

her own communicating room. In this room she was astonished to hear her wireless head-phones emitting a loud noise, accompanied by flashing. Passing through to her mother's room, she found her lying motionless in bed, wearing head-phones, from which was coming a similar noise, and across her face electric sparks were playing, at the points of contact of her steel-rimmed spectacles. She threw the head-phones off, and tried to revive her mother. She was not successful, and sent for medical aid. On examination the mother was found to be dead. In her left hand, close to her side, she was grasping a brass electric standard lamp, of a rather cheap make. She was lying on her back; her appearance was peaceful, and there was no evidence of there having been a struggle. There was a burn of the fourth degree, about the size of a shilling, between the thumb and finger of the left hand. There were similar burns of lesser size on the face and scalp, corresponding to points of contact of spectacles and head-phones. These were over the left malar bone, nasal bones, both eyelids, and over the apex of the frontal bone, just within the scalp margin. This last was of the sixth degree, having, it was found later, charred the outer table of the skull. There was also a burn of the first degree over the left great trochanter. The lenses of the glasses were cracked, and there were discolorations of the metal work of the front head-phone band, and of the spectacles where they were in contact with the skin of the patient. It was stated that a few days before she had received a slight electric shock while holding the same hand-lamp, but had paid no special attention to this.

Nothing was disturbed until the following day, when we met the experts of the Electric Supply Company for the purpose of examining the various circuits concerned. We found a bare wire in the flex of the standard lamp, and this proved to be the cause of the short-circuit in the lighting circuit. Another bare wire was found in the telephone circuit, causing a short-circuit in this through the metal body and head-bands. Owing to the coincidence of these two defects existing in the two separate circuits, she had received the full volume of the lighting current through her body, entering from the hand-lamp and leaving by the earth connexion of the crystal receiving set. The current was stated to be alternating, of 50 cycles per second at 240 volts pressure.

In view of the connexion of the death with the fact that the victim was at the time listening to a wireless programme, we communicated with the British Broadcasting Company, explaining that we proposed to submit an account of the case to a medical journal, and asking for any comments. We received a very courteous reply, with permission to quote therefrom. The opinion expressed was to the effect that the chain of circumstances which brought about the death was so extraordinary that they would be extremely unlikely to recur; that it was the first case, so far as was known, of death associated with broadcast reception; that a similar catastrophe might have occurred had she been holding the defective lamp and touched an earthed conductor, such as a water-tap, or the metal work of a gas stove, or had been in a bath at the time; that it is generally assumed that 100 milliamperes is a fatal current for a human being, though this varies widely for different persons and for different parts of the body through which it passes; that the safest precaution against the recurrence of such an accident is to ensure that the wiring of electric fittings is satisfactory, and carried out by a competent electrician; that it would be impracticable to fit a fuse, as might be suggested, in the earth lead of a receiving set, as it is difficult to find a fuse which would "blow" with certainty at 50 milliamperes, and even if it were, the shock might prove fatal before the fuse had time to heat up and "blow."

Necropsy.

We wished to hold the *post-mortem* examination within twenty-four hours or less of death, but certain obstacles were encountered and the examination was not made until thirty-six hours after; this was unfortunate, as a number of changes which we might have thought at the time to have been due to the passage of electricity proved actually to have occurred after death. The blood was abnormally fluid, of a dark cherry-purple hue. All organs were intensely congested, and abnormally friable. Portions of the brain, liver, lungs, heart muscle, kidneys, left brachial artery, and plexus were submitted to Dr. A. D. Newcomb, patho-

logist to St. Mary's Hospital, who most kindly gave us a detailed report. The spleen was much enlarged, and the heart muscle, especially of the left ventricle, rather thin. There was evidence of long-standing mitral disease. There were no naked-eye changes in the aorta. We did not notice any changes in the muscles, such as the curious red lines, thought to be due to spasm of vessels; mentioned by Dr. Newcomb as having been recorded in such cases; this may have been due to lack of observation on our part. Microscopically, the brain showed *post-mortem* changes only, and no change was observed in nerves of the brachial plexus. The artery showed a moderate degree of fatty atheroma, and the lung oedema and congestion, with a moderate number of pigmented "heart-failure" cells. The left ventricle displayed a considerable degree of patchy fibrosis, probably from old rheumatic inflammation, with moderate fatty infiltration. The right ventricle showed fatty infiltration only; the liver fatty infiltration with moderate central congestion, and *post-mortem* changes were rather marked. The kidneys were congested, with slight ischaemic fibrosis and marked *post-mortem* change; the spleen was intensely congested. Conclusions: the appearances would all fall into line with other cases where the medulla was apparently incapacitated, and both heart and respiration stopped. The congestion was probably due to the old mitral lesion.

Finally, we desire to offer our best thanks to Dr. Newcomb for his invaluable help towards completing the investigation of this case; to Captain Eckersley, chief engineer of the British Broadcasting Company; and to Mr. Gregory, resident engineer of the North Metropolitan Electric Supply Company at Wembley, for the most useful information supplied towards the same end.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

RUPTURE OF THE HEART.

I WAS recently asked by the coroner for East Lancashire to make a *post-mortem* examination of the body of a man, aged 72, who had been found dead in a water-closet two days previously.

The cause of death was a rupture of the anterior wall of the left ventricle half an inch in length. The tissue immediately surrounding the rupture was very friable and of a slate colour. The left coronary artery was calcified and blocked by an old clot. The aorta was normal. The gall bladder contained about a dozen stones. The right kidney was hypertrophied and had a small cyst on its anterior surface. The left testis was fibrocystic and almost the size of a Tangerine orange; the right testis was undescended. Both lungs were adherent, by old adhesions, at their apices. The right foot was in an extreme degree of talipes equinovarus.

As regards the predisposing cause of death, this case resembles the majority of those recorded in your issue of May 7th by Drs. Goodall and Weir; the age of the patient, the site of the rupture, and the calcification and blocking of the coronary arteries forming a close parallel. It is fair to assume that the exciting cause may have been straining at stool, and it is curious to note that three of the cases analysed by Drs. Goodall and Weir were found dead in lavatories.

Ramsbottom.

C. W. CRAWSHAW, M.B., D.P.H.

EXTENSIVE ADHESION OF THE TONGUE.

ANKYLOGLOSSIA, or adhesion of the tongue to its surroundings, is seldom met with in general practice, and the surgical literature on the subject is so scanty that the following details of two cases seem to be worthy of record.

The first patient, a woman, aged 48, was admitted to hospital for adhesion of the tongue to the lower lip, with consequent difficulty of mastication and speech. A few months previously she had been treated by a *hakim* with large doses of mercurials for eruptions on the body. This caused profuse salivation and swelling of the entire mouth cavity and the tongue. After a period the eruptions disappeared and the swelling subsided, but the tongue was left protruding, with its lower surface firmly attached to the upper margin of the lower lip, as well as to the cheeks. The lower teeth were completely hidden by the tongue, which could not be withdrawn, and the mouth was thus left open with the tongue firmly wedged in between the lips. She was kept at first on liquid food and given complete rest to restore her strength. Later, at an operation under chloroform anaesthesia, the tongue was carefully separated from the lower lip and the cheeks by cutting the adhesions, and the teeth, which were very dirty, were freed. The edges of the divided mucous membrane were brought together by means of fine silk sutures.

Recovery was rapid and uneventful. When discharged the tongue was quite free and the patient could speak with ease; she had no difficulty in masticating and swallowing solid food.

The second patient, a woman aged 55, was admitted to the hospital for partial adhesion of the tongue to the left cheek. Four months before admission she had an attack of fever, and was given some pills, which caused inflammation of the mucous membrane of the mouth. This condition yielded to fomentations, but the tongue became attached to the left cheek. On examination the patient was found to be suffering from mercurial stomatitis; there was dribbling of saliva from the mouth, and nearly the whole margin of the left side of the swollen tongue was adherent to the left cheek, causing difficulty in speech and eating. Sedatives and gargles were administered till the inflammation had completely subsided, after which an operation was performed upon the patient under chloroform anaesthesia. The tongue was freed from the cheek by dividing the adhesions, and the cut ends of the mucous membrane of the tongue were brought together and sutured. The edges of the raw surface of the cheek were similarly dealt with. The sutures were removed after six days, and the patient was discharged three days later, having recovered complete control over her tongue.

Patna, India.

H. HYDERALI KHAN, F.R.C.S.Ed.

ACUTE NEPHRITIS DISAPPEARING AFTER SCARLET FEVER.

I THINK the following curious case is worthy of note, and it will be of interest to know if any similar one has been recorded.

In November, 1926, I was called to see a boy, aged 12 years, who had developed nephritis following a chill. During the course of December he had developed oedema of the face and legs, and vomiting, and the urine on boiling was almost solid. There seemed every reason to expect a fatal termination, and uraemia was, of course, probable.

On December 31st an attack of scarlet fever began and appeared to make the prognosis still worse. The result, however, was quite extraordinary; by January 10th all oedema had gone, the urine was free from albumin and when centrifugalized yielded no casts. The boy has since remained perfectly well and is now at school.

On my invitation Dr. F. H. Morison, county medical officer, saw the boy on February 7th, and agreed that there was then no sign of nephritis.

Langwathby, Carlisle.

H. WALTER WARD.

PREGNANCY AND GLYCOSURIA.

PREGNANCY sometimes occurs in cases of diabetes mellitus and has a very unfavourable influence on the course of the disease, and the dangers of the confinement are greatly increased. More frequently a non-diabetic glycosuria occurs during pregnancy; it usually clears up after the confinement, but sometimes persists during lactation. The cause of this appearance of sugar in the urine has not been satisfactorily explained, and it is possible that the following case may throw some light on the subject.

A primipara, aged 25, came to me on November 27th, 1926, to engage me for her confinement, which was expected at the end of February. Examination of the urine showed no signs of sugar or albumin. She was seen again on January 3rd, 1927, when sugar was present. Fehling's solution was the reagent used. It was not possible to have the blood sugar estimated. Examination of the mouth showed a carious premolar and slight pyorrhoea. No other septic focus was discovered. The patient seemed to be quite healthy, and she stated that she "never felt better in her life."

Believing that this glycosuria is really pathological I advised the "ladder diet" of St. Bartholomew's Hospital. The sugar ceased until she came to the stage when 4 oz. of milk is allowed. Milk was then stopped and she proceeded on the scale without any return of the glycosuria; 2 oz. of bread was then allowed, and this was followed by oatmeal porridge and potatoes, and she still remained sugar-free; 1 oz. of milk was then tried, and the sugar appeared in the urine once more.

She was confined on February 20th. Labour was normal and the puerperium was uneventful. She has remained free from sugar since, although she has returned to her usual diet, which contains plenty of milk.

In this case the glycosuria seemed to be due to the milk. In view of the effect of milk in eclampsia and the other toxæmias of pregnancy, I would suggest that the glycosuria in this case was due to a mild toxæmia. Although the patient said that she felt very well, yet she knew when sugar was present before the urine was examined. Questioned as to how she knew this, she replied that she had a "feeling of sweetness in the mouth," heartburn, and chilblains, and that all these disappeared when the sugar was absent.

Lisburn, co. Antrim.

T. A. KEAN, M.B.

Reviews.

THE LISTER MEMORIAL VOLUME, EDINBURGH.

It was a happy thought of the executive in Edinburgh to substitute for the usual book of the town in which the Annual Meeting of the British Medical Association takes place a Lister centenary volume,¹ to serve also as a memorial of the Lister celebration next week in Edinburgh, the beautiful city in which he was happily married and in which some of the best years of his life were spent. It has been prepared under the editorship of Dr. LOGAN TURNER with the help of former pupils.

Lister was a bold and skilful surgeon, but he was much more. It was the physiologist and pathologist in him, backed by inherited persistency and thoroughness and singleness of purpose, that led to the invention of antiseptic surgery.

The importance of his physiological work is well insisted upon by Sir Edward Sharpey-Schafer, from whose contribution, "Lister as a Physiologist," we may realize the skill of his methods, the accuracy of his observations, and the acuteness of his conclusions, although, being but human, he did, though rarely, err. That active veteran of the Glasgow days Sir George Beatson contributes a biographical sketch with illustrations of Lister's birthplace in Essex and his houses in Charlotte Square, Edinburgh, and at Walmer, which conveys in small space a good idea of the life of its subject. In a section of "Ipsissima verba" is appropriately reprinted the address delivered in opening the Surgical Section of the Association at its penultimate meeting in Edinburgh fifty-two years ago on "The effect of the antiseptic treatment upon the general salubrity of surgical hospitals," in which he described not only the advance achieved in his own hospital but also the striking improvements in results which he had seen in a recent visit to hospitals on the Continent. He was then triumphantly able to claim that in his wards, despite "two or three children in one bed" and "mattresses on the floor" as well as the crowding together of bedsteads and other drawbacks, sepsis was practically unknown. Of these long-unwashed wards he said, "Aesthetically they were dirty, though surgically clean."

The chapter headed "Obiter dicta" consists of sayings, which show their author's mind clearly, and amongst other things go far to explain the failure of many of Lister's contemporaries in their well meant but futile attempts at antiseptic surgery. These men, many of great ability, generally failed to grasp the importance of attention to details and could not realize that one small breach of the defensive line was capable of admitting the whole host of septic foes. Professor John Fraser, who is one of the successors of Lister in the chair of clinical surgery, makes in "The influence of Lister's work on surgery" an eloquent and not needless appeal for an ideal in surgical work, which, as he says, is in some danger of being lost sight of in the circumstances of to-day.

Perhaps the most attractive part of this book consists of the collection of essays under the title of "Reminiscences of the chief," in which a number of Lister's dressers and house-surgeons have contributed notes, not forgetting recollections of that great character Nurse Janet Porter, who served for forty-seven years in the Royal Infirmary of Edinburgh, and whose disapproval of a primary disarticulation at the hip-joint was thus expressed: "Leave him alane, my laddie; Mr. Syme wouldna' hae touched him."

A small selection of interesting letters from and to Lister, together with a facsimile of one of his, and a chapter on "Lister's fellow residents, summer 1854," conclude the volume. The group of young men with whom he served in the Royal Infirmary was a most remarkable one, for of his six comrades, all saw war service, one died in his first year abroad, and of the other five all attained public honours, for the details of which the reader is referred to this book, on the matter and manner of which we heartily congratulate Dr. Logan Turner.

¹ Joseph, Baron Lister. Centenary Volume, 1827-1927. Edited by A. Logan Turner, M.D., LL.D. Edin. Edinburgh and London: Oliver and Boyd, 1927. (74 x 9½, pp. xv + 182; 10 plates. 10s. 6d. net.)

most faithful accuracy of detail, as well as by breadth of knowledge and philosophic spirit. His scientific work had made him well known to the workers of many lands, by whom, as well as by those to whom he was more intimately known, he will be greatly missed. Dr. Dawson is survived by a widow. The memorial service was held on June 29th in Old St. Paul's Church, at which the Rev. Canon Lawrie, D.D., paid a tribute to Dr. Dawson's eminent combination of intellectual and spiritual qualities. The interment took place at Morningside Cemetery and was attended by a large assembly of professional colleagues.

F. B. JESSETT, F.R.C.S.,

Consulting Surgeon, Cancer Hospital, London.

On June 17th there died at Fleet, in Hampshire, a surgeon once well known in London, Mr. Frederick Bowreman Jessett, who at one time resided in Brook Street. Mr. Jessett was 89 years of age. He was educated at Marlborough and at University College, London, and became a member of the Royal College of Surgeons as long ago as 1858. In 1874 he was made a Fellow of the College. He was surgeon to the Royal General Dispensary and at the time of his death was consulting surgeon to the London Cancer Hospital, the Gordon Hospital for Fistula, and the Fleet Cottage Hospital. He also founded the Erith Cottage Hospital. In 1893 and 1906 Mr. Jessett was president of the British Gynaecological Society; he was also a member of the Obstetrical Section of the Royal Society of Medicine.

After his retirement to Hampshire Mr. Jessett took an interest in local affairs, and was a member of the Hartley Wintney Rural District Council and Board of Guardians. For many years he carried on valuable work at the Fleet Hospital. He wrote several books on cancer of various internal organs. Mr. Jessett had been an invalid for a long time. His wife died in 1913. He leaves a son and three daughters.

COLONEL JOHN SMYTH, I.M.S.,

Late Professor of Pathology, Madras Medical College.

We record with regret the death of Colonel John Smyth, I.M.S., at Clifton, on July 2nd, at the age of 69. He was born in county Monaghan and educated at Queen's College, Belfast, graduating M.D. and M.Ch. in the Royal University of Ireland in 1879. Two years later he joined the Indian Medical Service and was sent to the Madras Presidency, his first few years being spent on military duty. He served with the Indian contingent in the Sudan campaign of 1885, being present at Suakim, the actions of Hashim and Tofrek, and the siege of Tamai, where he was wounded. He received the Egyptian medal with two clasps, and the Khedive's bronze star. At the end of that year he was transferred to civil employment; he held the post of resident surgeon at the Madras General Hospital, and was professor of pathology at Madras Medical College for some years. In 1897 he was appointed surgeon to the Maharajah of Mysore, and in 1904 he became sanitary commissioner and inspector-general of jails in Mysore. In 1908 he was sent to Japan to study sanitary methods, and in the following year he published an account of applied sanitation in that country. He was promoted colonel in 1911 and for a time held the appointment of surgeon-general of Madras; in 1913 he became A.D.M.S. in Secunderabad, which appointment he retained until his retirement in 1919. He was an honorary surgeon to the Viceroy, and in February, 1916, was appointed honorary physician to the King.

Colonel Smyth married twice, his first wife, by whom he had a son and four daughters, being a daughter of the late Sir Thomas Crawford, K.C.B. He is survived by his second wife, a daughter of the late Mr. Charles Murton of Blackheath. He was laid to rest in the Canford Cemetery, Bristol, on July 5th.

We regret to record the sudden death of Dr. PALEMON BEST on June 13th at St. Ives, Cornwall, where he was born in 1868. He received his medical education at University College, London, where he was a zealous student

and came under the influence of several eminent teachers in medicine and surgery, including the late Dr. Vivian Poore, Mr. Marcus Beck, and Sir Victor Horsley. He obtained, in 1894, the diplomas of M.R.C.S., L.R.C.P., and L.S.A. After a short but strenuous period in a large colliery practice in Yorkshire, he settled at St. Ives, Cornwall, where he practised for nearly thirty years. He was greatly attached to the town and much interested in all local antiquities. He held the appointments of medical officer to the Admiralty and Poor Law Guardians, as well as public vaccinator. A quiet, undemonstrative, but deep sympathy with all sufferers was one of Dr. Best's notable characteristics. On many occasions it took a very practical form, and this, together with a conscientious devotion to duty, made him beloved by his patients. Of a reserved disposition, he had high ideals in connexion with his vocation, and quietly, with an absence of display, acted up to them. His health had been bad since the war, at the outbreak of which he was captain in the St. Ives Company of the R.G.A. After being stationed at Falmouth for some time he was transferred to the R.A.M.C.(T.) with the rank of major. Until the last few years Dr. Best was a good horseman and fearless rider, and followed the Western Hounds. He was for many years a member of the British Medical Association. The funeral at St. Ives was largely attended.

THE LATE MR. STANMORE MORTON.—Lieut.-Colonel A. E. J. Lister, F.R.C.S., late professor of ophthalmology, King George's Medical College, Lucknow, sends us a note about Mr. Stanmore Morton's skill as an operator. In the course of his remarks Colonel Lister writes:

In the obituary notice of the late Mr. Stanford Morton (April 23rd, 1927, p. 780) no mention is made of his great technical skill as an operator. Yet it was for this he was most highly thought of among the students of my day at Moorfields. He was probably second to none in Europe when at his best. He also was a great teacher, and in his declining years took pleasure in the fact that he had taught operative surgery to some of the now leading members of the profession. Speaking to me of one of these, a few months ago, Morton said, "I fear he has now far outstripped his teacher," and recalled how he came back after his first course and asked Morton to give him another. Morton said he could teach him nothing more. "Yes, you can," he said; "I want to learn your trick of opening the lens capsule with the point of the knife as you make the incision." This led Morton to tell me how, one day when he was operating at Moorfields, a certain well known member of the staff—long since dead—walked into the theatre, while he was doing a cataract operation. He did not notice that Morton touched the capsule with the point of the knife as he made his incision. When Morton had finished the operation the other (who was the leader of the rival faction at Moorfields which existed in those days) turned to him angrily and said, "You did not open the capsule." "Oh, yes, I did," said Morton, "with the point of the knife as I went through." I should have called attention to this before, but wished to take the opinion of one or two of the leaders of the profession in this specialty before doing so. They agree with me.

Universities and Colleges.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

ELECTION TO THE COUNCIL.

ON July 7th three Fellows were elected into the Council to fill the vacancies occasioned by the retirement in rotation of Sir John Bland-Sutton, Sir Cuthbert Wallace, and Mr. Thelwall Thomas. The result of the poll was as follows:

	Votes.	Plumpers.
SIR CUTHBERT SIDNEY WALLACE, K.C.M.G., C.B.	489	14
WILLIAM THELWALL THOMAS, M.B.E.	475	9
HUGH LETT, C.B.E.	366	46
Leonard Parker Gamgee	344	27
Charles Coley Choyce, C.M.G., C.B.E.	328	15
Sir Crisp English, K.C.M.G.	314	47
John Percy Lockhart Mummery	224	5
Herbert John Paterson, C.B.E.	158	6
Herbert William Carson	153	5

In all, 1,118 Fellows voted, including 175 Fellows resident out of the United Kingdom: in addition, 3 votes were found to be invalid. In accordance with the provisions of the Charter of 1926, this year, for the first time, there was no special meeting of Fellows for the election, nor was it possible for Fellows to record their votes in person at the poll.

Mr. Lett becomes substitute Member of Council for Sir John Bland-Sutton until July, 1934.

UNIVERSITY OF OXFORD.

Radcliffe Scholarship in Pharmacology.

THE Master and Fellows of University College announce that, on the nomination of the Professor of Pharmacology, they have elected John Hugh Bruce Beal, Scholar of University College, to the Radcliffe Scholarship in Pharmacology, 1927.

The following award of scholarships and prizes in the School of Medicine are announced:—*Theodore Williams Scholarship in Physiology*: A. L. Jacobs and A. W. D. Leishman (equal). *Theodore Williams Scholarship in Human Anatomy*: F. M. Trefusis and M. W. C. Oldfield (equal). *Radcliffe Scholarship in Pharmacology*: J. H. B. Beal. *Welsh Memorial Prize for Anatomical Drawing*: R. Pakenham Walsh.

The following candidates have been approved at the examination indicated:

B.M., B.Ch.—*Materia Medica*: R. E. Adam, G. Ashton, J. H. B. Beal, J. A. Brown, B. R. Caygill, J. L. Clapham, F. R. Crookes, W. T. Dawson, R. C. Garman, A. J. Gibbs, J. M. Gibson, T. N. Gledhill, W. H. Greany, R. M. J. Harper, H. M. Harris, A. L. Jacobs, J. M. Lees, W. H. McMenemey, G. B. Malone-Lee, W. H. Owles, J. H. Peel, J. G. Reid, C. R. Salkeld, D. C. Shields, C. Wilson, Annie D. M. Adams. *Pathology*: H. S. Atkinson, M. V. Bhajekar, B. R. Caygill, B. T. V. Clarke, T. L. Davies, S. B. Davis, A. J. Gibbs, H. P. Gilding, J. L. Glover, G. G. Hill, Q. St. L. Myles, R. C. Probyn-Williams, J. G. Reid, S. Segal, D. C. Shields, E. E. Swaby, W. J. Walter, Florence H. Johnson, Caroline E. MacNeice, Joyce Wright. *Forensic Medicine and Public Hygiene*: D. H. Brinton, J. A. Brown, E. N. Butler, T. L. Davies, S. B. Davis, J. L. Glover, G. G. Hill, A. P. Kingsley, R. L. P. Peregrine, Rosalind V. Carruthers, Irene M. Titcomb. *Obstetrics*: H. W. Allen, E. N. Butler, C. Charleson, P. F. Cluver, C. L. Cope, W. N. Dickenson, J. L. Glover, R. C. Probyn-Williams, J. W. Pugh, Rosalind V. Carruthers, Irene M. Titcomb.

UNIVERSITY OF LONDON.

Recognition of Teachers.

MR. ASHLEY S. DALY has been recognized as a teacher of anaesthetics at the London Hospital Medical College, and Mr. Russell J. Reynolds as a teacher of radiology at the Charing Cross Hospital Medical School.

The Ernest Starling Laboratory.

The University College Committee have resolved that the laboratory hitherto known as the Professors' Laboratory, in the Department of Physiology and Biochemistry, shall henceforth be known as the Ernest Starling Laboratory.

Brown Animal Sanatory Institution.

The annual report of the superintendent of the Brown Animal Sanatory Institution records that during 1926 the number of animals brought to the institution was 3,088. The five lectures required to be given under the will of the late Mr. Brown were delivered by the superintendent at the Royal College of Surgeons during December, 1926; the subject selected was the influence of environment on bacteria. Experiments on a variety of subjects, including human, bovine, and avian tubercle bacilli and gall stone experiments, have been conducted in the laboratories by workers from other institutions. The superintendent has continued his work on ultramicroscopic viruses. It is hoped to publish during 1927 the results of experiments on the essential substance "Vitamin" necessary for the growth of John's bacilli. The appointment of Mr. F. W. Twort as superintendent of the institution has been continued for one year.

Graham Medical Research Laboratory.

The annual report of the Graham Legacy Committee for the year ending August 31st, 1926, gives particulars of the general progress of the laboratory, the researches carried out, and the amount of grants made to workers. Professor A. E. Boycott, F.R.S., has been reappointed director of the laboratory for one year from September 1st.

William Julius Mickle Fellowship.

Applications for the William Julius Mickle Fellowship must reach the Principal Officer of the University not later than first post on October 1st. The Fellowship is of the value of at least £200, and is awarded annually to the man or woman who, being resident in London and a graduate of the University, has, in the opinion of the Senate, done most to advance medical art or science within the preceding five years, and has therein shown conspicuous merit. Further particulars may be obtained on application to the Principal Officer.

UNIVERSITY COLLEGE HOSPITAL MEDICAL SCHOOL.

Goldsmid Entrance Exhibitions have been awarded to J. H. Bentley (Downing College, Cambridge) and to S. Scher (University of Cape Town).

UNIVERSITY OF LIVERPOOL.

THE following candidates have been approved at the examination indicated:

M.D.—W. Emdin, S. M. Katz, J. A. Scott.
M.B., Ch.B. (with Honours).—¹W. S. Brindle, ¹2 J. McHugh, ¹3 S. P. Meadows, ¹4 A. D. Polonsky, ²4 J. K. Cameron, ²5 A. Dodd, ²3 P. H. Whitaker, ²6 R. L. Wynne. *Part III*: T. Bleazard, J. H. Boulthby, H. C. Calvey, K. M. Cobban, E. Cohen, F. R. Craddock, W. J. Eastwood, L. S. Goldman, J. G. Hattingh, H. E. Hughes-Davies, E. D. Irvine, O. V. Jones, Theresa J. Lee, J. L. Lewis, F. E. Lomas,

J. W. Melville, E. P. Moloney, Edna Morris, C. Rigby, N. W. Riley, J. B. Rushton, Alfreda H. Slater, V. J. M. Taylor, J. P. Thomas, D. P. de Villiers, A. J. Walsh, E. N. Wardle. *Part I*: A. E. Adams, S. W. Adler, A. E. Carrol, E. Cook, J. E. Jones, N. W. Roberts, G. A. Talwrn-Jones, A. L. Williams. *Part II*: S. Alstead, E. T. Bates, ⁷ R. K. Bowes, J. H. St. B. Crosby, ⁷ T. B. Davie, R. Doyle, H. R. Dugdale, J. P. Flanagan, J. H. Follows, Agnes G. Gillespie, R. G. Gornall, E. W. Jones, Mary G. Jones, W. E. J. Jones, N. R. Lawrie, J. M. Leggate, H. Leiper, J. S. Mather, C. T. Mercer, Winifred O'Callaghan, H. Paterson, E. L. Rubin, H. W. Smith, G. G. Warburton, F. J. Welton.

D.P.H.—Eudora V. Beatty, Helen S. H. Brown, M. S. Grutu, R. C. Gubbins, Isabel McKee.

DIPLOMA IN TROPICAL HYGIENE.—C. P. Allen, G. A. Dunlop, J. Harkness, R. Hay, Kathleen Hyslop, J. Macdonald, A. J. Murray, H. M. Nevin, R. Walkingshaw.

- ¹ First class honours.
- ² Second-class honours.
- ³ Distinction in surgery, obstetrics, and gynaecology.
- ⁴ Distinction in surgery.
- ⁵ Distinction in obstetrics and gynaecology.
- ⁶ Distinction in medicine.
- ⁷ Distinction in forensic medicine and toxicology.

VICTORIA UNIVERSITY OF MANCHESTER.

MR. D. LINDLEY SEWELL has been elected a member of the Board of Faculty of Medicine.

The following candidates have been approved at the examination indicated:

FINAL M.B. AND CH.B.—¹K. H. Watkins, Dorothy Arning, H. Arstall, A. H. Baker, R. H. Barnes, R. H. Blackburn, Dorothy M. Bradley, H. J. Brennan, J. W. Brooks, Lillie M. Burton, Louie J. Burton, Muriel M. Edwards, J. S. Goller, A. Hancock, ²G. Hanna, ²G. Metcalfe, R. Newton, G. L. Normington, R. P. Osborne, H. A. Palmer, L. C. Peringuey, ²G. H. Racklyeft, Norah Regan, M. Robinson, Eleanor B. Schill, A. Thomas, R. H. Tootill, H. Townley, Vera Urmson, F. F. Waddy, G. R. Walker, Josephine Walmsey. *Forensic Medicine*: S. K. Appleton, Doris Bernard, R. Edmondson, J. H. Jones. *Hygiene and Preventive Medicine*: R. S. Abraham, S. K. Appleton. *Obstetrics and Surgery*: S. K. Appleton, H. J. Brennan, E. H. Brooks, Agnes M. Buckley, E. Cretney, E. B. Davies, Mary G. Davies, Dorothy Guest, G. B. Hardman, Amy H. Herbert, J. A. Longworth, Jean M. Marshall, J. W. Murray, J. R. Nuttall, J. F. O'Grady, S. L. Rowley, Lucy Skokoe, A. Thomas, R. H. Tootill, Vera Urmson, J. Vine, G. R. Walker. *Obstetrics*: D. E. Francis, Kathleen McGowan.

DIPLOMA IN PSYCHOLOGICAL MEDICINE.—Mary C. Luff.

DIPLOMA IN BACTERIOLOGY.—N. A. Arnold, Phyllis M. Congdon, Margaret Pownall, W. Smith.

D.P.H. (Part I).—W. C. V. Brothwood, J. Cumming, Miriam Florentin, T. S. Hanlin, H. Harrison, Fanny Howe, M. V. Menon, T. Pierson, Marjorie Reekie, S. P. Wilson.

- ¹ Second-class honours and distinction in medicine.
- ² Distinction in forensic medicine.

Chair of Bacteriology.

Dr. H. B. Maitland has been appointed Professor of Bacteriology and Director of the Department of Bacteriology and Preventive Medicine, in succession to Professor W. W. C. Topley, who has joined the staff of the School of Hygiene and Tropical Medicine in London. Dr. Maitland graduated in medicine and surgery in the University of Toronto in 1916 and obtained the degree of M.D. by thesis in 1922. He took the diplomas of M.R.C.S.Eng., L.R.C.P.Lond. in 1918. From 1917 to the end of 1918 he served in the Royal Navy as surgeon lieutenant; from 1919 to 1921 was lecturer in bacteriology in the University of Toronto, and in 1921 became Associate Professor. Early in 1925 he was appointed to assist in the research upon foot-and-mouth disease, and later took charge of the investigations done for the Commission; subsequently he became a member of the staff of the Lister Institute.

UNIVERSITY OF SHEFFIELD.

THE following candidates have been approved at the examination indicated:

M.D.—H. N. Green.
FINAL M.B., Ch.B.—W. L. Rowe (with second-class honours), Dorothy Brown, B. Graham, D. H. Lockwood, P. G. Preston, W. G. P. Wells.

UNIVERSITY OF GLASGOW.

A GRADUATION ceremony was held on July 1st, when the following medical degree and prizes were conferred:

M.D.—T. W. Hill.
Harry Stewart Hutchison Prize of £50 for writing or writings embodying original research work in a branch of medical science relating to children.—R. Cruickshank (*proxime accessit*), Mary M. Stevenson.
Macewen Medal in Surgery.—Marion W. Gray.

UNIVERSITY OF ST. ANDREWS.

THE June graduation ceremony of the University of St. Andrews was held in the University Library Hall on June 28th, when the following degrees, diplomas, and prizes were conferred:

D.Sc.—William S. Duke Elder, M.B., Ch.B.
M.D.—William M. Cumming, Neil I. Smith.
M.B., Ch.B.—B. W. Anderson, Catherine M. L. Blackstock, J. A. Blair, R. C. Burgess, S. A. Carlton, Anne F. Crow, N. Donnelly, G. L. Henderson, J. J. Hugo, R. N. Kinnison, W. H. Morton, G. O'Brien, Anna M. Pirie.
D.P.H.—E. N. Reid, Isabella Sim.
MacEwan Prize (Surgery).—R. N. Kinnison.
Rutherford Gold Medal (for M.D. Thesis).—W. M. Cumming.

UNIVERSITY OF DUBLIN.

At the later summer commencements, held in the theatre of Trinity College on June 28th, the following Degrees and Licences in Medicine were conferred:

M.D.—J. M. B. de Wet, F. W. G. Smith.

M.B., B.Ch., B.A.O.—S. Behr, J. O. Bennett, D. Blewitt, P. Brangan, Norah W. Brown, T. C. M. Corbet, W. P. Culbertson, S. B. Dalrymple, C. L. Day, S. R. Elmes, Norah E. Fenton, P. M. Garry, M. Gerber, A. R. Gray, M. FitzG. N. Griffin, R. S. F. Hennessey, M. Hoffman, W. F. Lane, L. R. S. MacFarlane, N. J. U. Mather, T. J. Millin, A. N. B. Odbert, J. J. O'Dwyer, R. A. Q. O'Meara, T. J. O'Reilly, D. B. O'Sullivan-Beare, S. D. K. Roberts, R. W. T. H. Stewart, H. C. Weir, R. D. Whiteacre, C. F. Cope.

Licentiate in Medicine and Surgery and Art of Obstetrics.—J. A. K. FitzGerald.

SCHOOL OF PHYSIC, TRINITY COLLEGE.

The following candidates have been approved at the examinations indicated:

FINAL M.B. (Part I, *Materia Medica and Therapeutics; Medical Jurisprudence and Hygiene; Pathology and Bacteriology*).—

*F. G. Stewart, Nora A. Stack, J. Beggs, Josephine M. Enright, Marie M. E. Lea-Wilson, L. L. Griffiths, E. S. Adderley, E. F. St. J. Lyburn, P. O'Shea, G. B. Thrift, W. A. Y. Knight, J. Willoughby, E. C. Hicks, J. T. McGinn. (Part II, *Medicine*): *T. J. Millin, S. Behr, R. R. Woods, T. C. M. Corbet, G. M. Smith, P. M. Garry, T. J. O'Reilly, J. A. K. FitzGerald, R. M. Moore, G. M'Donald, L. R. S. MacFarlane, Ethel M. Weir, I. Isaacson, J. K. Harper, W. P. Culbertson, A. R. Gray, C. E. G. Nunns, I. le Roux. (*Surgery*): *F. J. Millin, T. C. M. Corbet, W. F. Lane, R. A. Q. O'Meara, M. F. N. Griffin, R. S. F. Hennessey, M. Gerber, T. J. O'Reilly, Norah W. Brown, M. Hoffman, R. D. Whiteacre, P. Brangan, C. L. Day, N. J. U. Mather, G. Q. Chance, D. B. O'Sullivan-Beare, S. R. Elmes, S. D. K. Roberts, R. W. T. H. Stewart, C. F. Cope, D. Blewitt, J. O. Bennett, S. B. Dalrymple, E. M. Gamble, H. C. Weir, L. R. S. MacFarlane, W. P. Culbertson, Norah E. Fenton, J. J. FitzGerald, J. A. K. FitzGerald. (*Midwifery*): *W. J. E. Jessop, *E. K. Malone, *K. Watson, D. M. M. Carson, E. du P. Meiring, J. J. O'Dwyer, D. S. P. Wilson, R. D. Whiteacre, L. R. H. Keatinge, N. Barstein.

* Passed on high marks.

QUEEN'S UNIVERSITY, BELFAST.

The following candidates have been approved at the examination indicated:

M.Ch.—*R. L. Dodds and *I. J. Fraser.

M.D.—G. V. Allen, J. J. Heattie, Myra K. Beattie, J. H. Jamison, W. Sloan. M.B., B.Ch., B.A.O.—J. P. Canavan, S. Nevin, S. D. Cumming, K. Forsythe, S. G. P. McCullagh, S. G. Maxwell, J. R. Miller, S. A. R. Montgomery, S. M. L. Poston, Letitia M. Allen, C. Andrews, E. C. Blake, Sarah Blumberg, Ella Chambers, H. L. Cochrane, F. J. Copeland, Wilhelmina L. Devlin, C. Dowling, S. H. Faulkner, J. H. P. Giff, Gertrude M. Glenn, J. M. Gray, F. Henry, A. W. Hill, D. Hill, W. S. O. Hoy, M. J. E. Hyland, Clara F. Leonard, H. A. Logan, L. A. Lyle, S. N. Lytle, H. L. McClure, W. E. M'Ilroy, J. S. McKelvey, J. G. H. McNabb, J. B. Marinar, A. M. C. D. Mouney, J. M. Murray, W. J. Patterson, T. Purce, C. R. C. Rainsford, E. P. G. Ritchie, Mary M. C. Robson, Martha W. Rodgers, G. Smith, H. R. Sparrow, H. H. Una, J. Wellwood, H. Wilson, T. Wilson, J. Witherow.

* With commendation. † Gold medal. ‡ First-class honours.

§ Second-class honours.

Summer Graduation Ceremony.

The graduation ceremony of the University was held on July 8th and honorary degrees were conferred on several well known medical men; Sir Almroth Wright, F.R.S., received that of LL.D., and Sir Berkeley Moynihan, Bt., and Professor G. Elliot Smith, F.R.S.; that of honorary D.Sc. Seven candidates were successful in obtaining the M.D. and fifty-three that of M.B., of whom eight were women.

ROYAL COLLEGE OF PHYSICIANS OF IRELAND.

At the monthly business meeting, held on July 1st, the following were admitted to the Licences in Medicine and Midwifery of the College:

D. S. Austin, J. Bourke, M. Clancy, Anna J. Conboy, H. Copeman, A. J. Devlin, J. J. Devlin, G. E. Fetherston, J. E. Flynn, M. J. Freeman, J. Keena, F. R. Lundie, V. T. J. Lynch, Nora B. Maher, R. Murray, Dora K. M'Cook, T. J. M'Curdy, G. T. O'Brien, C. P. O'Toole, P. J. Rafferty, W. Shannon, J. Tackney.

Bernard Francis Hopan, L.R.C.P. and S.I., has passed the examination for the Diploma in Psychological Medicine of the College.

The Registrar reported that, as no opposition has been offered by the Irish Free State Government to the new regulations for Fellowship and Membership, these regulations came into force on June 1st.

Four nominations for the Fellowship were handed in for the elections to take place on St. Luke's Day, October 18th.

The Reuben Harvey Memorial Prize (1927) has been awarded to Dr. R. A. Q. O'Meara for his essay on staphylohaemolysin.

MANCHESTER ROYAL INFIRMARY.

The James Bathgate Dickinson Scholarships have been awarded as follows: *Travelling Research Scholarship in Medicine*: R. W. Fairbrother, M.B., Ch.B. *Scholarship in Pathology*: F. H. Smirk, M.D. *Scholarship in Anatomy*: F. Livesey, M.B., Ch.B.

Medical Notes in Parliament.

[FROM OUR PARLIAMENTARY CORRESPONDENT.]

THE House of Commons will probably rise for the Long Recess on July 30th. This week it has discussed Estimates for the Foreign Office, Mines Department, Ministry of Pensions, and the Home Office. The House of Lords has been in Committee on the Trade Disputes and Trade Unions Bill. In the House of Lords, on July 12th, Lord Lovat introduced the Medical and Dentists Acts Amendment Bill, which was read a first time. The Estimates Committee has presented to the House of Commons a report which announces, *inter alia*, that a common form of cost accounting is being tried in one hospital of each of the three services, and that the two Air Force hospitals in Baghdad have been amalgamated.

India.

On July 8th, when the House of Commons went into Committee on the India Office Estimates, Earl Winterton made his annual statement on Indian administration. He remarked that, though the House of Commons still had a large measure of responsibility for the administration of some 320,000,000 people in India, local government in the British sense was in the hands of Indians, elected without British control. The health and welfare of India depended greatly on these municipal and local authorities. The rate of progress of education rested entirely on Indians themselves. In India caste, child marriage, and the prohibition of the slaughter of animals, even if old and diseased, made comparison with Western standards and ideals fallacious, but many of these matters of religious custom had been under the fierce scrutiny of Indians themselves, and the possibility of changes was discernible. The improvement in the conditions of labour made by legislation during the past few years in India had been considerable, and had synchronized with the prominent part taken by India in the International Labour Organization. India had ratified eight of the Conventions adopted by the various labour conferences, including the first Washington Convention. In Calcutta the Improvement Trust had erected houses for the middle classes, Anglo-Indians, and the poor respectively, and had spent about £100,000 in acquiring sites for open spaces. In Bombay there was a concerted plan to increase the amenities of the city and to improve the health and happiness of its inhabitants by great and far-reaching schemes of social betterment. The contrast between the new chawls built by the Bombay Development Department and the appalling old slums was such as he had seen nowhere else. Roads had been driven through slums and open spaces provided. Returns from employers throughout India, though incomplete, showed that, excluding some railways and Government concerns, 348,000 workers were housed by employers. Over 700 employers provided doctors and dispensaries, and about 300 maintained schools for employees and their children. The death rate of young children was high in India, but in the cities mentioned it had steadily declined. Other factors affected the infant death rate besides housing and economic conditions—such factors as the marriage age. This was a question for Indians themselves to deal with. Good work had been done by the Social Service League in Bombay, run very largely by Indians. A great deal was being done by dispensaries for the supply of medicines. In the agricultural districts of Bengal there were antimalarial societies, which were doing very valuable work. The improvement noted last year in recruitment for the services had gone on steadily.

Mr. Tom Shaw said that in India, after 150 years of British rule, human life was still cheap and housing conditions very bad.

Sir Richard Luce raised the question of the Indian Medical Service. He gathered that the long negotiations as to the future of the service were almost completed. The present recruiting of that service was unsatisfactory. From figures Earl Winterton had supplied to him it appeared that in five years the loss of British medical officers in the Indian Medical Service had been 61. The present strength was 489 British members of the service and 158 Indians; to that must be added 138 temporary medical officers, nearly all Indian. That was a proportion of 1.6 British to 1 Indian, whereas the proportion laid down for the efficient working of the Indian Medical Service was two British to one Indian officer. One reason for fixing that proportion was that members of the Indian Civil Service and their families should have British medical officers attend them when they were sick. The other requirement was that there should be a sufficient reserve of British officers for the Indian army. That reserve had been called upon to its last ounce in the great war. A sufficient proportion of British medical officers in the Indian army was essential to a proper efficiency in that service. At present not only was the proportion of British to Indian officers too low, but it was rapidly diminishing. He could not say what might cause the obvious unpopularity of the Indian Medical Service. There was at present an unwillingness of young doctors to go into any service abroad. Whether the spirit of adventure had been exhausted by the great war he could not say, but there was difficulty in getting suitable medical candidates for the Army, Navy, Air Force, or Indian service. He did not believe the reluctance to be due to rates of pay or conditions of service. He thought the pay in the Indian Medical Service and the conditions of service compared favourably with the conditions in the medical services at home. The great cause, apart from the disinclination to go abroad was uncertainty about the future of the Indian Medical Service, due to the long delay in completing the negotiations about the future. If steps could be taken to overcome that

uncertainty confidence would be restored, with a possibility of getting recruits. He urged that Earl Winterton himself should visit some of the British medical schools, or encourage officials who happened to be home in England to do so in order to explain that there was, as Sir Richard Luce himself believed, an assured future for young medical men who joined the Indian Medical Service. In that way much could be done to ensure the satisfactory recruitment of this service, and Earl Winterton, if he undertook the mission, would receive the support of the whole medical profession in England. That profession looked with grave disquiet on the state of the Indian Medical Service. No official answer was returned to Sir Richard Luce's speech about the Indian Medical Service, and the India Office Estimate was not carried.

Finance Bill.

On July 7th, during the Committee stage of the Finance Bill, Sir Frank Meyer moved a new clause providing that the minimum amount of spirits which might be sold by the holder of a retail off licence should be one reputed pint bottle. Mr. McNeill, Secretary of the Treasury, in opposing the clause, said there was no demand for it. He would, however, urge the Chancellor of the Exchequer to reconsider the matter before the Report stage. Dr. Watts said that when he was in active practice he had seen many people—for example, in the great influenza epidemic—whose lives had been saved by the free administration of whisky or brandy. He had known poor people who, in times of stress and illness, had required a small quantity of spirits, but had had to go to off-licence premises and purchase a whole bottle. After the crisis there had remained, therefore, a large quantity of whisky, which was subsequently consumed, with unfortunate consequences in some cases. The clause was rejected by 170 votes to 80.

Small-pox.—Answering Dr. Vernon Davies, Mr. Chamberlain said that in the four weeks ended January 29th, 1927, the number of cases of small-pox notified in England and Wales, including London, was 2,178; in the four weeks ended February 27th, 1,808 cases; in the five weeks ended April 2nd, 2,170 cases; in the four weeks ended April 30th, 1,364 cases; in the four weeks ended May 28th, 1,202 cases; and in the five weeks ended July 2nd, 1,200 cases. The cases occurred in 214 sanitary districts.

British Forces at Shanghai.—On July 12th Sir L. Worthington-Evans told Mr. Trevelyan that some increase in the sickness of the British forces in Shanghai was unfortunately to be looked for during the hot weather, but authority had been given for one battalion at a time to be sent from Shanghai to Wei-hai-Wei during the summer months. No further withdrawal of the British forces was contemplated at present.

Voronoff's Operation in Sheep.—Mr. MacRobert, replying on July 12th to Sir A. Sinclair, said the Ministry of Agriculture, in conjunction with the Board of Agriculture for Scotland, proposed to carry out an expert investigation during the autumn on Dr. Voronoff's operation in sheep.

Notes in Brief.

Mr. Chamberlain announces that the Rent Restriction Acts are to be extended for a year in their present form by including them in the Expiring Laws Continuance Bill.

No appointment had been made up till July 6th to the post of medical inspector to the Mines Department. Applications were then being received.

The Home Secretary does not propose to omit the word "acute" before bursitis in the definition of "beat-elbow" and "beat-knee" in a recent Order dealing with industrial diseases under the Workmen's Compensation Act, a Medical Research Council report having shown that bursitis is not a disabling condition where there is not acute inflammation.

✓ The Home Secretary has stated, in reply to Sir R. Thomas, that British experience showed that the illicit importation of dangerous drugs had diminished since the passing of the Dangerous Drugs Act of 1920. No arrest of any importance for offences against that Act had been made this year.

At the end of May, 5,000 men were receiving surgical treatment from the Ministry of Pensions for war injuries.

Of 120,617 samples of food taken in England and Wales during 1926, 7,044, or 5.8 per cent. were found to be adulterated.

Medical News.

THE sixth International Congress of the History of Medicine will be held at Leyden and Amsterdam from July 18th to 23rd. Among the fifty-seven papers on the programme three are by British contributors—namely, St. Blaise, physician and martyr, by Dr. J. D. Rolleston; Boerhaave's prescriptions for some English patients, by Mr. C. J. S. Thompson; and worms in the teeth, by Mrs. Lillian Lindsay.

SUN treatment has been used for some years under the direction of Dr. J. E. Wood at King George's Sanatorium for Sailors, Bramshott, a branch of the Seamen's Hospital Society. A new ward, glazed with vitra-glass, erected to facilitate this treatment, will be opened by Admiral Sir Montague Browning, on Monday next (July 18th), at 3.30 p.m., when anyone interested is invited to attend.

THE ninth annual meeting of the Mental Hospitals Association will begin at the London Guildhall on Wednesday, July 20th, at 10 a.m. A memorandum on the report of the Royal Commission on Lunacy will be presented and discussed. Further particulars can be obtained from the secretary, 5, Church Passage, Guildhall, London, E.C.2.

THE ninth International Homoeopathic Congress will be held at the Connaught Rooms, Great Queen Street, Kingsway, London, W.C., on July 18th to 23rd. At a meeting in the Mansion House on July 18th, at 5 p.m., an address on the life and work of Hahnemann will be given by Dr. C. E. Wheeler.

A LECTURE on the training of mentally defective children was delivered by Dr. E. Maria Montessori at the Æolian Hall, London, on July 5th, in aid of the Royal Free Hospital Centenary Fund. Lady Barrett, M.D., dean of the Medical School, was in the chair. Reference was made to the striking results obtained at Besford Court Catholic Mental Welfare Hospital for Children; since the introduction of her methods at that institution many of the inmates have been able to be accepted into normal life. Dr. Montessori said that hitherto mentally defective children had always been considered separately from normal children, and she thought that better results would be obtained by considering them together, as many principles could be discovered in the education of deficient children which were applicable to normal children, and conversely; a new method of education might embrace both. All children (even normal children) were ill-adapted to their environment, but normal children had to a great extent the power of adaptation within themselves, whereas with deficient children the problem was to discover the way to touch the spirit so as to enable them to develop themselves and to link them up with reality. One of Madame Montessori's lessons is that liberty and discipline are not opposite, but two sides of the same thing, and that education should develop the power of the child to control itself and not teach it to rely on control from outside. In an atmosphere of freedom the child works with joy and without fatigue. All children have sensitive periods—that is, at certain ages they will have particular capacities which should be taken advantage of when they occur, as they will decline later. Madame Montessori, it will be remembered, is a doctor of medicine, and it was through her study of the development of mentally defective children that she was led on to her work for the education of normal children, which is perhaps even more widely known.

THE Fellowship of Medicine announces that Mr. W. H. McMullen will give a lecture-demonstration on some causes and effects of defective vision in children on July 22nd, at 5 p.m., at the Royal Westminster Ophthalmic Hospital; this demonstration is free to medical practitioners. There will be an afternoon course in diseases of infants at the Infants Hospital, Vincent Square, from August 8th to 21st, with visits to the Model Pasteurizing Plant, Willesden, the Home for Blind Babies, Chorley Wood, and the V.D. Centre, Thavies Inn. From August 29th to September 10th a course in medicine, surgery, and the special departments will be held at Queen Mary's Hospital for the East End, Stratford. Besides these special courses, a comprehensive ticket is issued for any period from one week to one year for a general course of work at the associated hospitals; the post-graduate is free to arrange his own programme. Copies of all syllabuses are obtainable from the Secretary of the Fellowship, 1, Wimpole Street, W.1.

THE annual conference of the Sanitary Inspectors' Association will be held at Plymouth from September 5th to 10th. The business meeting will occupy the whole of Tuesday, September 6th, and on Wednesday morning, after an official welcome by the mayor and town council, Professor Leonard Hill, M.B., F.R.S., will deliver his presidential address. In the afternoon there will be discussions on clean milk production and on the adulteration of food. On September 8th and 9th a number of papers will be read—on housing in town and country, on the new Act as to smoke, and on various other subjects.

THE College of Pestology will hold an exhibition and conference in the Central Hall, Westminster, in September. The conference is to last from the 22nd to the 24th inclusive, and it is proposed to invite delegates from all parts of the world. The agenda as at present arranged will include the discussion of such subjects as the diptera (mosquitos, gnats, flies), the destruction of vermin, and other matters relating to public health. A hospitality committee will take in hand the entertainment of delegates from abroad, and it is proposed to devote an afternoon to an excursion to some locality of interest outside London, to be followed by a banquet and dance in the evening. The Ministry of Agriculture, the Office of Works, the Metropolitan Water Board, and several large firms have already promised support, and it is anticipated that the exhibition will be one of considerable interest. The address of the College is 52, Bedford Square, London, W.C.1.

In a circular dated June 29th the Ministry of Health draws the attention of local authorities to the fact that traces of some of the prohibited preservatives and colouring matters are naturally present in certain foods—for example, boric acid and benzoic acid in some fruits, and copper in peas and other vegetables. The quantities so present are usually insignificant, being much less than those which would be required for effective preservation or artificial colouring. What the regulations prohibit is the importation, manufacture, or sale of articles of food containing added preservative or colouring matter. It therefore appears to the Ministry to be desirable that local authorities, before instituting legal proceedings under the new Act in respect of the presence of small traces, should satisfy themselves that the circumstances are such as to afford *prima facie* grounds for the assumption that the prohibited substances have been artificially introduced. The circular recommends also that legal proceedings should not be taken during the next few months in respect of old stocks of hams and bacon preserved by borax where local authorities are satisfied that reasonable efforts have been made to clear such stocks and that further consignments will conform with the regulations.

THE fourth International Congress of Individual Psychology will be held at Vienna from September 16th to 19th, when papers will be read on the incidence and treatment of mental disease, destitution, and criminality—their occurrence and management at school and at home. Further information can be obtained from the office of the Congress Untere Weizgärberstrasse 16/17, Vienna III.2.

DR. SERAPHIN BOUCHER (Department of Health, Montreal, Canada), Dr. L. S. Fridericia (the University Institute of Hygiene, Copenhagen), Colonel P. H. Henderson, R.A.M. College, Millbank, and Dr. R. M. F. Picken (M.O.H., Cardiff), have been elected Fellows of the Royal Sanitary Institute.

MESSRS. A. WANDER, LTD., who recently presented £10,000 for the endowment of a chair of dietetics in the University of London, have now given £4,000 to the Registered Nurses' Bureau, Chancery Lane, W.C.2.

DR. R. LE FLEMING SHEPHERD of Derby informs us that he was invited to the 900th birthday celebrations of William the Conqueror held at Falaise last week, as representative of Sir William le Fleming, Bt., of Rydal, who is descended from Sir Michael le Fleming, a kinsman of Baldwin, Earl of Flanders, to whom the Conqueror granted lands and manors in Westmorland, Cumberland, and Lancashire, for having assisted him against the Scots. These lands are still in the possession of the le Fleming family.

THE triennial congress of the International Institute of Anthropology will be held at Amsterdam from September 19th to 24th, under the presidency of Professor J. P. Kieivog de Zwaau. It will comprise six sections: (1) physical anthropology, (2) ethnography and ethnology, (3) heredity and eugenics, (4) sociology and criminology, (5) prehistory, (6) folklore. The official languages will be French, German, English, Dutch, Spanish, and Italian. Further information can be obtained from the secretary, Dr. I. J. Brugmaus, Frans van Mierisstraat 134, Amsterdam.

THE eighteenth congress of the Italian Phreniatric Society will be held at Trent under the presidency of Professor Alberti in the autumn, when the subjects discussed will include endocranial tension and its relation to neuroses and psychoses, by Drs. G. Ayala and Boschi, and changes in the structure of the cortical cells in mental diseases, by Drs. Cerletti and Bonfiglio.

THE eighteenth Italian Congress of Hydrology, Climatology, and Therapy will be held at Milan in October, when the principal subjects for discussion will be: (1) the mechanism of the action of mineral waters; (2) the residence of tuberculous patients in health resorts. Further information can be obtained from Comitato Congresso Idrologico, Via S. Paolo 10, Milan.

A POST-GRADUATE course in dermatology and venereology will be held at Strasbourg from September 19th to November 5th, under the directorship of Professor L. M. Pautrier. The fee is 300 francs. A special pathological course, consisting of twenty lectures on the principal laboratory methods, and the general pathological anatomy of the dermatoses, will be held during the same period, individual tuition being given in the various practical manipulations. The fee for the laboratory course is 300 francs. Further information may be obtained from Professor Pautrier, 2, Quai St. Nicolas, Strasbourg.

DR. BÉCLÈRE has been elected vice-president of the Académie de Médecine of Paris in place of Dr. Balzer, who has resigned.

AT the Russian Pasteur Institute, Moscow, 130,000 persons bitten by mad dogs have been treated during the forty years of its existence. The largest number in one year—namely, 9,000, received treatment in 1916.

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.

THE APPENDIX AND THE BARIUM MEAL.

DR. T. LIONEL CRAWHALL (Durham) asks whether a barium meal penetrates into the lumen of a normal appendix?

TREATMENT OF THREADWORMS.

"INDIA" asks for advice in the treatment of persistent threadworm infestation in a boy of 5 years. It is desired to avoid local treatment, if possible.

GRAFTS FOR CORNEAL OPACITIES.

DR. J. F. COLLINS (North Sydney, N.S.W.) asks for further information about the following passage which appeared in the review of a book by Duverger and Velter (*JOURNAL*, April 2nd, p. 631): "In the surgery of the cornea . . . superficial corneal grafts are suggested as worthy of a trial in some cases of central opacity." Our correspondent wishes to know whether operations for corneal grafts have been performed in England or on the continent of Europe, and, if so, with what results?

* * The conditions suggested by Duverger and Velter are: first, that the other eye should be totally useless, and secondly, that the opacity should not extend beyond the most superficial layers of the cornea; if a graft be attempted to replace an opacity in the substance of the cornea, the invariable result is that in eight to fifteen days a condition resembling interstitial keratitis appears, and in a few weeks the graft becomes totally opaque. The general impression given by their writing is that the procedure should only be undertaken as a last resort. Corneal grafting has never been practised extensively with success in this country to our knowledge. In German and French literature several reports have appeared, but the results have not by any means been uniformly successful. We understand that at the moment some experimental work is being carried out on animals in England on the question, the results of which will probably be published in the future; but in the meantime the procedure should only be considered with the greatest reserve and only in such cases as have nothing to lose.

INCOME TAX.

Purchase of Practice.

"E. G." has purchased a practice and is told that he will not be assessed on his receipts, but on his earnings.

* * That is so, except that he may claim to deduct from the amount of the bookings that portion of the outstanding debts which will probably prove to be "bad." With regard to the car transaction, he is entitled to deduct the net cost of renewal (excluding improvements), less the amount of depreciation allowed on the old car. If no such depreciation has been received it may pay "E. G." better in the long run to drop the claim for the renewal—or, rather, the obsolescence allowance—to preserve his right to the depreciation allowance on the new car.