

**Severe Purulent Mastoiditis, Acute or Chronic.**—The pneumatic mastoid here appears entirely blurred. Areas of apparent rarefaction consequent on the breaking down of cell trabeculae or caries indicate the necessity for operative measures, and at operation extensive caries may be found with collection of pus especially surrounding the antrum or towards the tip; these areas, however, may be found at any point in the mastoid. Up to the stage of caries the line of the anterior sinus groove is intact and more visible than in the normal side; but where the sinus plate is affected the intact line becomes broken, and at operation the sinus is seen to be exposed and sometimes covered with recent granulations—granulations and pus being found throughout the mastoid. An x-ray plate with the above findings indicates immediate necessity for operation apart from the presence or absence of such signs as temperature, mastoid oedema, tenderness, etc. In several operation cases I have been able to demonstrate abscess formation in acute and chronic suppurative mastoiditis in the x-ray films. In these cases the cell trabeculae break down and numerous cells appear to have coalesced, the outline of the abscess being sometimes clearly marked. Frequently in these cases the lines of the tegmen and of the anterior sinus groove become broken or blurred, and operation has revealed extradural, middle fossa, and perisinus abscess. A common situation for abscess formation is in the large tip cells.

The edges of an area of bone formation corresponding to an abscess are often blurred and hazy, but readily distinguishable. It has been noted in some cases that the area of maximum tenderness corresponds accurately to the area showing bone absorption. Cholesteatoma formation occurring in chronic cases sometimes presents a diagnostic picture of an indefinite haziness; this is usually surrounded by an area of increased density, the surrounding bone having undergone osteoplastic change resulting in ivory-like sclerosis. The condition is most commonly noted in the triangular area surrounding the antrum. The density of the shadow found in cases where operation has revealed ivory sclerosis has, in my experience, never been seen in the mastoid process of the normal ear; in the presence of a chronic discharge, indeed, this type of change is a distinct indication for a radical mastoid operation, as there is little chance of a permanent cure.

There are several other conditions where x-ray evidence is of great assistance in diagnosis:

(1) **Marked Dermatitis or Eczema.**—Frequently cases occur of eczema or dermatitis of the external auditory canal with stenosis; in these, because of their chronicity, a middle-ear origin is suspected. The x-ray picture in some of these cases pointed directly to the mastoid as the source of infection, whilst in others a beautiful healthy pneumatic mastoid has been found, absolutely excluding mastoid disease.

(2) **Furunculosis.**—With post-aural infection and oedema the x rays have again given valuable diagnostic assistance and sometimes prevented a mastoid operation. In these cases a haze is apparent over the mastoid, but there is no indication of caries. The employment of routine x-ray examination of mastoids of all cases of otitis media enables us to decide whether conservative measures—for example, removal of polypi, ionization, douching, drops—are likely to prove satisfactory. I have found in this way cases with chronic aural discharge, but no other symptoms where radiography has revealed cholesteatoma or dural exposure.

#### Conclusions.

1. Mastoids are normally symmetrical.
2. Mastoids are usually pneumatic, occasionally diploëtic.
3. Nothing has been found to disprove Wittmack's views of the origin of the diploëtic mastoid.
4. Pneumatization proceeds in a more or less definite manner in children normally; mastoiditis, mild or severe, tends to arrest cell development, resulting in the persistence in adult life of a partially pneumatized mastoid process.
5. If reinfected this arrested or infantile type of mastoid may develop a sclerotic character, and is probably more liable to chronicity.

6. A dense sclerosed mastoid has not been demonstrated without at least evidence of a pre-existing otitis media.

This investigation has been carried out in the throat and ear clinic of the Royal Infirmary, Glasgow, under the charge of Mr. James Harper. The operations were performed by Mr. Harper, Dr. Leitch, and myself. I am indebted to Mr. Harper and Dr. Leitch for the operation findings in their cases and for permission to include them in the present series. I desire also to express my indebtedness to Dr. Bruce MacLean, our radiologist, and his staff, for the very considerable trouble taken with the radiograms. I am also indebted to Dr. Logan Turner and Dr. J. S. Fraser of Edinburgh for very valuable references.

## Memoranda :

### MEDICAL, SURGICAL, OBSTETRICAL.

#### PULMONARY EMBOLISM WITH KNOT FORMATION IN THE CLOT.

THE accompanying photograph shows the appearance of an embolic clot found at the bifurcation of the pulmonary artery in a patient who died suddenly with the usual symptoms of pulmonary embolism. The clot, when found, was not spread out as in the photograph, but lay curled up at the bifurcation of the pulmonary artery; it extended a little into the right pulmonary artery, and a very little into the left pulmonary artery. The only true knot, however, was the one illustrated. The total length of the clot is almost 17 in.

A possible clue to the knotting is provided by the unusual site of origin of the clot. This was in the left axillary vein. A more angled path to the pulmonary artery had thus to be followed than is the case with the more common clots coming by way of the inferior vena cava from the pelvic or leg veins. The clot may thus have been retarded for some time when only part had passed the tricuspid valve, and the portion in the ventricle may have been knotted by the repeated contraction of that chamber, particularly if the part still lodged in the tricuspid orifice was causing some incompetence at the same time, and so modifying the blood currents in the ventricle.

The history tends to support this view, for the patient lived for nearly an hour after the pain in the chest and respiratory distress commenced, and then died suddenly. He was a man aged 56, and was suffering from an abscess of the left axilla, resulting from neglect of a slight wound of the hand. The wall of the axillary vein was inflamed and surrounded by pus. The femoral and pelvic veins were healthy.

I have to thank Mr. J. Marnoch, professor of surgery, Aberdeen University, for the notes of the case, and Professor Shennan, of the Pathological Department, for permission to publish this report.

JOHN GRAY, M.B.

Pathology Department, Aberdeen University.

#### ACUTE VERONAL POISONING, WITH LOBAR PNEUMONIA AND BEDSORES.

THE following case of veronal poisoning which occurred in my practice in Valparaiso, Chile, this year, four months before I left for England, seems worthy of record in view of the large dose taken and the subsequent complications which delayed recovery.

I was summoned urgently one night at about half-past ten to see a woman who had taken an overdose of veronal, and about fifteen minutes later I found her deeply unconscious. She had been given some hot water and had vomited a little brownish fluid. The pulse was regular and the colour good; the pupils reacted normally. I washed the stomach out with warm water containing sodium bicarbonate until the solution became clear, the first returns being brownish and containing mucus. Two tablespoonfuls of sodium sulphate in half a pint of water were left in the stomach. Hypodermic injections of strychnine, digitaline, caffeine, and camphorated oil were given at regular intervals.



At 7 o'clock the next morning the patient had a prolonged rigor and during the day there was a rise of temperature; the bowels acted well. The stomach was again washed out in the evening, when the temperature was over 102°. Signs of consolidation were found at the right base; the pulse had increased in rapidity, and the respiration was short and quick. On the second morning there was definite lobar pneumonia involving the lower two-thirds of the right lung; there was no cough, but tracheal rattling was very distressing, and the mucus had to be removed at frequent intervals from the throat and mouth. The patient was fed through a tube at eight-hourly intervals, and oxygen was administered every half-hour for about five minutes each time. The urine, which contained a trace of albumin but no sugar, was drawn off every eight hours. At midday 25 c.cm. of polyvalent antipneumococcal serum were injected. That evening the temperature was over 104° and the pulse 150; the patient was kept in the sitting position.

On the third morning her condition was grave, and a red patch had appeared on each buttock. The temperature fell somewhat in the evening, but rose again the next morning, when some slight movements of the eyelids were evident and there was a little resistance in passing the stomach tube. During the following night some movements of the facial muscles began and the patient became able to swallow a little water. Though still unconscious on the fifth day, the patient was able to swallow more easily and the lung began to clear. Later in the day she began to talk wildly, and it was not until the following evening that she became more or less rational.

On the seventh day the dry rub of pleurisy was evident behind her left shoulder, but this disappeared in a few days, as also did the pneumonia. On the eighth day a buttock abscess was incised under ether. On the eleventh day giant urticaria developed, with intolerable itching; the pain and rash were relieved by hot alkaline applications and occasional subcutaneous injections of 2 to 3 minims of adrenaline.

After another four days the patient was obviously convalescent, except for the bedsores. The sloughs gradually separated, leaving large cavities on each buttock, which extended for four or five inches in the direction of the ischio-rectal fossae, daily boracic baths being much appreciated by the patient.

The amount of veronal taken by the patient was estimated at 15 grams, or 225 grains, but about 25 grains were probably left in the cup used. Complete unconsciousness lasted for a period of 113 hours, after which it took the patient at least two clear days to realize fully the gravity and nature of her illness.

The quantity of the drug taken, with subsequent recovery, is in itself worth recording, but the various complications add further interest to the case. The bedsores would most probably have been avoided had trained nursing been available, but it is possible also that so large a dose of poison circulating in the system only requires a determining factor, such as pressure for a certain number of hours, to induce gangrene of the tissues. So far as I can remember the patient weighed only about 7 to 7½ st.

London.

S. M. WELLS, F.R.C.S.Ed.

#### A TREATMENT OF MORPHINISM.

It is universally maintained that the eventual outlook for the morphine addict who submits to treatment is very bad indeed, the rate of permanent recovery being variously estimated as between 10 and 15 per cent. Furthermore, the process of withdrawal is reputed to be exceedingly painful, in whatever manner it is performed.

I am now able to give the after-history of ten consecutive patients who were treated by a somewhat elaborate technique, whereby the usual discomfort is avoided. With this series the average duration of addiction was eleven years, and all except two had been treated unsuccessfully by other methods. The average length of treatment was exactly thirty days, of which about half were devoted to withdrawal. The treatment of the various individuals was spread pretty evenly over the three years ending last June, and the result is accurately known in every instance.

Of these ten patients, nine have remained without any sort of relapse since they were dealt with. The tenth had to face prolonged domestic unhappiness, and morphine was restored as the only means of preserving sanity. I am not aware that any other method can show results which are at all comparable.

A full description of the technique appeared in the *Practitioner* of January, 1927. The reduction of morphine is covered by two waves of overdosage, by drugs of the atropine group and by luminal respectively, in such a way that morphine is timed to be completely withdrawn just before the maximum doses of luminal are administered. Use is made of the "special mixture" of Lambert (tinct. belladon. æ, liq. ext. hyoscyami et xanthoxyli āā ʒj). Lambert's

method aims at the rapid withdrawal of morphine, and produces a mild delirium which in some measure deadens the sufferings of the patient. The present method secures a much higher tolerance of atropine, which appears to be the factor which renders withdrawal painless. Indeed, it is not too much to say that as skill is developed in meeting the various emergencies which may arise, the majority of patients can pass through the treatment without an hour of uneasiness. A very important factor in attaining this result is the cautious manipulation of the doses of the habit-forming drug. Small supplementary amounts are kept in readiness so that the patient is not allowed to suffer. In practice, a certain degree of atropine tolerance seems to enable a given level of withdrawal to be painless; as tolerance develops this level gradually sinks, and the patient remains perfectly comfortable so long as rapidity of reduction is kept within this limit. While such elaboration of technique adds greatly to the trouble expended upon each individual case, I claim that the patient's comfort is well worth securing. It would seem, also, from the after-history of the small series referred to, that the more important question of permanency is very favourably influenced.

London, W.1.

G. LAUGHTON SCOTT, M.R.C.S.

#### FOREIGN BODY IN THE BLADDER.

THE following case of a foreign body with secondary phosphatic calculus imbedded in the urinary bladder is worthy of record.

A girl, aged 11, was sent to me for cystoscopic examination with a tentative diagnosis of renal tuberculosis.

She had been seen four weeks previously by her doctor, to whom a history of three months' incontinence of urine was given. He found her suffering from pyuria and albuminuria, and, as no improvement took place under medical treatment, a tuberculous infection was suspected and a further investigation was advised.

The child appeared to be very ill and toxic. I could obtain no definite history from her or her mother as to how the condition started. The child struck me as being unusually shy and secretive, and of rather dull intellect for her age. The tempera-



ture was 103°, the pulse 34, and the respirations 36. Micturition was frequent, but painless; complaint was made of a dull ache in both lumbar regions, and there was tenderness on palpation over the hypogastrium. The urine was foul and alkaline; albumin and pus were present in large quantity, and casts were seen under the microscope.

I suspected a foreign body of some nature in the bladder. X-ray examination revealed a hairpin encrusted with phosphatic material, with the points directed towards the base of the bladder (see photograph). I removed the hairpin through a suprapubic incision, and washed out a considerable amount of foul phosphatic debris. Suprapubic drainage and daily lavage cleared up the condition, and the wound closed in three weeks. The urine was then quite clear, free from casts, and normal in every way.

GUY CHAMBERS, F.R.C.S.,

Honorary Surgeon, Isle of Wight County Hospital.

#### THE USE OF QUININE BIHYDROCHLORIDE IN OBSTETRICS.

SINCE Dr. S. Gordon Luker recommended the use of quinine bihydrochloride in the treatment of puerperal pelvic infection I have employed it with success, though the number of cases is too small to justify any dogmatic assertion. Since the injections cause no after-effects this treatment should follow, I think, every difficult labour. I append a short note of two cases.

A primipara, more than 30 years of age, was delivered after a difficult instrumental labour, in which I had no help of any kind. Twenty-four hours later she had a rigor, severe pains in the head and abdomen, and a temperature of 104°. I gave one injection and the temperature had fallen to 99° by the next day. There was no further trouble and she was able to suckle her child.

A primipara, not seen till she was in labour, was found to have fibroids which obstructed delivery. Craniotomy was performed under most adverse conditions. One injection of quinine was given immediately after delivery. The temperature rose to 99°

and the pulse to 100, on the fourth day, but the patient was perfectly comfortable throughout the puerperium and was able to rise on the ninth day.

Other instances could be cited. Since the injections are painless I venture to think that it is well worth while to employ this treatment whenever it has been necessary to intervene in the course of labour. The dose is 5 grains and the injection should be made into muscle.

Llanbister, Radnorshire.

O. STEEL, L.M.S.S.A.

## Reports of Societies.

### RECENT ADVANCES IN TOXICOLOGY.

At the meeting of the Medico-Legal Society on October 27th Sir WILLIAM WILLCOX, the new President, delivered his address from the chair, which was chiefly a review of recent advances in toxicology.

After some reference to the history of the Society and the value of its work he pointed out how necessary it was in forensic medicine to eliminate all possible risks of fallacy in the scientific tests employed, and paid a tribute to the work done in chemistry, physical chemistry, and physics, saying that most of the new methods and tests used in medico-legal science were really the application of principles already worked out in the pure sciences. But in forensic medicine the practicability of a test had also to be considered. Scientific research from time to time elaborated new and important tests, but their practical application in medico-legal investigation was not always easy. The recent work on the examination of alcohol in the urine as a guide to alcoholic intoxication, for example, was important, but it was not easy to see how this work could be applied in police-court cases.

With regard to toxicological advances, he instanced, in the first place, the work on arsenic. One of the greatest advances in toxicology was the electrolytic test for the detection of minute quantities of this poison. This superseded the use of zinc, which had been necessary in the earlier tests, and which always left a doubt in the mind as to the possibility of arsenic appearing from some impurity in the metal. Platinum electrodes were now employed, or, in further modifications, said to be improvements, lead, mercurialized lead, or mercury electrodes, but in any event the electrodes were now entirely above suspicion. The Seddon case was the one in which the electrolytic test was first used in determining quantitatively the amount of arsenic in the organs of the victim. In the Armstrong case, which was also one of acute arsenical poisoning, the interest arose from the fact that the arsenic would never have been suspected as the cause of death in the case of Mrs. Armstrong, who had already been dead for a year, had not Armstrong made an attempt to poison another person, who was given an approximately fatal dose of arsenic, and whose symptoms recalled to the doctor those which he had observed in the case of the woman a year previously. On exhumation it was found that a dose much larger than the fatal one had been taken twenty-four hours before death, and from its distribution in the body it could be said almost exactly when the fatal dose was given. Sir William Willcox also mentioned that, five years ago, he was consulted by an Indian official who had come home on account of an obscure illness which could not be diagnosed in India. He cut off some of his hair and had it analysed, and it was found to contain traces of arsenic. The man was really suffering from arsenical poisoning, and the occasion of the poisoning was traced back to a date two months previously, before he left India, when his cook, under the influence of political agents, had endeavoured to assassinate him.

Sir William Willcox then went on to refer to the arsenobenzol compounds. He said that since Ehrlich's discovery of salvarsan in 1910 innumerable arsenobenzol derivatives had been introduced, but none of them had proved superior in therapeutic value to the original salvarsan. The compounds had become definitely established as the most effective remedy for the treatment of syphilis, and had proved of great value in the treatment of other diseases, such as relapsing fever, also. But the introduction of this

powerful remedy was followed by some instances in which the drug was found to have a toxic action, and investigations showed the necessity for close inquiry into the purity of the preparations. He next spoke of liver poisons, and mentioned a fatal case of toxic jaundice which came under his observation during the war. The patient had worked at an aeroplane factory at Hendon. On examining the conditions obtaining at that factory, it was found that tetrachlorethane was one of the substances in which cellulose was dissolved. Experiments carried out on rats showed conclusively that this was the substance which must be incriminated; the rats submitted to the vapour showed incipient toxic jaundice, with degeneration of the liver cells, and definite signs of hepatitis. Immediate modifications were made in the ventilation of the factory, which reduced the danger, and shortly afterwards it was found that amyl acetate could be substituted altogether for tetrachlorethane, and there were no more cases of toxic jaundice.

One of the striking advances in toxicology had been the improvement in methods for extracting alkaloids from viscera. It was realized to-day how important it was to do this work in low temperatures; if the work was done at a temperature above blood heat the alkaloid was destroyed by hydrolysis. It was by attention to these details that in the Crippen case hyoscine was extracted from the remains, which had been buried for six months. He also touched on lead treatment for cancer, introduced by Professor Blair Bell. The value of this treatment was still *sub judice*, but a good deal of light had been thrown thereby on the toxic action of lead, and views on lead poisoning had to some extent been modified.

Turning to new drugs, Sir William Willcox said that there was a tendency to-day, when a person was ill, instead of giving him good, old-fashioned remedies, to select for use some of the new and much vaunted drugs of foreign manufacture with which this country was flooded, and unfortunately these drugs were allowed to supersede the old and well tried remedies. The best example was the barbituric acid and veronal group of compounds. Their name was legion, and they were introduced on the market with glowing advertisements, and were said to be perfectly harmless. He was not going to say that these drugs were of no value, because if used properly they were of value, but they were dangerous and toxic drugs, and he had endeavoured to call attention to the need of care in their use. From 1905 to 1925 there were 257 cases of fatal poisoning from these drugs, and there appeared to be no sign of diminution, but, on the contrary, the numbers were likely to increase. Numerous cases of addiction to these drugs had also been recorded. Then, again, there were the new organic compounds for all sorts of conditions and diseases which were poured into this country, and many of which were really powerful toxic agents. He thought the British public ought to be protected to a greater extent than it was. He was informed on good authority that fine chemical and proprietary remedies were imported into this country in enormous quantities from abroad, with little restriction as regards duty, and no other restriction, whereas, on the other hand, similar products of British manufacture were subjected to such hampering restrictions and duties as to render the exportation of British remedies impossible.

A drug recently employed was thallium acetate, which had the remarkable property, in carefully calibrated doses, of removing from the body all the hair which was under the control of the sympathetic system. He had seen serious effects ensue from taking a full dose of this drug, and it seemed as if the possibility of idiosyncrasy and severe toxic symptoms must arise. Was it wise to employ so powerful a drug in full doses for diseases which were not mortal? With regard to physiological principles used therapeutically, insulin was a very powerful substance, of which only a minute quantity had to be used under most perfect control. The question of the toxicological detection of substances of this class, adrenaline and so forth, for forensic purposes had not yet arisen. The toxicological detection of bacterial toxins for forensic purposes might be a field of work for the toxicologist of the future.

In conclusion, Sir William Willcox touched upon other advances in forensic medicine apart from toxicology. Advances had been made in the detection of blood stains,

has come to look upon the association of antral disease with asthma as fortunate for the patient, in that its cure is followed in most cases by great benefit to the asthmatic and frequently by disappearance of the attacks.

The relationship of the two affections is a matter for more extended discussion than is possible in a letter. Antral disease is by no means always, nor indeed in most instances, obvious. It must be looked for, and the only definite method of diagnosis is by examination of the contents of the cavity. X-ray examination and transillumination are not definite, and it is because this is not sufficiently recognized that so many cases are overlooked. What is more, too—and this is of special significance in regard to asthma—antral disease is much more common in children than is generally supposed. The signs and symptoms are masked by the presence of adenoids.—I am, etc.,

Glasgow, Oct. 30th.

W. S. SYME.

### THERAPEUTIC ABORTION.

SIR,—Of late a new and disturbing medical term has made its appearance in increasing prominence in the columns of the *JOURNAL*—namely, "therapeutic abortion." May I, a humble general practitioner, inquire the meaning of the term? Is it used to describe the failures of the obstetric art, or is it used to cloak the criminal abortions, as I consider them, induced by those leaders of the profession who profess to see in the desire of well-to-do couples to avoid parenthood sufficient mental upset to justify the destruction of an unborn, but living and viable, human being?

I submit that the use of the term is unmoral and scientifically unjustifiable. It is degrading to our ancient art, and it can but lead to a lowering of our professional status in the eyes of the public to see in the columns of the leading medical journal of the world discussions as to when the slaughter of an unborn child may be carried out. Abortion is never justified, even when carried out at the behest of a governing power, as in Russia at the present day. I venture to predict that the increasing laxity in our regard of the sacredness of human life will, if unchecked, lead in time to discussions under the head of "therapeutic homicide!"

I have waited for those of greater standing than myself in the profession to tackle this matter, but in vain. Perhaps it is fitting that the general practitioner should come forward to protect family life.—I am, etc.,

London, N.W.5, Oct. 10th.

P. P. DALTON.

## Universities and Colleges.

### UNIVERSITY OF OXFORD.

THE Vice-Chancellor announces that Sir Archibald Garród, K.C.M.G., M.D., F.R.S., has tendered to the Prime Minister his resignation of the office of Regius Professor of Medicine, which he has held since 1920. The resignation will take effect as from December 31st, 1927.

### UNIVERSITY OF CAMBRIDGE.

At a congregation held on October 28th the following medical degrees were conferred:

M.D.—C. E. Newman.  
M.B., B.CHIR.—G. B. W. Walker, G. A. Q. Lennane.  
B.CHIR.—E. H. A. Walker.

### ROYAL COLLEGE OF PHYSICIANS OF LONDON.

An ordinary quarterly comitia of the Royal College of Physicians of London was held on October 27th, when the President, Sir John Rose Bradford, was in the chair.

#### Membership.

The following candidates, having satisfied the Censors' Board, were admitted to the Membership:

I. McD. Allen, M.D. Otago, Doris M. Baker, M.D. Lond., L.R.C.P., D. Davidson, M.D. Lond., L.R.C.P., H. V. Dicks, M.B. Camb., L.R.C.P., A. Erian, L.R.C.P., N. T. Glynn, M.B. Camb., L.R.C.P., W. G. C. Godbehear, M.B. Melb., J. G. E. Hayden, M.D. Melb., Major E. H. V. Hodge, I.M.S., M.B. Camb., L.R.C.P., E. C. Seward, M.R. Lond., L.R.C.P., G. E. F. Sutton, M.B. Lond., L.R.C.P., J. M. Twigg, M.B. New Zeal., L. F. H. Whitby, M.C., M.D. Camb., L.R.C.P., M. L. Young, M.B. Camb., L.R.C.P.

### Licences.

Licences to practise were granted to the following 175 candidates who had passed the Final Examination in Medicine, Surgery, and Midwifery of the Examining Board in England:

\*Mary E. A. Allen, F. W. Allinson, S. W. Allinson, J. V. Almeida, \*Joan Anderson, B. J. E. Anson, C. Arkles, M. I. Ashmawi, P. V. Bamford, O. A. Beadle, W. J. H. M. Beattie, C. A. Bence, F. W. Ben'sy, H. R. P. Boucaut, A. B. Bowtell, W. V. Boyle, W. E. R. Branch, D. H. Brinton, \*Ruth M. Brittan, L. Brown, J. R. Buchanan, E. S. Caley, C. S. Carter, B. W. Cartwright, A. J. W. Chamings, W. A. Clark, E. Clayton-Jones, \*Amy G. Clegg, M. Coleman, M. Coll, N. B. Colman, A. W. Cubitt, E. G. C. Darke, \*Ethel G. Davies, S. B. Davis, R. de Sousa, P. M. Devilla, W. E. Dornan, C. H. Egan, \*Antoinette H. P. Ellis, D. Ellis, S. Farfel, C. J. Farr, H. G. Foyd, \*Helen M. G. Foster, J. L. Franklin, L. W. Freeman, C. R. E. Freezer, T. O. Garland, S. Gifford, \*Edith Giles, G. G. Gittam, \*Barbara M. L. Glover, P. S. Goonewardene, E. L. Graft, A. W. T. Green, F. Grundy, \*Brenda G. Hallott, A. B. Hatch, W. J. Heely, R. A. Hill, L. T. Hilliard, W. A. C. Hortor, \*Esther M. Hoskin, G. MacI. Housden, \*Lilian J. Hubble, E. O. H. Huddy, E. H. Hudson, W. F. Hudson, T. I. Hughes, F. H. Hunnurd, W. A. Hutton, S. Indersen, G. L. M. Inkster, E. D. Irvine, E. T. James, T. E. James, B. R. M. Johnson, R. E. Jones, D. F. Kanar, C. A. Keeble, W. R. Keizer, \*Rachel I. Kessel, H. A. Kidd, K. Knowles, B. Landau, L. E. Lane, I. W. Lazarus, J. T. Lewis, M. J. Liberson, A. W. Lilley, \*Edith G. Limmex, F. E. Lipscomb, D. H. Lloyd, J. Lloyd, A. Long, P. H. Loretz, W. S. McConnell, A. M. McMaster, H. I. Maister, H. E. Mansell, \*Beryl L. Mappin, W. H. Miller, W. Milligan, D. P. Mitra, R. V. Mone, A. M. A. Moore, P. H. L. Moore, D. T. B. Morris, T. C. Mort, T. Morton, \*Gertrude M. Nicholson, W. A. Nicholson, A. T. Pagan, W. R. S. Panchridge, M. D. Patel, M. N. Patel, A. Peacock, J. H. Peacock, G. M. Phadke, L. M. J. A. Pilot, G. W. Pimblett, D. Preiskel, W. J. E. Radford, P. R. Rainey, B. D. Rawlin, B. R. R. L. Reddy, W. G. Rees, W. V. Roache, I. M. Robertson, R. Roderick, R. Rose, \*Mona M. Russell-Cruise, A. de la C. Russan, P. G. Salt, J. I. Sapwell, R. Saran, S. Scheinfein, T. G. Scott, H. Shenouda, V. O. Shroff, \*Catherine E. M. Siddall, E. J. Silverman, T. E. N. Simpson, M. R. Sinclair, E. T. O. Slater, F. Smith, F. Smith, G. H. A. Soysa, E. T. C. Spooner, \*Joan Staddon, R. J. Steeds, T. R. Stevens, D. W. Stuart, J. H. R. Thomas, L. G. Thomas, \*Doris H. Tomes, \*Sybil E. Tremellen, S. L. Tunneliffe, L. P. Tupling, H. L. Vaidya, \*Isabel Vallance, J. H. Walnwright, \*Nora W. Wamsley, A. J. Watson, J. R. S. Webb, W. A. S. Welsh, A. R. N. Whidlow, P. O. Wickremesinghe, J. W. Wigat, W. J. Wilkin, G. H. J. Williams, S. T. Williamson, W. A. Wood, E. C. Wynne-Edwards.

\* Under the Medical Act, 1876.

### Appointments.

On the nomination of the Council, Dr. Robert Arthur Young, C.B.E., Dr. Joseph Shaw Bolton, Dr. Grafton Elliot Smith, and Sir Percy William Bassett-Smith, K.C.B., C.M.G., were elected Councillors to take the places of Dr. A. G. Phear, Sir St. Clair Thomson, Dr. Bedford Pierce, and Sir Leonard Rogers.

Sir Francis Champneys was re-elected a representative of the College on the Central Midwives Board.

Dr. R. A. Young was reappointed a member of the Committee of Management.

### Lectures.

The President announced the appointment of Dr. A. G. Gibson to the Bradshaw Lectureship for 1928, and of Dr. J. Graham Forbes to the Milroy Lectureship for 1929.

### Prizes.

The President announced the award of the Jenks Memorial Scholarship for 1927 to James Ramsay Muirhead Martin, formerly of Epsom College.

The President announced that the Gilbert Blane Gold Medal had been awarded to Commander A. W. McKorie, M.B., R.N., and the Weber-Parkes Prize to Dr. A. Stanley Griffith of Cambridge.

### Appointment of Representatives.

Sir E. Farquhar Buzzard, Senior Censor, was appointed to represent the College at the centenary celebration in June, 1928, of the incorporation of the Institution of Civil Engineers by Royal Charter.

The President was appointed to represent the College on the Organizing Committee of the International Congress of Military Medicine and Pharmacy, to be held in London on May 6th to 11th, 1929.

### Resignation of Fellowship.

The resignation of the Fellowship by Dr. J. G. Taylor (Chester) was accepted with regret.

### Diploma in Obstetrics.

A communication was received from the Society of Apothecaries stating that the Society had decided to institute a Diploma in Obstetrics.

### Diploma in Pathology.

A communication from the British Pathologists' Association suggesting the desirability of instituting a special Diploma in Pathology was referred to a committee for consideration.

### Committee of Management.

The Committee of Management recommended that the following universities be added to the list of institutions where graduates in medicine are admissible to the Final Examination in Medicine, Surgery, and Midwifery under the conditions, paragraph iv, Section III, of the old regulations, and paragraph iii, Chapter III, of the regulations dated January 1st, 1923: *Germany*, University of Cologne; *Spain*, University of Barcelona; *Memphis*, University of Tennessee College of Medicine.

The Committee reported that in accordance with the conditions laid down in April, 1920, by the Royal Colleges, they had recognized courses of instruction for D.P.H. in the following institutions: Haffkine Institute, Parel, Bombay; London School of Hygiene

and Tropical Medicine (the five months' course recognized for the course of parasitology only); University of Lucknow.

The Committee also reported the retirement of Dr. R. A. Young, C.B.E., and Mr. F. J. Steward from the Committee under the conditions of paragraph vi, Part I, of the scheme for constituting the Examining Board in England.

#### Miscellaneous.

A letter was read from Mr. F. G. Hallett expressing his appreciation of the action of the College on his retirement from the office of Secretary to the Conjoint Board.

Communications from the Royal College of Surgeons reporting the proceedings of the Council of that College were received.

After some formal College business had been transacted, the President dissolved the comitia.

### Obituary.

**DR. FREDERICK JOHN WILLIAM COX**, who died on October 7th, at his residence in Bowdon, Cheshire, in his 70th year, was the son of the late Dr. Cox of Innerleithen. He received his medical education at Edinburgh, where he obtained the diplomas L.R.C.P., L.R.C.S. in 1880, and graduated M.B. in the following year; he proceeded M.D. in 1893. After practising at Eccles for some years with his brother he went to Bowdon in 1897. He held the appointments of senior surgeon to the Manchester Ear Hospital, and consulting aural surgeon to the Buxton Cottage Hospital, the Altrincham General Hospital, and the Manchester Warehousemen and Clerks' Association. Dr. Cox was a member of the Edinburgh Royal Medical Society and the Manchester Medical, Pathological, and Clinical Society. He took an active interest in the British Medical Association, and in 1902 was vice-president of the Section of Otolaryngology at the Annual Meeting at Manchester. He was a member of the executive committee of the Altrincham Division in 1904 and 1910; vice-chairman of the Division from 1907 to 1908, and chairman in 1909. He was also a member of the executive committee of the Mid-Cheshire Division in 1915.

**DR. HENRY WILLIAM EVANS**, who died on October 25th, at the age of 37, received his medical education at Guy's Hospital, and obtained the diplomas M.R.C.S., L.R.C.P. in 1913; in the following year he graduated M.B., B.S. Lond., and proceeded M.D. in 1920. At the outbreak of war he received a commission in the R.A.M.C. and went to France in 1915. While on the Somme he was isolated with his ambulance company for two days; he continued his work under extremely difficult conditions until relief came, and for this he was awarded the Military Cross. He was invalided home in 1917, but went out to Egypt and Palestine in 1918, and took part in Allenby's capture of Jerusalem, where he remained until December of the following year. He returned to Guy's Hospital in 1920, and was appointed resident obstetrician to Mr. Bellingham Smith. In 1921 he married and settled at Reedham in Norfolk, becoming eventually a partner with Dr. Eliot Blake; he removed to Brundall in 1923. Throughout his life he took great interest in sport, and at Bedford Modern School he was in the first rowing four, a member of the first fifteen, and won the school cup for running. On leaving school he played for the East Midlands fifteen, and at Guy's Hospital joined the Artists' Volunteer Corps and won the Territorial championship for running. He was chosen to represent the British Isles at the Stockholm Olympic Games, but was unable to spare the time for this. A colleague writes: It is difficult to express in words the rare qualities which Henry Evans possessed. In his work he was not only brilliant, he was essentially sound. He was a man of wide interests, and took even more pleasure in literature than in sport, in which he excelled. He was gifted with sympathy tempered by a keen sense of humour, and with emotions controlled by sound judgement. He was deeply loved by all who knew him, and won the affection and confidence of his many patients, rich and poor alike. He leaves a widow with two young children.

## Medical News.

UNDER the auspices of the Health Organization of the League of Nations an international continuation course in public health commenced at the house of the Society of Medical Officers of Health, 1, Upper Montague Street, W.C.1, on November 3rd, and will continue until December 15th. The opening address is being delivered to-day (Friday, November 4th) by Sir George Newman, on the development of public health administration and practice in England. The lecturers include: Dr. Foramitti, deputy director of the Federal Public Health Services, Austria; Colonel L. W. Harrison; Professor B. Nocht of Hamburg; Dr. F. J. H. Coutts; Sir Henry Gauvain; Dr. F. E. Fremantle, M.P.; Professor G. Y. Giglioli, lecturer on industrial hygiene, Florence; Dr. A. W. J. MacFadden; Dr. Charles Porter; Professor F. Neufeld of Berlin; Professor C. Pirquet of Vienna; and Dr. W. M. Willoughby. A few tickets for the course are available for medical officers of health, and may be obtained from the executive secretary, 1, Upper Montague Street, W.C.1.

SIR STCLAIR THOMSON will deliver a lecture for the Fellowship of Medicine on bleeding from the nose and throat at the Medical Society, 11, Chandos Street, Cavendish Square, on November 7th, at 5 p.m. There will be demonstrations on November 9th by Mr. Greeves at the Royal London Ophthalmic Hospital at midday, and by Sir William Willcox at St. Mary's Hospital at 3 p.m.; another demonstration will be given at the Cancer Hospital on November 10th, at 3 p.m., by Mr. Cecil Rowntree. The lecture and the demonstrations are free to medical practitioners. From November 14th to 26th St. Peter's Hospital will hold a special course consisting of clinical instruction, cystoscopies, and lectures on diseases of the urinary tract. A three weeks' course in medicine, surgery, and gynaecology, occupying the mornings and some afternoons, will begin on November 14th at the Royal Waterloo Hospital. A series of clinical demonstrations upon selected cases will be given daily at the West End Hospital for Nervous Diseases, at 5 p.m., from November 21st until December 17th. A special course for the general practitioner will be held at the London Temperance Hospital from November 21st to December 3rd, at 4.30 to 6 p.m. every afternoon. At St. Mark's Hospital there will be a week's special course in proctology from November 28th to December 3rd. Copies of syllabuses and of the *Post-Graduate Medical Journal* may be obtained from the Secretary of the Fellowship of Medicine, 1, Wimpole Street, W.1.

THE annual address arranged by the medical staff of the Central London Throat, Nose, and Ear Hospital, Gray's Inn Road, W.C.1, will be given on Friday next, November 11th, at 4 o'clock, by Mr. Ernest B. Waggett. The title of the address is "On Observation."

AT the next meeting of the Optical Society to be held at the Imperial College of Science on Thursday, November 10th, at 7.30 p.m., a communication on the resolution of gratings by the astigmatic eye will be made by Messrs. J. R. Hamblin and T. H. Winsor, and Mr. O. Aves will discuss the devograph and trial frame.

THE Medical Officers of Schools Association will hold a general meeting at the house of the Medical Society of London (11, Chandos Street, Cavendish Square, W.1) on Friday next, at 5 p.m., when Mr. W. Rowley Bristow, F.R.C.S., orthopaedic surgeon to St. Thomas's Hospital, will read a paper on the commoner disabilities of bones and joints in adolescence.

FOUR lectures on insanity and the history of its treatment will be given by Sir Robert Armstrong-Jones, C.B.E., M.D., at Gresham College, Basinghall Street, London, E.C.2, on November 7th, 8th, 10th, and 11th; the first will deal with the nature of insanity, the second will be an historical survey, and in the third the report of the Royal Commission will be discussed. The last lecture will be illustrated by lantern slides of old and new treatment. The lectures will be given at 6 p.m. on each day and are open free to all.

THE annual dinner of the Royal Society of Medicine will be held at the Hotel Victoria, Northumberland Avenue, W.C.2, on Wednesday, November 16th, at 7.30 for 8 p.m.; Lord Darling is to be the society's guest of honour.

THE fifty-first anniversary dinner of the Cambridge Graduates' Club of St. Bartholomew's Hospital will take place on Wednesday, November 23rd, at 7.30 p.m., at the Hotel Victoria (Oak Room), with Dr. John Barris in the chair. The honorary secretaries are Dr. Henry Burroughes and Mr. Reginald Vick. Price of dinner 12s. 6d., exclusive of wines.



THE Sheffield medical dinner will be held at the Grand Hotel, Sheffield, on Thursday, November 10th, at 7.45 p.m., when Professor A. J. Hall will preside. Professor H. R. Dean of Cambridge will respond to the toast of "The Medical Profession." There will be musical items during the evening. Applications for tickets (12s. 6d., exclusive of wines) should be made by November 8th to the honorary secretary, Dr. Pleasance, 2, Oriel Road, Fulwood, Sheffield.

THE annual dinner of the Reunion Association of the Prince of Wales's Hospital, Tottenham, N., will be held at the Trocadero Restaurant, Piccadilly Circus, W., on Friday, November 11th, at 8.15 p.m. The chair will be occupied by Mr. Edward Gillespie. The price of the dinner will be 12s. 6d. (exclusive of wines) for members and their guests. The secretary is Dr. J. Browning Alexander, 42, Harley Street, W.1.

THE annual dinner of the Society of Medical Officers of Health will take place at the Piccadilly Hotel, London, W., on Thursday, November 17th. The president, Dr. James Wheatley, will take the chair at 7.30 p.m. The society has arranged to hold five general discussions during the present session. On November 18th the subject for discussion will be health aspects of the Factories Bill; on December 16th, health aspects of the Poor Law reform proposals; on January 20th, recent advances in the knowledge of food; and on February 17th, the control of small-pox. These meetings will all be held at 5 o'clock at the house of the society, 1, Upper Montague Street, Russell Square, W.C. On April 20th the society will meet at Bath, and a discussion will take place at 3 o'clock on the causes of the decline in tuberculosis mortality, the first of the four opening speakers being Sir Robert Philip, President of the British Medical Association.

THE medical staff of the Royal Dental Hospital, Leicester Square, W.C., will be at home on Saturday afternoon, November 26th, when the hospital will be open for inspection and cases of interest shown. The dinner of past and present students of the hospital will take place the same evening at the Trocadero Restaurant, Shaftesbury Avenue, at 7 o'clock, under the presidency of Mr. J. S. Amore.

DR. C. S. MYERS, F.R.S., will take the chair at a discussion organized by the British Institute of Philosophical Studies, when the question whether the new psychology is a department of education or of medicine will be opened by Dr. H. Crichton Miller and Mr. Kenneth Richmond. It will take place on Tuesday next, at 8.15 p.m., at the Royal Society of Arts, 18, John Street, Adelphi, W.C.2.

THE third annual Norman Lockyer Lecture of the British Science Guild will be given by Dean Inge on Monday, November 21st, at 4 p.m., in the Goldsmiths' Hall, Foster Lane, E.C., when the president of the Guild, the Right Hon. Sir Alfred Mond, Bt., M.P., will be in the chair. The subject of the lecture will be scientific ethics. Admission is free, and tickets may be obtained from the secretary of the Guild, 6, John Street, Adelphi, W.C.2.

THE educative value of E. F. Harrison's work in pharmacy will be the subject of an address given by Mr. E. Saville Peck, M.A., at the first evening meeting of the Pharmaceutical Society of Great Britain, which will take place on Tuesday next, at 8 p.m. Afterwards Harrison lectureship medals will be presented to the lecturer and to Mr. F. H. Carr, C.B.E., F.I.C. It will be remembered that Harrison was for many years pharmaceutical adviser to the BRITISH MEDICAL JOURNAL, and wrote the books *Secret Remedies* and *More Secret Remedies*.

SIR JOHN ROBERTSON, who recently retired from the office of medical officer of health for Birmingham, has been presented by the principal officers of the Birmingham Corporation with a set of old English cut glass ware. He was also presented, at a meeting of past and present members of the Birmingham Public Health Committee, on October 28th, with a silver tea service, a copy of Groves's *Dictionary of Music and Musicians*, and an illuminated engrossment of the resolution adopted by the Health Committee on September 23rd.

DR. CHARLES EDWARDS, J.P., of Andover, has accepted the invitation of the Aldermanic Committee to be nominated as mayor. At his election to the council three years ago he headed the poll, and his work on it has won general approbation. Dr. Edwards received his medical education at Guy's Hospital, and in 1900 obtained the diplomas of M.R.C.S., L.R.C.P.; he graduated M.D. Durham in 1920. He is surgeon to the Andover Hospital, and is an honorary life member of the St. John Ambulance Association. He is a representative of the Winchester Division on the Southern Branch Council of the British Medical Association.

DR. JOSEPH PRIESTLEY, who, as already announced, is retiring from the post of medical officer of health for Lambeth after thirty-two years' service, has been presented by the local members of the medical profession with an inscribed silver salver. In making the presentation at a meeting at

the Lambeth Town Hall on October 27th, the mayor, Dr. R. S. Pearson, said that Dr. Priestley, during his term of office, had succeeded in making Lambeth one of the healthiest boroughs of the kingdom. The other speakers included Dr. F. N. Kay Menzies, Dr. Harvey Norton, and Dr. M. G. Fenton.

DR. E. A. GREGG, J.P., ex-Mayor of St. Pancras, has been presented by his colleagues on the borough council with his portrait, while Mrs. Gregg was the recipient of a small motor car. In making the presentation Alderman Collins acknowledged the strict impartiality with which Alderman Gregg had carried out his duties whilst mayor, and had proved himself to be a man of outstanding personality.

DR. GEORGE ROBERT BRUCE (M.O.H. Hastings) has been elected a Fellow of the Royal Sanitary Institute.

THE anonymous donor who gave £750 in response to the Lord Mayor's appeal at the opening ceremony of the New Wing of St. Mark's Hospital, City Road, on October 26th, to complete the sum of £3,000, which is the estimated cost of the building, was Mr. H. Clifford-Turner. This is Mr. Clifford-Turner's third generous donation to the funds of this hospital.

THE Catisfield House convalescent home at Brighton is established on a small estate bequeathed for the purpose by Miss Rose Greene. It is intended for gentlewomen of limited means, especially those leaving hospital after an operation or acute illness, so as to give them an opportunity of completing their convalescence before resuming their active duties in life; it is open to persons of all religious denominations. It can accommodate seven patients, and is conducted on the lines of a first-rate nursing home, with as few rules as possible, so that the inmates may feel at home. As the endowment is not sufficiently large to pay the whole upkeep a charge of 30s. to £2 a week is made, but medical attendance when necessary, and medicine, are provided free of charge. The institution is managed by a committee, which meets weekly, and we are indebted to Dr. C. Percival White, a member of the House Committee, for these particulars. There is a resident trained matron and nurse. Persons merely requiring a holiday, and cases of phthisis, acute cancer, infectious diseases, mental trouble, and the drug habit, are not admitted. The home has been open for two years, but it appears to be insufficiently known, as the number of applications received is not sufficient to keep it always full. Information can be obtained from the Matron, Catisfield House, Sillwood Road, Brighton.

THE ninth annual report of the Besford Court Catholic Mental Welfare Hospital for Children for the year 1926-27 has just been issued. It has a prefatory note by the Archbishop of Birmingham, and contains an interesting account of the methods and aims of this institution written by the administrator and superintendent, the Rt. Rev. Monsignor Newsome, who discusses the mental deficiency problem in the light of Roman Catholic philosophy. The hospital is situated at Defford, near Worcester; it was first opened for the reception of patients on October 1st, 1917. The report is fully illustrated, and contains an appendix from the research department describing an investigation into the correlations of "mental ages" with manual, social, and industrial abilities.

THE eighth annual report of the Walter and Eliza Hall Institute of Research in Pathology and Medicine at Melbourne covers the year ending June 30th, 1927, during which a book on hydatid disease has been completed for publication, and a study of pancreatic regeneration concluded. Further work on streptococcal strains is in progress, and a preliminary study has been made of the organisms concerned in puerperal sepsis. An experimental investigation has been continued with a view to determining whether there is any relation between cancer and tuberculosis. Other subjects under consideration include the pathological histology of the dental tissues, the mechanism of compensatory renal hypertrophy, and sarcoma of the testis.

AN attractive advertisement of Egypt and the Sudan has been issued by the Tourist Development Association of Egypt. The cover of the book shows a design from one of the panels in the vaulted chamber erected by Thoutmosis III to the goddess Hathor. The book contains a series of articles on the sights, scenery, and mystery of Egypt, which are interesting and readable. It is profusely illustrated with photographs, and should be quite useful in furthering the objects of the association. The book is obtainable from Messrs. Sells, Ltd., 168 and 167, Fleet Street, E.C.4.

PROFESSOR EMIL ABDERHALDEN of Halle and Professor Max Nonne of Hamburg have been nominated honorary members of the Royal Academy of Medicine at Rome.

DR. PAUL LEJEUNE of Liège has been nominated president of the Belgian society of oto-rhino-laryngology.

THE State vaccination institute of Berlin has recently celebrated the 125th anniversary of its foundation.