

injury and the onset of disease, I always take the line that the doubt is too great to permit me to uphold a causal connexion between the two conditions. One may, of course, be doing an injustice to the workman in taking this attitude, but if, as I read the law, the onus is on him to establish his case—that is, to convince the court that the balance of probability is definitely in favour of his plea—I cannot see on what grounds one can support his claim except to agree as to the *possibility* of its being correct. I willingly admit that there is little logic, and less science, in this arbitrary rule, but, provided it does not assume the pose of pontifical infallibility, a touch of dogma is of more practical help in the dispensation of justice than the cleverest exposition of scientific agnosticism.

#### 4. Cases in which Pulmonary Tuberculosis Arises after an Injury to Some Other Part of the Body.

These are perhaps the most difficult cases of all in which to try and hold evenly the scales of justice between the workman and the employer. In none is there greater need to bear in mind the fallacy of *post hoc, ergo propter hoc*. The Pensions Boards have had, as is well known, a difficult task in dealing with the large numbers of cases of pulmonary tuberculosis alleged to be caused, or aggravated, by military service. The problem is similar in workmen's compensation claims: How far, if at all, is the development of pulmonary tuberculosis in an injured workman attributable to the effects of the precedent accident? The comments made above under Group 3 apply, in principle, here. If the injury is one which produces "constitutional disturbances" to a severe degree, leading to severe debility, and the pulmonary tuberculosis gradually supervenes without any return to normal health, then I think that the balance of probabilities is strongly in favour of the injury having been a causal factor in the development of the disease. The following case may be cited as an example.

The workman was a lad of 18, of good personal history, employed as an electrician's mate.

**Family History.**—Father, mother, and sister were strong and healthy. One brother developed pleurisy in June, 1924; he was sent to a sanatorium for six months and made a good recovery. No relative had ever had "consumption."

On March 17th, 1923, while working at an electric light fitting in a meat-shop, he fell, being impaled on a meat hook, which penetrated deeply into his left buttock. This caused profuse bleeding, and he was taken to St. Bartholomew's Hospital, where he was an in-patient till June 21st, 1923. The wound became septic, necessitating irrigation by the Carrel-Dakin method. An x-ray photograph, on May 10th, showed "considerable bony destruction of tuber ischii." Up to this time the boy was seriously ill, with high fever.

On May 15th sequestrectomy was performed. After this the cavity gradually healed, the temperature settled to normal, and he was sent to a convalescent home on June 21st.

He returned to work on August 13th, but had to give up after fourteen days, as the wound broke down superficially.

On October 8th he started work again, and remained at work till May, 1924, when he had to give up, as he felt too ill to continue. During all this period he felt weak and seemed to get thin, and in the latter part he fainted twice when at work.

In June, 1924, he was certified by his panel doctor to be suffering from "early pulmonary tuberculosis," and in July he was admitted to the King George V Sanatorium. His condition became worse, and he was discharged—taken home by ambulance—on November 7th, 1924.

He died of pulmonary tuberculosis and tuberculous enteritis on August 11th, 1925. There was no *post-mortem* examination.

In this case I felt justified in giving the opinion that the prolonged septic illness resulting from the accident was at least a contributory factor in the evolution of the phthisis. Proceedings were accordingly taken against the employer, and, after the usual "conflict of medical evidence," judgement was given in favour of the applicant (who died two or three weeks after the hearing).

In contrast to the above, I should like to summarize another case, in which I was not directly concerned. It was that of a man who, in the course of his work, received a small piece of metal in his eye. It set up a traumatic cataract in the eye, which kept the man from work for over a year. As a result he had a good deal of mental worry, and perhaps some actual privation from reduction of income. Two years later he was diagnosed as suffering from phthisis. In this case also it was adjudged that the injury to the eye played an effective part in the develop-

ment of the phthisis, and he was awarded compensation under the Act. Personally I disagree with this decision. I do not think that one could go further than to admit the *possibility* of it having played such a part; to assume, as the judgement implied, that there was a strong probability that, without the accident, the man would not have developed phthisis, seems to me unjustifiable and to be a loading of the scales against the employer to an unwarrantable extent.

In conclusion, I would again emphasize that the whole problem for the medical practitioner confronted with the duty of giving an opinion on the relation of trauma to ensuing tuberculosis is in his estimating the probabilities of a causal relation. If he is satisfied, from a review of the whole case, that the balance is definitely in favour of the view that, without the trauma, the ensuing tuberculous disease would not have developed when it did, then, and only then, is he justified in supporting a claim under the Workmen's Compensation Act; if, on the other hand, he comes to the conclusion that the causal relation, while possible, is not definitely probable, then he should say so, and refuse to support the claim.

## Memoranda :

### MEDICAL, SURGICAL, OBSTETRICAL.

#### AN UNUSUAL CASE OF OBSTRUCTION OF THE SMALL INTESTINE.

THE following case, in view of the rarity of the condition, appears to be worth recording.

A carter, aged 36, was admitted to a medical ward of the Royal Alexandra Infirmary, Paisley, under Dr. William Clow, with the complaint of periodical attacks of abdominal pain of two years' duration. The pain began to the left of the umbilicus and appeared to pass to the right side somewhat lower down. This pain was not associated with the taking of food, but on two occasions, about the time of his admission to hospital, it was relieved by vomiting. Latterly on two or three occasions visible peristalsis was seen to begin in the left hypochondriac region and to travel in a ladder-like pattern to the right iliac region. The bowels were regular; there was no distension or rigidity, but some deep tenderness was present to the left of the umbilicus. The patient had a small epigastric hernia, and pressure on this with reduction seemed to give ease, and on one occasion completely abolished peristalsis. For this reason the hernia was cured by a minor operation, but this gave no relief to his symptoms. A barium meal followed by an x-ray examination did not reveal anything abnormal. An exploratory operation was now performed, and a tight annular stricture was found on the small intestine towards the lower end of the jejunum. Higher up there was a band, probably the result of old tuberculosis of the mesenteric glands, and this was divided. The area bearing the stricture and two nodules in the mesentery were excised, and an end-to-end anastomosis was done. The patient's recovery was uneventful.

Dr. Mary Baird Hannay, pathologist to the hospital, reported on the specimen as follows:

"The specimen, after fixation, measures about 3½ inches in length. There is a constriction 1½ inches from the wider end. The lumen at the cut surface of the narrower end of the bowel is 1½ inches in diameter, and at the wider end 2 inches. The constricted area shows some puckering, and measures about 1 inch in transverse diameter and about 1/8 inch in longitudinal section. There is an acute angle at the constriction on the anti-mesenteric border. Opened along the mesenteric border the specimen shows a slightly irregular ulcer completely surrounding the bowel opposite the constriction and measuring 1/2 to 3/4 inch in width. The lumen towards the narrow end of the bowel would admit a large probe; that towards the wider end would admit the little finger. At the constriction the bowel wall is 1/4 to 3/8 inch thick. The muscular coat of the wider piece of bowel is 1/8 inch thick, and that of the narrower 1/16 inch.

"Microscopically a section through the constriction shows an irregular glandular growth on the mucous surface infiltrating the muscle and almost reaching the peritoneum. It has the characters of a glandular carcinoma. One of the nodules from the mesentery is a lymphatic gland, and shows secondary tumour growth both inside the gland and outside the capsule. The other nodule is new growth, but is apparently not in a lymphatic gland."

The pathological condition in the small bowel appeared to be the primary focus, and no other areas were found to be diseased.

GEORGE MILLAR, M.B., F.R.C.S.,  
Assistant Surgeon, Royal Alexandra Infirmary,  
Paisley.

### TREATMENT OF PAPILOEDEMA WITH INCREASED INTRACRANIAL TENSION.

THE two cases here recorded may be of interest in connexion with Dr. C. O. Hawthorne's article on recovery from symptoms of intracranial tumour, which was published in the *British Medical Journal* of October 20th (p. 689). They illustrate particularly two points: (1) that, though more than one feature suggests cerebral syphilis, the Wassermann reaction in the cerebro-spinal fluid of both was negative; (2) that early decompression may save the patient's vision. They further suggest that, since complete resolution of papilloedema does happen spontaneously, it is much more likely to occur if embarrassment of the cerebral circulation is relieved by trephining.

#### CASE I.

An unmarried seamstress, aged 28, complained on November 7th, 1927, that for two or three weeks she had had misty vision and difficulty with her work. She had severe headache during one week, and vomited twice during that time without obvious cause. On examination the vision in the right eye was found to be 6/18, improved to 6/10 by a +1 sphere. The vision of the left eye was 6/18, unimproved by correction. There was concentric contraction of both fields and a central scotoma for red and green in both eyes. Marked papilloedema was present, the swelling being +3 dioptres for the right eye and +5 for the left. The cerebro-spinal fluid obtained by lumbar puncture was clear, but under considerable tension; the Wassermann reaction was negative, and there was no evidence of neuro-syphilis. The family and personal histories were negative, except that six years previously her sister had proptosis of the right eye with diplopia; this was remedied by mercury and iodide treatment.

The present patient was given mercury and iodides internally and inunctions of mercury. She rapidly improved, and on November 22nd, 1927, the vision in both eyes was 6/10; there was no scotoma for red and green, and the peripheral scotoma had diminished. The patient stopped her treatment—contrary to instructions—and did not report for two months. She then returned, and it was found that the vision in both eyes was 6/24, and that the papilloedema and scotoma had returned. She was admitted to hospital as an in-patient; no definite diagnosis was made, and she was finally discharged relieved of all symptoms apart from optic atrophy. At the present date—a year after the onset—she is apparently quite well, but the vision in the right eye is 6/36, and in the left eye only perception of light. She has been given mercury and iodides continually.

In this case the diagnosis is uncertain, but a syphilitic cause is suggested by the therapeutic test and the family history. Had she been trephined in the early stage she would probably have retained her vision.

#### CASE II.

The second patient was a married quarryman, aged 55, who had had six children. There had been no miscarriages, and there was no personal or family history of syphilis. At the beginning of last July he was struck on the head by a falling rock; no injury beyond a superficial scalp wound was detected at the time. A week later distressing headaches started and continued with increasing severity for three weeks; for the last ten days of this period there was frequent vomiting.

When examined a month after the injury I found him drowsy; he yawned frequently, was difficult to rouse, and his speech was slurred. The pulse was 50; the pupils were equal and reacted to light. Both knee-jerks were increased, and the Babinski reflex was extensor on both sides. The left fundus showed a definite early papilloedema, with haemorrhage. In the right eye the edges of the disc were obscured, and the veins were distended. The Wassermann reaction of the blood was positive, the cerebro-spinal fluid was not under tension, and showed no evidence of neuro-syphilis.

Until August 11th the condition steadily advanced with increase in the papilloedema; vomiting was pronounced, and rendered feeding impossible; decompression became an urgent necessity. The only localizing signs were: papilloedema more marked on the left side, the Babinski reaction more pronounced on the right, and the headache was worse in the left fronto-parietal region, about the site of the injury. Subtemporal decompression revealed intensely congested brain; pulsation was not perceptible, the dura was not thickened, and no induration was felt on probing. Two months later there was no trace of papilloedema, restoration of sight was complete, and he was quite well except for slight slurring of speech and somewhat lowered mentality. The abdominal and cremasteric reflexes were not obtained; other reflexes were normal. There was a small hernia cerebri, which had not increased in size since the operation. He was able to go about, but felt too weak to recommence work.

Here again the diagnosis is uncertain and the complete absence of changes in the cerebro-spinal fluid is noteworthy. The facts that the serum Wassermann reaction was positive on two occasions, and also that the patient improved after decompression combined with the administration of mercury and iodide, suggest the existence of vascular cerebral syphilis, which his general appearance supports. In any

case the decompression, which was performed to save his life, has also preserved his sight.

GRIFFITH EVANS, B.M.Oxon., F.R.C.S.Eng.,

D.O.M.S.,  
Honorary Ophthalmic Surgeon, Carnarvon  
and Anglesey Infirmary.

### PERIOSTITIS OF TIBIA FOLLOWING AMOEBIC HEPATITIS.

THE following notes of a case of amoebic infection of the liver seem to merit publication for several reasons. In the first place the clinical evidence suggested a large degree of abscess formation in the liver, and this was supported by an x-ray examination and the leucocyte count; yet all the symptoms cleared up rapidly with emetine injections. Next, it is rare to find this condition present in women, so far as I am aware. Thirdly, a remarkably long period elapsed between the time when the patient left India and the onset of the symptoms. Lastly, an interesting point is that the infective periostitis of the tibia yielded pus exactly similar to that produced in amoebic abscess of the liver.

A woman, aged 46, had lived in India from 1896 to 1922. There was no history of dysentery or malaria, but in Bombay, in 1921, she had had inflammation of the liver, which was cured with emetine injections. Since leaving India, in 1922, she had had persistently poor health, though there were no definite signs, but only occasional looseness of the stools and general abdominal discomfort. She had feverish attacks in April and May, 1928, which were described as "gastric influenza." The temperature was 103° for one week, but then subsided.

In June, 1928, she was complaining of chronic indigestion and was afraid to eat anything. There was general abdominal discomfort with pallor and emaciation, and tenderness over the right hypochondrium. Some dullness was found at the base of the right lung with diminished vocal resonance and loss of breath sounds. The only other signs were intermittent pyrexia and rigors. A blood count showed a moderate polymorphonuclear leucocytosis with a haemoglobin percentage of 40. An x-ray examination on July 17th revealed that the diaphragm was raised up to the fourth rib by a rounded enlargement of the right lobe of the liver.

Starting on July 20th injections of 2 grains of emetine were given daily for twelve days. There followed a rapid fall in the temperature and subsidence of all the symptoms. The appetite returned and the indigestion vanished. On August 1st a redness appeared over the area of the left tibia, suggesting at first erythema nodosum. The temperature at night rose to 100°; the pain increased and fluctuation was present. An x-ray examination showed a diffuse periostitis. Incisions released very thick reddish-brown pus, which was sterile; no organisms were seen. Convalescence followed the ordinary surgical treatment, which included the removal of small necrosed bony fragments along the middle two-thirds of the tibial shaft.

Southsea.

R. HAMER HODGES, M.B.

### British Medical Association.

#### CLINICAL AND SCIENTIFIC PROCEEDINGS.

##### GUILDFORD DIVISION.

##### Local and Regional Anaesthesia.

At the annual meeting of the Guildford Division of the British Medical Association held on October 10th, Mr. H. S. SOUTTAR delivered an address on the subject of local and general anaesthesia.

Local anaesthesia, said Mr. Souttar, had until recently been somewhat neglected in English surgery. On the Continent it was the usual method of choice for operations of any description, and its application had become one of the most highly developed branches of surgical art. The greater attention paid to general anaesthesia in England and America and the high degree of skill developed by those who specialized in this work were no doubt responsible for this. But there could be no question that in local anaesthesia we had a very powerful method of great advantage to the patient, whether we used it alone or in combination with general anaesthesia, and there were few practitioners in any branch of surgery who would not find it of great utility in their work. By its means small operations could be carried out with facility and economy, and the general practitioner would find it one of his best allies. On the other hand, the use of local anaesthesia in major surgery enabled us to carry out with complete safety operations which under other methods involved grave risks.

lack of food to take full advantage of the education provided for it." That was the test prescribed by the Education Act, and the distinction was between selection on this basis by medical inspection and supervision of the children themselves and selection according to the size of the parents' income.

#### Vaccination against Distemper in Dogs.

Replying to Mr. Crawford, on December 10th, Mr. GUINNESS said the Field Distemper Research Committee had recently announced that an effective method of vaccinating dogs against distemper had been discovered. He understood that the committee had offered to assist commercial laboratories or institutions willing to prepare the vaccine and make it available to the public. No public funds were available to assist the preparation or distribution of the vaccine. The Ministry's responsibility in respect of diseases of the dog was confined to diseases such as rabies, which were communicable to farm livestock or human beings.

Mr. CRAWFORD asked whether, if this was an effective preventive, it did not mark a milestone in the treatment of dogs, and if the Government could help in the efforts which were being made in this direction by recommending a grant to help to make the application of the vaccine universal? Mr. GUINNESS said he agreed as to the great importance of this discovery, but he did not see any necessity for a Government grant, seeing that the discovery was now past the experimental stage, and there was every hope that it would be taken up in the ordinary course by those whose business it was to supply these vaccines. Dr. VERNON DAVIES: Is it not a fact that this is a direct result of experiments made on dogs? Mr. GUINNESS: I believe that is so.

**Health of the Mercantile Marine.**—Mr. HERBERT WILLIAMS, in a reply to Dr. Vernon Davies on December 5th, said that as a result of consultations between the Ministry of Health and the Board of Trade, a joint standing committee had been set up to advise the two departments on matters affecting the health of the mercantile marine. One of the first questions which that committee would be asked to consider was the preparation of a report on the health of the mercantile marine.

**Women Members of Visiting Committees of Mental Hospitals.**—Mr. CHAMBERLAIN told Sir Robert Newman, on December 6th, that information was not available to show how many women patients of unsound mind were detained in borough or county mental hospitals in England or Wales where there were no women members on the visiting committee. When legislation dealing with the subject was proposed the Government would consider making it compulsory that a certain number of women should be appointed to serve on all such visiting committees.

**Bellahouston Hospital.**—Major TRYON, in reply to Mr. Buchanan on December 6th, said the tenure of Bellahouston Hospital by the Ministry of Pensions would not extend beyond Whitsuntide, 1930. It was impossible so soon to indicate the steps that would be taken to accommodate patients who might then require hospital treatment. No difficulty was anticipated in making satisfactory arrangements. He would continue to maintain hospital accommodation in the West of Scotland as long as possible.

#### Notes in Brief.

Mr. Chamberlain is considering the setting up of an advisory committee on the question whether certain articles ordered for insured persons by insurance practitioners are foods and cannot properly be supplied to insured persons as part of their medical benefit under the National Health Insurance Acts. He hopes to provide for the representation of Wales on the committee.

The protocol prohibiting the use of gas in war has only been ratified by six States, of which Germany is not one. The British Government is not prepared to ratify it unless all other signatories are willing to do so.

## Universities and Colleges.

### UNIVERSITY OF CAMBRIDGE.

At a congregation held on December 7th the following medical degrees were conferred:

M.D.—W. Haw.  
B.Chm.—H. N. Webber, H. Girling.

### UNIVERSITY OF LONDON.

THE regulations in the Faculty of Medicine for internal and external students have been amended by the addition of the following words at the end of the section headed "Branch III—Psychological Medicine":

"A general knowledge of medicine will be expected of the candidates, and questions in general medicine may be set."

Mr. H. L. Eason has been elected chairman of the Library Committee.

The Geoffrey E. Duveen Travelling Studentship in Oto-rhino-laryngology, of the value of £450, will be awarded annually. The tenure is for one year, to be spent abroad in accordance with the scheme to be approved by the Board. It may be extended for one or two years and during the extended period the student may be allowed to undertake research at the Royal Ear Hospital or some other approved laboratory. Grants for the promotion of research in oto-rhino-laryngology, or any part thereof, may be made from the trust fund of the benefaction. No person shall be qualified for

election to the studentship or to receive grants from the fund until he or she has obtained M.B., B.S. degrees in the University. Applications, on forms provided, to be sent to the Academic Registrar of the University by December 31st, 1928, together with a statement of the nature of the research in which the student proposes to engage or a scheme of study submitted for the approval of the Board.

Sixteen medical entrance scholarships and exhibitions of the aggregate total value of £1,700, tenable in the Faculty of Medical Sciences of University College and King's College and in the medical schools of King's College Hospital, University College Hospital, the London Hospital, and the London (Royal Free Hospital) School of Medicine for Women, will be offered by the London Inter-Collegiate Scholarships Board. The examinations for medical scholarships will commence on April 16th and June 25th, 1929. The latest dates for the receipt of entries are March 21st and June 11th respectively. Further particulars and entry forms may be obtained from the Secretary of the London Inter-Collegiate Scholarships Board, S. C. Ranner, M.A., the Medical School, King's College Hospital, Denmark Hill, S.E.5.

### UNIVERSITY OF BIRMINGHAM.

Dr. L. G. PARSONS has been appointed the first occupant of the new Chair of Infant Hygiene and Diseases of Children.

### UNIVERSITY OF BRISTOL.

THE following candidates have been approved at the examination indicated:

M.D.—C. B. Perry; (Dissertation Approved), A. M. Critchley.  
FINAL M.B., Ch.B. (Part I, including Forensic Medicine and Toxicology).  
\* J. F. Coates, E. M. D. M. Collinson, H. F. G. Corfield, J. L. W. Davies, J. J. G. Giraldi, R. D. Jones, G. F. Langley, R. A. Latley, R. P. Lucas, J. E. Newton, S. C. Wake. (In Part I only): U. M. Hopkins, W. L. Sleight, H. M. Strover. (Part II):  
\* A. A. Dowling, H. D. Pyke, G. R. Fells, Ethel M. Redman. (In Group II, completing examination): Phoebe C. Vine.

\* With distinction in Materia Medica, Pharmacy, Pharmacology, and Therapeutics, and Forensic Medicine and Toxicology.  
† With distinction in Forensic Medicine and Toxicology.  
‡ With distinction in Materia Medica, Pharmacy, Pharmacology, and Therapeutics.  
§ With second-class honours and distinction in Obstetrics.  
|| With distinction in Public Health.

### UNIVERSITY OF GLASGOW.

PROFESSOR ANDREW HUNTER, M.A., B.Sc., M.B., Ch.B., of the University of Toronto, has been appointed Gardiner Professor of Physiological Chemistry in the University of Glasgow, in succession to Professor Cathcart, F.R.S.

### UNIVERSITY OF DUBLIN.

#### SCHOOL OF PHYSIC, TRINITY COLLEGE.

THE following candidates have been approved at the examination indicated:

FINAL MEDICAL EXAMINATION: Part II, Medicine (M.B.).—\* A. G. Thompson, \* W. J. E. Jessop, \* Nora A. Slack, G. C. Dockray, D. F. Walsh, M. J. Finegan, J. E. C. (herry), J. E. McMahon, J. T. McGinn, I. W. Pigott, E. F. S. Morrison, C. M. O'Brien. Surgery (\*Ch.): \* A. G. Thompson, \* G. C. Dockray, D. F. Walsh, W. R. Johnston, J. E. McMahon, E. du P. Meiring, N. Shapira, R. I. G. Reil, J. Beggs, F. R. Falkiner, I. F. Rathaus, J. Horwich, C. King, F. S. Mackenna. Midwifery (B.A.O.): \* L. B. Harris, \* T. B. McMahon, G. B. Thrift, C. M. Taylor, R. St. J. Lyburn, W. B. Hamilton, C. M. O'Brien, R. I. Reid, A. H. O'Malley, E. B. A. Solomons, N. S. Klass, G. K. Graham, J. Beggs, A. F. Kennedy, P. A. Thornton, F. S. Mackenna, W. I. Chapman.

\* Passed on high marks.

### NATIONAL UNIVERSITY OF IRELAND.

THE Senate, at its meeting on December 7th, tendered to the relatives of the late Dr. Michael M. Davitt its respectful sympathy in their recent bereavement.

It was decided to hold an examination for a travelling studentship in pathology next year, in view of the fact that the examination for 1928 had not been completed for.

The following appointments at University College, Dublin, were made: Professor of Surgery, Senator L. Barniville, M.D., M.Ch.; Professor of Systemic Surgery, H. S. Meade, F.R.C.S.I.; Lecturer in Medical Jurisprudence, A. R. J. Duggan, M.D.

A report from Dr. D. J. Coffey, as representative of the University on the General Medical Council, was approved.

### ROYAL COLLEGE OF SURGEONS OF ENGLAND.

An ordinary Council meeting was held on December 5th, when the President, Sir Berkeley Moynihan, Bt., was in the chair.

#### Diplomas and Licences.

Diplomas of Fellowship were granted to the following thirty-six candidates:

J. R. M. Whighan, A. W. Holgate, B. L. B. Jeaffreson, J. H. Doggart, H. S. Allen, E. S. Page, T. V. Pearce, F. W. G. Nash, A. M. Clave, J. C. Barrett, V.C., G. B. W. Walker, V. H. Ellis, D. H. MacLeod, A. McWilliam, J. P. Monkhouse, G. H. Steele, C. B. Androae, C. E. Beare, I. Price, A. Sourasky, H. B. Stallard, J. B. Crabtree, J. M. Turner, G. E. Parker, C. I. Tuckett, L. A. Richardson, R. W. Butler, M. K. Hussein, J. M. Buchanan, J. Crooks, G. M. Gray, Dorothy W. Hall, J. S. Loughridge, C. McI. Marshall, S. N. Taylor, J. J. Walsh.

R. C. Brock, I. D. Miller, and J. E. Sykes also satisfied the examiners at the Final Fellowship Examination, but have not yet complied with the regulations.

Diplomas of Membership were granted to A. S. Rajasingham and Florence Whitrow, who have now complied with the regulations.

Licences in Dental Surgery were granted to forty-eight candidates.

#### Court of Examiners.

Mr. Ernest W. Hey Groves was elected a member of the Court of Examiners in the vacancy occasioned by the resignation of Mr. V. Warren Low.

#### Annual Meeting of Fellows and Members.

A report from the Committee on the Annual Report of the Council was received, and the comments recommended by the Committee regarding the resolution carried at the annual meeting of Fellows and Members were approved and adopted as follows:

In view of the recent postal vote of the Fellows, the Council is not prepared to take into further consideration at the present time the question of altering the constitution of the College so as to give Members of the College direct representation on the Council.

The main function of the College is to promote the study and practice of surgery. If there are any matters in this connexion affecting the health of the nation to which Members of the College wish to draw attention an opportunity for so doing is afforded at the annual meeting of Fellows and Members, while the Council will at all times welcome and give careful consideration to representations made to it by any Member or body of Members of the College in reference to matters which come within the functions of the College.

#### ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH.

THE annual meeting of the Royal College of Physicians of Edinburgh was held on December 6th. Dr. Robert A. Fleming was re-elected President for the ensuing year; Dr. Robert Thin was nominated Vice-President, and Drs. G. Lovell Gulland, John Orr, William Fordyce, Edwin Bramwell, and A. Fergus Hewat were elected to form the Council.

Drs. William Russell and John Orr have been re-elected representatives of the College on the Board of Management of the Royal Infirmary of Edinburgh.

#### ROYAL COLLEGE OF PHYSICIANS OF IRELAND.

AT the monthly business meeting held on December 7th, the President admitted to the Licences in Medicine and Midwifery the following candidates who had passed the Winter Conjoint Final Examination: D. J. Herrick, J. F. Hynes, J. P. J. MacMahon, E. S. O'Sullivan, J. Ryan, W. J. Walshe.

It was unanimously resolved:

That the Committee of Management of the Conjoint Scheme of the Irish Royal Colleges of Physicians and Surgeons be requested to proceed with whatever steps should be considered necessary to establish reciprocity with the National Board of Examiners of the United States.

## Medical News.

A PORTRAIT of Professor Priestley Smith, LL.D., F.R.C.S., will be unveiled to-day (Friday, December 14th) at the Queen's Hospital, Birmingham.

AT a meeting of the Royal Anthropological Society to be held at 52, Upper Bedford Place, W.C., on Tuesday, December 18th, at 8.30 p.m., Miss R. M. Fleming will give an address, illustrated by lantern slides, entitled: "A study of growth in children: its ethnological and educational significance. An analysis of six years' consecutive measurement."

AT a meeting of the Royal Statistical Society on December 18th, in the hall of the Royal Society of Arts, Adelphi, W.C.2, at 5.15 p.m., Mr. H. E. Soper will read a paper on the interpretation of periodicity in disease prevalence.

THE house and library of the Royal Society of Medicine will be closed from Saturday, December 22nd, to Thursday, December 27th, both days inclusive.

AS announced in our advertisement pages, the Grocers' Company are offering scholarships of £300 a year to encourage original research in sanitary science. An allowance is also made to meet the cost of apparatus and other expenses in connexion with the work. The scholarships are tenable for one year, but renewable for a second or third year. The election will take place in May, 1929. Applications must be sent in before the end of April to the Clerk of the Grocers' Company, Grocers' Hall, London, E.C.2, from whom forms of application and further information may be obtained.

A JOINT gift of £20,000, payable over the next eight years, has been made by Sir William Berry and Sir Gomer Berry in response to the special appeal for £55,000 to rebuild the two wards of the King Edward VII Hospital, Windsor, recently destroyed by fire, and the erection of a new nurses' hostel. A sum of £12,000 is still required.

WE are informed that about forty vacant beds are available for ailing and convalescent children of the professional classes at the Yarrow Convalescent Home at Broadstairs. The nominal weekly charge per child is £1 or less, the balance of the cost of maintaining the home being met by the founder, Sir Alfred Yarrow. Professional societies, parents, and doctors are invited to obtain particulars from the secretary, 116, Victoria Street, S.W.1

THE tenth annual dinner of the Royaumont Unit of the Scottish Women's Hospitals was held at the Belgravia Hotel, London, on December 1st, under the presidency of Miss Frances Ivens, M.S. Seventy-four members attended.

THE council of the Oxford Ophthalmological Congress has elected Mr. Bernard Cridland as master for the coming year, the deputy master being Mr. Philip H. Adams, the honorary treasurer Mr. Robert J. Coulter, and the honorary secretary, to whom all communications should be addressed, Mr. C. G. Russ Wood, 12, St. John's Hill, Shrewsbury. The dates of the next Congress are July 4th, 5th, and 6th, 1929.

THE report of the Food Investigation Board for 1927 has been issued by the Department of Scientific and Industrial Research (price 4s. net). It gives an account of the various activities of the Board during the year under review; and in particular describes the progress of investigations not sufficiently advanced to warrant the issue of special reports. The report is divided into two sections, the first of which is a report of the Board, while the second is a report by the Director of Food Investigation. The latter is subdivided into sections, each written by the member of the staff responsible for the conduct of the particular investigation, the progress of which is described in that section.

A REPORT on phlebotomus and Oroya fever and verruca peruana, by the late Dr. Hideyo Noguchi and three colleagues, is published in the issue of *Science* for November 23rd.

THE annual report of the Commissioner of Public Health, Queensland, for the period ending June 30th, 1928, contains a note that the outcome of the disaster at Bundaberg has been that immunization by toxin-antitoxin has ceased throughout the State of Queensland, and that at present it is not possible to make use of a well-tried and most effective method of controlling diphtheria.

WE have received the first three issues of *Clinica*, a bi-monthly journal published at Bucarest under the patronage of professors in the medical faculty and the editorial direction of Dr. B. Theodorescu. Each issue consists entirely of original articles written in Rumanian with French summaries appended, and is devoted to some particular subject, such as cardiology, alimentary diseases, and surgery respectively.

THE December issue of the *Mission Hospital* contains the annual financial statement of the Medical Missionary Auxiliary of the Church Missionary Society, from which it appears that there is a surplus on the year's working of £4,276, to which may be added £1,420 available for allocation from the surplus of the previous year. This has enabled increased grants to be given to some of the more needy mission hospitals overseas. Owing to the difficulties of the war years there is an outstanding deficit of £19,000. The present increase in income is attributed to the expansion of the bodies which support the Medical Missionary Auxiliary, since receipts from legacies have decreased this year by £7,000.

AT the recent congress held at Bordeaux under the name of Journées Médicales de Bordeaux, the following papers, among others, were read. New treatment of pulmonary emphysema and asthma by Dr. Creyx, melanotic carcinoma and naevi by Professor Sabrazès, acute delirium by Professor Abadie, new ideas on scarlet fever by Professor Dupérier, electro-therapy of infantile paralysis by Dr. Roques, arterial encephalography and localization of cerebral tumours by Professor Egas Moniz of Lisbon, and treatment of bone and joint tuberculosis by Professor Rocher.

THE third congress of the German Society for Combating Rheumatism was held in Berlin from November 5th to 8th, under the presidency of Professor Dietrich, when the following papers among others were read: Focal disease of the teeth and rheumatism, by Professor Adrien; pseudo-rheumatism, by Professor G. v. Bergmann; rheumatic eye disease, by Professor E. Krückmann; etiological diagnosis and treatment of chronic joint disease, by Dr. A. Zimmer; treatment of rheumatic contractures, by Professor H. Gocht; chronic joint disease, with special reference to articular syphilis and Still's disease, by Professor H. Strauss; and diagnosis and treatment of chronic joint disease, by Professor H. Umber. The next congress will be held in the middle of April at Wiesbaden. Further information can be obtained from the secretary, Dr. Max Hirsch, Fraunhoferstrasse 16, Charlottenburg.