Mr. E. FINCH (Sheffield) said that he had performed the same operation for dislocation of the clavicle as Mr. Mitchell, but he used kangaroo tendon, and also made a new capsule over the joint with fascia lata. A professional footballer upon whom he operated was able to play again in six months.

Sir W. DE COURCY WHEELER (Dublin) said that he had given up operating on all these fractures for a number of years now. He used spinal anaesthesia for reduction and, if necessary, put a pin over the tendo Achillis to obtain a sufficient grip for traction. This was done on the fracture table, and plaster was then applied. He only operated upon cases which proved intractable to this treatment, and then he only replaced the fragments and treated the limb as he had outlined. In children, although reduction might be very imperfect, in two to three years the anatomical results had proved extremely good.

Mr. MITCHELL, in reply, said that he did not recommend routine operation upon fractures, but he thought it caused less disability if operation was performed in some cases.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

RUPTURED SPLEEN: SPLENECTOMY: RECOVERY.

THE following brief account of a somewhat unusual case—namely, ruptured spleen, splenectomy performed after four days, with recovery, despite the supervention of empyema as a post-operative complication—may be of sufficient interest to merit publication.

John R., aged 9, was admitted to the Bury Infirmary on June 9th, 1925, at the request of his own doctor, who suspected the possibility of injuries to his ribs with intrathoracic complications.

Previous History.—The patient stated that, four days before admission to hospital, he fell from the window-sill at school, a height of about six feet, but arose unhurt. When he got home he felt dizzy and faint, and was put to bed, his own doctor being sent for, who gave him a bottle of medicine. He felt better the next day, but was still kept in bed. On the evening of the third day he became rather restless, and complained of vague abdominal pain. His removal to hospital was ordered early the following day.

Examination.—The patient was extremely restless and pale, pallor of the lips and finger-nails being very marked, and he complained of intense pain in the upper abdomen, which was referred to the left shoulder. Temperature 97° F., pulse 132 and very weak, respirations 32 and very shallow. There was marked tenderness all over the left hypochondriac and the epigastric regions, and movable dullness in the flanks was easily demonstrated. No fractured rib could be found clinically. I informed the parents that the child had a ruptured spleen, and advised immediate operation as an absolute necessity; to this they assented.

Operation.—The abdomen was opened by a right paramedian incision above the level of the umbilicus, and was found to be filled with free blood. The spleen, which was delivered through the abdominal wound, was torn at the upper pole (the tear extending through the entire thickness of the organ); it was removed, and the abdomen closed. Immediately on his return to the ward he was transfused with a pint of (citrated) blood and started on continuous rectal salines by the Murphy drip method.

Progress.—For two days his condition was very precarious. The salines, with 5 per cent. glucose and half an ounce of brandy to the pint of saline, were continued, and 1/2 c.cm. doses of pituitrin given hypodermically every four hours during the day and night until twelve doses had been given (during the forty-eight hours). On the third day he rallied, and was put on a sparing but nourishing fluid diet. Thenceforth he began to mend very rapidly; the diet was increased, and liberal amounts of minced raw sheep spleen, spread on bread, were given. On the sixth day after operation he developed a troublesome cough, and appeared ill. The pulse rate increased from 80 to 90 to 126 per minute, and the respirations from 28 to 46 per minute. He remained ill for four days, the temperature rising to 100° F. or more each night and falling to normal in the morning. There were profuse night sweats. Examination of the chest revealed loss of breath sounds and marked dullness over the left base. When aspirated, a syringeful of pus was drawn off.

Thoracotomy and Drainage.—Under local (novocain) infiltration anaesthesia a portion of rib was resected and the empyema drained. The nourishing diet was continued and stimulants were given. On the fifth day after thoracotomy the tubes were entirely dispensed with, and by the sixteenth day the wound was perfectly healed. After this the patient made a very rapid and uneventful recovery, and was discharged on July 30th in an excellent state of convalescence and with both the abdominal and thoracic wounds perfectly healed.

He came to see me recently for examination, and now, fifteen months after the operation, he is a fine healthy lad, with the left lung functioning fairly well. The only sequel I can find is a definite lateral curvature of the spine (scoliosis). The blood picture is perfectly normal, without even the faintest suggestion of a secondary anaemia.

I am extremely indebted to Dr. J. C. Turnbull of the honorary surgical staff, under whose care the case was admitted, for kindly permitting me to publish these details.

I. R. ROSIN, M.B., B.Ch., B.A.O.Univ.Dubl.
Senior House-Surgeon, Bury Infirmary.

TWENTY-TWO YEARS A CARRIER.

A SMALL outbreak of enteric fever—five cases with one death—occurred in Edinburgh in February, 1926. Milk was suspected as its cause, and the infecting supply was tracked down to a dairy in Dumfriesshire. Dr. W. S. J. Robertson investigated conditions in the dairy, and obtained blood, urine, and faeces from those engaged (three persons) in milk distribution. This material was subjected to bacteriological examination (enterica group) with the following result:

Mrs. X.—Serum, 1 in 50, showed complete agglutination against *B. typhosus*; 1 in 150 incomplete. Both faeces and urine were negative.

Mr. X. and D. X. (the other persons examined) gave negative results.

Mrs. X., showing this serum titre, was further examined. She stated that she had been in Pilton Fever Hospital in Edinburgh suffering from typhoid fever twenty-two years ago. This illness she had quite forgotten all about.

Further specimens of faeces in glycerin saline were obtained from her and sown in brilliant green peptone water, and plated to six MacConkey plates. From these plates three colonies were isolated, each of which was true to sugars, and agglutinated with Oxford serum to 1 in 1,000 and to her own serum to 1 in 1,250. This procedure was repeated a few days later with a similar result. She was removed from the dairy.

The interest here is the long period of time—namely, twenty-two years—during which she remained a carrier. The case is published at the request of Dr. John Ritchie, county medical officer of health, Dumfries.

W. LEONARD FORSYTH, M.B.,
Major I.M.S.(ret.), Bacteriologist to Dumfriesshire.

ERYTHEMA NODOSUM IN MEMBERS OF A FAMILY.

THE following cases are, I think, worthy of record, owing to the fact that three different members of the same family, living in the same house, contracted the same uninfectious disease.

On June 4th, 1926, I was called to a girl aged 12 years. She had a temperature of 100° F., pulse 110, sore throat, and acute pains down the lower part of her legs. I found a well marked purpuric urticarial rash, thickly distributed over both tibial regions. The patches were exquisitely tender to touch. With absolute rest the symptoms soon subsided.

When visiting her on June 10th I found her grandmother, aged 53, confined to bed with exactly the same symptoms—rash over the tibial region tender to the touch, sore throat, rapid pulse, and high temperature.

On visiting both my patients on June 14th I was astonished to find a man, aged 34, lying in bed with a temperature of 102.5° F., pulse 120, sore throat, and the same purpuric urticarial rash, distributed in patches over the tibial regions, but, in addition, there were very small patches over both elbow regions and also in the spinal region around the vertebra prominens.

The patients did well, with complete rest and salicylates as the main treatment, with the exception of the girl, who developed a systolic regurgitant murmur, which persists at the time of writing.

I confidently diagnosed erythema nodosum in each case, but on searching the literature on the subject I can find no record of this seemingly "infectious" nature of the disease.

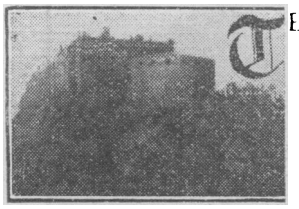
D. GORDON ROBINSON, L.M.S.S.A.Lond.,
Surgeon, Hull and Sculcoates Dispensary.

NINETY-FIFTH ANNUAL MEETING

of the

British Medical Association,

EDINBURGH, 1927.



Edinburgh Castle.

THE ninety-fifth Annual Meeting of the British Medical Association will be held in Edinburgh next summer under the presidency of Sir Robert Philip, M.D., LL.D., honorary physician to the King in Scotland, who will deliver his address to the Association on the evening of Tuesday, July 19th. The sectional meetings for scientific and clinical work will be held, as usual, on the three following days, the morning sessions being given up to discussions and the reading of papers, and the afternoons to demonstrations. The Annual Representative Meeting, for the transaction of medico-political business, will begin on the previous Friday, July 15th. The provisional programme for the work of the twenty-one Scientific Sections is being drawn up by an Arrangements Committee, consisting partly of Edinburgh representatives and partly of members appointed by the Council of the Association. The names of the Presidents of Sections are given in a Current Note published in this week's SUPPLEMENT; the full list of officers, together with other details of the arrangements for the Annual Meeting, will appear in later issues. On the last day of the meeting (Saturday, July 23rd) there will be excursions to places of interest in the neighbourhood. The Association last met in Edinburgh in 1898. We publish below the first of a series of articles on the past history and present activities of the Scottish metropolis and its world-renowned medical institutions.

OLD EDINBURGH AND THE BEGINNING OF THE EDINBURGH MEDICAL SCHOOL.

EDINBURGH is a town that powerfully stirs the imagination, both by its natural beauties and by reason of the tradition and romance which cluster round its streets and buildings. The Castle Rock and the surrounding hills have been the seat of human habitation and warfare since prehistoric times. Cramond and Musselburgh, on the city boundaries, show remains of occupation as Roman military posts, and the wall of Agricola, between the Firths of Forth and Clyde, which formed the northern boundary of the Roman Empire, ended some eighteen miles west of Edinburgh. In the Castle to-day are still to be found buildings to remind the visitor of Margaret, the saintly queen of Malcolm Canmore, who did much to civilize and Christianize Scotland; of David I, that "sair saint for the Croon," who founded the beautiful abbeys of Jedburgh, Kelso, Melrose, Dryburgh, Newbattle, and Holyrood, and who introduced the feudal system into Scotland; and of the troubled and romantic times of the unfortunate Mary Queen of Scots. From the Castle the historic mile leads down the High Street, past St. Giles Cathedral and John Knox's house and the old dwellings of the Earl of Moray, Lady Stair, the Earl of Huntly, and others of the ancient Scottish nobility, to Holyrood, with its palace and ruined abbey, again associated with the fortunes of Mary Queen of Scots. On the north of this old town lie Princes Street Gardens, once occupied by the Nor' Loch, which protected the city on this side, while half a mile or so from the High Street, on the south, can still be found remnants of the old city wall, which formed the buttress against "our auld inemyes of England." Immediately within the precincts of the old wall stood in the fifteenth and sixteenth centuries several religious houses, whose names are still preserved in Blackfriars Wynd, Greyfriars Churchyard, and the Pleasance, where the convent of Saint Mary of Placentia formerly stood. On the site now occupied by the University buildings, about one mile from Holyrood, stood Kirk o' Field, the house in which the unhappy Darnley was blown up in 1567 during the progress of a masque at the Palace. Among the other buildings still extant and connected with celebrated names of bygone days are Heriot's Hospital, built with funds supplied by "Jingling Geordie," the Treasurer of James I of England; Merchiston Castle, where John Napier worked out his logarithms; Lauriston Castle, the home of John Law, the floater of the Mississippi scheme; and the houses of Sir Walter Scott, Lister, John Brown, and many others who have contributed to the fame of the scientific and literary life in Edinburgh.

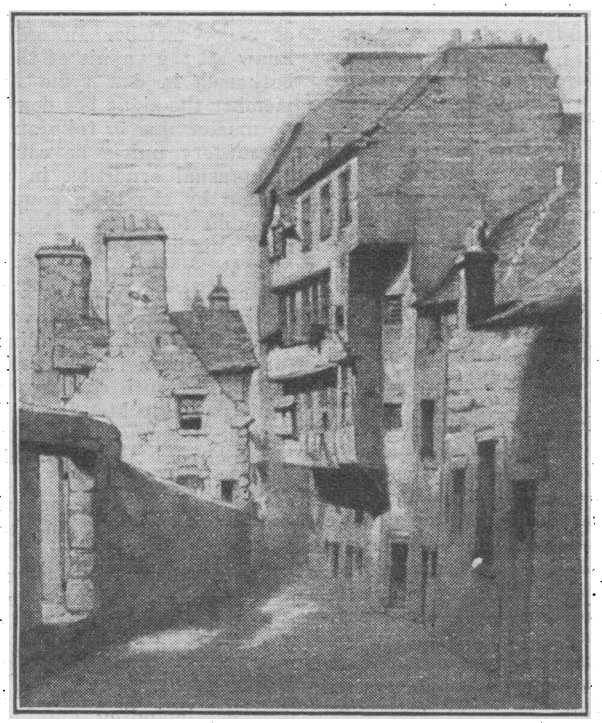


FIG. 1.—Convening House of Barber-Surgeons in Dickson's Close (still standing).

Edinburgh is situated on high ground overlooking the Firth of Forth, with Leith, now absorbed in the city, but until recently a separate burgh, as its seaport. Some nine miles to the north-west, the Firth of Forth is crossed by the Forth Bridge, near which lies Rosyth Dockyard and the naval anchorage, a place of great activity during the

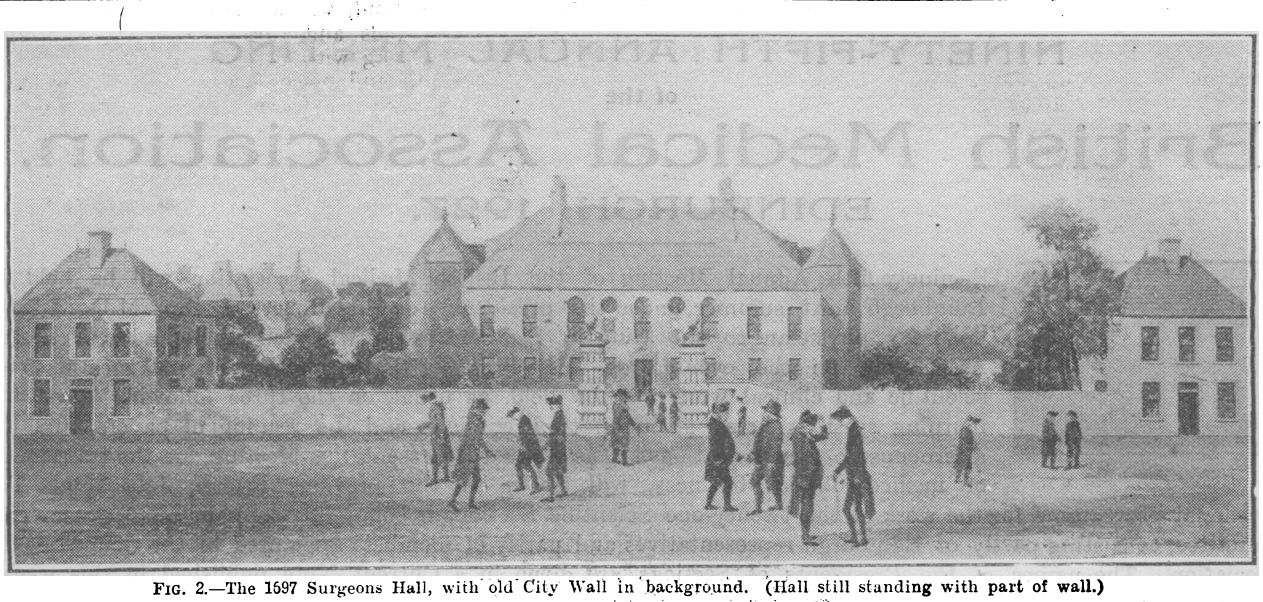


FIG. 2.—The 1697 Surgeons Hall, with old City Wall in background. (Hall still standing with part of wall.)

war. In the Firth lie the islands of Inchcolm, with an old abbey and the monastic cell of one of the early Christian missionaries to Scotland, and further to the east the Bass Rock, with an ancient fortress. To the south of the city the rich agricultural district of the Lothians stretches to the Moorfoot and Lammermoor Hills. In the middle of the plain stands up Traprain Law, a steep rounded hill once crowned by a primitive hill-fort, in which some years ago was unearthed a great hoard of silver vessels, the plunder of Roman towns in Gaul. South of the hills lies the fair valley of the Tweed, celebrated in border minstrelsy and legend. It is a commentary on the change wrought by time that at the present day one can lunch at Edinburgh and comfortably take tea at Otterburn, where, in 1388, took place between the Scots and English what Froissart calls "the hardest and most obstinate battle that was ever fought," and where the dying Douglas said:

> "But I have dreamt a dreary dream,
> Beyond the Isle of Skye,
> I saw a dead man win a fight,
> And I think that man was I."

The road along Tweedside by Peebles and the abbeys of Melrose, Dryburgh, and Kelso, ruined during the incursions of Somerset in the time of Henry VIII, is one of the most beautiful in Scotland, and an easy afternoon's motor run from Edinburgh.

The union of the crowns under James VI of Scotland and I of England in 1603 was a great blessing to both countries by putting a stop to the constant warfare on the border, and since that date the peaceful penetration to London has been the aim of all ambitious Scots. In mediaeval times Scotland was a poor country, although intercourse and alliance with France brought to the northern country many intellectual advantages which have left traces on Scottish architecture, habits, and language. The desire for education was satisfied by many monastic settlements, and Haddington, some seventeen miles east of Edinburgh, was the seat of a school and abbey church known far and wide as "The Lamp of Lothian." Here William Dunbar, John Knox, George Buchanan, and Sir David Lindsay were educated. St. Andrews, in Fifeshire, had schools which were noted in the twelfth century, and a university founded in 1411. The University of Edinburgh, a child of the Reformation, was founded as the "Tounis College" by the town council in 1582. In regard to medicine, in Scotland as in other countries from early times churchmen, who had obtained a knowledge of medicine during travels abroad, were found in the religious houses. Such a one was Michael Scot in the twelfth century, who returned to Scotland in his declining years to be buried in Melrose Abbey,

> "A Wizard of such dreaded fame,
> That when in Salamanca's cave
> Him listed his magic wand to wave,
> The bells would ring in Notre Dame!"

There also existed in the highlands a peculiar type of hereditary doctor, especially in the family of Beaton or Macbeth, attached to some of the great families, and handing down their medical traditions from father to son through many generations. In the towns, and notably in Edinburgh, there were guilds of barber-surgeons, as of other trades, and in the fifteenth century the brethren of the Guild of Surgeons and Barbers maintained an altar, where daily services were held, in the Kirk of St. Giles, under the patronage of St. Mungo. In the year 1505 this guild received a charter of incorporation from the town council, confirmed the next year by King James IV. Among the conditions stipulated in this charter was a provision that every man before he became a freeman and master of the craft should submit to an examination in the following points, "thatt he knaw anotomea, nature and complexioun of every member In manis bodie And in lykewayes he knaw all the vaynis of the samyn thatt he may mak flewbothomea in dew tyme And als that he knaw in quhilk member the signe hes domination for the time." Further, no master was to take an apprentice to practise the craft of surgery unless he could both write and read—a sign of unusual erudition in those days. A noteworthy concession by the town council, as indicating the beginning of public teaching, is the grant to the guild "that we may have anis in the yeir ane condampnit man efter he be deid to mak anatomea of quhairthrow we may haif experience Ilk ane to instruct utheris." Doubtless the yearly anatomical demonstration was carried out in the same manner as that by which Mondino had lectured at Bologna two centuries earlier, and seeing there was much intercourse in the sixteenth century between Scotland and the Continent, probably Mondino's little textbook was used, or that of his contemporary, Henri de Mondeville of Paris and Montpellier. Although public dissections had been carried out in most of the Continental universities in the fourteenth and fifteenth centuries (Venice from 1308), this was the first enactment on the subject in Britain, preceding even the law of Henry VIII in 1540, by which four bodies of executed criminals were granted to the barber-surgeons of London. During the next half-century Edinburgh suffered several disasters, commencing with the battle of Flodden, and continued by the destruction wrought in the English invasions under Somerset. In 1558, indeed, the Incorporation of Surgeons supplied twenty-five of their number, including apprentices, to a force of Scots and French operating against England.

While minor surgery was left in the hands of the barbers and their apprentices, there were in the sixteenth century at Edinburgh several distinguished surgeons who had been trained abroad, especially in the French wars. Among these were Anthony Brisset, who treated Queen Mary of Guise (1542), Gilbert Skene, who published at Edinburgh a treatise on the plague (1568), John Chisholm,

who operated on the Regent Earl of Morton for strangulated hernia (1572), and Gilbert Primrose, chirurgeon to James VI and Deacon of the Craft of Chirurgeons (1583), under whom this guild was granted pre-eminence among the trade guilds of Edinburgh. An apprentice of the last in 1587 was John Naysmyth, later chief surgeon to the Scots Guards of the King of France. The social status and professional skill of these sixteenth century master surgeons of Edinburgh, relative to other callings and to the general knowledge of the time, was at least as high as that of surgeons at the present day. Several of them possessed considerable heritable property in the city or estates in its vicinity. Their number was not large, as may be gathered from the fact that in the year 1648 they totalled only ten.

While the demonstration of anatomy by the barber-surgeons on the bodies of executed criminals probably continued year by year, a definite teacher of anatomy is not mentioned until 1645. The master surgeons had presumably given yearly demonstrations in rotation conformably to the words of the original charter "ilk ane to instruct utheris." In this year James Borthwick, a burgess of Edinburgh, having duly passed his examination, was admitted as a master surgeon for the special purpose of "desceting of anatomie for the farder instruction of prentissis and servandis." Borthwick had served abroad through the Thirty Years War and been chirurgeon-general to the Auxiliary Scots Army in England during the civil war. It had been the custom till now to hold the meetings of the craft in the house of the deacon for the time being, and one can imagine that the anatomical instruction must have caused some awkwardness in his domestic arrangements. In 1647 David Kennedy and James Borthwick reported that they had taken as a place of meeting "three rowmes of ane tenement of land in Diksone Close, for payment of fourtie poundis zeirlie." This tenement in a derelict condition still stands near the end of Dickson's Close. In 1669 the Incorporation of Surgeons and Barbers had become so important that it was decided to build a "conveening house" on a piece of ground in the south-east angle of the city wall, presented to them by the town council in 1655. Each member subscribed £100 for that purpose. The grant of further sources of anatomical material by the town council made it possible by Michaelmas, 1697, to build, repair, and have in readiness an anatomical theatre for public dissections. From December, 1697, therefore, the teaching of anatomy in Edinburgh became systematic. Archibald Pitcairne, Alexander Monteath, and others gave combined anatomical demonstrations, and we find Pitcairne, who had for two years been a professor of medicine in Leyden, writing in 1694 to a friend in London that he proposed "to make better improvements in anatomy than have been made in Leyden these thirty years." The Tounis College for the study of the humanities, established by the town council in 1582, had not yet made any provisions for medical teaching. In 1676, however, the town council appointed James Sutherland professor of botany, and three professors of medicine—Dr. A. Pitcairne, Sir Robert Sibbald, and Dr. James Halket—were added to the College in 1685. These appointments appear to have been mainly titular, and there is no evidence that any of the three gave a systematic course in medicine.

The general practitioner of the seventeenth century in Scotland, as in England, was a surgeon apothecary, professing to heal wounds and cure diseases, making and selling drugs, operating with instruments often made by the local blacksmith and much inferior to the fine steel instruments of the French surgeons. He bound himself for an apprenticeship of three years, and received instruction from the master whom he helped in practice, not being permitted to attend any lectures for the first two years; and probably the majority, unless they lived in one of the towns, never attended any lectures, and stood a very perfunctory examination before they were licensed to practise. In seventeenth century Edinburgh there were, however, several skilled physicians who had obtained diplomas at French or Dutch universities. Among these were Sir Robert Sibbald, Sir Andrew Balfour, Sir Archibald Stevenson, Dr. Archibald Pitcairne, and Sir Thomas Burnet, the brother of Bishop Gilbert Burnet, celebrated for his share in the revolt against James II, and for bringing over William of Orange. This group of men decided on the foundation of medical teaching on a better basis than hitherto at Edinburgh. Among their activities was the founding of a College of Physicians, which finally obtained a charter from Charles II in 1681. By this College an Edinburgh Pharmacopoeia was issued in 1699. This compares favourably, in the relative absence of disgusting remedies, with the current London edition of the *Pharmacopoeia*, which had been first issued by the London College in 1618. Another of their resolves was to found a complete medical school in Edinburgh. This began as a development of the anatomical teaching already mentioned; in 1702 a course of anatomical demonstrations was carried out by several members of the Incorporation of Surgeons. This anatomical course consisted of eight practical demonstrations, as follows:

FIG. 3.—Archibald Pitcairne.

First day: A general discourse on anatomy, and the common teguments and muscles of the abdomen, by James Hamilton, the Deacon.
Second day: The peritoneum, omentum, stomach, intestines, mesentery, and pancreas, by John Baillie.
Third day: The liver, spleen, kidneys, ureters, bladder, and parts of generation, by Alexander Monteath.
Fourth day: The brain and its membranes, with a discourse of the animal spirits, by David Fyfe.
Fifth day: The muscles of the extremities, by Hugh Paterson.
Sixth day: The skeleton in general, with the head, by Robert Clerk.
Seventh day: The articulations and the rest of the skeleton, by James Auchinleck.
Eighth day: The epilogue, by Dr. Pitcairne.

Later the course was extended to ten days, and about the year 1705 arrangements were made with one man to take over the conduct of these lectures, and Robert Eliot was chosen as "public dissector," receiving from the town council a salary of £15 per annum, "as an encouragement to young men to study anatomy instead of travelling to foreign universities, which was attended by expenses and perils to youth." Eliot was succeeded by John M'Gill and Adam Drummond, who in 1719 resigned in favour of Alexander Monro, a young man who had a special knowledge of anatomy, having studied under Cheselden in London. On March 14th, 1722, Monro's appointment was confirmed by the town council for life. Monro lectured in the Hall of the Surgeons from 1719 till 1725, when, following upon a public riot directed against body-snatching, he removed his preparations for greater security within the walls of the University, as the Tounis College had come by this time to be called. As early as 1711 there had been great complaints of graves in Edinburgh being rifled,

and the Incorporation of Surgeons had felt themselves called upon to forward to the magistrates a memorial in which they denounced this as "a scandalous report most maliciously spread about the town," and entreated the magistrates to exert their utmost power for the "discovery of such atrocious and wicked crimes." The whole memorial, however, sounds rather exculpatory than sincere, and the practice probably continued, though with greater precautions. After the trouble of 1725 the Incorporation promised a reward of "five pounds stg., for discovering such as have given just ground for this report, whether they be Chirurgeons' apprentices or others personating them in their rambles or using this cover for executing their other villanous designs." There are, however, records which give some colour to these reports: for example, in 1724, after a woman had been executed, there ensued a fight between her friends and some surgeon apprentices for possession of the body. In the middle of the fracas the supposed corpse came to life, and lived for many years with the popular appellation of "half hangit Maggie Dickson." It was not till a century later that the report received dreadful confirmation in the revelations at the trial of Burke and Hare.

Monro (*primus*), when appointed professor of anatomy, immediately introduced an extended course of instruction lasting from October to May, and including the history of anatomy, osteology, demonstrations on the soft parts and organs of the body, the dissection of various animals, the diseases for which chirurgical operations were commonly undertaken, and general lectures on physiology. This comprehensive course was continued every winter for nearly forty years, a period during which the number of students attracted to Edinburgh yearly increased. In 1720 the number attending the anatomy class had been 57, and by 1760 the annual number had increased to nearly 200.

Between these dates and shortly after the final appointment of Alexander Monro as permanent professor of anatomy, the town council decided, on the recommendation of the prominent medical men in Edinburgh, to appoint other professors, so that a complete medical course might be formed at Edinburgh. Dr. Crawford had already been appointed professor of chemistry in 1713, owing to the importance which this subject had attained in the hands of Sylvius and others on the Continent, and the final step in the institution of the school was made in 1726 by the appointment of Andrew St. Clair and John Rutherford as professors of medicine and institutes of medicine, Andrew Plummer and John Innes as professors of chemistry, and Joseph Gibson as professor of midwifery. The bicentenary of this foundation of the Medical Faculty at Edinburgh University was celebrated in June, 1926, and a full account appeared in the BRITISH MEDICAL JOURNAL of June 19th, 1926.

THE HEALTH OF THE SCHOOL CHILD.

IN presenting his annual report as the chief medical officer of the Board of Education for the year 1925,[1] Sir George Newman states that in all new public services, but especially in those of which the cost tends to increase from year to year, it is essential from time to time to examine the position and balance the cost against the benefit obtained. This he does for the school medical service for the year in question, making comparisons with previous years.

The duties of the school medical service fall under three headings: inspection for the discovery of defects and disease; curative measures; and preventive measures. For these purposes there are doctors, dentists, nurses, and clerks, with premises and equipment. The work of inspection includes the routine medical examination of three age groups, or one-third of the children every year; examination of special cases outside these age groups, and the following up and re-examination of those suffering from defects. The ostensible object of the work is to fit the child there and then to receive and benefit from the education provided for it by the State. But the crucial test of the service is not the cure year by year of so many children suffering from ill health or defects of physique. The service is educational, and that is one reason why it falls within the duty of the local education authority.

The Act of 1907 did not require that only sick children should be selected for inspection and treatment, but laid down the great principle that every child, sick or well, should come periodically into the doctor's hands, in order that this process of health education should be available for all. Education in health involves the organization of the prevention of infection at school. It is concerned with the nutrition of the child, with games, with school work, rest, cleanliness, habits of life, with drains, light, warmth, and air. It seeks to get a clean body for the child, but, better still, to teach parent and child to keep the body clean. There are some 5,000,000 children on the rolls of the elementary schools in England and Wales. Last year 2,619,350 were examined—more than the half of all, and nearly 200,000 more than the previous year. The number found to require treatment apart from uncleanliness and dental defects was nearly half a million, or 23.8 per cent. of all those inspected. Of the defects requiring treatment (excluding the two named) those of vision head the list, closely followed by enlarged tonsils and adenoids and other throat affections. Deformities account for a tithe, and tuberculous lung and local affections for still fewer.

Much of the success which has attended this work is due to the part taken by voluntary workers through the teachers and care committees. The influence the teachers can exert, and do in fact exert, on children and parents is unequalled; the success of many treatment schemes depends largely upon them. In London alone there are 330 school care committees, with 5,700 voluntary workers who give up their time with enthusiasm to the care of school children. They follow up individual children, secure regular attendance at the treatment centres, and see that the orders of the doctors are carried out in the homes.

Last year at least 80 per cent. of the children suffering from defective vision obtained proper treatment. Enlarged tonsils and adenoids required operation in 134,880 children, and 45 per cent. received treatment by operation—an increase on last year. Of the total roll of children 2,038,988, or two-fifths, were subjected to dental inspection, and two-thirds of them needed treatment; the number actually treated was 768,146, or 55.5 per cent. of those examined and found in need of treatment. School nurses made thirteen million inspections of children in the schools in regard to cleanliness—that is, three examinations for each child on the rolls. Those found to be unclean numbered 800,000, or 6.5 per cent.—the lowest recorded figure. Last year it was 1 per cent. higher. A sixth of these were cleaned under arrangements with local authorities, most of these being in London.

In secondary schools the incidence of defects of vision is somewhat higher than in elementary schools; defects of ear, nose, and throat are noticeably fewer; deformities are higher, but most are minor degrees of lateral curvature and flat-foot, not recorded in elementary school inspections.

The Teaching of Hygiene.

There is gratifying evidence that the majority of the training colleges for teachers now realize that the study of hygiene is best approached through a general scientific foundation which includes biology, chemistry, and physics. The whole theory of hygiene is founded on these. The study of animal life enables students to obtain a knowledge of structure and action of the body which should be part of the mental equipment of every man and woman. In one modern training college last year 79 per cent. of the students took such a course of study. In addition to internal lectures and practical work, external lecturers gave accounts of social activities, and visits were made to special schools, clinics, model dairies, crèches, and other centres of welfare work. In the schools also there is evidence that more teaching is given in hygiene. Some school medical officers, notably Dr. Bullough of Essex and Dr. Savage of Somerset, report that definite instructions have been given for this teaching on the lines issued to all head teachers. Special lectures have been given by Red Cross and voluntary aid societies, particularly in connexion with women's institutes, and to officers of girl guides.

[1] *The Health of the School Child.* Annual Report of the Chief Medical Officer of the Board of Education for the year 1925. H.M. Stationery Office, or through any bookseller. 1926. Price 1s. 6d. net.

Universities and Colleges.

UNIVERSITY OF OXFORD.

Radcliffe Travelling Fellowship.

AN examination for a Radcliffe Travelling Fellowship of the annual value of £300, and tenable for two years, will be held during Hilary term, 1927, at the University Museum, commencing on February 15th. Candidates must have passed all the examinations required by the University for the B.A. and B.M. degrees. They must not have exceeded four years from the time of passing the last examination required for the degree of B.M. The successful candidate must before election declare that he intends to devote himself during the period of his tenure of the fellowship to the study of medical science and to travel abroad with a view to that study. The fellowship will be vacated *ipso facto* by a Fellow who spends more than nine months in the whole within the United Kingdom. The Regius Professor of Medicine and the examiners present a yearly report on the work done by each Fellow to the electors, who may, if they think the report unsatisfactory, declare the fellowship forfeited. The fellowship is open to women.

The examination will occupy four days. Papers will be set in physiology, pathology, and preventive medicine, and a subject will be proposed for an essay. There will also be a practical examination in pathology. A candidate desiring to offer in addition a special branch of either medicine or surgery must send notice of this to the Regius Professor by February 2nd. Intending candidates should send their names, addresses, qualifications, etc., to the Regius Professor of Medicine, University Museum, by February 2nd.

At a congregation held on November 27th the following medical degrees were conferred:

D.M.—E. G. T. Liddell.
B.M.—J. de la M. Savage.

UNIVERSITY OF BIRMINGHAM.

DR. F. A. PICKWORTH has been appointed director to the Joint Board of Research for Mental Diseases in the City and University of Birmingham, in place of the late Sir F. W. Mott. Dr. Pickworth received his medical education at Charing Cross Hospital, obtained the diplomas M.R.C.S., L.R.C.P. in 1921, and graduated M.B., B.S. in 1922. His previous appointments included those of house-physician to Charing Cross Hospital and research officer and pathologist to the Birmingham Joint Board of Research.

UNIVERSITY OF LEEDS.

MR. J. S. YOUNG, M.A., B.Sc., M.B., Ch.B.Glasg., has been appointed lecturer in experimental pathology and assistant director of cancer research, and Mr. H. J. Channon, B.A., M.Sc.Lond., biochemist in the Department of Experimental Pathology.

Cancer Research Fellowships have been awarded to Miss Georgiana M. Duthie, M.D.Manch., who has been a demonstrator in the pathology department of the University since January, 1925, and to Mr. G. A. Collinson, M.Sc.Leeds, who during the same period has acted as research assistant to Sir Berkeley Moynihan.

Appointments in the Faculty of Medicine were made as follows: Mr. E. R. Dawson, B.Sc.Leeds, demonstrator in biochemistry; Miss W. Joan Wadge, B.A.Camb., research assistant in physiology; and Mr. F. C. Happold, M.Sc.Manch., demonstrator in pathology and bacteriology.

VICTORIA UNIVERSITY OF MANCHESTER.

THE following have been appointed members of the Board of the Faculty of Medicine: Dr. William Dyson, O.B.E., Dr. D. S. Sutherland, and Mr. S. R. Wilson, M.B., B.S., F.R.C.S.

UNIVERSITY OF GLASGOW.

AT the graduation ceremony on November 20th the degree of M.D. was conferred on Evelyn M'Pherson.

The Services.

COMMISSIONS IN THE R.A.M.C.

COMMISSIONS in the Royal Army Medical Corps, not exceeding twenty-five in number, will be offered by nominations allotted to the medical schools in January, 1927. A certain number of nominations will in addition remain at the disposal of the War Office. Candidates must be under 28 years of age on January 31st, 1927. The names of those nominated, and applications for consideration, must reach the War Office not later than January 10th. The list of medical schools to which nominations have been allotted and further information will be found in our advertisement pages.

EXAMINATION FOR DENTAL OFFICERS R.N.

AN examination for dental surgeons for entry into the Royal Navy will take place at Guy's Hospital Dental School, London Bridge, S.E.1, on January 4th, 1927, and the following days. Nine appointments are offered for competition. Further particulars will be found in our advertisement columns.

Medical News.

DR. GUSTAV MONOD, physician to the Thermal Hospital at Vichy, has been appointed Chevalier of the Legion of Honour. Dr. Monod, who is M.R.C.P.Lond. as well as M.D.Paris, is delegate for Great Britain of the Association for the Development of the Medical Relations of the Faculty of Medicine of Paris; he is also, as our readers know, our French Correspondent.

A SERIES of lectures and practical courses of instruction for the diploma of psychological medicine will commence at the Maudsley Hospital, Denmark Hill, S.E.5, on Tuesday, January 4th, 1927. Part I of the series, in addition to practical instruction and demonstrations, will comprise twelve lectures on the physiology and anatomy of the nervous system by Dr. F. Golla, pathologist to the London County Council and Director of the Central Pathological Laboratory, Maudsley Hospital, beginning January 7th; four lectures on the histology of the nervous system and the endocrine glands by Dr. C. Da Fano, reader in histology in the University of London, commencing on January 4th, and eight lectures on psychology by Dr. Henry Devine, medical superintendent of the Holloway Sanatorium for the Insane, beginning January 6th. Part II will follow in March, and will consist of a further series of lectures and demonstrations. The fee for the whole course of Parts I and II is 15 guineas, for Parts I and II separately 10 guineas, for one single lecture in Part I or Part II 4 and 2 guineas respectively. Inquiries should be addressed to the Director of the Central Laboratory, Maudsley Hospital, Denmark Hill, S.E.5.

A THREE months' course of lectures and demonstrations on clinical practice and in hospital administration will be given at the North-Eastern Hospital of the Metropolitan Asylums Board, Tottenham, by Dr. F. H. Thomson, medical superintendent, beginning January 3rd, 1927. Particulars can be obtained from the Clerk to the Board, Victoria Embankment, E.C.4.

AT the meeting of the Post-Graduate Hostel to be held at the Imperial Hotel, Russell Square, on December 7th at 9 p.m., Mr. Clifford Morson will discuss peccant prostate; on Thursday, December 9th, at the same hour, a discussion on carcinoma of the oesophagus will be opened by Sir Charters Symonds. Dr. Arnold Chaplin will read a paper on the medical service at sea in the mercantile marine, on Friday, December 10th, at 9 p.m. Dinner (price 5s.) will be served at 8 p.m. All medical practitioners are welcome.

THE Fellowship of Medicine announces that on December 4th, at 5 p.m., Mr. L. Bathe Rawling will deliver a lecture at the Medical Society, 11, Chandos Street, W.1, on injuries to the head; open to all members of the medical profession without fee. On December 6th the Infants Hospital will begin a fortnight's afternoon course. Practical courses in obstetrics can be arranged at Queen Charlotte's Hospital to occupy a fortnight or a month; every week the City of London Maternity Hospital holds a course in obstetrics and child welfare; personal application must be made to the Fellowship offices; the Fellowship can also arrange clinical assistantships at the Samaritan Hospital. The following courses will be held next month: a fortnight's intensive course in medicine, surgery, and the specialties at the Prince of Wales's General Hospital, from January 10th to 22nd; a fortnight's all-day course in cardiology at the National Hospital for Diseases of the Heart, from January 17th to 29th (entries limited to twenty); a fortnight's course in diseases of children at the Royal Free Hospital and the Children's Clinic, from January 10th to 22nd; and a month's course (Tuesday and Saturday mornings at 11) in psychological medicine at the Bethlem Royal Hospital from January 11th to February 5th. A further series of lectures on medical and surgical emergencies will be held under the auspices of the Fellowship of Medicine, and there will also be a series of clinical demonstrations in ophthalmology at the Royal Eye Hospital; particulars to be announced later. Copies of all syllabuses of the special courses, a programme of the general course of work, and the *Post-Graduate Medical Journal* can be obtained from the Secretary of the Fellowship, 1, Wimpole Street, W.1.

THE autumn dinner of the Irish Medical Schools' and Graduates' Association was held at the Savoy Hotel on November 23rd. Sir W. I. de C. Wheeler, the president, was in the chair, and the guest of honour was the Right Hon. Sir Thomas Molony, the late Lord Chief Justice of Ireland. The toast of "The Guests" was proposed by Sir John William Moore and responded to by Sir Thomas Molony and Lord Shaw of Dunfermline. The toast of "The President and Association" was proposed by Dr. R. Travers Smith, and Sir William Wheeler responded. The success of the dinner was enhanced by a delightful musical programme.

THE annual dinner of the Yorkshire Association of Glasgow Graduates will be held in the Great Northern Hotel, Leeds, at 6.45 p.m. on Friday, December 17th. The guest of the evening will be Mr. Farquhar Macrae of Glasgow. All old Glasgow graduates resident in Yorkshire are invited to the dinner, particulars regarding which may be had on application to the honorary secretary, Dr. W. MacAdam, 40, Park Square, Leeds.

THE Tropical Disease Prevention Association is issuing an appeal for subscriptions to enable it to depute Dr. Louis Sambon and his fellow workers to investigate further the subject of cancer houses. Dr. Sambon, working under the auspices of the association named, carried out investigations in northern Italy, which he reported in the *Journal of Tropical Medicine and Hygiene* last August. The observations he made are held to justify the use not only of the term "cancer houses," but even of such phrases as "cancer streets" and "cancer villages." The facts are thought to support the suggestion that there is an unequal distribution of some element in the environment (whether it be a parasitic organism or other) which may be a predisposing or even a causative agent. The appeal is signed by Lord Aberconway and a number of well known men of medicine and science. Subscriptions may be sent to Mr. J. E. Russell, treasurer, at the National Bank, 101, Baker Street, London, W.1.

AT the meeting of the Hunterian Society of London on Monday next, December 6th, at Simpson's Restaurant, Cheapside, a discussion on the nervous child will be opened by Dr. H. C. Cameron and Dr. Bernard Myers at 8.30 o'clock.

AT the meeting of the Harveian Society of London at Paddington Town Hall on Thursday, December 9th, at 8.30 p.m., a discussion on the etiology of high blood pressure and the respiratory phenomena associated with high blood pressure and chronic nephritis will be opened by Sir John Broadbent, Bt., followed by Professor Collingwood, Dr. Poynton, Dr. Parkinson, and Dr. de Wesselow.

THE Medical Society of the Mediterranean Coast has arranged a tour from December 6th to 24th, visiting Hyères, St. Raphael, Cannes, Grasse, Vence, Nice, Mentone, Monte Carlo, Monaco, and Beaulieu, open to all medical practitioners, their families, and students in so far as accommodation allows. The cost, including hotels and motor-car excursions, is 1,050 francs, apart from the cost of the railway journey outwards to Toulon and homewards from Nice. Further information may be obtained from the Office Français du Tourisme, 56, Haymarket, S.W.1.

THE buildings, in Endsleigh Gardens, W.C.1, of the Wellcome Bureau of Scientific Research and the Museum of Medical Science have been reconstructed and will be reopened on Wednesday next, December 8th, at 3 p.m., by Mr. Neville Chamberlain, Minister of Health. Afterwards Sir Walter Fletcher, M.D., F.R.S., Secretary to the Medical Research Council, will give an address on research and citizenship.

MESSRS. WILLIAM HEINEMANN (Medical Books) announce for immediate publication the fourth edition, in two volumes enlarged and revised, of Jacobi's *Atlas of Dermochromes*, with a new and original text by Henry MacCormac, C.B.E., M.D., F.R.C.P.

IN view of the heavy demand for facilities for undergraduate instruction which has been experienced at the National Hospital for Diseases of the Heart, Westmoreland Street, W.1, arrangements have now been made for the practice of the hospital to be open to medical students as from January 1st, 1927, at half the fees charged to graduates.

ON his retirement from the medical officership to the Post Office staff at Carnforth, after more than forty years' service, Dr. E. S. Jackson was presented by past and present employees and friends with a microscope.

DR. GEORGE WYNDHAM CROWE has been presented by the past and present members of the Worcester police force with a handsome silver salver upon his retirement from the post of police surgeon after forty-eight years' service. Dr. Crowe, who lives in the house occupied by the founder of the British Medical Association, Sir Charles Hastings, was local secretary of the Jubilee Meeting of the Association held at Worcester in 1882.

A TURKISH pharmacopoeia has been introduced by the Turkish Government at Angora in place of the French codex hitherto in use.

A MONUMENT to Professor Chauveau was unveiled at the National Veterinary School at Lyons on November 7th.

A CHAIR which had belonged to the late Lord Lister was stolen, on November 16th, while in transit from the Shetland Islands to the Wellcome Historical Medical Museum. It had been made from the operating table of the old Edinburgh Infirmary, and was the property of Sir Watson Cheyne. It has now been recovered.

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.***

ORIGINAL ARTICLES and LETTERS forwarded for publication are understood to be offered to the BRITISH MEDICAL JOURNAL alone unless the contrary be stated. Correspondents who wish notice to be taken of their communications should authenticate them with their names, not necessarily for publication.

Authors desiring REPRINTS of their articles published in the BRITISH MEDICAL JOURNAL must communicate with the Financial Secretary and Business Manager, British Medical Association House, Tavistock Square, W.C.1, on receipt of proofs.

All communications with reference to ADVERTISEMENTS, as well as orders for copies of the JOURNAL, should be addressed to the Financial Secretary and Business Manager.

The ***TELEPHONE NUMBERS*** of the British Medical Association and the BRITISH MEDICAL JOURNAL are *MUSEUM 9861, 9862, 9863,* and *9864* (internal exchange, four lines).

The ***TELEGRAPHIC ADDRESSES*** are:

EDITOR of the BRITISH MEDICAL JOURNAL, *Aitiology Westcent, London.*

FINANCIAL SECRETARY AND BUSINESS MANAGER (Advertisements, etc.), *Articulate Westcent, London.*

MEDICAL SECRETARY, *Mediscra Westcent, London.*

The address of the Irish Office of the British Medical Association is 16, South Frederick Street, Dublin (telegrams: *Bacillus, Dublin*; telephone: 4737 Dublin), and of the Scottish Office, 6, Drumsheugh Gardens, Edinburgh (telegrams: *Associate, Edinburgh*; telephone: 4361 Central).

QUERIES AND ANSWERS.

LICE ON DOGS.

A. J. C. T.—Many different drugs are recommended for the treatment of lice on dogs: a solution of potassa sulphurata in warm water is excellent if the dog can be washed out of doors, but owing to its objectional odour it is not suitable if the dog has to be washed indoors. Fresh pyrethrum powder dusted into the dog's coat and brushed out after a few minutes is generally sufficient to remove the lice, but as it only stupefies the insects, the brushings must be immediately burned. "Lavol," a proprietary preparation manufactured by Cooper's Dip, is one of the best washes for general ecto-parasites in dogs and is non-toxic. None of the drugs in present use are capable of destroying the "nits," and the treatment must be repeated in about a week. Bedding should also receive attention, as the eggs are often deposited on the bedding material and the larvae reach the dog in this way. In addition to the above measures, any of the usual disinfectants in common use—except the carbolic series of disinfectants, which are very toxic to dogs—may be used in dilute solution.

CHILBLAINS.

DR. A. MACBETH ELLIOT (London, W.) sends a note on the treatment of chilblains (erythema pernio) by ultra-violet light. He says: "Until recently I have had the same unsatisfactory results with whatever line of treatment I adopted in cases of chilblains. Early in October I had my first case this winter—a married woman who had been a martyr to chilblains all her life; both hands and feet were affected, and she was hardly free through the winter. Ultra-violet radiation with quartz mercury vapour lamp to the fingers and toes and to the legs and arms with the tungsten lamp gave immediate relief. After four radiations the condition had cleared up, and so far there has been no return. In another case in a woman giving the same history as above, but the feet being the more painful, all local signs had disappeared at the end of ten days. Three cases in children all responded to this line of treatment. No other treatment was administered during the radiation; high frequency, ionization, diathermy could be employed to supplement it if necessary, and in the past I have had temporary relief with these, but never anything like the results with ultra-violet radiation. Needless to say, each case must be treated on its merits; ultra-violet radiation requires very careful supervision."

DR. F. A. E. SILCOCK (Leicester) recommends the use of luminous heat-ray treatment in combination with the ultra-violet light. "I have," he says, "treated many cases with very satisfactory results by using a Bach mercury vapour ultra-violet and a Sollux luminous heat-ray lamp, concurrently focused on the affected parts. By this method the relief of the pain appears to be quicker and natural sunlight is much more closely imitated."

DR. SIDNEY MATTHEWS (Crawley) is induced by the mention of ultra-violet treatment of chilblains to say that he has found advantage from ultra-violet treatment in Raynaud's disease. He has a case of the second degree under treatment.

DR. A. H. MACDONALD (London), who is inclined to think that chilblains come under the heading of a deficiency disease, recommends the following general line of treatment for the prevention of chilblains: (1) Exercise. Lucky is the child who has to walk half a mile or so to school. Those who only go a short distance and then sit down to lessons suffer more frequently. It will be found advisable on arrival at school that a quarter of an hour should be spent in tramping round, so as to set the circulation going. (2) Cod-liver oil should be given to