

and gave rise to pain and bleeding. There was no evidence at all to suggest that these were cases of oxaluria, only "a few crystals" being reported in two specimens. I eventually came to the conclusion in 1919, and still think, that the great majority of these cases, at any rate, developed painful haematuria because of postural conditions, the sudden assumption of the upright position in too great a hurry being the deciding factor. Few of the other members of the staff had the same experiences, probably because the fractured femora were mostly concentrated in special wards; these men had to lie on their backs for long periods, and, further, the colic cases occurred among the chronics of these wards. Mr. Harold Wilson, who was responsible for the beginning of the femur work, will remember the first few cases of renal colic, and our apprehension after a time as to whether So-and-so would get an attack on his second day up. It is apparent that the kidneys became engorged with blood, for there was evidence of enlargement of the organ, by palpation from without, and in one case from within, the abdomen. It is probable that this renal congestion was allowed by the temporary loss of vasomotor control and dilatation of the renal vessels and the other great vessels of the splanchnic area on assuming the erect position. The same explanation holds good in the patient who feels faint on getting out of bed after an illness, a temporary anaemia of the brain being produced.

At first it would appear that such an explanation is adequate, but does it completely clear the ground so easily? Why did no patient develop a bilateral renal epistaxis at the same time? It is not likely, however, that this would occur, for if both kidneys became con-

gested at the same time, and the right began to bleed first and cause pain, would it not act as a safety valve? Moreover, the patient would have been put to bed, the engorgement pressure being further relieved, and the left kidney saved from any degree of haemorrhage. Some five attacks of colic occurred in bed, either as a first attack or a recurrence. The explanation here is not easy, but only in one of these cases was the patient necessarily on his back; the remainder had reached an active stage of moving about and sitting up in bed. One man developed renal colic three weeks after getting up, as mentioned already, for which his appendix was removed and a large right kidney palpated at operation, haematuria being noticed after operation. This is another type of case difficult of explanation. May it not be that there were two types of renal congestion, acute and chronic—the patients who were up on their feet too suddenly, and bled as the result, being included in the acute variety, those who remained free of actual visible haemorrhage for a few days, in the chronic? Is it possible that the devitaminized cells of the renal tubules or capillaries allowed more easily the burst of blood through into the kidney pelvis?

I am firmly of the opinion that had we got these men up more gradually, and had they not been so enthusiastic in showing what they could do on their feet at such an early stage, fewer cases would have been recorded. Painful renal haematuria occurring after a recumbency, as far as I know, is not a common disorder. Did other medical officers have any such similar experiences during those years, or have any cases been seen and recorded in civil practice?

Memoranda

MEDICAL, SURGICAL, OBSTETRICAL

AN UNUSUAL CASE OF AMNESIA

Loss of memory after head injuries is by no means rare; amnesia, of greater or less extent, being an essential feature of concussion. Yet the following case merits attention by reason of three unusual points—namely, the latent period between the original injury and the commencement of the amnesia, the duration of the condition, and the dramatic results following surgical intervention.

On August 8th, 1930, a man was found wandering the roads in an exhausted condition, and brought to the hospital. He was very collapsed from exposure and malnutrition, and was treated for shock. He could give no account of himself, and there were no marks of identification on his person. Careful nursing and prolonged convalescence restored his physical condition. He was a well-set-up man in the prime of life. On examination an old depressed fracture, about the size of a half-crown, was found in the right parietal bone, situated midway between the fontanelles and about two inches to the right of the mid-line. There was a faint crescentic scar in the skin over this region. The patient was unable to remember anything whatever of his life previous to his admission, nor could he remember his name, age, or profession. It was thought that he might have been a sailor, owing to his being able to "box the compass"—that is, recite the points of the compass in their order round the dial of the instrument. He took a great interest in his condition, and was desperately anxious to discover his identity and recover his memory.

The skull was examined by x rays, and a large depression of the inner table was found, with a layer of new bone formation beneath, extending into the extradural space and for some distance round the site of fracture. It was decided to operate. On November 28th, a large whole-scalp flap

was turned back, exposing the entire depressed area and a wide margin of healthy bone. Four trephine holes were made and connected up by Gigli saw-cuts on three sides, forming a square flap. The bone flap was thus raised and removed. The subjacent dura mater was at first immobile, but in a few moments commenced to pulsate. The wound was cleaned up with saline, and the scalp flap closed, a small rubber drain being left at one side. The patient's condition remained good throughout the procedure.

On recovering consciousness he thought that he was in hospital in Shanghai, and was rather restless and worried because "his ship was due to sail in the morning." By next morning his condition was excellent, and he was able to give the following account of himself. He was in truth a seaman in the Navy, and had been in a ship on the China Station in 1920. While ashore one night he became involved in a brawl, in which he (so he was afterwards told) received a blow on the head, and was taken to hospital at Shanghai. He was treated for four to six weeks, and then sent back to his ship. No operation was performed. He continued to serve on the station till 1926, in which year his term of service was up, and he was sent home to be paid off. His last recollection was leaving Port Said, and he remembers being on duty in the morning watch when the ship sailed. His next—waking up in hospital here after his operation. He has no remembrance of the intervening period.

The patient's progress has been steady, apart from occasional headaches. He is now beginning to get up, and says he feels very well. We have had many interesting talks upon Navy subjects, and it is evident that he is perfectly familiar with the routine, and all that pertains to it, of life as a bluejacket. One may also add that the relatives have been to see him and have identified him, and that their story of his absence coincides in every way with his own account.

Commentary

1. Have we operated upon a case of hysteria? The answer to this, I think, is to be found in the character of the patient, which is the very reverse of anything approaching that of a neurotic. Also, though closely observed and questioned both before and since his operation, he has remained entirely consistent in his behaviour and statements.

2. This case would seem to emphasize the importance of operating on all depressed fractures in adults as the patient's condition permits.

F. B. MALLINSON, M.R.C.S., L.R.C.P.
Pembury Infirmary, Kent.

EXTRACTION OF BROKEN CATHETER FROM URETHRA AND BLADDER

A man, aged 64, called me at midnight as he had broken his catheter while attempting to withdraw it after use. The catheter was an ordinary rubber one, size 10, and the patient had been in the habit of using one for some years.

On examination the broken end of the catheter could be felt about $2\frac{1}{2}$ inches from the meatus, and manipulation was tried to work it to the exit. The patient informed me that he himself had tried for half an hour to work it out. While this was being attempted by me he told me that six years previously, while in the United States of America, a similar thing had happened, about $2\frac{1}{2}$ inches having broken off and being left in the bladder. For ten months a "doctor tried to dissolve it with medicine." Subsequently he returned to Swansea, where a suprapubic cystotomy was performed, and the missing portion of catheter, now somewhat encrusted, was removed. After a long convalescence he recovered, but continued to lead a catheter life, without any other symptoms until the present catastrophe.

Half an hour's manipulation having failed, I applied an ordinary pair of sinus forceps, one blade being introduced into the lumen of the catheter and the other between the catheter and the mucous membrane. After a long and careful pull the missing portion was recovered in its entirety. A very strong "grip" was noticed in the region of the stricture. The piece extracted was $9\frac{1}{4}$ inches long, the external portion being $9\frac{1}{4}$ inches.

Swansea.

L. W. HEFFERMAN, M.R.C.S.

PROLONGED ANURIA WITH RECOVERY

The following case appears worth recording on account of its rarity.

Mrs. A. Q., aged 53, was admitted to hospital on September 1st, 1930, complaining that she had passed no urine for two days. Three years previously she had had a panhysterectomy and bilateral salpingo-oophorectomy for uterine fibroids. In 1929 she had suffered from a slight "stroke," but had completely recovered. A few weeks prior to admission she had noticed haematuria on two occasions. For two days before admission, in addition to anuria, she had had no bowel action, and vomiting was occurring frequently, the vomit being green and offensive. During the previous day she had been strange in manner, had complained of headache, and had been muttering in an incoherent fashion.

On examination the temperature was 99° , pulse 90, and respirations 24. The general condition was very poor, the colour greyish, the skin dry and hot, and the tongue thickly coated. The abdomen was moderately distended, with tenderness and rigidity in the left loin, but the bladder was not palpable. A catheter was passed, but the bladder was quite empty. The blood pressure was 185/105. The patient was treated with an alkaline diuretic and diaphoretic mixture, hot packs, pilocarpine, and drastic purgatives, but no urine was

passed, and the general condition became much worse. Thirty-six hours after admission, despite the high blood pressure, a pint of intravenous saline was given, but this did not stimulate the kidneys to secrete. In order to eliminate calculus anuria an x-ray of the urinary tract was made, but this was negative.

By September 4th the condition had become critical, the patient vomiting repeatedly and being semi-comatose. The blood urea was 282 mg. per 100 c.cm., and the systolic blood pressure had risen to 195 mm. On this day 14 ounces of urine were passed, and the amount varied during the following days, until an average of 30 ounces per day passed. Examination of the first specimen of urine showed: cloud of albumin, urea 2.3 per cent., chlorides 0.29 per cent., and a deposit of red blood corpuscles, granular casts, and epithelial cells.

By September 11th the blood urea had fallen to 169 mg., by September 18th to 82 mg., and by October 16th to 46 mg. The blood pressure fell to 135 mm. on September 11th, and then gradually became stabilized at the level of 150 mm. The patient was discharged in very good health seven weeks after admission.

This case is, in my opinion, one of anuria occurring in chronic interstitial nephritis, and it is worthy of note because it is rare for a patient to suffer from complete suppression for five days, culminating in a blood urea of 282 mg. per 100 c.cm. and then to recover.

I have to thank Dr. W. G. Bendle for permission to publish this case.

SIMON KIN, M.B., M.R.C.P.
Paddington Hospital, London, W.2.

Reports of Societies

OXFORD OPHTHALMOLOGICAL CONGRESS

The twenty-first annual meeting of the Oxford Ophthalmological Congress was held on July 9th, 10th, and 11th. Members met informally at dinner on July 8th in the Hall of Keble College, which again offered its hospitality. The advantage which is gained by the all too short stay in the college, where each member is assigned rooms, and becomes for the time being a student again, is one of the features of this successful gathering, which was instituted by the late Robert Doyne in 1910.

The congress was held in the department of human anatomy of the University, kindly lent for the purpose by Professor Arthur Thomson. In addition, there was a commercial exhibition in the scientific museum, where numerous well-known firms of ophthalmic instrument makers displayed the latest forms of apparatus and instruments. As usual, a large number of foreign and overseas members attended, which emphasized once more its international character. The proceedings began on July 9th with a short address of welcome from the deputy master, Mr. PHILIP ADAMS, who announced, much to the regret of all present, that, owing to indisposition, the master, Mr. Bernard Cridland, was unable to preside.

Mr. LESLIE PATON opened a symposium on the diagnosis of intracranial new growths, dealing especially with the ophthalmological aspect. He said that ocular signs were among the most important in the diagnosis of cerebral tumours. He considered changes in the nerve head of primary importance, next alterations in vision and the visual fields, ocular palsies and nystagmus, and changes in the pupil reactions. He considered papilloedema the most important sign of the presence of increased intracranial pressure. Of less significance were the symptoms of headache and sickness. Increased retinal arterial pressure, as first pointed out by Dr. Bailliant, preceded papilloedema. Unequal papilloedema was rare, and might be due, as suggested by Dr. Walter Parker, to unequal intraocular pressure. Mr. Paton said that optic atrophy might result from pressure consequent on papilloedema.

as the majority of the profession—namely, that the movement was likely to interfere with the just prerogatives of practitioners by undermining their influence in the home, and by depriving them of the valuable experience connected with practice among children. Shortly after the publication of the report of this committee in 1921—a report which only grudgingly admitted the merits of this new movement—Turner joined the executive committee of the National Baby Week Council, and from that time forward entered whole-heartedly into the spirit which activated the great voluntary movement which has its headquarters at Carnegie House. In spite of his advanced age and the many calls upon his time and energies, Turner attended frequent committees connected with the various phases of the welfare movement, and served as its representative on many other national organizations. His loss will be acutely felt by the members of the National Baby Week Council, of which at the time of his death he was vice-chairman of the executive committee as well as a vice-president; as also by the members of the many other national associations quartered in Carnegie House.

We regret to learn of the death of Professor CARROLL GIDEON BULL, M.D., of the bacteriological department of Johns Hopkins School of Hygiene, at the early age of 46. It was he who as a young worker at the Rockefeller Institute brought over the first real gas gangrene (*B. welchii*) serum to be tried in France during the war. Carroll Bull was a member of the American Association of Pathologists and Bacteriologists, and of the Society of American Bacteriologists, and at the time of his death was professor of immunology in the Johns Hopkins School of Hygiene and Public Health.

Universities and Colleges

UNIVERSITY OF LONDON

The following have been recognized as teachers of the University:—*St. Bartholomew's Hospital Medical College*: Mr. J. Basil Hume and Mr. J. Paterson Ross (Surgery); *Westminster Hospital Medical School*: Dr. W. Ernest Lloyd (Medicine); *St. George's Hospital Medical School*: Mr. B. Hartop Burns (Surgery), Mr. W. S. Duke-Elder (Ophthalmology), Dr. D. Hope Freshwater (Dermatology), Mr. P. J. Jory (Oto-rhino-laryngology), Mr. Harold Taylor (Obstetrics and Gynaecology); *London Hospital Medical College*: Dr. R. Alan Brews; *London (Royal Free Hospital) School of Medicine for Women*: Dr. Daniel T. Davies (Medicine).

The annual report of the superintendent of the Brown Animal Sanatory Institution records that five lectures on diseases of bacteria were given at the Royal College of Surgeons in December last by the superintendent, in accordance with the will of the late Mr. Brown. The superintendent has continued his work on ultra-microscopic viruses, and some additional work on transmissible bacteriolytic agents has also been carried out. Dr. Nathan Raw has continued his researches on human, bovine, and avian bacilli, with special reference to their value in the immunization of animals and man against tuberculosis. The appointment of Mr. F. W. Twort, F.R.S., as superintendent of the institution has been continued for one year from June 1st, 1931.

The annual report of the Graham Legacy Committee states that the Graham Scholarship is held by Mr. C. L. Oakley. The activities of the laboratories continue along the usual lines. Grants amounting to £160 were made by the committee to six workers. The fund was founded to aid research in the School of Advanced Medical Studies connected with University College Hospital, and has for its object the prevention cure, and alleviation of human disease and suffering. Professor A. E. Boycott, F.R.S., has been reappointed director of research under the scheme for one year from September 1st, 1931.

The regulations for the Mary Scharlieb Research Studentship have been approved. It has been founded under the will of Miss Mary Ethel Sim Scharlieb in memory of her mother, Dame Mary Ann Dacomb Scharlieb, and will be of the annual value of £250, for award from time to time, provided there is a candidate of sufficient merit. The award will be made for one year in the first instance, but will normally be renew-

able for a second year if the student's research is progressing satisfactorily. Candidates must be graduates of the University, and must be either medical practitioners or in possession of qualifications which, in the opinion of the Senate, would enable them to undertake post-graduate research of the kind indicated.

Regulation 3 for the Diploma in Psychological Medicine has been amended to read as follows:

The examination for the Diploma is open to any candidate whose name is on the *Medical Register*, provided that, before being admitted to Part B, the candidate shall either (a) have held for not less than six months a resident, or whole-time, appointment at an institution (or institutions) for (i) mental diseases (psychiatry) or (ii) mental deficiency, recognized for the purpose, or (b) have attended for not less than twelve months the practice of such institution (or institutions), or such other practice as may from time to time be approved by the University, provided that a candidate who under Regulation 4 professes a higher knowledge of mental diseases (psychiatry) shall have held a resident appointment or carried on approved practice at an institution in category (i) and one who professes a higher knowledge of mental deficiency at an institution in category (ii).

ST. BARTHOLOMEW'S HOSPITAL MEDICAL COLLEGE

The following scholarships and prizes have been awarded:

Kirkes Scholarship: J. H. B. Beal. *Senior Scholarship*: K. A. Latter. *Junior Scholarship*: D. F. E. Nash. *Harvey Prize*: E. W. Bintliffe. *Foster Prize*: K. A. Latter. *Treasurer's Prize*: G. L. Bohn. *Bentley Prize*: E. R. Langenberg. *Wix Prize*: J. M. Jackson. *Matthews Duncan Prize*: J. M. Jackson and M. Westwood (equal). *Brackenbury Scholarship in Medicine*: C. H. S. Harris. *Burrows and Shynner Prizes*: C. H. S. Harris. *Brackenbury Scholarship in Surgery and Willett Medal*: J. E. A. O'Connell. *Walsham Prize*: J. H. B. Beal. *Shuter Scholarship*: J. Smart.

LONDON SCHOOL OF HYGIENE AND TROPICAL MEDICINE

The name of P. G. G. Unnithan should be added to the list of successful candidates at the recent school examination, published last week (p. 78).

The following candidates have been approved at the examination indicated:

ACADEMIC D.P.H.—Katherine Barnett, H. L. W. Beach, T. C. Lonie, G. R. Marcano, S. M. Rafi, A. M. Samarasinghe, C. R. Selous Jones, S. P. Srivastava, Sarah M. F. Walmsley.

UNIVERSITY OF SHEFFIELD

The following candidates have been approved at the examinations indicated:

M.D.—E. S. Clayton, J. N. Gale.

FINAL M.B., Ch.B.—J. E. Edson (with second-class honours and distinction in obstetrics and gynaecology), A. W. R. Eardley, T. A. Hunt, S. K. Pannikar, D. R. Rigg.

UNIVERSITY OF DUBLIN

TRINITY COLLEGE

At the later Summer Commencements, held on July 3rd, the following degrees were conferred:

D.Sc. (*hon. causa*).—Cornelius U. A. Kappers, M.D.

M.D. (*hon. causa*).—Sir John Rose Bradford, Bt., K.C.M.G., M.D., Sir Foster Réuss Newland, K.C.M.G., M.B.

M.D.—T. C. Foster, B. Moshal, A. Sachs.

M.Ch.—H. A. Brittain, T. J. Millin.

M.A.O.—W. S. Dickson.

M.B., B.Ch., B.A.O.—T. M. R. Ahern, Ruth R. Armstrong, J. C. M. Brambell, Marjorie L. Campbell, Margaret D. Gregg, W. A. Hill, F. C. Jackson, D. G. Kennedy, M. G. Leane, N. H. Leask, A. H. Lisney, B. O'Brien, T. F. O'Donnell, Elizabeth K. Roberts, C. Ryan, H. V. Tighe.

SCHOOL OF PHYSIC, TRINITY COLLEGE

The following candidates have been approved at the examinations indicated:

M.D.—T. C. Foster, B. Moshal, A. Sachs.

M.Ch.—T. J. Millin, H. A. Brittain.

M.A.O.—W. S. Dickson.

FINAL M.B.—*Part I, Materia Medica and Therapeutics; Medical Jurisprudence and Hygiene; Pathology and Bacteriology*: *J. S. M. Pringle, *Marjorie R. E. Boyd, *W. H. E. M'Kee, *Emily M. Booth, D. M. Ahern, Agnes Monteiro, Eileen M. Kennedy, A. B. Warren-Darley, N. Jackson, P. B. Hafner, J. J. Martin, H. Michael, H. S. Barber, H. R. Davies, C. C. Langford, C. W. N. Smiley, J. A. Mallie, C. J. Mullen, E. G. Ashton, H. T. Ryan, S. M. Freedman, G. C. V. O'Driscoll, N. Anderson, J. A. M'Ilveen, I. T. F. Wiley, E. Howitt. *Part II, Medicine*: *B. O'Brien, G. A. Wray, T. M. R. Ahern, D. B. Bradshaw, H. V. Tighe, J. B. Fleming, H. F. G. Irwin, F. C. Jackson, M. G. Leane, I. G. M'Intyre, D. G. Kennedy, A. D. Barber, D. H. S. Boyd, W. A. Hill, T. J. O'Sullivan, J. C. M. Brambell, J. L. Martin, N. H. Leask, R. C. Sutton, H. S. Mason, E. FitzG. Burton, J. Elliman. *Surgery*: *Margaret D. Gregg, Elizabeth K. Roberts, B. O'Brien, T. F. O'Donnell, Marjorie L. Campbell, T. M. R. Ahern, H. V. Tighe, C. Ryan, J. C. M. Brambell, F. C. Jackson, Ruth R. Armstrong, A. A.

Lisney, W. A. Hill, M. G. Leane, N. H. Leask. *Midwifery*: A. A. Cunningham, J. A. Wallace, R. D. Scott, L. L. Nel, E. W. West, G. F. Harris, H. J. Garland, F. King.

D.P.H.—*Part I, Chemistry; Bacteriology and Parasitology; Physics, Meteorology, and Climatology*: H. Nelson, G. C. Dockeray, L. L. Griffiths, W. D. Speedy, Nora A. Stack, R. St. J. Lyburn, Jane A. M. Nagle, C. P. Wallace. *Part II, Sanitation (including Sanitary Construction); Public Health Administration; Hygiene and Epidemiology; Sanitary Law and Vital Statistics*: G. C. Dockeray, W. D. Speedy, H. Nelson, Nora A. Stack.

DIPLOMA IN PSYCHOLOGICAL MEDICINE.—*Part II*: G. W. M. Scroope.

The following prizes have been awarded:

Cunningham Memorial Medal and Prize: H. D. O'Brien. John Mallet Purser Medal, and Stewart Medical Scholarship in Anatomy and Physiology: L. C. Kolb. Medical Travelling Prize and Banks Medal: A. H. Thompson. De Renzy Centenary Prize: G. C. Dockeray and H. Nelson. FitzPatrick Scholarship: B. O'Brien. Medical Scholarship (Anatomy and Physiology): A. Dolphin. Stewart Medical Scholarship in Physics, Chemistry, Botany, and Zoology: W. A. Gillespie.

* Passed on high marks.

UNIVERSITY OF ABERDEEN

At the graduation ceremony on July 7th the following degrees were conferred:

M.D.—B. S. Crán (awarded honours for thesis), P. Henderson, W. J. Webster.

M.B., Ch.B., with second-class honours.—W. G. Davidson, T. N. Morgan (with distinction).

ROYAL COLLEGE OF SURGEONS OF ENGLAND

A quarterly Council meeting was held on July 9th, when the President, Lord Moynihan, was in the chair.

Election to Council

The President having announced the result of the poll for the election of three members into the Council (*British Medical Journal*, July 11th, p. 79), Mr. Graham Simpson, Mr. G. Ernest Gask, and Mr. A. J. Walton were introduced and took their seats.

Mr. R. M. Vick was introduced, and admitted a member of the Court of Examiners.

Election of Officers

The following officers were elected for the ensuing year: *President*, Lord Moynihan; *Vice-Presidents*, Mr. R. P. Rowlands and Mr. Sampson Handley; *Physiological Curator*, Mr. R. H. Burne; *Pathological Curator*, Mr. C. F. Beadles; *Honorary Curator of the Odontological Collection*, Sir Frank Colyer; *Honorary Curator of the Historical Collection*, Mr. C. J. S. Thompson.

Lectures

The Council elected the following professors and lecturers for the ensuing year:

Hunterian Professors.—Sir Arthur Keith (six lectures on recent advances in embryology applied to surgical problems); John Percival Hosford (one lecture on some factors in the causation of hydronephrosis); Reginald Theobald Payne (one lecture on excretion urography—intravenous pyelography); Albert Remington Hobbs (one lecture on the puerperal uterus as a surgical problem); John Alfred Ryle (one lecture on the natural history of duodenal ulcer); Henry Albert Harris (two lectures on the comparative anatomical aspect of prenatal, infantile, and adult disease in man and animals, with special reference to bone growth).

Avis and Gale Lecturers.—Wilfrid Edward Le Gros Clark (two lectures on the structure and connexions of the optic thalamus); Alexander James Edward Cave (one lecture on the morphological and functional anatomy of the human cervical spine).

Erasmus Wilson Lectures.—Clement Edward Shattock (two demonstrations on pathology); Cecil Pembrey Grey Wakeley (two demonstrations on pathology); Robert Davies-Colley (one demonstration on pathology); Eric Drew Moir (one demonstration on pathology).

Arnott Demonstrator.—Sir Arthur Keith (six demonstrations on the contents of the Museum).

Diplomas and Licences

Diplomas of Fellowship were granted to A. A. Davis and A. L. Light, and the diploma of Membership to H. Singh, these candidates having complied with the regulations of the College.

Diplomas were granted, jointly with the Royal College of Physicians: in Public Health to 27 candidates; in Psychological Medicine to 13 candidates; in Laryngology and Otology to 5 candidates. Licences in Dental Surgery were granted to 40 candidates.

Prizes

The Hallett Prize for the examination in anatomy and physiology for the Fellowship, concluded on June 12th, was awarded to S. G. Clayton (King's College). The second Macloghlin scholarship was awarded to R. Y. Stevenson.

Medical Notes in Parliament

[FROM OUR PARLIAMENTARY CORRESPONDENT]

The House of Commons was chiefly occupied with agricultural business this week, but the Education Estimates were also down for discussion. The Long Recess is to begin on July 31st. The Pharmacy and Poisons Bill is not in the list of measures which the Government desires to pass through the Commons before that date, and its chance of becoming law before the session ends is small.

The Parliamentary Medical Committee has not taken any decision on the Sterilization Bill, which will be introduced by Major Church on July 21st.

The Housing (Rural Workers) Amendment Act, the Mining Industry (Welfare Fund) Act, the Sentence of Death (Expectant Mothers) Act, and the Coal Mines Act received the Royal Assent on July 8th.

Hygiene on Ships

Mr. W. GRAHAM, replying to questions by Sir B. Peto and Mr. Hastings on July 7th, said that the reports of the Shipping Federation Committee on crew accommodation had been considered by the Joint Committee of the Board of Trade and by the Ministry of Health, and certain instructions to the Board's surveyors had been agreed on by the Merchant Shipping Advisory Committee, and would shortly be issued. The Shipping Federation had appointed in May, 1929, a special committee to advise owners on the best arrangements which could be made for the comfort and convenience of crews. This committee had made two reports relating to the accommodation of seamen other than lascars, which contained a number of valuable recommendations, many of which went beyond the existing Board of Trade regulations. A special arrangement of the sleeping berths was suggested, which avoided double tiers of bunks, and useful suggestions were made in connexion with washing and sanitary accommodation. The importance of adequate ventilation and heating was pointed out. The provision of an isolation hospital on all large foreign-going cargo vessels was also recommended. The committee, recognizing that the provision of good accommodation would be of little avail unless it was kept clean and in good order, laid stress on the proper supervision and cleansing of the crews' quarters, and suggested the imposition of penalties for failure to keep the accommodation clean. These recommendations, as originally made, applied particularly to new ships of 1,500 tons gross and over, but the Shipping Federation had agreed with the Board of Trade that they should be adopted wherever practicable, irrespective of the size of the ship. The reports had been examined in the Department, and also by the Joint Advisory Committee of the Board of Trade and the Ministry of Health on the health of the mercantile marine, and the opinion, both of the Board of Trade and of the Joint Committee, was that if the recommendations were followed a material improvement in the standard of accommodation would result. The recommendations had also been considered by the Merchant Shipping Advisory Committee, which had expressed the opinion that the recommendations should be of great value. The Board of Trade had therefore decided to give its general approval to the recommendations, and to take such action as lay within its power to give effect to them. It was circulating to its surveyors particulars of the recommendations of the Shipping Federation Committee, and at the same time was instructing them to ascertain, in the case of all new ships, the proposals as regarded crew spaces as early as possible, so that, if necessary, it could approach the owners and builders, and discuss with them the possibility of making improvements in design or in fittings where these appeared to be called for in the light of the recommendations. To secure improvements on existing ships which fell below present-day standards in such matters as the provision of lavatory and washing accommodation, the substitution of metal buuks for wooden berths, and the proper lighting, ventilation, painting, and cleaning of the crews' quarters, the Board of Trade surveyors were instructed to use their best endeavours.

Medical News

The annual dinner of the British Medical Association will take place at the Grand Hotel, Eastbourne, on Thursday, July 23rd, at 7.30 p.m. As the accommodation is limited, it is desirable that members wishing to have tickets reserved should notify the Honorary Secretary, Eastbourne Meeting, Avenue House, Eastbourne, at the earliest possible date. Tickets will be allotted strictly in order of application. Vouchers entitling members to take advantage of the facilities offered by the railway companies of Great Britain can be obtained on application to the Financial Secretary of the Association. The companies will issue return tickets available until July 27th at the ordinary single fare and a third for the double journey.

In connexion with the British Medical Association meeting at Eastbourne, a medical missionary breakfast will be held, under the auspices of the Medical Prayer Union, on Friday, July 24th, at Stewart's Restaurant, Victoria Place, at 8.30 a.m. The chair will be taken by Dr. W. G. Willoughby, President, B.M.A. An address will be given by Dr. A. R. Cook of Uganda. Intimation of intention to be present will be welcomed by Dr. Victor G. Williams, 6, College Road, Eastbourne.

Founder's Day will be celebrated at Epsom College on Saturday, July 25th. There will be service in chapel at noon, and prizes will be given away by the Bishop of Guildford at 2.45 o'clock. After tea there will be an assault-at-arms, and in the evening a performance of *Patience* by the choral society. On Saturday, October 3rd, Lord Dawson of Penn, P.R.C.P., will open the new school sanatorium.

Detailed information about the lectures and demonstrations arranged for next week by the Fellowship of Medicine and Post-Graduate Medical Association will be found at page 48 of the *Supplement*. A course in medicine, surgery, and the specialties will be given at the Miller General Hospital from July 20th to August 1st; fee £3 3s. A course in urology will be given at the All Saints' Hospital, Vauxhall Bridge Road, from August 4th to 29th, fee £2 12s. 6d. From August 17th to 29th a course in diseases of children will be given at the Queen's Hospital for Children, Hackney Road; fee £2 2s. Courses in September will include diseases of the chest at the Brompton Hospital, psychological medicine at the Bethlem Royal Hospital, diseases of infants at the Infants Hospital, ophthalmology at the Central London Ophthalmic Hospital, general medicine and surgery at the Westminster Hospital, followed by a similar course at the Metropolitan Hospital. Syllabuses and tickets for all the courses may be had from the Fellowship of Medicine, 1, Wimpole Street, W.1.

A meeting of the Osler Club was held in London on Sunday evening, July 12th, to celebrate the eighty-second anniversary of Sir William Osler's birthday. Dr. William Stobie, Mayor of Oxford, delivered the fourth Oslerian Oration, in which he skilfully blended the interesting narrative of Osler's inspiring leadership in the tuberculosis campaign in Oxfordshire with a moving account of Osler as clinician, chief, and friend. Dr. A. Salusbury MacNalty of the Ministry of Health proposed, and Dr. A. P. Cawadias seconded, a vote of thanks, and Sir Percival Hartley briefly spoke in the discussion. Letters and messages had been received from absent friends: Professor J. F. Fulton of Yale University, Dr. Henry R. Viets of Boston, Dr. Vilhelm Maar of Copenhagen, Sir Arthur Keith, and Professor Grey Turner. Among those present were Sir D'Arcy Power, Dr. J. D. Rolleston, Dr. K. R. Hay, Professor D. Fraser-Harris, and Mr. Arnold M. Muirhead, whose recent *Memoir* of Lady Osler was displayed among the exhibits.

A quarterly court of the directors of the Society for Relief of Widows and Orphans of Medical Men was held on July 8th, when Dr. W. Culver James, senior vice-president, was in the chair. The death of an annuitant was reported. She had been in receipt of grants since 1920 and had received £787 10s.; her late husband had

paid £52 10s. in subscriptions. £2,075 was voted for the half-yearly grants to the fifty-two widows and seven orphans on the books, and £123 15s. was voted as special grants for six orphans, to enable them to continue their education, inasmuch as they had reached the age of 16, when the ordinary grants ceased. A rebate of income tax amounting to £820 13s. 8d. had been received from the Inland Revenue for the year ending April, 1931. Relief is only given to the widows and orphans of deceased members. No widow with an income exceeding £125 per annum is eligible for relief. Membership is open to any registered medical man who at the time of his election is resident within a twenty-mile radius of Charing Cross. After election a member need not remain within this area. Full particulars may be obtained from the secretary at the offices of the society, 11, Chandos Street, Cavendish Square, W.1.

The annual general meeting of the Medical Society of Individual Psychology was held, after a dinner, at the Florence Restaurant, on July 9th. Dr. O. H. Woodcock, the outgoing chairman, referred to the great progress made during the year, marked as it was by a visit from Dr. Adler in January. The financial position was strong, and the membership had quadrupled during the last nine months. A series of publications had been successfully inaugurated by "The case of Mrs. A" (a lecture-demonstration by Dr. Adler), and it was proposed to continue the issues at least quarterly. The publications are to be distributed gratuitously to all members and associates of the society; non-members will be able to obtain copies, through book-sellers, from the publishers, the C. W. Daniel Company. Dr. W. Langdon Brown was elected chairman for the ensuing session, which opens in October next, with Dr. Crookshank as editor, and Dr. Hilda Weber as assistant editor of the publications. Dr. Thomas E. Lawson (to whom all applications for membership and information should be addressed, at 11, Chandos Street, W.1) was re-elected honorary secretary and treasurer.

On the occasion of his retirement from Moreton-in-Marsh, Gloucester, where he has practised since 1888, Dr. R. E. B. Yelf was presented by his friends and patients with a watch and a cheque for £106, as a mark of their esteem, and Mrs. Yelf was given a portable wireless set.

The celebration of the fourth centenary of the Collège de France began on June 18th, when Professor H. Vincent, member of the Institut de France and of the Académie de Médecine, delivered an address on Claude Bernard and the Collège de France.

The first International Congress of Mediterranean Hygiene will be held at Marseilles, under the presidency of Dr. Marchoux, from September 20th to 25th, 1932. Further information can be obtained from the general secretary, Dr. Violle, 40, Allées Leon Gambetta, Marseilles, or from Dr. Broquet, 195, Boulevard St. Germain, Paris, 7e.

The issue of *Le Scalpel* for July 4th is devoted to the account of the eleventh annual congress known as the Journées Médicales, held at Brussels from June 20th to 24th.

The issue of the *Gazette des Hôpitaux* for June 17th is devoted to tropical diseases, in anticipation of the International Colonial Medical Congress to be held in Paris from July 22nd to August 4th.

Further reports of subcommittees of the Pharmacopoeia Commission have been published lately by authority of the General Medical Council (44, Hallam Street, W.1). No. 5 (price 1s.) deals with the preparation of sterile solutions for injection; No. 6 (1s. 6d.) comprises the second report of the Pharmacy Subcommittee; No. 7 (1s.) is the report of the subcommittee on ampoule glass.

Dr. Laignel-Lavastine, senior physician to the Hôpital de la Pitié, and secretary of the International Society of the History of Medicine, has been nominated professor of the history of medicine in the Paris Faculty in succession to Professor Menetrier.

Sir Hilarion M. Fernando, M.D., has been reappointed a member of the Executive Committee of the Island of Ceylon.