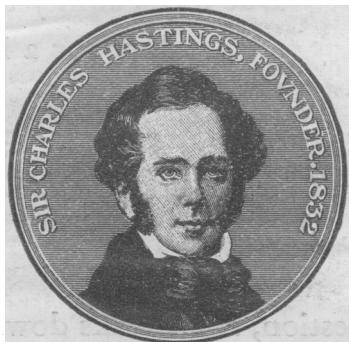


The *Medical* *Journal*

# British Medical Journal

THE JOURNAL OF THE BRITISH MEDICAL ASSOCIATION.



*Including an Epitome of Current Medical Literature.*  
WITH SUPPLEMENT.

No. 3641.

SATURDAY, OCTOBER 18, 1930.

Price 1/3

## Diphtheria Antitoxin

(Parke, Davis & Co.)

¶ Parke, Davis & Company have been engaged in the preparation of serums and antitoxins since 1894. Many years' experience, coupled with the possession of ample facilities and the collaboration of specially trained scientific workers, place the firm in a particularly favourable position for the supply of thoroughly trustworthy preparations of this class.

A constant effort has been made to improve upon past achievements. Special study has been directed towards the elucidation of many problems affecting the quality of an antitoxin—the most suitable culture media, methods of producing toxin of highest virulence, immunising procedures, reduction in volume of the dose and also the elimination of undesirable proteins—in all these mat-

ters great improvement has been effected.

¶ Diphtheria Antitoxin (P., D. & Co.) is unsurpassed as regards water-whiteness, sparkling transparency and low content of solids. Of even greater moment is the reduction to a remarkably small percentage of those protein elements of the serum which are held to be responsible for serum sickness and kindred protein disturbances.

¶ Two grades of Diphtheria Antitoxin (P., D. & Co.) are offered, viz., Standard and Special. These differ only in the volume in which the same number of antitoxin units is presented. The "X" or "Standard" serum contains approximately 1,500 antitoxin units per c.c.; "XX" or "Special" serum 2,250 to 2,750 antitoxin units per c.c.

*A copy of "Serum Therapy"—a 64-page brochure  
describing Parke, Davis & Co.'s serums  
and antitoxins—will be sent  
on request.*

PARKE, DAVIS & COMPANY  
Laboratories: Hounslow, Middlesex.



50 BEAK ST., LONDON, W.1.  
Inc. U.S.A.: Liability Ltd.

## THENAR AND HYPOTHENAR TYPES OF NEURAL ATROPHY OF THE HAND.

BY

J. RAMSAY HUNT, M.D.,

SENIOR ATTENDING NEUROLOGIST, NEW YORK NEUROLOGICAL INSTITUTE.

In the *British Medical Journal* of January 19th, 1929, Dr. Wilfred Harris reports two cases of occupational pressure neuritis of the deep palmar branch of the ulnar nerve, one occurring in a bootmaker and the other in a motor cyclist. In his comments he states:

"Until recently I have never seen a pressure neuritis of the deep palmar branch of the ulnar, nor do I know of any description of such a condition, but two cases which I saw within a week were so clearly limited to this nerve branch that possibly its apparent rarity may be due to want of recognition."

This statement, coming from a well-known English authority on disorders of peripheral nerves, would appear to indicate that the clinical picture which was described by me some twenty years ago has not gained recognition in Great Britain. In American literature it has long been recognized and has appeared in some textbooks and medical dictionaries as a special form of atrophy.

The neural form of atrophic paralysis of the small muscles of the hand, without accompanying sensory disturbances, may be caused by compression neuritis of either the deep palmar branch of the ulnar nerve or the thenar branch of the median nerve, both of which subserve a purely motor function.

Atrophic paralysis of the small muscles of the hand occupies a position of peculiar importance in the symptomatology of nervous disease because of the great variety of pathological conditions in which it may occur as an important and often early symptom. It may follow involvement of the spinal cord, the anterior nerve roots, the brachial plexus, and of the ulnar and median nerves. As a rule, the associated sensory disturbances or the absence of sensory symptoms play an important and often determining part in diagnosis and the topographical localization of the lesion, indicating its neural, plexus, radicular, or medullary origin, as the case may be.

The types of neural atrophy of the hand which I have described are characterized by a strictly neural distribution, with complete absence of those disturbances of sensibility which usually accompany lesions of the median and ulnar nerves. For this reason they resemble, more or less closely, certain of the myopathies and myopathies beginning in the small muscles of the thenar, hypotenar, or interosseous regions of the hand.

This peculiar form of neural atrophy results from a neuritis or compression of purely motor branches of the ulnar and median nerves, and may be divided into a thenar and hypotenar type. In the *thenar* group the atrophy is limited to the muscles of the thenar eminence supplied by the median nerve, and is the result of compression of the thenar branch as it passes beneath the anterior annular ligament of the wrist. The *hypotenar* group is characterized by paralysis with atrophy of all the small muscles of the hand supplied by the ulnar nerve, and results from compression of the deep palmar branch as it passes between the tendons of origin of the short abductor and the short flexor of the little finger. Both of the compressed nerves are purely motor in character, which explains the occurrence of neural atrophy without disturbances of sensibility in their respective distributions.

Of the hypotenar type six cases were described in my early studies, all of which were unilateral and identical in symptomatology. In all, there was a complete paralysis of the intrinsic muscles of the hand supplied by the ulnar nerve, without sensory disturbances. In two of the cases in which this symptom was investigated the function of the palmaris brevis muscle was preserved. This peculiarity is explained by the anatomical distribution; the filament supplying this small subcutaneous muscle is given off from the superficial palmar branch of the ulnar nerve, and so escapes injury in the compression of the deep palmar branch. Complete reactions of degeneration were observed

in all of the cases, strictly limited to the ulnar distribution in the hand.

Of the thenar type four cases have come under my observation, in two of which the atrophy was unilateral and in two bilateral. In all four cases, including those in which the atrophy was bilateral, the clinical features were identical—namely, paralysis with atrophy of the muscles of the thenar eminence innervated by the median nerve, with reactions of degeneration and complete preservation of sensibility in the distribution of the median nerve. Since these cases were published I have occasionally encountered the condition in both private and hospital practice, and I do not consider it a great rarity. In my experience it has often been confused with atrophy of spinal origin.

The neural atrophy in both the thenar and hypotenar group may come on gradually, following in the wake of the paralysis, and in this way a certain progressive tendency may be manifested in the earlier months, which may simulate very closely a beginning spinal atrophy of the Aran-Duchenne type. In some of my original cases an early progressive muscular atrophy had been diagnosed because of the localization of the atrophy in the small muscles of the hand and the absence of sensory disturbances. A discussion of the various occupational factors and the differential diagnosis relating to other forms of atrophy will be found in the references to my earlier publications.

### BIBLIOGRAPHY.

Hunt, Ramsay: Occupation Neuritis of the Deep Palmar Branch of the Ulnar Nerve. *Journ. Nerv. and Ment. Dis.*, vol. 35, No. 11, November, 1908, p. 673.  
 Idem: Occupation Neuritis of the Thenar Branch of the Median Nerve: A Well-defined Type of Atrophy of the Hand. *Trans. Amer. Neurol. Assoc.*, vol. 35, 1909, p. 184.  
 Idem: The Thenar and Hypotenar Types of Neural Atrophy of the Hand. *Amer. Journ. Med. Sci.*, vol. 141, No. 2, 1911, p. 224.  
 Idem: The Neural Atrophy of the Muscles of the Hand, without Sensory Disturbances. (A Further Study of Compression Neuritis of the Thenar Branch of the Median Nerve and the Deep Palmar Branch of the Ulnar Nerve.) *Rev. Neurol. and Psychiat.*, April, 1914, p. 137.

## Memoranda: MEDICAL, SURGICAL, OBSTETRICAL.

### INJECTION OF WHOLE BLOOD FOR FURUNCULOSIS.

CASES of recurrent crops of boils are usually resistant to treatment. Among other methods the injection of colloid manganese helps in some cases, but I have never been satisfied that this is an efficient treatment. While serving in India, where furunculosis is common in the hot weather, I adopted a method which proved to be remarkably successful and in some cases dramatic in its cure. I do not claim the method is new, but I have never come across anyone using it.

Five c.cm. of blood are withdrawn from a vein at the elbow, and immediately injected into the muscles of the buttock. A 10 c.cm. syringe is used with a peripheral nozzle and two needles. If the syringe is kept in spirit it should be carefully washed out with distilled water. The site of election for the intramuscular injection is the upper and outer quadrant of the buttock, since this part is free from large vessels and nerves. If a line is drawn outwards from the top of the gluteal fold and bisected by a perpendicular line this will give the four quadrants, the upper and outer of which should be used for intramuscular injections in this region. The spot for injection is marked by a dab of tincture of iodine. One needle is fitted to the syringe, the other lying handy in distilled water; 5 c.cm. of blood are now withdrawn from one of the veins at the elbow, and the needle is detached from the syringe. The second needle is driven sharply into the marked spot on the buttock and, after waiting a moment to see that no blood flows, the nozzle of the syringe is applied to the needle and the blood is injected.

I have found that existing boils dry up within twenty-four hours as a rule, and the formation of further boils is prevented. In only one case was a second inoculation necessary after a lapse of four days.

Chagford.

D. W. BRUCE, M.B., Ch.B.

## EFFECT OF ACTIVATED FLUORESCEIN ON GROWING BEANS.

THE following note may be of interest, since at present the effect of "activated" fluorescein is a much discussed point.

During the last year I have been investigating the effect of  $x$  rays on growing bean roots (*Vicia faba*), and found that irradiation for two minutes at 120 Kv. 4 ma., and 23 cm. distance (800  $r$  Solomon's unit) caused a cessation of growth seven days after irradiation, while larger doses produced an earlier and more marked effect.<sup>1</sup> The methods employed for growing and measuring the bean roots have been described in a previous paper.<sup>2</sup> For these experiments four groups of beans were taken which had been growing for the same length of time, with roots of approximately equal length.

Group 1. Irradiated only.

Group 2. Placed in 2 per cent. solution of fluorescein for one minute and then irradiated.

Group 3. Placed in 2 per cent solution of fluorescein for one minute.

Group 4. Neither irradiated nor treated in fluorescein.

As a result of several experiments with different duration of  $x$ -ray treatment, during which the beans were covered with black paper, it was found that all the roots of the beans which had been dipped into fluorescein were

shorter than those in the other groups, and, taking this fact into consideration, it was found that the roots of those which had been both irradiated and treated with fluorescein were only very slightly proportionately shorter than those which had been irradiated only. Even this slight difference was not observable on the one occasion on which the beans were irradiated without being covered with the paper. Stunting of growth never occurred any sooner in the roots of the beans which had been treated with fluorescein and  $x$ -rayed than it did in bean roots which had been  $x$ -rayed only; and, since the bigger the dose the sooner stunting occurs, these experiments would suggest that the intensifying action of "activated" fluorescein on  $x$  rays is negligible.

Four more groups of beans have been similarly treated, and microscopic preparations made from the root tips at varying lengths of time after irradiation, in order to determine if fluorescein has any effect on mitosis, but the results of these observations are not yet ready for publication.

I am indebted to the British Medical Association and the Medical Research Council for grants in aid of work of which these experiments formed part, and to the Master and radiologist of the Rotunda Hospital, Dublin, for allowing me the use of their  $x$ -ray plant.

SYLVIA B. WIGODER, M.A., M.D.,  
Assistant Radiologist, Manchester and  
District Radium Institute.

## Reports of Societies.

## THE STETHOSCOPE.

## PRESIDENTIAL ADDRESS TO MEDICAL SOCIETY OF LONDON.

AT the first meeting of the session of the Medical Society of London on October 13th, the new president, Dr. R. A. YOUNG, was inducted into the chair, and delivered his presidential address, the subject of which was "The stethoscope: past and present." The address was illustrated by an exhibit of old instruments and books from the Wellcome Historical Medical Museum and other sources.

Dr. Young said that he had chosen to speak of the stethoscope as a symbol of clinical medicine, not because he regarded it as indispensable, but because he feared that a study of physical signs, including the use of the stethoscope, was being relegated to a subordinate position, reliance upon laboratory results having, to some extent, usurped its place. Progress in all branches of knowledge involved change, sometimes constructive, and at others destructive; readjustment not infrequently led to the loss of useful things and the neglect of fruitful ideas. In the establishment of the clinical method Laennec himself played no inconsiderable part. Undoubtedly he would have made an undying name for himself as a morbid anatomist and a scientific physician, even if he had not invented the stethoscope. The great morbid anatomists who succeeded him investigated the topography of disease by their careful and laborious post-mortem researches. Morbid anatomy, however, demonstrated only the localizations, the tissue reactions, and the terminal results of disease processes. The application of the microscope to the study of diseased tissues, and the further developments of bacteriology, served to attract attention to the processes of disease themselves. A great clinician, the late Sir James Goodhart, drew general attention to these matters in his Harveian Oration in 1912, under the arresting title of "The passing of morbid anatomy." Since that time bacteriology had come to the forefront, and in its turn was being superseded by biochemistry. Laboratory developments, including  $x$ -ray examinations, tended to dominate medicine, and there was a danger, Dr. Young feared, of the passing of clinical medicine. There was a risk lest, in enthusiasm for the new, what was valuable in the old should be jettisoned. He yielded to no one in admiration for what the laboratory worker was doing, but he wished

<sup>1</sup> Wigoder, Sylvia B., and Patten, R. E.: *Brit. Journ. Rad.*, December, 1929.

<sup>2</sup> *Idem: Journal of the Royal Irish Academy*, 1929.

to plead for a due perspective in these matters. One of Laennec's great gifts to the physician was the stethoscope. Before his time the equipment of the physician consisted solely of his senses—sight, touch, smell, and unaided hearing; on the information afforded by these senses he employed his intelligence and experience to make his diagnosis and devise his treatment. Certain mechanisms of simple type, such as the wheel, pulley, lever, and crow-bar, were so fundamental and essential that it was difficult to conceive of civilized life without them. To such an order, in medicine, the stethoscope would seem to belong. But times were changing, and, to judge from correspondence in the medical journals, it was now regarded as an obsolete instrument like the lancet, the bistoury, and the cupping apparatus. One writer stated that the earliest beginnings of pulmonary tuberculosis were associated with often quite negligible stethoscopic signs, to be supplemented by serial skiagrams. It was even suggested by another that the course of this disease could be controlled by  $x$ -ray procedures, entirely apart from other physical methods. Yet another considered that the time had come when it must be recognized that chest radiology had proved that much of the former teaching was wrong, and that the  $x$ -ray tube was a far more searching apparatus than the instrument of Laennec. Dr. Young thought it might serve a useful purpose, therefore, if he tried to sketch briefly the development of the classical routine—inspection, palpation, percussion. The earlier physicians were of necessity obliged to rely chiefly upon the clinical history, and what they could observe with their eyes and ears, but their studies of the history and symptoms, and their powers of observation, were profound. The first substantial advance in physical examination had been made by Auenbrugger of Vienna, who introduced the art of percussion. This great and modest genius worked for seven years before he published, in 1761, his very brief masterpiece. His invention was opposed and soon forgotten, but it survived in Pierry's pleximeter, one form of which the speaker exhibited, mentioning that he had picked it up in the Caledonian Market some years previously. Stokes of Dublin had the credit of introducing finger-to-finger percussion. What Stokes did was to apply the dorsal surface of the pleximeter finger to the chest, thus reversing the present procedure. The pleximeter to-day was only interesting as a curiosity.

Laennec first used the stethoscope in 1816. He read a paper on the subject in February, 1818, and published the first edition of his immortal *Traité de l'Auscultation médiate*, in August, 1819. Dr. Young exhibited a first edition of the treatise, which he had borrowed from

## A. L. WHITEHEAD, F.R.C.S.,

Consulting Ophthalmic Surgeon, Leeds General Infirmary.

It was with great regret that we had to record last week the death of Mr. A. L. Whitehead, consulting ophthalmic surgeon to the General Infirmary at Leeds, which took place on the morning of Sunday, October 5th.

Arthur Longley Whitehead was a student of the Yorkshire College and of the Leeds School of Medicine about the time of the affiliation with Victoria University. He graduated at the University of London, taking the degrees of M.B. and B.S. (honours) in 1892 and 1893 respectively. In 1892 he obtained the diplomas M.R.C.S., L.R.C.P., and was elected a Fellow of the Royal College of Surgeons of England in 1924. After a good general training in surgery, during which he held the position of house-surgeon to Sir Arthur Mayo-Robson, he acted as resident ophthalmic and aural officer at the Leeds General Infirmary, and at this time definitely made up his mind to devote himself to the special departments of the eye, ear, and throat. He was appointed assistant surgeon to the ophthalmic and aural department in 1899, and in the same year both he and Mr. Secker Walker were promoted to the full staff, in consequence of the resignation of Mr. John Nunneley and the death of Mr. Bendelack Hewetson.

During the years before his appointment to the staff Mr. Whitehead had been a diligent worker, and the writer of this notice remembers being most favourably impressed by some of the communications which he made to the Leeds and West Riding Medico-Chirurgical Society. He was therefore fully equipped for taking his part in the development of the departments. In 1912 it was decided to rearrange the work of the two associated departments, and the ophthalmic work was separated from the ear and throat work, Mr. Secker Walker and Mr. Whitehead electing to confine their energies to the former. Mr. Whitehead was lecturer on ophthalmology in the University of Leeds from 1912 till 1920, and his position as honorary officer to the Infirmary carried with it the position of clinical lecturer to the University in his subject.

Mr. Whitehead was a most accomplished operator and a man of sound judgement and of scientific acumen. His abilities were held in high répute, not only by his colleagues on the staff, but also by the profession in the West Riding, and by those engaged in ophthalmic work throughout the country. He was president of the Leeds and West Riding Medico-Chirurgical Society during the session of 1925-26, and was also president of the Ophthalmic Section of the Royal Society of Medicine and of the North of England Ophthalmological Society. He was honorary secretary of the Section of Laryngology, Otology, and Rhinology at the Annual Meeting of the British Medical Association in Exeter in 1907, and a vice-president of the Section of Ophthalmology in 1924, when the Association met at Bradford. Mr. Whitehead was a man of great charm of manner and of perfect integrity. An admirable chairman of different kinds of meetings, he owed his success alike to his ability, his tact, and his invariable courtesy. To a large circle of private and professional friends his death will come as a real grief, and he will long be remembered with feelings of respect and affection.

T. W. G.

Dr. JOHN REGINALD FULLER of Crouch End Hill, Hornsey, who died suddenly on October 7th, was born in December, 1865, and received his medical education at the medical schools of St. Mary's Hospital and of the University of Durham. He obtained the L.S.A. in 1890, the conjoint diploma of the Royal Colleges in the following year, and the degrees of M.B. and B.S. Durh. in 1895. Seven years later, in 1902, he graduated M.D. in the University of Durham. After holding resident medical appointments at St. Mary's Hospital, at the Birmingham Children's Hospital, and at Hanwell Asylum, he settled in private practice in Hornsey, and rapidly acquired the confidence and affection of his patients and very considerable influence among his fellow practitioners. He interested himself greatly in the establishment of the local cottage hospital, now the Hornsey Central Hospital, and with one or two

of his colleagues was largely instrumental in securing the open method of staffing that hospital, a method then not so prevalent as now. His attention to the work of the hospital never flagged; he was continuously a member of its council and medical committee, and was for several years, and at the time of his death, chairman of the latter. For some time also he was a member of the Maternity and Infant Welfare Committee of the Hornsey Town Council. He had been a member of the British Medical Association for a very long time, and the present Chairman of Council of the Association will always remember that it was Dr. Fuller who first induced him to take an active part in the work of the Association. Dr. Fuller had been three times chairman of the North Middlesex Division, and was a member of the Metropolitan Branch Council for many years. He was a representative of his Division from 1904 to 1912, and had been for seventeen years a valued member of the Middlesex Panel Committee. In his earlier years he was a very successful football player, in both Rugby and Association games, and he remained an enthusiastic and skilful tennis player till a few years ago. His work was always good, and his opinions, whether on clinical or medico-political matters, well considered. His loss will be widely mourned among both the public and the profession of the neighbourhood in which he practised. Though he had not been well for a short time his death was unexpected; indeed, it was hoped that he might occupy the chair at the annual dinner of St. Mary's Medical School at the opening of the present session. He leaves a widow, two sons, and two daughters.

The following well-known foreign medical men have recently died: Professor BELLOM PESCAROLO, a Turin neurologist; Dr. LUDWIG WEISS, lecturer in dermatology at the New York Post-Graduate Medical School, aged 61; Professor ANNIBALE BERTAZZOLI, head of the gynaecological department of the Ospedale Maggiore, Milan; Dr. REGO DE BARROS, director of the Medico-Legal Institute of Rio de Janeiro; Professor ARTUR KLEIN of Vienna, an authority on immunology; and Dr. BENJAMIN A. THOMAS of Philadelphia, professor of urology in the University of Pennsylvania.

## Medico-Legal.

CONSULTATION BETWEEN MEDICAL WITNESSES. A CASE heard recently at the Westminster County Court, in the course of which the judge passed some severe strictures upon a general practitioner, well illustrates the desirability of full and free consultation between medical witnesses before trial where medical points are in issue.

In August, 1929, a workman fell and broke his tibia and fibula some two or three inches above the ankle. Compensation was paid until May, when, following a joint examination by the medical adviser to the employers and the man's panel doctor, payment was stopped. The workman claimed, however, to be suffering from continued partial disablement, and, at the hearing, his panel doctor stated that he was suffering from flat-foot, which he attributed to the fall. He agreed that there was now no disablement from the fracture. The suggestion that the man was suffering from flat-foot—the result of the fall—was not made to the employers until a few days before the case was to be heard—that is, more than a year after the accident. In the box the panel doctor stated that he had noticed the flat-foot at the joint examination in May, but did not call the attention of the other medical man to it. Asked why he did not do so, he said: "The man's foot was there, and I did not think it necessary to point it out." The judge strongly condemned this attitude, and at the conclusion of the case—which was decided against the workman—took occasion to warn practitioners that in these cases workmen are, to a large extent, in the hands of their medical advisers, and it was their duty to see that sound and adequate advice was given.

Those familiar with the procedure which is usually followed before a workmen's compensation case is brought

into court will easily understand how a position so regrettable as this arises. In spite of all the teaching to the contrary, too frequently it happens that when an interview between the medical representative of the employers and the medical man acting for the injured workman is arranged, the two meet, not as scientifically trained persons concerned only to arrive at the real facts and their causes and results, but as hostile witnesses, each one placing the success of his own side first. Hence, instead of full discussion of all the points and their possible issues, each may be trying to give as little information as possible about his own views, while endeavouring to detect weak points in the presentation of the case by the other side. The result is seen in the deplorable events described above.

It cannot be too strongly emphasized that in these questions the position of the medical man should be that of a scientific expert, and not that of an advocate. The policy of the British Medical Association has always been to encourage a frank and complete interchange of views between medical witnesses, and this course facilitates the settlement of disputes out of court, maintains confidence in the integrity of the profession, and furthers the interests of justice.

## Universities and Colleges.

### UNIVERSITY OF OXFORD.

DR. E. W. AINLEY WALKER has resigned the office of Dean of the School of Medicine. Dr. M. H. MacKeith, Fellow of Magdalen, has been appointed to succeed him.

The following are the days on which degrees will be conferred in this University during the coming term: Saturday, November 22nd, and Wednesday, December 17th.

### UNIVERSITY OF LONDON.

AT its meeting on October 8th the University Court unanimously re-elected Lord Macmillan to be Chairman of the Court during the session 1920-31, and Mr. S. L. Loney to be Deputy Chairman.

The following candidates have been approved at the examination indicated:

D.P.H.—Hilda M. P. Bond, Annie C. Easterbrook, C. Harbans Lal, Marjorie H. James, H. D. Jhingan, W. P. Jones, D. Magrath, Edith A. Straker, Helen B. Sutherland. *Part I* only: D. Ross.

### UNIVERSITY OF BIRMINGHAM.

THE jubilee of Mason College and the thirtieth anniversary of the granting of a charter to the University of Birmingham were celebrated on October 13th in the presence of delegates from universities and university colleges and other learned institutions. The proceedings opened with a special congregation, at which the honorary degree of LL.D. was conferred by the Chancellor (Viscount Cecil of Chelwood) upon twelve distinguished persons, including Sir Thomas Lewis, M.D., F.R.S., and Sir William B. Hardy, F.R.S. Before delivering an address to the assembly Lord Cecil announced the receipt of a message from the King congratulating the University of Birmingham upon the remarkable development of its work during half a century. At a luncheon party the toast of the honorary graduates was proposed by the Chancellor, and Lady Astor and Lord Macmillan replied. After luncheon the new and handsome headquarters and club of the Guild of Undergraduates' Union were opened by Sir Charles Hyde, and in the evening the Chancellor gave a reception.

### UNIVERSITY OF LIVERPOOL.

THE following candidates have been approved at the examination indicated:

D.P.H.—H. R. Dugdale, J. D. A. Gray, R. Krishna, H. S. Lawrence, J. Macdonald, E. S. R. Menon, Nora M. Wilson.

### UNIVERSITY OF DUBLIN.

#### *Montgomery Lecture.*

ON Thursday, October 30th, at 5 o'clock, Dr. F. S. Lavery will deliver a lecture entitled "Trachoma, with special reference to its sociological aspect," as the Montgomery Lecture for the year 1930.

### SCHOOL OF PHYSIC, TRINITY COLLEGE.

The following candidates have been approved at the examination indicated:

FINAL MEDICAL (Part I, *Materia Medica and Therapeutics; Medical Jurisprudence and Hygiene, Pathology and Bacteriology*).—D. S. Torrens (passed on high marks). J. N. Concannon, J. R. Counihan, W. J. Craig, P. W. O'Ryan, Edith M. P. Brodrick, C. H. M'Mahon, J. J. Russell, J. W. Craig, P. G. Daly, F. King, Dorothy R. R. Solomons, W. T. Birmingham.

UNIVERSITY OF MANCHESTER.  
THE following candidates have been approved at the examination indicated:

D.P.H.—*Part II*: A. H. Heyworth, Frances A. Hogben, A. Meiklejohn.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.  
A QUARTERLY Council meeting was held on October 9th, when the President, Lord Moynihan, was in the chair.

*The late Mr. T. P. Legg.*  
A vote of condolence was passed on the death of Mr. T. P. Legg, C.M.G., member of the Court of Examiners.

*Gold Medal.*  
Mr. R. Lawford Knaggs was introduced and was presented with the honorary Gold Medal of the College.

*Scholars.*  
Mr. L. J. Honeywell was introduced and was presented with the document certifying his appointment as the first Maclochlin Scholar, together with a cheque, being the first payment on account of his scholarship.

Mr. Frederick Basil Kiernander, until lately a student at Epsom College, was nominated as the thirty-eighth Jenks Scholar.

*Librarian.*  
Mr. W. R. Le Fauu was introduced and was admitted to the office of Librarian.

*Membership.*  
Diplomas of Membership were granted to the following, who have complied with the by-laws: H. R. Illovsha, A. H. Lendou, D. K. Mulvany, A. L. Devi.

*Lectures.*  
The President reported that the Thomas Vicary Lecture on "Vicary's predecessors" would be delivered by Professor G. M. Gask on Thursday, November 6th, at 5 p.m., and that the Bradshaw Lecture, on "Ocular muscles, movements, and judgements," would be delivered by Mr. J. Herbert Fisher on Thursday, November 13th, at 5 p.m.

*Primary Fellowship Examination in Canada.*  
The Secretary reported that at the primary examination in anatomy and physiology for the Fellowship conducted by Professor William Wright and Professor John Mellanby at Montreal on September 2nd, 3rd, and 5th last, 13 candidates were admitted to examination, and that of these 3 were approved—one from an American university, one from an Australian university, and one from an English university—and 10 were rejected.

*Royal College of Physicians and Surgeons of Canada.*  
The President reported that he had made inquiries regarding a body styled the Royal College of Physicians and Surgeons of Canada, and that he was informed by the Secretary of State for the Dominions and Colonies that this body was incorporated by an Act of the Canadian Parliament in 1929, and that the use of the title "Royal" was approved by His Majesty the King on the recommendation of His Majesty's Government in Canada, and that Section 8 (3) of the Act provides that Fellows of the College may be known and designated as Fellows of the Royal College of Surgeons of Canada or Fellows of the Royal College of Physicians of Canada.

## Medical News.

THE University of Pennsylvania has conferred the honorary degree of LL.D. on Sir Walter Fletcher, and the D.Sc. on Professor A. V. Hill.

LORD D'ABERNON has accepted the office of president of the National Institute of Industrial Psychology, in succession to the late Earl of Balfour, its first president.

FLORENCE NIGHTINGALE HOUSE, which has been built as a nurses' home in connexion with Harrow Hospital, will be opened by Miss Diana Churchill to-day (Saturday, October 18th) at 3.15 p.m. After the ceremony the Stuart Memorial Hospital extension will be on view, although it has not yet been completed. Harrow Hospital was founded in 1866, and has now received more than 16,000 patients.

FOUR lectures on health and social evolution will be given by Sir George Newman at the Memorial Hall, Farringdon Street, E.C., on November 4th, 6th, 11th, and 13th. The titles of the lectures are: How England learned to control disease; health problems of the modern period; modern collective humanism at work; and gains and losses in national health. Admission is free. Tickets for free reserved seats may be had from the secretary, Halley Stewart Trust, 32, Gordon Square, W.C.1.

THE detailed programme of special lectures arranged by Professor W. W. Jameson at the London School of Hygiene and Tropical Medicine in connexion with the course of study for the Diploma in Public Health has now been issued. These lectures are open, not only to the D.P.H. students at the school, but also to any member of the Public Health

Service and indeed to all interested members of the general public. Copies of the programme may be obtained from the secretary of the School, Keppel Street, W.C.

THE new series of post-graduate lectures at King's College Hospital Medical School, Denmark Hill, S.E.5, commenced on October 9th, and will be continued on succeeding Thursdays till March 19th, with the exception of the last Thursday of the present year and the first of 1931. The lectures, which are free to all medical practitioners, and to final-year students of King's College Hospital, will commence at 9 p.m., and coffee will be served in the common room at 8.45 p.m.

A SERIES of four post-graduate lectures on cancer will be delivered under the auspices of the Yorkshire Council of the British Empire Cancer Campaign, on Wednesdays, October 22nd, November 26th, February 4th, and March 5th, at 3.30 p.m. The first of these lectures will be held in Leeds in conjunction with the Leeds and West Riding Medico-Chirurgical Society, when Sir Almroth Wright will speak on medical research. Professor Beckwith Whitehouse will deliver the second lecture, discussing uterine haemorrhage with special reference to malignant disease. This lecture will be given at Halifax in conjunction with the Halifax Division of the British Medical Association. The third lecture will be delivered in Leeds, in conjunction with the Leeds and West Riding Medico-Chirurgical Society; the lecturer, Dr. Canti, will show his film demonstrating the growth *in vitro* of living tissue cells. Mr. Ernest Miles will deliver the fourth lecture at Huddersfield, in conjunction with the Huddersfield Medical Society, his subject being the symptomatology and treatment of cancer of the rectum.

THE autumn session of the South-West London Post-Graduate Association will commence at St. James's Hospital, Ouseley Road, Balham, S.W., on Wednesday, October 22nd, at 9 p.m., when Major Stevens will show the Nepal film taken by the Ross Institute Malarial Expedition. Ladies are invited, and coffee and refreshments will be served at 8.30 p.m.

THE St. John's Hospital Dermatological Society will open its new session at 49, Leicester Square, W.C., on Wednesday, October 22nd, at 4.15 p.m., when clinical cases will be discussed.

THE annual service in Liverpool Cathedral in aid of the Royal Medical Benevolent Fund will be held on October 19th at 3 p.m., when the preacher will be the Ven. G. J. Howson, M.A., Archdeacon of Warrington. The Lord Mayor and Lady Mayoress will be present, and members of the medical profession with their friends are cordially invited to attend. Tickets may be obtained from the honorary secretary, Dr. R. Kennon, 28, Rodney Street, Liverpool.

THE Fellowship of Medicine announces the following lectures at the Medical Society lecture room, 11, Chandos Street, Cavendish Square, in the evening series for the M.R.C.P. examination at 8.30: on Tuesday, October 21st, Dr. L. S. T. Burrell, on bronchiectasis and abscess of the lung; and on Friday, October 24th, Dr. Donald Hunter, on diseases of calcium and phosphorus metabolism and of the parathyroid glands. Tickets may be taken at the lecture room. On Monday, October 20th, at the same place at 4 p.m. a free lecture will be given by Mr. John Hunter on recent advances in surgery of the chest. The following free demonstrations will be given: at St. Mark's Hospital, at 3.30 p.m., on Tuesday, October 21st, by Mr. L. E. C. Norbury, and at the East London Hospital for Children, Shadwell, on Wednesday, October 22nd, at 10 a.m., by Dr. Hazel Chodak Gregory. The following future courses are also announced: October 27th to November 8th, at Great Ormond Street Hospital, mornings only (limited to 20); October 27th to November 8th, at the Royal National Orthopaedic Hospital, Great Portland Street, all day (minimum of 12); October 27th to November 15th, at the Royal Westminster Ophthalmic Hospital, Broad Street, afternoons only; ante-natal clinical demonstrations by Dame Louise McIlroy on four Wednesdays at 5 p.m., from November 5th to 26th, at the Royal Free Hospital. Copies of all syllabuses may be obtained from the secretary of the Fellowship, 1, Wimpole Street, W.1.

A MEETING of the Medico-Legal Society will be held at 11, Chandos Street, W.1, on Thursday, October 23rd, at 8.30 p.m., when a paper will be read by Dr. Letitia Fairfield on "Women mental defectives and crime: a practical study." A discussion will follow. The annual dinner of the society will be held at the Holborn Restaurant on Friday, December 12th. Further meetings of the society have been arranged for October 23rd, November 27th, January 22nd (1931), February 26th, March 26th, April 23rd, May 28th, and June 25th.

ON Monday, November 17th, Mr. A. N. C. Shelley will give a lecture before the Royal Institute of British Architects on "Public control of building: the position in 1930." The meeting will be held at 8 p.m., at 9, Conduit Street, Hanover

Square, W. We are asked to say that the Institute extends a cordial invitation to members of the British Medical Association to be present at the meeting and to take part in the discussion.

A SYSTEMATIC course in dermatology will be held at the London School of Dermatology, St. John's Hospital for Diseases of the Skin, Leicester Square, on Tuesdays and Thursdays, from October to March, at 5 p.m. An examination will be held at the end of the course, and the Chesterfield medal will be awarded to the best candidate. Arrangements can also be made for classes, individual instruction, or research at the hospital. Further particulars may be obtained from the dean.

SIR WILFRED GRENFELL is conducting a tour in Great Britain and Ireland lecturing on his work in Labrador; a list of places to be visited by him can be obtained from the Lecture Agency, Ltd., Outer Temple, W.C.2. The Grenfell Association of Great Britain and Ireland, whose offices are at 82, Victoria Street, S.W.1, has issued a leaflet (No. 13) giving an account of the various industries carried on in support of this organization. Articles are exhibited and may be purchased at the offices of that association; they include rugs, toys, ivories, clothing, Christmas cards, and books by Sir Wilfred Grenfell. All profits from the sales are devoted to the furtherance of his work in Labrador and Northern Newfoundland.

THE through Riviera express "Boulogne-Vintimille" in connexion with the 2 p.m. service from Victoria, which commences running on October 25th, will this year be worked via Laon, Chalons-sur-Marne, Chaumont, and Is-sur-Tille, thus avoiding Paris.

THE International Labour Office has published seven further leaflets, Nos. 213 to 219, dealing with the occupational pathology of the medical and allied professions; men of letters, speakers, etc.; the digestive system and general metabolism; statistics; the nervous system; artificial pearls; and personal hygiene. The brochure, entitled *Occupation and Health*, which contains these seven leaflets, may be obtained from the director of the London office of this organization, 12, Victoria Street, S.W.1.

THE West African Medical Staff List for 1930 contains the usual three sections, showing the grading, the distribution between the several colonies served, and the individual qualification and service of members of the staff, and of the fifteen women now serving in West Africa. It is issued by the Crown Agents for the Colonies, 4, Millbank, Westminster, S.W.1.

WE are informed that the Belgian periodical *Le Cancer* will henceforth be issued in fasciculi, four of which will complete a volume. Each fasciculus will contain original articles in English, French, German, and Italian; a survey of cancer problems; and summaries of contents of recently published books and articles dealing with cancer. Space will also be found for periodical bulletins of the National Belgian League against Cancer.

THE Cambridge University Press announces for early publication *The Growth of Visual Perception in Children*, by Dr. W. Line, being the fifteenth monograph supplement to the *British Journal of Psychology*.

IN the October issue of *The World's Children* there appears an illustrated account by Dr. E. Gorter, professor of paediatrics in the University of Leyden, of a new hospital for diseases of children which has been erected by the State and is intended to be a university hospital. The expense of upkeep will be borne by the State except for small contributions by the parents of patients. The wards on the ground floor are divided by glass walls into cubicles, most of which have only one bed, and serve for isolating doubtful cases. Special accommodation is provided for the instruction of medical students, and there are laboratories for clinical, chemical, bacteriological, and serological research.

WITH the title *Photography Simplified: Printing and Toning*, Burroughs Wellcome and Co. have issued a small booklet describing pictorially as well as textually the more important points concerned in obtaining good photographs. The booklet will be supplied free on application to that firm.

THE second Pan-Russian Congress of Microbiology will be held at Moscow from December 27th to 30th, 1930, when the following subjects will be discussed: (1) B.C.G. vaccination against tuberculosis; (2) dissociation and cycle of development of micro-organisms, particularly of the typho-intestinal group and pseudo-tubercle bacilli; (3) the nature of toxin and anatoxin. The following subjects have also been suggested: (1) tissue cultures; (2) typhus fever—nature of the virus and immunity; (3) the bacteriophage; and (4) undulant fever and contagious abortion in cattle. Abstracts of communications should be sent before November 1st to the office of the congress, Povrouka 44, Moscow. The subscription is five roubles.