lectures on the acoustics of public buildings. On December 9th and 16th Sir Squire Sprigge, M.D., Editor of the *Lancet*, will give two lectures—the first on early medical literature, and the second on medical literature in relation to journalism. Two lectures on atmospheric electricity will be given on November 27th and December 4th by Dr. George C. Simpson, Director of the Meteorological Office. All these lectures will be given at 5.15. The lectures at Christmas for a juvenile auditory were founded by Tyndall, and a hundred such courses have now been given. The one hundredth and first will be given by Professor A. V. Hill on "Nerves and muscles: how we feel and move." There will be six lectures, beginning on Tuesday, December 28th. They will be given at 3 p.m. on each day and will be completed by January 8th.

THE secretary of the Royal Westminster Ophthalmic Hospital writes to explain that, although the site and buildings of the hospital have been purchased by Charing Cross Hospital, there has been no fusion of the two institutions. A new freehold site has been purchased in Broad Street, W.C.2, for the erection of a new building to carry on the work of the Royal Westminster Ophthalmic Hospital. It is hoped that building operations will be begun early next year, and completed in the spring of 1928. In the meantime the ophthalmic work is being carried on as usual, and it is expected that there will be no interruption during the transfer to the new building.

THE Fellowship of Medicine announces that Mr. Herbert J. Paterson will lecture on October 25th on gastric hæmorrhage and perforation of ulcers, and on October 28th Mr. Arthur Cheate will lecture on emergencies in aural disease. The lectures on emergencies in medicine and surgery are delivered in the Lecture Hall of the Medical Society, 11, Chandos Street, W., at 5 p.m. On November 9th, at 5 p.m., Mr. C. L. Gimblett will give a lecture demonstration, on the investigation of visual fields, at the Royal Westminster Ophthalmic Hospital. Both the lectures and demonstration are open to members of the medical profession without fee. During November a comprehensive course in venereal disease will be given at the London Lock Hospital. From November 15th to December 4th a course in gynaecology and diseases of children will be available at the Royal Waterloo Hospital, with special reference to endocrine deficiency, blood diseases, thyroid, breast, stomach, gynaecological diagnosis, and ophthalmia neonatorum. The St. John's Hospital will hold bi-weekly lectures in dermatology from November 15th to December 11th; if desired, a course in pathology can be arranged also. From November 22nd to 27th a week's course at St. Mark's Hospital will include all branches of diseases of the rectum. Two late afternoon courses will include one at 4.30 to 6 o'clock in general medicine, surgery, and the specialties at the Hampstead General Hospital from November 1st to 13th, and another at 5 p.m., on selected cases in neurology, at the West End Hospital, 73, Welbeck Street, W., from November 22nd to December 18th. Copies of all syllabuses, the general course programme, and the *Post-Graduate Medical Journal* may be obtained from the Secretary of the Fellowship of Medicine, at No. 1, Wimpole Street, W.1.

THE discussion arranged by the Post-Graduate Hostel, Imperial Hotel, Russell Square, W.C., on Monday next, at 9 p.m., will be on colour vision and colour blindness, and will be opened by Professor Roaf. On Thursday, October 28th, there will be a symposium on "The filled dead tooth as

a source of streptococcal blood infection." Dentists will be welcomed. Dinner will be served at 8 p.m. (price 5s.), and coffee and biscuits at 10 p.m. (6d.).

THE autumn session of lectures and demonstrations arranged by the South-West London Post-Graduate Association at St. James' Hospital, Ousley Road, Balham, S.W., commenced on Wednesday last, when Mr. Norman C. Lake gave his impressions on American surgery. On Wednesday, October 27th, at 4 p.m., Dr. Ivan W. Magill will deal with recent advances in anaesthetics; on November 3rd Mr. Eric Pearce Gould will speak on fractures of the tibia; and on Friday, November 12th, Mr. Swift Joly will lecture on recent advances of urinary surgery. The lecture demonstrations will be continued on subsequent Wednesdays at 4 o'clock until December 8th.

THE session of the Listerian Society of King's College Hospital was opened on October 20th, when a sort of moot was held before the Lord Chancellor to hear a "special jury action." The Listerian oration is to be given by Sir Watson Cheyne, Bt., on April 4th, and the business of the session is to be brought to an end on April 20th, when Mr. A. H. Cheate, F.R.C.S., is to give an address on the detection of simulated ear disease.

THE opening meeting of the new session of the North-Western Tuberculosis Society will be held at the Tuberculosis Offices, Joddrell Street, Hardman Street, Deansgate, Manchester, on Thursday, October 28th, at 3.15 p.m., when Dr. Adams, medical superintendent, Liverpool Sanatorium, Delamere, will give his presidential address on "Tuberculosis: the prospect."

THE University of Bristol Association of Alumni (London Branch) will hold its annual dinner at the Hotel Cecil, Strand, on Friday, October 29th, at 7.45 p.m. Viscount Haldane will preside, and Dr. Sibley, Principal Officer of the University of London, will be the guest of the evening. The honorary secretary is Dr. Elizabeth Casson, Holloway Sanatorium, Virginia Water.

THE annual dinner of the past and present students of the Manchester Medical School will be held at the Grand Hotel, Manchester, on Thursday, November 4th. Tickets (15s. 6d.) may be obtained from the Secretary, Students' Representative Council, The Medical School, Manchester.

THE PRINCE OF WALES has become patron of the Ross Institute and Hospital for Tropical Diseases, Putney Heath, S.W.

AT the annual meeting of the Royal Academy of Medicine in Ireland, held on October 8th, Sir James Craig was elected president and Dr. T. P. C. Kirkpatrick general secretary for the session 1926-27. The following were appointed presidents of the various sections of the Academy: Medical, Dr. G. E. Nesbitt; Surgical, Mr. A. Fullerton; Obstetrical, Dr. D. G. Madill; Pathological, Dr. J. W. Bigger; Anatomical and Physiological, Dr. J. M. O'Connor; State Medicine, Dr. V. M. Syngé.

MR. HERMAN CAMERON NORMAN, C.B., has been appointed a member of the Royal Commission on Local Government, in succession to the Hon. Sir Arthur Myers, who died on October 9th. Mr. Norman was secretary of the International Sleeping Sickness Conference in 1907, and in 1920-21 was British Minister at Teheran.

DR. R. CUNYNGHAM BROWN, C.B.E., has been appointed a commissioner under the Mental Deficiency Act, 1913.

THE White Rock baths at Hastings, recently purchased by the Corporation, are to be remodelled at a cost of £102,000. Medical baths are to be introduced and a pump room for the iron waters.

THE late Dr. J. C. McVail, formerly deputy chairman of the Scottish National Health Insurance Commission, who died in August last, left personal estate in Great Britain valued at £10,022.

MR. JOHN D. ROCKEFELLER, jun., has presented three and a half million francs to the University of Strasbourg for the enlargement of the ear and nose clinic and for the completion of various unfinished researches.

PROFESSOR LEJARS of Paris, member of the Académie de Médecine, has been created a commander, and Professor Leriche of Strasbourg an officer, of the Legion of Honour.

THE late Mr. Samuel Turner of West Kirby, who left estate of the gross value of £45,428, with net personalty £44,075, bequeathed the whole of his property to his widow for life. After his widow's decease £750 is to be given to the Hoylake and West Kirby Cottage Hospital, and the ultimate residue of his estate to the University of Liverpool to be applied as the authorities in their discretion may think fit for the furtherance and advancement of medical research into phthisis and cancer and any kindred diseases.

AN institute of hydrology has recently been founded at the medical school of Clermont-Ferrand.