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KEY TO DATES AND PAGES.

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suprarenal glands. It would also seem possible that this sympatheticotonicity may account for some of the many symptoms, such as headache and sensations of tingling and numbness in the extremities, which make up the menopausal syndrome.

The use of Thyroid Extract at the Menopause.

Thyroid extract is frequently used at the menopause. As I have shown elsewhere (3), the intensity of the attacks of flushing at the menopause is increased by the administration of thyroid extract at this time; this phenomenon is to be expected if, as has been suggested by Goetsch, the internal secretion of the thyroid gland sensitizes the body cells to the action of adrenaline.

In my opinion, therefore, thyroid extract should not be given, as a routine, to women at the menopause.

The Use of Chloroform as an Anaesthetic at the Menopause.

There is considerable evidence that the syncope which occurs during the induction of chloroform anaesthesia is associated with fibrillation of the cardiac ventricles, and is caused by abnormal irritability of the heart muscle, in which the sympathetic nerve supply is involved. Cushny says that this ventricular fibrillation is possibly caused by reflexes through the accelerator apparatus, or by an increased secretion of the suprarenal glands. If, as I have shown, women at the menopause are sympatheticotonic, chloroform should be avoided as an anaesthetic at this time.

Following a suggestion made to me by Dr. W. E. Dixon, I have endeavoured to ascertain if women at the menopause are particularly susceptible to chloroform syncope; owing to the infrequency with which chloroform is administered in these days and the comparatively few cases of chloroform syncope which have been recorded with details of the

menstrual history at the time of the accident, my researches into this question have hitherto been unsatisfactory. It is interesting, however, to remember that pregnant women, in whom the ovaries are present in a condition of increased activity, are extremely tolerant to chloroform.

The preparation of the active hormone or hormones of the ovary is attended with many technical difficulties, and I know of no satisfactory product at present on the market. I am satisfied, however, that some of the ovarian extracts which are available are effective to a limited and varying extent; but until an active substance, of standardized potency, is available, the clinical value of my observations must remain inconclusive.

Summary.

1. The tonus of the sympathetic nervous system of women at the menopause is increased.

2. The increase in tonus of the sympathetic nervous system is responsible for the vasomotor phenomena and, possibly, for some of the other symptoms which make up the menopausal syndrome.

3. The increase in tonus of the sympathetic nervous system at the menopause is caused by the unrestrained action of the suprarenal glands, the internal secretion of the ovaries being deficient or absent.

4. Thyroid extract should not be administered at the menopause, owing to its adrenal sensitizing action.

5. Chloroform should not be used as an anaesthetic in women at the menopause.

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Memoranda:
MEDICAL, SURGICAL, OBSTETRICAL.

RUPTURE OF THE HEART.

An edentulous man, aged 71, was given a large cup of hot meat extract at 11 p.m., followed an hour later by a large cup of hot cocoa. He was found dead in bed at 1 a.m. At the *post-mortem* examination I found a rupture, 1 in. long, in the anterior wall of the left ventricle. The muscle was pale, flabby, and fibrotic. The stomach was enormously distended with air. I concluded that in sipping the hot liquids he had swallowed this air, and the consequent distension of the stomach embarrassed the heart sufficiently to tear it.

In the interesting paper by Drs. Strickland Goodall and Weir (May 7th, p. 834) there is a history of recently ingested food or fluid in seven out of fourteen cases; one would like to know the condition of the stomach in these cases, and whether flatulent distension was a contributory factor to the rupture.

London, W.3.

H. STANLEY CHATE, M.B.

HEREDITARY DEFORMITY OF THE FINGERS.

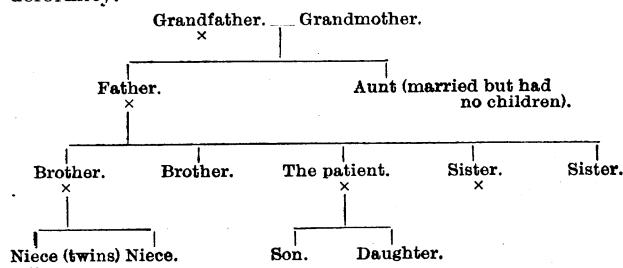
A man, aged 22, presenting the following abnormality of the fingers, was admitted to Addenbrooke's Hospital in November, 1926, suffering from renal calculus.

The middle and terminal phalanges are shortened, the fingers being of the average breadth for an adult man. The body of each finger-nail is double. The two parts are separated by almost normal skin, which runs distally over the dorsum of the terminal phalanx and is continuous with the skin covering the tip of the finger. On either side of this median strip of skin nail tissue appears, of the normal texture and elasticity. The cuticle is present on each side and overlaps the nails in the usual fashion. The intermediate central part is harder than normal skin and bears longitudinal striations; it is, however, quite distinct from the nails. At the distal end there is the usual shallow transverse groove, where the free end of the nail should be. The little finger of the left hand approaches the nearest to

normal. There is here a nail occupying three-fifths of the width of a normal nail. The man used to scratch this finger when a boy in order to make the nail grow.

The thumbs show this peculiarity in the highest degree. The nail bed on each side is represented by areas 2 mm. in width and 4 mm. in length, each containing a tiny nail. The nails all grow slowly, and seldom require cutting. The feet are normal.

The man stated that several members of his family have hands similar to his own. In the following table the persons marked with a cross are those who exhibit this deformity.



The patient could not trace his family further back than the grandfather, nor could he state whether the abnormality had ever been transmitted through one of the female members of the family.

I am indebted to Dr. J. Aldren Wright for permission to publish details of this case.

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AN UNRECOGNIZED CASE OF FRACTURE OF A CERVICAL VERTEBRA.

THE following case presents some points which may be of interest:

A man, aged 38, was admitted to the Chester Infirmary in May, 1926, during the general strike, after being run over by a railway lorry, which crushed his chest. No fracture of the ribs could be found, and, as he had apparently quite recovered, he was discharged after a short stay in hospital.

On January 27th, 1927, he was again brought to the hospital, being unable to walk unsupported. He then told us that he had found difficulty in walking for the last six months, which he ascribed to a hernia, and for which he was claiming compensation. There was considerable loss of power in both arms and legs, and slight wasting in the thenar muscles. There was numbness in the cutaneous distribution of the ulnar nerve; a spastic condition of both legs, with a positive Babinski sign, well marked ankle clonus, and exaggerated knee- and arm-jerks. No definite loss of sensation was discovered, although, apparently, there was some impairment of both superficial and deep sensation in the arms and legs. The cranial nerves were not affected, and the optic discs appeared normal. The electrical reactions of the muscles were all normal.

An x-ray photograph of the cervical vertebrae showed some blurring about the left transverse process of the fifth. Lipiodol was injected through the atlanto-occipital ligament, and a definite block at the level of the centre of the body of the fifth cervical was indicated.

On February 25th laminectomy of the seventh to the fourth cervical was performed. On removal of the seventh and sixth the cord was found to be pulseless, but when the fifth lamina was lifted it began to pulsate freely. The membranes were not adherent, and, on

moving the cord from side to side, we could find no marked projection of bone into the lumen of the canal, but this may have been present in front. The theca was not opened, and the wound was closed without drainage.

Three months later the numbness and wasting in the hand had disappeared. He could walk without the help of a stick, although his gait was still spastic, with increased reflexes, not, however, nearly so marked as before operation.

Chester.

K. V. TRUBSHAW, F.R.C.S.Ed.

THE DIAGNOSIS OF GANGRENE OF THE SMALL INTESTINE.

HAVING read Mr. A. E. Roche's highly instructive communication in the BRITISH MEDICAL JOURNAL of June 4th (p. 1033), I should like to bring to notice a similar case which came under my care on June 5th.

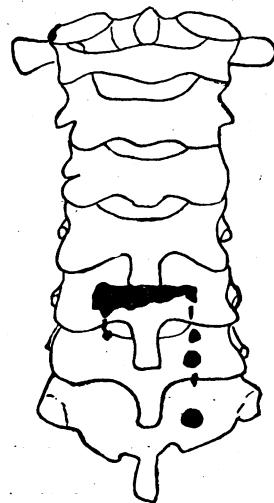
A woman, aged 30, was admitted to Llwynypia, Rhondda, Hospital complaining of pain in the umbilical region and vomiting. The pain had begun a week before admission. The vomit at first was greenish; later it became dark brown, and had a faecal odour. The patient had had absolute constipation for a week previous to admission.

On admission the temperature was 99° and the pulse 120; the tongue was moist, but coated with a whitish fur, and the breath had a faecal odour. The abdomen was distended, and well marked visible peristalsis of small-intestine type was present. In the right groin was an ovoid swelling in the position of the femoral ring. It presented the physical signs of a fluid swelling. It was not tense or tender, but was irreducible.

A diagnosis of right strangulated femoral hernia was made, and having regard to the fact that the patient's general condition was not as grave as that usually associated with complete obstruction of the small gut, especially over so long a period, we came to the conclusion that it was a partial obstruction and strangulation of the Richter type.

An incision was made over the swelling, and a strangulated femoral hernia was found, involving a segment of small gut 2 inches long and about half the circumference of the bowel across. The sac was distended with serous fluid, which was not offensive. The bowel was dark purple and adherent to the sac in one place. The colour of the gut did not return to normal, but there was free bleeding on pricking, even of the areas which appeared most damaged. In the opinion of the operator the gut was viable, and was returned to the abdomen, and the operation completed in the usual manner.

During the forty-eight hours following the operation the patient did not pass faeces or flatus. There was no evidence of peritonitis beyond occasional hiccuping, and as the obstruction persisted it was decided to explore. The abdomen was opened and loops of distended small intestine immediately presented. There was no peritonitis. The affected loop of gut was lifted up, and it was found that it had completely recovered, and there was no obstruction of the lumen of the gut. The cause of the obstruction was therefore paralytic. Enterostomy was performed, about 12 inches proximal to the affected loop, and a tube about half an inch in diameter was sutured into the intestine by the internal cone method; for the next twenty-four hours the patient passed large quantities of faeces and flatus by the tube. In forty-eight hours the bowels began to act naturally, and in four days the tube was removed; the discharge from it had practically ceased. The enterostomy opening has now closed, and the patient has made an uninterrupted recovery.



The chief points of interest in the case seem to be: (1) the speedy recovery of the gut after having been strangulated for six days; (2) the reliability of bleeding of the gut as a sign of viability, in spite of its persistent discolouration.

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Llwynypia, Rhondda.

ACUTE LOBAR PNEUMONIA: RAPID DEATH.

I READ with interest Dr. Poston's account of a case of acute lobar pneumonia, death occurring in nine and a half hours (BRITISH MEDICAL JOURNAL, June 18th, p. 1098). It recalls to mind a similar case I had to deal with in Freetown, Sierra Leone, some years ago. It may be mentioned that the West African native has apparently little resistance to lobar pneumonia, and the death rate for that disease is high. In this particular instance the patient was a native of Freetown, an engineering artisan by trade, aged about 25 years. He returned from work about 5 o'clock one evening during the rainy season, and sat down to his "chop." Before he had finished his meal he complained of a sharp severe pain in his left side. This made breathing so difficult that he at once went to hospital, and as emergency officer I saw him at 6 p.m. A diagnosis of pleurisy and early pneumonia was made, and he was admitted and treated accordingly. He died at 11 p.m. I made a post-mortem examination next morning and found both lungs in a state of early grey hepatization, so that the total duration of the visible illness was only five and a half or six hours at the most.

Many natives die in the red hepatization stage from early heart failure, which is probably physical rather than toxic, for it must be remembered that the native heart is often much weakened by the overstrain of carrying heavy head loads, and by the toxins produced by helminthic infections, etc.

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TRIPLETS: ECLAMPSIA: CAESAREAN SECTION: SURVIVAL OF MOTHER AND CHILDREN.

SOME five or six years ago I was called to see a lady, near London, suffering from severe eclampsia. She was a primigravida; the abdomen was enormously distended, and there was very marked oedema of the legs, abdomen, and vulva.

On my arrival the patient was quite unconscious. The urine was solid with albumin. She had had several severe eclamptic convulsions. The pulse was rapid and tension was very high. The temperature was 102.8°. It was evident that the pregnancy was multiple, and "twins with hydramnios" was diagnosed. The foetal heart sounds were quite normal. There was no indication of labour, and the cervix was closed. So grave was her condition (coma) that I decided on Caesarean section as the best means of saving her life. At that time it was "in favour" as a method of delivery in eclampsia, and among my own cases of Caesarean section at Queen Charlotte's Hospital the results seemed fair, if not good. These cases have been published with others in the Proceedings of the Obstetrical Section of the Royal Society of Medicine. I was further influenced to do this operation as there was such great oedema of the vulva, which would have made delivery by the vaginal route difficult and tedious.

The operation was simple. So deep was the coma that an anaesthetic was not needed. There was considerable hydramnios and the large placenta was anterior (this is not uncommon). On opening the membranes two good-sized babies were extracted (girls), and then, to our surprise, a third child (a boy) was discovered in the lower uterine segment, and removed together with its placenta. This child was smaller than the twin girls, but appeared to belong to the same epoch of fertilization. The girls were uniovular twins (single fused placenta). There was free haemorrhage, but it was controlled by suture and the application of hot towels to the uterus. The uterus was sutured with linen thread, and the abdomen closed in the

¹ This is not the case now; vide Proc. Roy. Soc. Med., etc.

usual way. The patient did very well afterwards, and regained consciousness in about twelve to eighteen hours. There were no more fits. The triplets also did well, and were nursed by breast and bottle.

I heard a year after that the mother and her babies had done very well, but that the girls were "ahead of their brother." It was not until May 22nd, 1927, that I had further news of them, when I saw a photograph of the three children as little attendants to a bride at a wedding at Twickenham.

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Reports of Societies.

MEDICO-LEGAL SOCIETY.

THE annual general meeting of the Medico-Legal Society was held at 11, Chandos Street, Cavendish Square, London, on June 23rd, the retiring President, Lord Justice ATKIN, occupying the chair. Sir William Willcox was elected President for the ensuing year, Lord Justice Atkin having announced that he would be unable to continue in that office. In a farewell speech, Lord Justice Atkin said the seven years during which he had been their President had seen a great development in the importance of the society. Their first President, Sir William Collins, in his inaugural address, had said their goal was the creation of a central medico-legal institute in London, and in his (his Lordship's) view there was no more fitting instrument to carry through such an important proposal than the Medico-Legal Society.

Confidences Reposed in Doctors.

Lord RIDDELL, in a paper on "The law and ethics of medical confidences," said the rule as to medical secrecy arose out of the fiduciary relationship which existed between the doctor and his patient, analogous to that between solicitor and client. In England there was a curious absence of direct authority as to the doctor's liability for failing to keep his patient's affairs secret. This was greatly to the credit of doctors as a profession. Had they been unduly communicative to the detriment of their patients, no doubt they would have found themselves in the Law Courts. There were, however, analogous cases which showed that the courts regarded professional secrecy as a grave moral duty, which would be enforced either because disclosure would be a breach of trust and confidence, or because secrecy was an implied term of a contract for professional or confidential services. The duty had been enforced against solicitors, accountants, and bankers, and they were entitled to assume that a doctor also would be legally liable if he wrongfully disclosed his patient's confidences, whereby damage resulted. In France and Germany the disclosure of medical secrets was a criminal offence. The legal position in England could be stated in four propositions: (1) A doctor, being in a fiduciary capacity, must preserve his patient's confidences unless relieved from the obligation by some lawful excuse; (2) legal compulsion or the patient's consent were lawful excuses, and the performance of a moral or social duty might also be a justification—protection of the doctor's interests might also justify disclosure; (3) there was no legal privilege for medical confidences—called as a witness a doctor must answer such questions as might be put to him by the Court; (4) a doctor shared with other citizens the duty to assist in the detection and arrest of a person who had committed a serious crime. By a breach of the rule not only might the doctor render himself liable in damages, but he might also be censured by the General Medical Council for unprofessional conduct. Doctors were entitled to claim with justice that professional confidences regarding vital matters, such as venereal disease, "unofficial" pregnancies, attempted abortion, and the like, were rarely divulged, and if a doctor gossiped he only did so in connexion with matters he regarded as immaterial. Some doctors thought they were entitled to disclose their private patients' secrets to other medical men, or to their students.

This was a mistake. Medical freemasonry did not justify such disclosures. The symptoms and treatment might be stated, but not the patient's name.

The disposal of doctors' case books raised an interesting point. Was the doctor entitled to sell them? And what were the responsibilities of the purchaser, and what were those of the doctor's executors? Many years ago he (the speaker) bought a doctor's case book in a secondhand bookshop for sixpence. Evidently it had been sold as waste paper, or as part of a library. He supposed, strictly speaking, a doctor or his executors were not entitled to part with his case books containing professional secrets, and that, in strictness, the books should be destroyed. But in these days, when it had become the practice to dig up the medical histories of the departed, the destruction of the case books of leading practitioners might rob future generations of much interesting information. Whether these revelations were justifiable was another matter.

As to the second proposition, legal compulsion was admittedly a lawful excuse, whatever it might be from the point of view of medical ethics, but when they came to the performance of a moral or social duty they were faced with serious problems. The speaker gave a number of hypothetical cases, and asked the question whether the doctor had a moral or social duty to disclose. In *Weld-Blandell v. Stephens* [1920] AC 95b, the judges agreed that disclosure of a confidence would be justified when there was a duty to the public to disclose. When a doctor was employed by A to examine and treat B, the doctor was apparently entitled to make a report to the person employing him; the position of a family doctor might differ from that of one consulted *ad hoc*; a doctor attending an infant might be entitled to communicate with his parent or guardian; and the position of a hospital patient differed from that of a private one, inasmuch as there was no contract between the doctor and the patient. Such a patient's rights to secrecy were not well defined, but it was conceived that the medical staff were under obligation to the patient not to disclose matters of delicacy, at any rate outside the institution. In the French code the director of a hospital was specially prohibited from disclosing professional secrets relative to the safety of patients or family honour.

As to the general question, What should a doctor do when he perceived that grievous injury might result to a third party if he refrained from making a disclosure of a professional confidence? there was much to be said for a distinguished lawyer's suggestion that in certain cases disclosure might be justified on the ground that the object was to prevent the patient from doing a wrongful act. If a doctor gave the warning he might get no thanks, he was certain to incur the serious displeasure of his patient, and he might find himself faced with legal proceedings. On the other hand, his conscience might worry him if he stood by and allowed an innocent person to run a serious risk which might be prevented by a word of warning. Moreover, in some cases, if he remained silent he might run the risk of incurring public or private odium and censure. No practical rule could be laid down. It all depended upon the individual and the particular case.

As to his third proposition strong objection had been raised by doctors to answering in the witness-box questions involving a disclosure of professional confidences. The claim was that such confidences were, or should be privileged in the same fashion as communications between solicitor and client—and not only medical men but distinguished lawyers supported it. Medical men were inaccurate in stating that spiritual advisers were protected from disclosure in courts of justice, and, in any case, the claim to spiritual privilege was based on legal grounds which had no application to the medical profession. Also, there seemed to be some misapprehension in medical circles as to the privilege accorded to communications between solicitor and client. The privilege was that of the client and not of the solicitor, who himself had no privilege. The solicitor must not disclose professional communications in the witness-box unless with the consent of his client, but they must be revealed if the client so desired. There was also a misapprehension that privilege attached to communications made by a client for a fraudulent or criminal

NINETY-FIFTH ANNUAL MEETING
of the
British Medical Association,
EDINBURGH, 1927.



Scott Monument.

THE ninety-fifth Annual Meeting of the British Medical Association will be held in Edinburgh this month 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 scientific and clinical work of the meeting will occupy the three following days, and will be divided among twenty-one Sections. The names of the officers of Sections and other preliminary announcements were published in the SUPPLEMENT of June 25th; the full programme of scientific business and further details of the arrangements for the Annual Meeting will appear in a later issue. The Annual Representative Meeting, for the transaction of medico-political business, will begin on Friday, July 15th. On the last day of the meeting (Saturday, July 23rd) there will be an excursion to Fife and St. Andrews. We print below the fifth of a series of descriptive and historical notes on the Scottish metropolis and its relations with the science and practice of medicine. The first article, published on December 4th, 1926, dealt with old Edinburgh and the beginning of the Medical School; the second, on January 1st, with the Medical School from 1726 to the middle of the nineteenth century; the third, on March 26th, with Edinburgh medical institutions; and the fourth, on June 4th, with the University and Royal Colleges.

It has been decided to make the Edinburgh celebrations of the centenary of Lord Lister's birth coincide with the Annual Meeting of the British Medical Association. A book dedicated to Lister's life and writings has been prepared for the occasion, and throughout the week a museum of Lister relics will be on view in the Upper Library of the old University. On Wednesday, July 20th, at 8 p.m., a public meeting will be held in the McEwan Hall, with the Earl of Balfour, K.G., in the chair, when short commemorative addresses will be delivered.

EDINBURGH AND ITS SURROUNDINGS.

EDINBURGH is a city which happily mingles in its architecture the ancient and the modern, together with many natural beauties. The Castle Rock, under the name of the Castle of the Maidens, has been used from prehistoric times as a fort, but came for the first time clearly into the light of history when Malcolm Canmore made it one of the royal seats, although Dunfermline was then the chief place of government. While besieged in Edinburgh Castle in 1093 Queen Margaret received the fatal news of the death in battle of her husband and elder son, and by a small postern gate the youthful princes escaped in a providential mist from the besieging forces of Donald Bane, carrying with them their mother's corpse.

The castle and town were repeatedly taken and retaken, burnt and rebuilt during the war of independence against Edward I. In the time of Robert the Bruce the city received its first charter, and the early parliaments were held in the banqueting hall of the castle. The brilliant Court of James IV, to which ambassadors came from all the Courts of Europe, met here in the end of the fifteenth

century. Several portions of the old town wall, built immediately after this king's disaster at Flodden, can still be seen. Immediately before the Reformation, in 1544, Edinburgh suffered a great disaster when the city was captured by an English army under the Earl of Hertford, and continued burning for three days. The citizens had little time to remove their valuables to the safety of the castle, and most of what was interesting in Edinburgh perished at that time. At the Reformation, about 1560, the destruction of most of the old religious houses was completed.

Much romance, however, clusters round Holyrood at this date—the Court of Mary Queen of Scots, the murders of Rizzio and Darnley—and round the castle, which held out, during a prolonged siege, on behalf of the unfortunate queen. Later history includes the founding of the Town's College under James VI, the troubles of the Covenanters, with the incident of "Jenny Geddes's stool," the signing of the Covenant in Greyfriars churchyard, the numerous instances of "martyrdom for conscience sake," and the execution of the rival leaders Montrose and Argyle. As the



Edinburgh from Salisbury Crag.

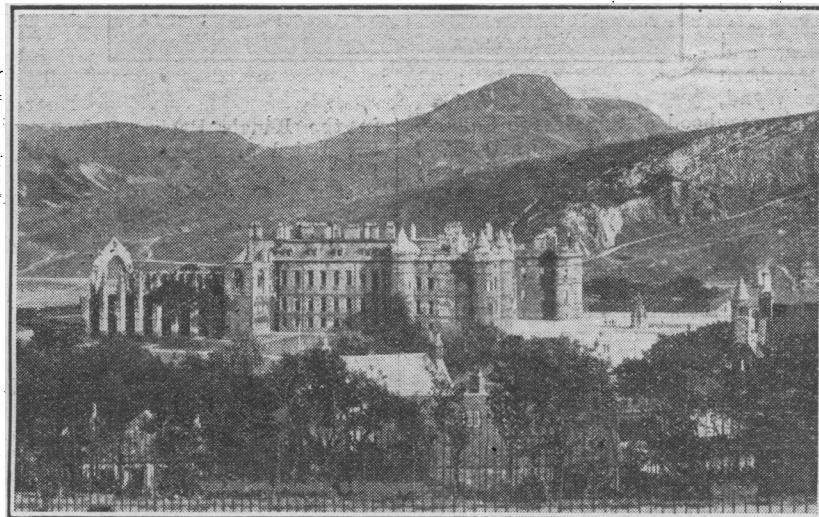
scene of portions of several novels by Sir Walter Scott, romance clings to numerous streets and buildings in the city. In 1745 Holyrood was again associated with military scenes, when Prince Charles Edward took possession of the palace. Finally, in the great war, Edinburgh was the centre of great naval activity, when the Firth of Forth formed the rendezvous for the allied fleets, and when the surrendered German fleet was received here in November, 1918.

With regard to buildings of historic interest, the chief shrine of Scottish history is the small Norman chapel of St. Margaret, preserved on the Castle Rock. It forms a visible record of the Norman culture which spread to Scotland in the eleventh century, and of which the ruined abbeys scattered through the country are still memorials. St. Giles's Church is in part a beautiful example of fifteenth century architecture. Trinity Church and Hospital were unfortunately demolished to make room for the North British Railway station, but the church was partly re-erected in Jeffrey Street, and the magnificent panels of its altarpiece, restored to Scotland after being looted by the English in 1544 and retained for three centuries in England, are now preserved in Holyrood Palace. The

northern wing of Holyrood Palace, with its memories of Mary Queen of Scots, is a striking example of old Scottish baronial architecture. Several instances of fine buildings of the sixteenth century are to be found in Riddell's Close, John Knox's house, Huntly House, and the Chapel of St. Magdalene's Hospital in the Cowgate. Of seventeenth century architecture, George Heriot's Hospital, founded in 1628 as an educational institution by the Treasurer of

King James VI, is one of the best examples. Domestic work of this period is to be seen in the houses of the Lawnmarket and in White Horse Close and Bakehouse Close off the Canongate, as well as in the old Parliament House near St. Giles's.

Owing to the confinement of the burgh within its defending walls till the eighteenth century, houses tended to grow in height, and some of these tall tenements, reaching a height of ten or twelve stories—the tallest buildings erected before the latter part of the nineteenth century—are still to be seen. The new town of Edinburgh, which includes all the extension to the north and west of Princes Street Gardens, was laid out at the end of the eighteenth and beginning of the nineteenth century. Charlotte Square, designed by the brothers Adam, is one of the finest examples of the work of these celebrated architects. Here, at No. 9, Lord Lister practised during his second Edinburgh period. The Register House (1774) and the old University (1789) are memorials of the same architect's work. Numerous traces of a romantic movement and Greek revival in the early decades of the nineteenth century give a special character to parts of the city built in this period. Such are St. John's Church at the west end of Princes Street, Sir Walter Scott's monument, the galleries on the Mound, the monument to Burns, the Royal High School, and the unfinished national memorial on the Calton Hill. The war memorial in the castle has just been completed, to some extent in keeping with the style of the surrounding military buildings, and its opening by H.R.H. the Prince of Wales will coincide with the meeting of the British Medical Association in the present month.



Holyrood Palace.

shows an interesting collection of relics connected with the history of Edinburgh, such as old drawings and maps, manuscripts, and articles of personal use that belonged to celebrated Edinburgh citizens.

Among educational institutions the University naturally comes first. Its various buildings were described in the BRITISH MEDICAL JOURNAL of June 4th. Edinburgh possesses an unusual number of secondary schools and has been for many years noted as an educational centre. In allusion to this fact, as well as to its publishing houses and breweries, a baillie of a previous age is said to have replied to a question regarding the chief products of Edinburgh in the words "Boys, books, and beer." In addition to the University the Royal Colleges of Physicians and Surgeons have their halls in Queen Street and in Nicolson Street respectively. The College of Agriculture is situated in George Square, the Royal (Dick) Veterinary College in Causwayeside, and the Heriot-Watt College, an institution for technical instruction, in Chambers Street. The Royal Astronomical Observatory on Blackford Hill is a prominent feature of the city, while the Royal Botanic Garden is second in importance only to those at Kew. Here a garden party is to be held during the meeting of the Association. The Zoological Park is beautifully situated on the slope of Corstorphine Hill, and after a contemplated extension will be the largest park of this kind in Europe. Here the Lord Provost and magistrates are to hold a civic reception for the members of the British Medical Association.

The manufacturing industries at Edinburgh are somewhat overshadowed by the fame of the city as a seat of learning and by its historical interests, but they include

Edinburgh, as the capital city of Scotland, is rich in galleries and museums. The building in Doric style near the centre of Princes Street is the Royal Scottish Academy, the focus of artistic activity in Scotland. The National Gallery, immediately behind it, contains a representative series of works by Scottish artists of the past, and is one of the best and most attractive of the smaller galleries in Europe. The pictures of the Scottish school exhibited here include several canvases by Jameson, the Scottish Vandyke, and Allan Ramsay (son of the poet), a Scottish painter of the eighteenth century. Paintings by Sir David Wilkie illustrative of Scottish ballad and history, by David Scott, Fettes Douglas, Noël Paton, Orchardson, Chalmers, Thomson, and many others are also shown. The Scottish National Portrait Gallery, situated in Queen Street, is a gradually growing collection; it commenced about 1800 with interesting portraits of the early Stuart kings and queens, and includes pictures and engravings of most of the persons who have distinguished themselves in Scottish history. The National Museum of Antiquities, housed in the same building as the Portrait Gallery, includes many objects of antiquarian and historic interest, such as examples of the Stone and Bronze ages, a great collection of memorials of Roman civilization, including the hoard of silver discovered at Traprain Law, Scottish coins, instruments of torture, Highland remains, and the sedan chair in which James Hamilton, the last physician to use such a vehicle, was carried to see his patients. The Royal Scottish Museum in Chambers Street houses a fine collection illustrative of art, natural history, and technology. The City Museum in the Municipal Buildings, High Street,

such activities as brewing, distilling, printing, rubber manufacture, biscuit making, and the manufacture of drugs. In the latter respect Edinburgh is one of the chief centres of the world for the manufacture of alkaloids and anaesthetics. To the original establishment of these industries in Edinburgh the presence of a fine harbour and docks at Leith, together with an abundant coal supply from the neighbouring Lothian coal-field, contributed greatly. For nearly a century and a half Edinburgh has been a great banking centre; and the ancestral home of John Law, the great financier of France, is situated at Laurieston Castle on the outskirts of the city, a building recently gifted as a national possession. Insurance companies whose management is situated in Edinburgh are numerous and important, and their accumulated funds exceed a total of £125,000,000. Insurance has been a special feature of Edinburgh commercial enterprise for more than a century.

The chief literary figures with whom Edinburgh localities are associated are Sir Walter Scott, Robert Louis Stevenson, and Robert Burns. Scott was born at the top of College Wynd, spent his youth and early manhood at 25, George Square, and later resided at 10, South Castle Street, and after 1798 at 39, North Castle Street, where most of his novels were written. So many of the buildings still remaining in Edinburgh are associated with characters described by Scott that he might well, with an air of proprietorship, refer to the city as "mine own romantic town."

Robert Louis Stevenson was born at 8, Howard Place, which is now preserved as a memorial house, containing many pictures, manuscripts, letters, and personal possessions. Later he lived at 17, Heriot Row, but the home he loved best was Swanston Cottage, where the family spent fourteen summers. Here, on the foothills of the Pentlands, the scene of *St. Ives* is laid. The still old-world Dean Village, now a part of Edinburgh, with its crow-stepped gables and sculptured stones, is associated with *Catrina*.

Robert Burns, on coming to Edinburgh in 1786, lodged in Baxter's Close, Lawnmarket. Burns's fame as a poet had preceded him, and he was warmly welcomed by the *élite* of Edinburgh society. The historic meeting between him and Scott, when the latter was 15 years old, took place in 1787 at Sciennes Hill House, immediately off Causewayside; the house, which is still preserved, belonged to Professor Adam Ferguson. Clarinda (Mrs. Maclehose) lived in General's

Entry, between Bristo Street and Potterrow. The monument to Robert Burns, a prominent feature on the Calton Hill, was built in 1831.

Among other literary celebrities of Edinburgh may be mentioned Gavin Douglas, Bishop of Dunkeld, who "gave rude Scotland Vergil's page," and whose episcopal palace was in the Cowgate; John Knox, whose house in the High Street is still preserved; George Buchanan, who lived in Kennedy's Close; Allan Ramsay, poet and wig-maker, whose shop stood till recent times near the corner of the North Bridge and High Street; Robert Fergusson, the predecessor of Burns, who died in the city Bedlam, near Bristo Port; Tobias Smollett, who studied medicine at the College of Surgeons; David Hume and James Boswell, who are associated with Riddel's Close and James's Court in the Lawnmarket; Thomas de Quincey, who lived in Great King Street; John Brown, author of *Rab and his Friends*, who

had a house in Rutland Street; Francis Jeffrey, who lived in Moray Place; Thomas Carlyle, who occupied a house at Comely Bank, and many others.

Few cities of the size of Edinburgh are so well provided with open-air facilities. It is possible from any part of Edinburgh to reach the open country on foot in less than half an hour. On the outskirts lie the King's Park, Blackford Hill, and the Braid Hills, the pleasantly wooded Corstorphine Hill with its zoological park, and, further off, the Pentland Hills. Within easy reach by car are numerous

golf courses. That on the Braid Hills belongs to the city. Private courses, such as Mortonhall, the Burgess Club, the Bruntsfield Club (founded in the eighteenth century), Baberton, Cammo, Torphin, Duddingston, Kingsknowe, and Murrayfield, are in immediate proximity to the town. Several celebrated courses, such as Gullane, Luffness, Muirfield, and North Berwick, lie along the Lothian coast within easy reach by train.

In every direction round Edinburgh the countryside is full of historic associations.

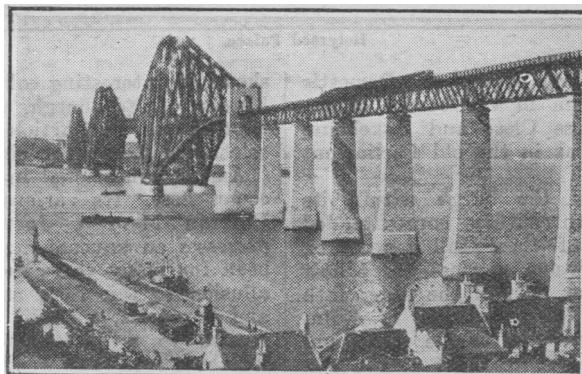
Near the Loch of Duddingston in the King's Park are Peffermill House, the home of the Laird of Dumbiedykes, and David Dean's house at St. Leonards, celebrated in *The Heart of Midlothian*. A little further off stands Craigmillar Castle on a ridge overlooking the town. This ancient castle dates from the twelfth century, and formed one of the favourite residences of Mary Queen of Scots. Here a pageant of Scottish history is to be enacted during the visit of His Majesty the King on July 15th and 16th. Beyond the ridge lies the old town of Dalkeith with Dalkeith Palace, the seat of the Duke of Buccleuch, and Newbattle Abbey, the seat of the Marquess of Lothian, in its immediate neighbourhood. Further to the south is the ruined Crichton Castle with its ancient collegiate church, and Borthwick Castle, one of the best preserved of old Scottish fortresses.

Eastward from Edinburgh, in a few miles one comes to Musselburgh, where the links have long been famous for archery, golf, and horse-racing. Near the links once stood an ancient hermitage, dedicated to Our Lady of Loretto, and here is now situated a public school of world-wide reputation. A bridge of the mediaeval period spans the river Esk. In the immediate neighbourhood the battle of Pinkie was fought on "Black Saturday," in 1547, when the Earl of Hertford defeated the Scottish army with, it is said, the death of 10,000 Scots. At Carberry Hill,

on the slopes above Pinkie, Mary Queen of Scots twenty years later surrendered to the Confederate Lords to be imprisoned in Lochleven Castle. Six miles further on is Prestonpans, where Prince Charles Edward, in 1745, routed Sir John Cope's army. Seventeen miles east of Edinburgh is the ancient burgh of Haddington, picturesquely situated on the river Tyne and a royal residence in the twelfth century. The historic parish church, dating from the thirteenth century, is known as "The Lamp of Lothian," and in the town John Knox, the Scottish reformer, was born. Here, too, is a bridge dating back to the twelfth century. A few miles south of Haddington is Gifford with Yester Castle, erected in the thirteenth century, and having beneath it the Goblin's Hall, an underground passage, of which Sir Walter Scott speaks in *Marmion*. Dirleton Castle, near North Berwick, is an early thirteenth century building, and beyond North Berwick stands the massive



Princes Street.



Forth Bridge.

ruin of Tantallon Castle, a stronghold of the Douglas family, associated with many tragic scenes in Scottish history. Opposite North Berwick in the Forth stands the Bass Rock, famous as the home of the solan goose, and possessing an ancient castle and prison. It is interesting to recall that when William Harvey came to Scotland in 1633 with Charles I he visited the Bass Rock, of which and of the habits of the solan goose he has left a graphic description.

Southwards from Edinburgh, the Pentlands lie about two miles from the edge of the city, with Swanston, the home of Robert Louis Stevenson, embosomed on their northern slope. On the southern slope lies Rullion Green, the field of a Covenanting battle in 1666. Here, amid beautiful scenery, a memorial religious service will be held on July 17th. Close to Rullion Green is Penicuik, the site of modern paper mills, and once the home of Alexander Penicuick, surgeon general to the army which accompanied Charles II to the disastrous field of Worcester. The ancient town of Peebles, ten miles south of Penicuik, is situated pleasantly among hills and pastoral scenery. This was a favourite resort of the Stuart kings, from which arises the old saying, "Peebles for pleasure." It is commemorated by the royal poet, James I, in "Pebbles to the Play." From Peebles a road along Tweedside leads through much of the country celebrated by Sir Walter Scott. Innerleithen is the scene of *St. Ronan's Well*, and in the immediate neighbourhood of this small town stands the old house of Traquair, the original of Tully Veolan in *Waverley*. Here, too, is the ruined peel of Elibank, an ancient seat of the Murrays, where young Scott of Harden, captured on a raid, was given the choice of being hanged or of wedding "Muckle-mou'ed Meg," the daughter of Sir Gideon Murray. His choice of the latter alternative was the prelude to a long and happy life. The neighbouring town of Galashiels was celebrated as a rallying-point in border warfare, and close to it stands Abbotsford, the home of Sir Walter Scott. Four miles onwards are the ruins of the beautiful Abbey of Melrose, founded by David I in the twelfth century, and destroyed in the wars of the sixteenth century. In *The Lay of the Last Minstrel* Scott lovingly describes the hallowed ruins, while in *The Abbot* a picture is given of their decay. Not far off is the ruin of Dryburgh Abbey, founded by the same king and destroyed by the English in the sixteenth century. It is beautifully situated by the river, and in this quiet spot Sir Walter Scott is buried along with his wife, his son, and Lockhart, his biographer. On the hillside above the abbey stands Bemersyde, presented by the nation to Earl Haig, and identified with his family in the old prophecy:

"Tide—tide—whate'er betide,
There'll aye be a Haig at Bemersyde."

Still proceeding eastwards, the road comes to the town of Kelso, likewise the site of a ruined abbey, founded by David I. Close to this town stands Floors Castle, the home of the Duke of Roxburghe. Here King James II was killed in 1460 by the bursting of a cannon used to bombard the castle of Roxburghe on the opposite side of the river, at that time in possession of the English. The castle and its surrounding town of Roxburghe have completely disappeared, only a few mounds being left to show where this prosperous burgh stood in the Middle Ages.

Westwards from Edinburgh some nine miles the railway crosses the Firth of Forth on the celebrated Forth Bridge. In the immediate neighbourhood are Dalmeny, the seat of the Earl of Rosebery, and Hopetoun, the mansion of the Marquis of Linlithgow. A few miles further on the old town of Linlithgow retains memories of the early Scottish kings. It was a favourite residence of James IV. James V and Mary Queen of Scots were both born here, and although it was burned in 1746 by the Duke of Cumberland's soldiers, it is still the finest example of Scottish baronial architecture. Adjoining the palace is the historic church of St. Michael. A short distance south of the town is the house of Kipps, the residence of Sir Robert Sibbald, one of the founders of the Royal College of Physicians of Edinburgh, and some distance beyond this is the little town of Torphichen, where stands the Preceptory of the Knights of St. John of Jerusalem, founded in the twelfth century, and the home of much medical and military enterprise in the Middle Ages.

On the north, Edinburgh extends to the Firth of Forth, beyond which lies Fifehire, a county with a history of its own. Some miles beyond the Forth Bridge is Dunfermline, the royal residence of Scotland in the days of Malcolm Canmore and Queen Margaret, who landed in Scotland at St. Margaret's Hope close to the bridge. The old Abbey of Dunfermline is the burial place of Robert the Bruce, and is an interesting Norman structure. In this town Andrew Carnegie was born and spent his earlier years. In the centre of the county lies Loch Leven, with its island and castle, celebrated as the prison of Mary Queen of Scots. Some miles off is Falkland Palace, a favourite residence of the Scottish kings, and the scene of events described in *The Fair Maid of Perth*. Eastwards from Falkland lies Cupar, the county town. Round the town are several ancient mansions, including the castle in which Macduff's wife and children were murdered by Macbeth. Ten miles eastwards on the seashore lies St. Andrews, celebrated for its golf course and for its university, founded in the fifteenth century. The castle was the centre of the Reformation, being associated with the burning of George Wishart by Cardinal Beaton, which led to the assassination of the latter when the castle was subsequently captured. Many remains of ancient religious buildings give this town a unique old-world interest.

EPSOM COLLEGE.

THE annual general meeting of the Governors of Epsom College was held at 49, Bedford Square, on June 24th. Dr. RAYMOND CRAWFORD was in the chair.

The CHAIRMAN described the progress that had been made in the development of the College during the past year. A new chemistry block had been added which probably surpassed any similar building to be found at any other school. A good deal of money had been spent on heating arrangements, and an annexe had been put up in the lower school for washing, dressing, and drying. As it had been found that there was very little demand for the lower school, and much for boys of a higher age, the age for lower school boarders had been raised. Various gifts had enabled the council to embellish the large schoolroom with panelling, and to build a new cricket pavilion. Money was now being collected for the construction of a new sanatorium. The old building, which was deemed unsuitable for an infirmary, would provide accommodation for forty more boarders. The report of the council was adopted; and Dr. Napper, who had served on the council for a great many years, was elected a vice-president of the institution.

Pensions and Scholarships.

It was reported that the following were the successful candidates:

Pensionships:					Votes.
*Chepnell, Charles W. J.	...	...	...	...	7,411
*Dawson, Fanny	...	...	...	...	6,798
*Raper, Augusta M.	...	...	...	...	6,456
*Mullings, Harriet E.	...	...	...	...	5,617
* "Ordinary" pensioners. † "Sir Thomas Smith" pensioner. ‡ "Christie" pensioner.					

Dr. Edward J. Minchin (3,117), Mrs. Grace S. W. Dempster (854), and Mrs. Florence A. Swindlehurst (411), who were among the unsuccessful candidates, were at a subsequent council meeting appointed ordinary pensioners under By-law 16, through vacancies having arisen.

Foundation Scholarships:					Votes.
Stephens, John C.	...	...	...	...	12,442
Joy, Charles H. F.	...	...	...	...	11,643

Special Scholarships.

The council will shortly award the following special scholarships:

Leopold Salomons Entrance Scholarship.—The value of this scholarship is £50 a year, and it will be awarded to the son of a duly qualified medical man. Candidates must show an adequate standard of education for their age, and their financial position must be such as to make it impossible or difficult to obtain an education at Epsom College without the help of the scholarship.

St. Anne's Home Scholarship.—The value of this scholarship is £52 a year, and it will be given to a deserving and necessitous orphan daughter of a medical man who has been for not less than five years in independent practice in England or Wales.

Further particulars and forms of application can be obtained from the Secretary, Mr. J. Bernard Lamb, at the Office of the College, 49, Bedford Square, W.C.1.

of medical men who subsequently attended Miss Cooper indicated that septic pneumonia followed, due to impaction of the piece of tooth in a bronchus, death occurring on August 27th. Counsel submitted that had an operation been performed within a few days of the extraction the patient's life might have been saved. It was negligence on the part of both the defendants, he argued, to allow a student to extract the tooth and not to tell the patient's friends what had happened. While Mr. Miron admitted he was on duty in the operating room during the extraction, and said Dr. Sinclair was there also, Dr. Sinclair denied that he was present at the actual operation, though he had examined Miss Cooper's mouth beforehand and filled in her treatment card.

Mr. F. W. Wallace, in opening the defence on behalf of Mr. Miron, asked the jury to bear in mind that his client was present on May 22nd, 1925, as a dentist, and did not profess to be a doctor. The rule of the hospital was that no extraction under gas should take place except in the presence of a fully qualified medical practitioner. Unfortunately there was a direct conflict of evidence as to whether Dr. Sinclair was present on this occasion. Counsel's submission was that Dr. Sinclair was present and that it was no part of Mr. Miron's duty to make any formal report or to mention to Dr. Sinclair a fact which Dr. Sinclair himself must have observed.

Dr. James Maughan, anaesthetist to the National Dental Hospital (now the Dental Department of University College Hospital), gave evidence. While he was in attendance at the hospital on the morning in question no suggestion arose that any patient had swallowed a tooth. When he left at 11.20 a.m. he told the porter to ask Dr. Sinclair to take his place at once in the anaesthetic room. It appeared from the hospital records, however, that Miss Cooper's case had been dealt with before he left.

Mr. E. Davy, the third-year student who undertook the extraction, and a nurse who was present in the gas room, both gave evidence. They agreed that a medical man was in the room supervising the administration of the anaesthetic, but neither could say whether this was Dr. Sinclair or Dr. Maughan. Mr. Davy said that when he broke the crown of the tooth and could not find it he told Mr. Miron, who put his finger inside the patient's mouth and tried to find the broken piece, but failed. The operation was immediately stopped because of the accident. He entered in the case-book "crown swallowed," but why Miss Cooper was not told this nor asked to return to the hospital he did not know.

Mr. Miron's evidence-in-chief bore out that of the previous witness, except in regard to the presence of Dr. Sinclair at the extraction. He said that on the morning of the inquest he reminded Dr. Sinclair that he had been present, but Dr. Sinclair denied this, and Mr. Miron did not argue the point. Had Dr. Sinclair not been present he would have reported the accident to him; it was the duty of the medical superintendent to tell the patient what had happened. Mr. Miron was cross-examined by Mr. Pereira on behalf of Dr. Sinclair, and by Mr. Denning for the plaintiff. A good deal of this cross-examination turned on the relative responsibility of the witness as house-surgeon, and of Dr. Sinclair as medical superintendent. He was questioned also by Mr. Justice McCordie at some length in regard to what steps should be taken when it is suspected that a tooth or part of a tooth has entered the air passage or been swallowed.

Mr. Pereira, for Dr. Chiappa Sinclair, said that his client's defence was that he was not present at the operation, and that the first he heard of anything unusual about the case was when he got a telephone message from St. James's Hospital, Balham, informing him of Miss Cooper's death.

Dr. Sinclair gave evidence bearing out his counsel's statement. His duty at the hospital, he said, was to supervise generally the work of its departments, but not to interfere with a dentist unless he was doing something radically wrong. He had seen the marked chart with his initials on it referring to Miss Cooper's case, and there was nothing there to suggest anything unusual about it; otherwise he would have marked the chart "H.S." meaning that the operation was to be done by the house-surgeon, or "M.S." (to be done by himself). Such an accident as the swallowing of a tooth had never happened in his presence in the gas room. Had he been there he would have looked upon it as a very serious matter calling for immediate action. In cross-examination Dr. Sinclair agreed that if he had been present when this accident occurred it would have been his duty to take the necessary steps—to make a thorough search of the mouth and throat, and if the missing piece could not be found, to inform the patient or her friends, with a view to having an x-ray examination.

Dr. A. B. G. Underwood, sub-dean of the National Dental Hospital, in giving evidence expressed the opinion that the patient or her relatives should have been informed about the missing piece of tooth. He said that he always gave definite and detailed instructions as to the steps that should be taken if a tooth disappeared, and in reply to his lordship he outlined what he told the students to do, and why. The accident, in his opinion, should have been reported to Dr. Sinclair unless he was actually present at the operation.

Mr. Justice McCordie, in the course of his summing up, said that one of the issues for the jury was whether Miss Cooper's life might have been saved if proper steps had been taken in time. If it might, the question arose whether the plaintiff's loss of her daughter was due to the negligence of one or both of the defendants. There seemed to be no doubt as to what was the duty of a dentist when an accident of this kind happened. Here everyone in the operating room knew that the tooth had gone down the patient's throat; but when she left the hospital she had no idea of what had happened and nothing was said to her sister, who was with her, about it. The jury must consider the cases of Mr. Miron and of Dr. Sinclair separately—whether either

of them was guilty of negligence in not informing Miss Cooper or her friends what had taken place, and in not taking steps to ascertain where the broken piece of tooth actually was.

The jury after forty minutes' absence found that negligence had been proved against the defendant Miron, and that Miss Cooper's death resulted therefrom. They added that they considered from the evidence before them that the general committee of the hospital was deserving of severe censure, because, in their view, if there had been a tighter hold on the management the case against Mr. Miron would not have been so severe. They assessed the damages at £150.

Mr. Denning asked for judgement for the plaintiff against Mr. Miron and such costs as were allowed, this being a poor person's case brought under Lord Campbell's Act. Mr. Pereira asked for judgement for Dr. Sinclair against the plaintiff. His lordship said he would not enter judgement, pending any application that might be made by counsel on either side.

Universities and Colleges.

UNIVERSITY OF CAMBRIDGE.

THE following candidates have been approved at the examination indicated:

M.C.H.R.—R. S. Corbett, F. W. Roques.
M.B., B.C.H.R.—Part I. Surgery, Midwifery and Gynaecology: G. M. Addison, A. F. Alsop, R. Anderson, G. H. Barndt, W. J. H. M. Featlie, H. Bell, S. A. Beshaw, P. G. Bentifif, G. J. O. Bridgeman, W. A. Briggs, C. F. B. Birkington, A. C. Brown, H. B. Bullen, H. J. Burrows, R. W. Butler, C. P. Campion, A. B. Connell, E. C. Cosgrove, G. A. Eason, E. G. Frever, R. Galimore, H. Girling, E. W. Hayward, J. S. Hensman, W. G. S. Hopkirk, E. T. James, M. E. Lampard, L. C. Lancaster, A. H. Lankester, E. W. Lindeke, W. N. Macley, F. J. Milward, J. K. Moore, J. L. Newman, T. S. M. Norris, M. D. Nosworthy, D. E. Oakley, C. D. Politeyan, J. C. C. Poole, E. J. Pye Smith, J. H. Richmond, E. E. F. Rose, F. G. Salt, M. R. Sinclair, T. C. Stevenson, G. R. S. Stewart, C. L. Stote, J. R. H. Towers, C. G. Townsend, C. F. Watts, J. R. S. Webb, W. J. Wilkin, D. B. Wilson, E. C. Wynne-Edwards. **Women:** F. M. Allen, A. R. Glover, M. G. P. Reed, E. Whidborne. **Part II, Part III:** *Medicine and Practice of Physic, Pathology and Pharmacology:* C. Adamson, E. S. Polton, P. R. Burkton, R. C. L'E. Burges, H. J. Furrows, R. W. Butler, R. D. Curran, C. E. Donaldson, T. D. W. Fryer, H. K. Goaby, F. Goldby, A. C. Hampson, V. C. J. Harris, J. A. Hartley, A. S. Hollins, W. G. S. Hopkirk, F. S. Hubberstv, C. E. Kellett, F. Kellett, F. H. King, A. H. Lankester, T. E. McNair Scott, A. W. C. Moller, W. J. Montague, M. F. Nicholls, E. A. Nicoll, G. F. Oakden, C. L. Owen, R. Pearce, R. A. Phillips, W. P. Purvis, D. N. Rocca-Jones, H. J. A. Simmone, L. A. P. Slinger, H. Smith, G. M. Tanner, C. I. Tuckett, C. W. Walker, R. Watson, C. F. Watt, R. W. Windle, C. E. Wooirow. **Women:** G. M. B. Morgan, K. A. Muir, C. J. Ormerod.

UNIVERSITY OF LONDON.

AT a meeting of the Senate held on June 22nd Sir William Beveridge, K.C.B., M.A., LL.D., was re-elected Vice-Chancellor for 1927-28.

Chair of Dietetics.

It was resolved to institute a University Chair of Dietetics, and to convey the grateful thanks of the Senate to the anonymous donor and to Messrs. Wander, Ltd., for their generous donations of £10,000 each towards the establishment of this Chair.

Diploma in Bacteriology.

It was resolved to institute an academic Diploma in Bacteriology, and regulations were approved.

Appointments.

The London County Council has appointed Sir Oscar E. Warburg as its representative on the Senate, in succession to Sir William Collins, M.D., retired, the appointment being made pending the coming into force of the new statutes under the University of London Act, 1926.

The title of Emeritus Professor of Anatomy in the University was conferred on Professor Edward Barclay-Smith, M.D., as from the end of the session 1926-27, when he retires from the University Chair of Anatomy tenable at King's College.

Dr. E. Graham Little, M.P., was appointed a Governor of the Chelsea Physic Garden, and Dr. J. Fawcett representative of the University at the annual conference of the National Association for the Prevention of Tuberculosis.

The University Studentship in Physiology for 1927-28, value £50, has been awarded to Mr. H. B. A. R. Denham.

The Bloomsbury Site.

The purchase of the Bloomsbury site by the University of London from the Duke of Bedford was completed on June 24th. The site, including roads, comprises about 11½ acres, bounded by Montague Place, Malet Street, Gordon Square, Woburn Square, Upper Montague Street, and Russell Square, and is the site originally bought by the Government for the University and sold back to the Duke in April of last year. The purchase price is £525,000. Of this sum £400,000 has been provided by the donation from the Rockefeller Foundation, and £125,000 is derived from a special Government grant in respect of improved accommodation for the University.

Sports Ground and Boat-house for University College.

The scheme for a central sports ground and a boat-house for the University of London, started by a committee appointed by the Senate some three years ago, has now taken definite shape.

At a luncheon given by the Lord Mayor at the Mansion House on June 20th it was resolved to make a public appeal. After speeches had been made by the Lord Mayor, the Vice-Chancellor, the Earl of Birkenhead, Lord Desborough, Mr. Reginald M'Kenna, Mr. Beaumont Pesse, and Sir H. Waring, a resolution approving the scheme and pledging assistance to it was passed unanimously.

For the sports ground 28 acres of grassland at Motspur Park, near New Malden, have already been acquired; and for the boathouse 2 acres at Chiswick. Taking into account the purchase price, together with the cost of initial outlay and the provision of an endowment fund to meet part of the annual running expenses, the total sum required is £74,000. Towards this £14,300 has already been privately subscribed; £12,500 of that amount has been provided within the University. Cheques should be made payable to the University of London Athletic Appeal Fund Account, and forwarded to the Financial Officer, University of London, South Kensington, S.W.7, who will gladly furnish any further information on the subject.

UNIVERSITY OF GLASGOW.

A GRADUATION ceremony took place in the Bute Hall at the University on June 22nd, under the presidency of Principal Sir Donald Macalister, when the following degrees were conferred:

HON. LL.D.—Sir Charles A. Ballance, K.C.M.G., Professor Murdoch Cameron, Professor Harvey W. Cushing.
M.D.—P. L. M'Kinlay, *Mary M. Stevenson, †Mary S. Smith, W. Simpson, W. M'William.
PH.D.—John Donald, M.D.

* With honours. † With commendation.

The honorary graduates were subsequently entertained at lunch by the University in the Hunter Hall.

UNIVERSITY OF DUBLIN.

AT the summer commencements in Trinity College on June 28th the following honorary degrees were conferred:

M.CH.—Professor Harvey Cushing of Harvard.
LITT.D.—Dr. S. G. Owen of Oxford.
M.D.—Sir Humphry Davy Rolleston, Regius Professor of Physic at Cambridge.

SOCIETY OF APOTHECARIES OF LONDON.

THE following candidates have passed in the subjects indicated:

SURGERY.—S. A. Carr, F. G. Hardaker, S. Jenkinson, H. I. Jones, T. C. Lansdale, H. S. Littlepage, S. K. Rigg.
MEDICINE.—S. A. Carr, R. P. Charles, T. C. Lansdale, H. S. Littlepage, D. D. Stidston, N. W. Wood.
FORENSIC MEDICINE.—G. Furniss, K. Gergis, G. L. McDermott, R. C. Pratt, S. Slatar, S. le R. Switzer.
MIDWIFERY.—K. E. Clarke, G. E. Furniss, H. J. Harcourt, G. C. Rhys-Jones, I. O. B. Shirley.

The diploma of the Society has been granted to S. Jenkinson, H. S. Littlepage, R. C. Pratt, S. K. Rigg, D. D. Stidston, S. le R. Switzer, and N. W. Wood.

Medical Notes in Parliament.

[FROM OUR PARLIAMENTARY CORRESPONDENT.]

THE House of Commons has this week gone into Committee on the Finance Act. Estimates for the Ministry of Health and other departments have also been discussed. At the conclusion of the Report stage of the Trade Disputes and Trade Unions Bill, on June 22nd, the House of Commons accepted without debate an amendment moved by the Attorney-General, which added to the definition of a strike the words "in any trade or industry." This amendment, it is considered, will remove the difficulty involved in the discrepancy between the terms of Clause 1 and the definition clause as originally submitted to Parliament.

Scottish Midwives and Maternity Homes Bill Amended and Passed.

On June 24th the House of Commons passed the Midwives and Maternity Homes (Scotland) Bill through Report and Third Reading. On the Report stage Mr. Barclay-Harvey, who had charge of the bill, moved an important new clause as follows:

Local supervising authorities to provide midwives in certain cases.—Where in any district there are not in operation arrangements made by the local authority for attending to the health of expectant mothers and nursing mothers, and of children under 5 years of age, in accordance with Section 3 of the Notification of Births (Extension) Act, 1915, the local supervising authority shall, upon receiving reasonable notice, provide the services of a midwife or a duly qualified medical practitioner for the purpose of attending a woman in childbirth, and the provisions of Subsection (4) of Section 22 of the principal Act shall apply for the purpose of the local supervising authority recovering such fee in respect of the aforesaid

services as may be determined according to a scale fixed by the Scottish Board of Health as they apply to the fee paid to a registered medical practitioner called in in the case of an emergency.

Mr. Barclay-Harvey said the clause was designed to meet an objection, urged in Committee on the bill, that nothing was being done to help poor people to get maternity treatment. He believed it would now be possible to give this in all necessary cases. Dr. Drummond Shiels seconded the new clause, and it was added to the bill.

Mr. Barclay-Harvey moved to amend Clause 1 of the bill by adding a safeguard to the provision which allows medical students and persons studying to become certified midwives to attend women in childbirth. The safeguard was that the attendance of the student must be in accordance with the provisions regulating the course of study of midwifery as recognized by the General Medical Council, or the rules relating to the training of midwives made by the Central Midwives Board for Scotland. Mr. Westwood, in seconding, said that the clause as proposed to be amended had been accepted by all parties after long negotiations. The amendment was inserted in the bill. Clause 9—which deals with the cancellation of the registration of a maternity home—with the addition, as a ground for cancellation, of "the appointment at any time after the commencement of this Act of a person who is not either a qualified nurse or a certified midwife to superintend the nursing of the patients in the home" was accepted, and the Third Reading of the bill was moved. Mr. W. Adamson, for the Labour party, said the points raised by that party in Committee had been met. Mr. Macpherson asked the promoters of the bill to reconsider, when it was before the House of Lords, the prohibition against the attendance by unauthorized persons on women in childbed. He hoped the Lord Advocate would secure that women in remote country districts who came to the assistance of a neighbour should not be called to court to account for their conduct. Dr. Shiels said this point had been fully considered in Committee, and amendments had been inserted to meet the difficulties which might arise in Highland districts. The Lord Advocate said a neighbour could only be called to account in court for giving help if the Procurator Fiscal decided that there was to be a prosecution. That official would never dream of bringing a prosecution where a little friendly help had been given. The bill was then read a third time without a division.

On June 22nd Sir John Gilmour announced that he had come to the opinion that there was a need for further trained women in midwifery in Scotland, and had arranged to offer a training grant, not exceeding £20 per head, for nurses who had taken a full nursing training to the satisfaction of the Scottish Board of Health, and were now prepared to take the Central Midwives Board qualification, and undertake thereafter to give two years' service in Scotland. The total grant for the current financial year was limited to £2,000.

Compensation for Disturbance: Doctors' Houses.

During consideration of the Landlord and Tenant (No. 2) Bill in Grand Committee Sir Richard Luce moved a drafting amendment which, he said, was designed to make the bill (which proposes to give leaseholders compensation for goodwill and improvements, or else an extension of their lease) apply to professional as well as to trade or business premises. He spoke particularly of the advantage of extending the bill to the medical profession and dentists. Sir Gerald Hohler had said there was no goodwill in a doctor's premises. It was true that a Harley Street physician or surgeon could not create goodwill by living in a particular house. The goodwill applied to the whole street, but that was not true in the case of a doctor in a small town. By his occupation of a house he increased its value, and brought to the site a goodwill for which he was entitled to compensation. The same observations applied also to the case of a dentist. It frequently happened that a doctor who took a house was obliged to improve it to meet the needs of his profession. A doctor's house should have a garage, and in view of what was required under the National Health Insurance Act a doctor might be compelled to improve his surgery accommodation. If he was forced to do that at his own expense he was entitled to compensation when he left the house, because in all probability it would be taken by another doctor, for whom it would have a special value in view of the improvements which had been made. Captain Hacking, who was in charge of the bill for the Home Office, said that as it stood premises were not to be deemed to be used for carrying on a trade or business by reason of their being used for carrying on any profession. He was afraid that he could not agree with the arguments of Sir Richard Luce. He himself did not go to a doctor in Harley Street because he was in that street. He required to know something more of him

Small-pox and Vaccination.

On June 27th Sir K. Wood, replying to Mr. Groves in regard to the case of a woman from King Henry's Road, Hampstead, who died of small-pox, said that the Minister of Health was informed that the woman, who was 40 years of age, was said by her mother to have been unsuccessfully vaccinated in infancy. She was not revaccinated at the age of 11, as had been stated, her history in that respect having been confused with that of her sister. The source of infection had not been traced.

Lord E. Percy told Mr. Groves, on June 27th, that his attention had been called to the action of the Newport Education Authority in excluding from the Newport secondary school a girl, aged 15, on the ground that she was unvaccinated. The authority had acted on the advice of the school medical officer acting in conjunction with the borough medical officer of health. Small-pox was prevalent in the area outside the borough. The authority was prepared to readmit her to school provided that her parents were willing to allow her to live within the borough so long as the epidemic continued. In those circumstances he did not think that he would be justified in interfering with the action taken by the authority on the recommendation of their competent medical advisers.

Mr. Lansbury asked whether this action did not override the Act of Parliament which enabled the parents of a child to decide whether or not it should be vaccinated.

Lord E. Percy replied that it was entirely open to a parent to decide whether a child should be vaccinated; but the law did not force any other parent, or those responsible for the children of other parents, to expose other children to risk.

Captain Hacking, replying, on June 27th, to Mr. Groves, who asked if his attention had been drawn to the refusal of certain London magistrates to take statutory declarations under the Vaccination Act, 1907, said that in the case of metropolitan police magistrates two complaints of the nature referred to had been made to the Home Secretary within the last year. In both instances he found on inquiry that the facts were inaccurately represented, and that there had been no refusal on the part of the magistrate. Complaints of the conduct of individual justices of the peace other than stipendiary magistrates were a matter for the Lord Chancellor rather than for his department.

Bills.

On June 24th the Protection of Animals (Amendment) Bill, dealing with the hunting of certain animals, came before the House of Commons on report, but was talked out.

On June 23rd Sir Robert Gower presented a Dogs and Cats Bill, "to facilitate the recovery of lost dogs and cats," and it was formally read a first time. Among members backing it is Dr. Watts.

In the House of Lords on June 28th, the Midwives and Maternity Homes (Scotland) Bill was read the first time.

Medical Inspectors of Mines.—On June 29th Colonel Lane-Fox told Mr. Lee that the duties of a medical inspector to the Secretary of Mines would be to advise the present inspectorate on the health problems of the mining and quarrying industries, to assist in applying the health regulations effectively and in improving them, and to ensure that so far as practicable the results of medical research were applied to mines and quarries. In making the appointment, due weight would be given to the spread of miners' nystagmus, and to the varying theories held by medical men as to the causes of and remedies for the disease.

Alleged Accidental Poisoning.—On June 28th Sir K. Wood stated that the Ministry of Health had asked to be furnished with a report of the coroner's inquest (which was adjourned until June 27) into the deaths of Sarah Ann Edgerton and Elizabeth Fagent, at the Guildford Infirmary, after they were given medicine supposed to be liquorice powder. The Minister would give the matter careful consideration when this report had been received.

British Casualties in China.—Sir L. Worthington-Evans, replying on June 28th to Sir F. Hall, said that of the total troops now in China, one soldier had been killed, two officers and nine other ranks had been wounded, and nine other ranks had died as a result of illness or accidents. The average weekly number in hospital during the four weeks ended June 17th was 22 officers and 895 other ranks. Lieut.-Commander Kenworthy asked if the figure of 900 officers and men in hospital was not abnormally high. Sir L. Worthington-Evans replied that, unfortunately, it was not. The medical officers were very satisfied with the figures and the percentage was quite good.

Deaths in Childbirth.—In providing Sir Walter de Frece with statistics of the deaths of women in childbirth from 1917 to 1926, Mr. Chamberlain said that the number of such deaths afforded no indication of the trend of maternal mortality during the last ten years, in consequence of the abnormal variations in the number of births during that period. Stated as a proportion per 1,000 births registered, the rate of deaths of women classed as due to pregnancy and childbearing was 3.89 in 1917 and 4.12 in 1926.

Mentally Defective Children.—The President of the Board of Education stated, in reply to a question, that the Departmental Committee on Mentally Defective Children had not called witnesses; it hoped to report early next year. There appeared to be no occasion to ask them to consider making an interim report. Local education authorities were free to consult with the Board on any project for special schools for mentally defective children. He did not propose to make any special statement on the matter. Mr. Morrison suggested that a considerable number of local authorities had submitted plans for special schools for mentally defective children; as these had not met with the approval of the Board

they were in some doubt on the matter. The Minister said that after the communications these authorities had had with the Board they could not be in any doubt at all.

Hurnett v. Fisher.—In a reply to Mr. Pethick-Lawrence, on June 23rd, Mr. Chamberlain said his attention had been drawn to the judgement of the House of Lords in the case of *Hurnett v. Fisher*. He had nothing to say on the issue of this case beyond what he had said on May 3rd, 1926. Nothing could be done in the matter without legislation.

National Health Insurance.—The Minister of Health has not yet received from the Consultative Council any views on the recommendation that National Health Insurance benefit should be extended to include a consultant and specialist medical service. He has received a report of the inquiry by the Medical Service Subcommittee of the Durham County Insurance Committee into allegations of lax certification by doctors in the eastern part of that county during 1926. In the absence of a specific recommendation by the Insurance Committee he is unable to take action.

Notes in Brief.

At present twenty-six nursery schools are recognized by the Board of Education, of which eleven are provided by local authorities.

Lieut.-Colonel Headlam, on June 27th, told Sir B. Falle that during 1926 (January 1st to December 31st) 1,725 naval ratings were invalidated. In the same period the number invalidated for tuberculosis was 197. The figures for nephritis and other kidney diseases and bladder troubles would not be available for some months.

The Home Secretary thinks it undesirable to make public the instructions to prison governors regarding the information to be given at inquests following executions.

About 175 local authorities provide for the orthopaedic treatment of school children of school age in their areas. Practically all work with voluntary agencies. For children below school age 35 counties, 36 county boroughs, and 58 other boroughs or urban districts in England and Wales have arranged for orthopaedic treatment, all but one in conjunction with voluntary agencies.

Mr. Chamberlain does not know of any district where public health is endangered through the water supply being drawn from lead-bearing strata.

Mr. Chamberlain has not received any reports that cosmetics now sold may cause definite injury to health when applied to the skin, and does not think that action on his part is required.

No special measures are thought necessary to prevent the surface contamination of ice when carted through the streets.

For some time no condensed milk of foreign origin has been bought for the British Army. Condensed milk bought by the Admiralty is made in England.

The Services.**HONORARY APPOINTMENTS TO HIS MAJESTY.**

SURGEON CAPTAIN A. R. BRAILEY, M.C., V.D., of the London Division, Royal Naval Volunteer Reserve, has been appointed an honorary surgeon to the King, and Colonel C. R. Bakile, I.M.S., is appointed honorary physician to His Majesty in succession to Colonel J. H. McDonald, I.M.S., retired.

COLONIAL MEDICAL SERVICES.

The Secretary of State for the Colonies has approved the creation of the following appointments, with effect from February 19th, 1927, inclusive: senior health officer, Perak; senior health officer, Selangor and Pahang; senior health officer, Negri Sembilan (F.M.S.).

The Secretary of State for the Colonies has approved the alteration of the title of the appointment of senior health officer, Federated Malay States, to chief health officer, F.M.S., with effect from February 19th, 1927, inclusive.

Medical News.

THE next annual meeting of the Royal Medico-Psychological Association will be held in Edinburgh under the presidency of Dr. Hamilton C. Marr, one of the Medical Commissioners of the Board of Control in Scotland. The business meeting will occupy the greater part of Monday, July 18th, and the annual meeting will commence at the Royal College of Physicians at 10 a.m. on Tuesday, July 19th. The presidential address will be delivered on that day; its subject is *Dante and Rabelais: an Account of Two Mediaeval Physicians*, with a summary of their Philosophy. Thereafter the proceedings of the Medico-Psychological Association will be conducted in association with sections of the British Medical Association, which is holding its annual meeting in Edinburgh during the same week. On Wednesday, July 20th, there will be, as already announced, a discussion conjointly with the Section of Mental Diseases of the British Medical Association, on chronic sepsis as a cause of mental disorder; it will be opened by Dr. William Hunter. On the following day a discussion on epidemic encephalitis will be held conjointly with the Sections of Mental Diseases and of

Neurology of the British Medical Association, it will be opened, as already announced, by Dr. Ivy Mackenzie. Another joint discussion with the Section of Mental Diseases will be opened on Friday, July 22nd, at 10.30 a.m., by Professor George M. Robertson. Full particulars will be found in the provisional programme of the Annual Meeting of the British Medical Association published in the SUPPLEMENT last week.

IN connexion with the Annual Meeting of the British Medical Association to be held in Edinburgh this month it may be well to remind members proposing to attend that the Hotels and Lodgings Committee has taken over all the available rooms in the city. Dr. Drever, the Scottish Medical Secretary, 6, Drumsheugh Gardens, Edinburgh, has undertaken the work of allocation, and members requiring rooms should communicate with him without delay. Very few single rooms are available in hotels, but there are some in boarding houses and hostels, and there are plenty of double rooms. Members proposing to attend the meeting who have made their own arrangements for accommodation are requested to notify Dr. Drever.

A SERIES of visits to historic buildings has been arranged in aid of King Edward's Hospital Fund for London. The object is twofold; to provide an opportunity for those who take part in them of seeing some of the most famous buildings in London under exceptionally favourable conditions, and to draw attention to the work of the Fund on behalf of the voluntary hospitals in its area. Well known archaeologists will act as guides, and facilities will be given by the authorities for visiting places not usually accessible to the public. Westminster Abbey will be visited on July 7th and 21st at 5.30 p.m.; the Palace of Westminster on July 13th at 11 a.m.; Hampton Court Palace on July 19th at 3 p.m.; the Tower of London on August 3rd and 24th at 12.30 p.m.; and Kensington Palace on August 17th at 3 p.m. Applications for the programme and for tickets of admission (10s. for each visit) should be made to the Secretary, King Edward's Hospital Fund, 7, Walbrook, E.C.4.

AT the annual meeting of the Royal Society for the Prevention of Cruelty to Animals last week a storm arose about the action of the Council in withdrawing the petition to Parliament against the Dogs' Protection Bill. The chairman, Lord Danesfort, was frequently interrupted, and some fiery speeches were made. Eventually a resolution was adopted by a large majority condemning the action of the Council.

THE new pathological laboratory and research institute at the City of London Hospital for Diseases of the Heart and Lungs, Victoria Park (the gift of the Prudential Assurance Company), will be opened on Tuesday, July 19th, at 3 p.m., by the Rt. Hon. Neville Chamberlain, M.P., Minister of Health.

THE Fellowship of Medicine and Post-Graduate Medical Association announces two demonstrations for July 5th, one by Dr. Barty King at the Royal Chest Hospital at 2 p.m., and the other by Dr. Dan McKenzie at the Central London Throat, Nose and Ear Hospital at 2.30. Those desirous of attending the latter are asked to notify the secretary of the hospital—telephone, Museum 1539. On July 8th, at 5 p.m., Mr. M. L. Hine will give a lecture-demonstration on iritis and cyclitis at the Royal Westminster Ophthalmic Hospital. All these demonstrations are free to members of the medical profession. The Prince of Wales's General Hospital, North-East London Post-Graduate College, Tottenham, will undertake an all-day vacation course in general medicine, surgery, and the specialties from July 11th for two weeks. St. Mark's Hospital will give a special course for one week, beginning July 11th, occupying six afternoons and three mornings. Two part-time courses are announced—one in neurology at the West End Hospital for Nervous Diseases, from July 4th to 30th, and the other in infectious fevers at the Park Hospital, S.E. Copies of all syllabuses are obtainable from the Fellowship of Medicine at 1, Wimpole Street, W.1. A general course of work is also provided at the associated hospitals, for which a comprehensive ticket is issued and a separate programme published. The Fellowship Journal will be sent also on request.

THE National Union of Students of the Universities and University Colleges of England and Wales has arranged a medical tour to Germany and Switzerland, starting on July 9th. It will last nineteen days, and will include visits to spas, clinics, hospitals, and sanatoriums in the Rhineland and Switzerland. The places visited will include Aachen, the children's clinics at Düsseldorf, the Medical School at Bonn, Bad Homburg, the Kurhaus Sanatoriums for heart treatment at Nauheim, Baden-Baden, Bâle, Zürich, the centre for the treatment of tuberculosis and research laboratory at Davos, and Berne. The mornings will be devoted to medical visits and the afternoons to trips to picturesque places.

THE annual oration of the St. John's Hospital Dermatological Society was delivered on June 22nd by Dr. H. Haxthausen, first assistant in the Skin Department of the State Hospital, Copenhagen, who chose as his subject "Streptococcal pityriasis." At its conclusion the president, Dr. Wilfred Fox, proposed a vote of thanks to the orator, in which he was joined by Drs. Whitfield, Sequeira, MacCormac, Dore, Knyvett Gordon, and Dowling, all of whom expressed their great interest in the paper. The annual general meeting of the society was then held. After the reports of the honorary treasurer and honorary secretary had been submitted, officers were elected for the coming session, and the new rules for the society, drawn up by the council, were submitted and passed. The annual dinner was held later at the Café Royal, when Drs. Haxthausen, Sequeira, Drake, Gray, Graham Little, MacCormac, O'Donovan, and Whitfield, and Mr. Arnaudin were the official guests of the society.

THE KING has confirmed the appointment of Dr. Noel L. Clarke to be a nominated unofficial member of the Legislative Council of the Straits Settlement.

THE fourth centenary of Marburg University will be celebrated on July 30th and 31st.

THE International Congress of Urology will be held at Brussels from August 3rd to 6th under the presidency of Professor Verhoogen, when the following subjects will be discussed: (1) comparative value of various examinations of the blood and urine in urinary surgery, introduced by Chabanier of Paris, Kojak of Belgrade, and Quinby of Boston; (2) treatment of tumours of the bladder by physical agents, introduced by Beer of New York, Frysaman of Warsaw, and Heitz-Boyer of Paris; (3) treatment of genital tuberculosis, introduced by Barney of Boston, Gaberini of Bologna, and Kenneth M. Walker of London. Further information can be obtained from the general secretary, Dr. Pasteau, 13, Avenue de Villars, Paris VII^e.

THE Faculty of Medicine of Geneva has organized a vacation course from September 5th to the 30th for last-year students, comprising clinical medicine, medical jurisprudence, surgery of industrial accidents, and professional hygiene. Excursions will be made to climatological and bacteriological stations. The fee is 80 francs. Further information can be obtained from the Secretary of the University, Geneva.

Letters, Notes, and Answers.

All communications in regard to editorial business should be addressed to **The EDITOR, British Medical Journal, British Medical Association House, Tavistock Square, W.C.1.**

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QUERIES AND ANSWERS.

ARTIFICIAL SILK AND ULTRA-VIOLET RAYS.

"U. V. R." writes: I have heard it stated that artificial silk permits the passage of the ultra-violet rays. There are now many varieties of artificial silk; it is prepared in many different colours, and also made up with wool, cotton, etc. I should be glad to know what make of artificial silk is most permeable to the ultra-violet rays, and whether coloured fabrics and those containing an admixture of cotton or wool offer more resistance to their passage than white art silk.

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THE GENERAL MEDICAL COUNCIL

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